## Claim for Credit for Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities

Tax Law - Article 22, Section 606(oo)

Fiscal-year filers enter tax period: beginning $\square$
$\square$ ending

Attach this form to Form IT-201, IT-203, IT-204, or IT-205 (see instructions, Form IT-239-I, for assistance)

## Part 1 - Individual (including sole proprietor), partnership, and estate or trust

Schedule A - Purchase of vehicle accessible to persons with disabilities - Use a separate line for each vehicle (attach additional sheets if necessary; see instructions)

| Vehicle identification number <br> (VIN) of vehicle accessible to <br> persons with disabilities | Date incremental <br> costs incurred <br> (mm-dd-yyy) | Total purchase price of <br> vehicle accessible to <br> persons with disabilities | Purchase price of same <br> make and model vehicle <br> (see instructions) | Incremental cost <br> (column C-column D) | E | Enter the lesser of <br> column E or 10,000 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1 Total of column F amounts from additional sheet(s), if any. $\qquad$
2 Total of all column F amounts (include any amount on line 1)

| 1. |  |
| :--- | :--- |
| 2. |  | .$\square$

Schedule B - Conversion of existing motor vehicle - Use a separate line for each vehicle (attach additional sheets if necessary; see instructions)

| VIN of vehicle accessible to <br> persons with disabilities | B <br> Date incremental <br> costs incurred <br> $(m m-d d-y y y)$ | C <br> Incremental cost | Enter the lesser of <br> column C or 10,000 |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

4 Total of all Schedule B, column D amounts (include any amount on line 3)
5 Add lines 2 and 4

| 3. |  |
| :--- | :--- |
| 4. |  |
| 5. |  |

Fiduciary: Include the line 5 amount on the Total line of Part 4, column C
All others: Enter the line 5 amount on line 10

## Part 2 - Partnership, New York S corporation, estate, and trust information

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the credit for taxicabs and livery service vehicles accessible to persons with disabilities from that entity, complete the following information for each partnership, S corporation, estate, or trust. For Type enter $\boldsymbol{P}$ for partnership, $\boldsymbol{S}$ for $\mathbf{S}$ corporation, or $\boldsymbol{E T}$ for estate or trust. You must also complete Parts 3 and 5, and, if applicable, Part 6.

| Name | Type | Employer identification number |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please file this original scannable credit form with the Tax Department.

## Part 3 - Partner's, shareholder's, or beneficiary's share of credit

| Partner | 6 | Enter your share of the credit from your partnership (see instructions) ........... | 6. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| S corporation shareholder | 7 | Enter your share of the credit from your S corporation (see instructions) ........ | 7. |  |  |
| Beneficiary | 8 | Enter your share of the credit from the fiduciary's Form IT-239, Part 4, column C. | 8. |  |  |
|  | 9 | Total (add lines 6, 7, and 8) ...................................................................... | 9. |  |  |

Fiduciary: Include the line 9 amount on the Total line of Part 4, column C.
All others: Enter the line 9 amount on line 11.

Part 4 - Beneficiary's and fiduciary's share of credit (see instructions)

| A <br> Beneficiary's name (same as on Form IT-205, Schedule C) | B <br> Identifying number | C <br> Share of credit |
| :--- | :--- | :--- |
| Total (fiduciaries, enter the amount from line 5 plus the amount from line 9) |  |  |
|  |  |  |
|  |  |  |
| Fiduciary |  |  |

## Part 5 - Computation of credit for taxicabs and livery service vehicles accessible to persons with disabilities



Individual: Enter the line 14 amount and code 299 on Form IT-201-ATT, line 6, or Form IT-203-ATT, line 7.
Partnership: Enter the line 14 amount and code 299 on Form IT-204, line 147.
Fiduciary: Include the line 14 amount on Form IT-205, line 10.

## Part 6 - Application of credit and computation of carryover (see the instructions to determine if you must complete this part)



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