

New York State Department of Taxation and Finance

Claim for Environmental Remediation Insurance Credit

IT-613

Tax Law - Sections 23 and 606(ff)

di			Calendar-year filers, mark an X in the box:					
			Other file	ers enter tax p	eriod:			
			beginning	9	and	d ending		
File a separate Fo	rm	IT-613 with your personal income						
		05 for each <i>Certificate of Comple</i>						
Name(s) as shown	on r	eturn .			Identifying	g number as showr	า on return	
Schedule A -	Bro	wnfield site identifying infor	mation (see instructions, Forn	n IT-613-I)				
A Enter the date	e of	execution of the Brownfield Clea	nup Agreement (BCA) for the h	prownfield site	e			
		are claiming the credit (mm-dd-yyy	,					
		ng information as listed on the Co						
		DEC) for the qualified site (see ins						
		rtification form for the environmer				insurer.		
оору от шт								
Site name			Site location					
			Municipality	Cou	ınty			
DEC region			Division of Environmental Remedi	ation (DER) sit	e number	Date CoC was iss	sued	
C Mark an X in	the	box if you received notification from	om the Department of State tha	at the qualifie	d			
		in a Brownfield Opportunity Area.				с П		
Schedule B -	Ind	ividuals (including sole prop	rietors), partnerships, and	fiduciaries	•			
1 Qualified env	iron	mental remediation insurance pre	miums paid (see instructions)		1.		-	
2 Multiply line	1 by	50% (.50)			2.		— .	
3 Enter the less	ser (of line 2 or \$30,000			3.		-	
م مادران المادرات ا	ام مد	nautosushina Enter the line 2 s	manust on line C					
		partnerships — Enter the line 3 and a second clude the line 3 amount in the Total		-				
			· · · · · · · · · · · · · · · · · · ·	J				
Schedule C -	Paı	tnership, S corporation, esta	ite, and trust information					
		a partnership, a shareholder of a Ne						
		mediation insurance credit from that			ch partnersh	nip, New York S o	corporation,	
estate, or trust. F	or i	Type, enter P for partnership, S for S	corporation, or E I for estate or tr	ust.				
		Name		Туре	En	nployer ID numl	ber	
0.1I.I.B			et et e e e e e e e e e e e e e e e e e					
	Pai	tner's, shareholder's, or ben						
Partner	4	Enter your share of the credit from	m your partnership (see instructi	ons)	4.			
S corporation								
shareholder	5	Enter your share of the credit from		ctions)	5.			
Beneficiary	6	Enter your share of the credit from the fiduciary's						
Deficitors		Form IT-613, Schedule E, colu			6.			
	7	Total (add lines 4, 5, and 6)			7.			

Fiduciaries — Include the line 7 amount in the *Total* line of Schedule E, column C. **All others** — Enter the line 7 amount on line 9.



A		В	С	D				
Beneficiary's name (same	as on	Identifying number	Share of environmental					
Form IT-205, Schedule 0	C)		remediation insurance credit	Share of recapture of credit				
Total (for column C, enter the line plus the line 7 amount)	e 3 ar	nount						
Fiduciary								
		,						
Schedule F — Computation	n of	credit						
ndividuals and partnerships	8	Enter the amount from line 3						
Partners, S corporation								
shareholders, beneficiaries		Enter the amount from line 7						
iduciaries	10	Enter the amount from Schedule E, column C, Fiduciary line 10.						
	11	Total environmental remediation	nsurance credit					
		(add lines 8, 9, and 10; see instruction	ns)					
Schedule G — Summary of	frec	capture of environmental remed	liation insurance credit					
12 Recaptured environmental	reme	ediation insurance credit (see instructi	ons)	•				
Fiduciaries — Enter the lin column D and continue v All others — Continue with	vith l		е Ε,					
		nolders of an S corporation, and benef						

Individuals — Enter the line 15 amount and code 173 on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.

14Fiduciaries: enter amount from Schedule E, column D, Fiduciary line14.15Recapture amount (add lines 12, 13, and 14; fiduciaries, see instructions)15.

Partnerships — Enter the line 15 amount and code 173 on Form IT-204, line 148.

Fiduciaries — Include the line 15 amount on Form IT-205, line 12.

