New York State Department of Taxation and Finance

IT-633

2013

Economic Transformation and Facility Redevelopment Program Tax Credit

Tax Law - Article 1, Section 35; Article 22, Section 606(ss)

									-	•	ark an X in the	box:
									er tax period	7		
							beginni	_		and en	<u> </u>	
Submit this form was Preliminary Scheen								copy of	the <i>Certifica</i>	te of Elig	<i>gibility</i> and the	5
Name(s) as shown			to issued by Lin	pire State i	Developii	ilent (LOL).		Tax	naver idei	ntification numb	per
Trainio(o) do chown	01111	Juni							l ax	oayor lao.	Titilloation Tiame	/0.
Mark an X in the abenefit period for						1 st	2	2 nd	3 rd		4 th	5 th
Mark an X in the la partnership, sha						iary of an	estate o	r trust:				
Schedule A –	Elig	gibility	(see Eligibility	on page 1	1 in instr	uctions)						
Part 1 – Qualifi	ed ı	new bus	siness									
	inue	with Part	2. If No, stop.	You do not	qualify for	or this cred	dit.			Yes	No	
Part 2 – Compi		ion of a	T	er of net r			tructions	;)				
Current tax year			March 31	June 30	Sep	otember 30	Decem	ber 31	Tota	ıl		
Number of net r	iew jo	bs										
	plete	Schedul	e B. If No, stop	. You do no	ot qualify	for this cr	edit for tl	he curre	nt tax year.		Yes	No
Schedule B – Part 1 – Jobs t	ах с	redit co	mponent – Co	omplete th	ne inform	nation be	ow for	each ne	t new job	created	and maintai	ned in
	non	nic trans	formation area	(submit ac	i	sheets if n		y; see in				
A Employee's	name		B Social security	number	Date first employe (mm-dd-yy	ed employ	D t date of ment during ent tax year		F Gross wages Credit am (column E x (.0685)		mount x 6.85%	
										.0	00	.00
										.0	00	.00
										.0	00	.00
										.0	00	.00
											00	.00
Total of column F	amo	ounts fron	n additional shee	et(s), if any	'							.00
4 Jobs tax cred	it cor									4		.00
Partner	your partnership(s)				5		.00					
S corporation shareholder	S corporation 6 Enter your share of the jobs tax credit component from					6		.00				
Beneficiary	7 Enter your share of the jobs tax credit component from the estate(s) or trust(s)				7							
	Ω								r	8		
8 Total jobs tax credit component (add lines 4 through 7)					0		.00					

Partnerships: Enter the line 8 amount and code **633** on Form IT-204, line 144, and continue with Part 2. **Fiduciaries:** Enter the line 8 amount on the *Total* line of Schedule C, column C, and continue with Part 2. **All others:** Continue with Part 2.



Qualified investment at a closed facility (see instructions)

A	B Data placed in consider	C Cost or other basis for	D Crodit
Description of property	Date placed in service (mm-dd-yyyy)	federal income tax purposes	Credit (column C x 10% (.10))
			.00.
			.00.
			.00.
			.00.
Total of column D amounts from additional sheet(s), if	any	<u></u>	
9 Total (add column D amounts)			9 .00
10 Closed facility investment tax credit (enter the line 9	amount or the maximum o	credit	
amount provided to you by ESD, whichever is less; see	e instructions)		10 .00

All other qualifie	ed in	vestments (see instructions)				
A Description of property			Date placed in service (mm-dd-yyyy) Cost or other basis for federal tax purposes		come	D Credit (column C x 6% (.06))
					.00	.00
					.00	.00
					.00	.00
					.00	.00
Total of column D	amo	ounts from additional sheet(s), if any				.00
11 Total (add column D amounts)				11	.00	
12 Other qualified investments credit component limitation (see instructions)			12	4000000.00		
13 Other qualifie	d inv	estments credit component after limi	tation (enter the amo	ount from line 11 or line 12,		
whichever is	less)				13	.00
14 Add lines 10	and 1	13			14	.00
Dantasa	15	Enter your share of the investment t	ax credit compone	nt from		
Partner		your partnership(s)			15	.00
S corporation	16	Enter your share of the investment t	ax credit compone	nt from		
shareholder		your S corporation(s)			16	.00
Danafisians	17	Enter your share of the investment tax credit component from				
Beneficiary		the estate(s) or trust(s)			17	.00
	18	Total investment tax credit compone	ent (add lines 14 thro	ugh 17)	18	.00

Partnerships: Enter the line 18 amount and code B33 on Form IT-204, line 144, and continue with Part 3. Fiduciaries: Enter the line 18 amount on the Total line of Schedule C, column D, and continue with Part 3. All others: Continue with Part 3.

Part 3 – Training tax credit component (submit additional sheets if necessary; see instructions)

A Employee's name	B Social security number	C Description of training expense	D Date paid (mm-dd-yyyy)	E Amount of expense	F Column E x 50% (.5)	G Credit (enter the lesser of column F or \$4000)
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
Total of column G amou	.00					

19 Total (add column G amounts)			19	.00
Partner		Enter your share of the training tax credit component from your partnership(s)	20	.00
S corporation shareholder	21	Enter your share of the training tax credit component from your S corporation(s)	21	.00
Beneficiary	22	Enter your share of the training tax credit component from the estate(s) or trust(s)	22	.00
	23	Total training tax credit component (add lines 19 through 22)	23	.00

Partnerships: Enter the line 23 amount and code C33 on Form IT-204, line 144, and continue with Part 4. Fiduciaries: Enter the line 23 amount on the Total line of Schedule C, column E, and continue with Part 4. All others: Continue with Part 4.



Part 4 - Real property tax credit component (see instructions)

Property located entirely within a closed facility (see instructions)

A Eligible real property taxes	B Benefit period year rate*	C Credit amount (column A x column B)
.00		.00.
.00		.00.
.00		.00
Total of column C amounts from additio	.00.	

^{*1}st year 50% (.50); 2nd year 40% (.40); 3rd year 30% (.30); 4th year 20% (.20); 5th year 10% (.10)

24 Real property tax credit component for property located entirely within a closed facility (add column C amounts) .. 24

.00

Property located outside a closed facility (see instructions)

A Eligible real property taxes	B Benefit period year rate**	C Credit amount (column A x column B)
.00		.00
.00		.00
.00		.00
Total of column C amounts from additio	.00	

^{** 1}st year 25% (.25); 2nd year 20% (.20); 3rd year 15% (.15); 4th year $10\sqrt{(.10)}$; 5th year $5\sqrt{(.05)}$

25 Real property tax credit component for property located outside a closed facility (add column C amounts)			25	.00
26 Add lines 24	and 2	25	26	.00
Partner	27	Enter your share of the real property tax credit components		
from your partnership(s)			27	.00
S corporation	28	Enter your share of the real property tax credit component		
shareholder		from your S corporation(s)	28	.00
Beneficiary	29	Enter your share of the real property tax credit component		
Deficiencially		from the estate(s) or trust(s)	29	.00
	30	Total real property tax credit component (add lines 26 through 29)	30	.00.

Partnerships: Enter the line 30 amount and code D33 on Form IT-204, line 144. Complete Schedule F, if applicable.

Fiduciaries: Enter the line 30 amount on the *Total* line of Schedule C, column F, and continue with line 31.

All others: Continue with line 31.

Fiduciaries: Complete Schedules C and E and, if applicable, Schedule F.

All others: Continue with line 32.

Schedule C - Beneficiary's and fiduciary's share of credit components and recapture of credit (see instr.)

Beneficiary's name (same as on Form IT-205, Schedule C)	B Identifying number	Share of jobs tax credit component	Share of investment tax credit component	E Share of training tax credit component	F Share of real property tax credit component	G Share of recapture of credit
Total		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
Fiduciary		.00	. 00	.00	.00	.00



Schedule D - Partnership, S corporation, estate, and trust information (see instructions)

If you were a partner in a partnership, a shareholder of an S corporation, or a beneficiary of an estate or trust and received a share of the economic transformation and facility redevelopment program tax credit from that entity, complete the following information for each partnership, S corporation, estate, or trust. Enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name	Туре	Employer ID number

Schedule E – Computation of credit (Fiduciaries: see instructions)

Individual (including sole proprietor), partner, S corporation shareholder,				
beneficiary	32	Enter the amount from line 31	32	.00
	33	Enter the amount from Schedule C, Fiduciary line, column C	33	.00
Fiduciaries	34	Enter the amount from Schedule C, Fiduciary line, column D	34	.00
riduciaries	35	Enter the amount from Schedule C, Fiduciary line, column E	35	.00
	36	Enter the amount from Schedule C, Fiduciary line, column F	36	.00
	37	Total credit (see instructions)	37	.00

Schedule F – Summary of recapture of credit (final year of benefit period; see instructions)

38	Individual's and partnership's recapture of credit	38	.00.
39	Beneficiary's share of recapture of credit	39	.00
40	Partner's share of recapture of credit	40	.00
41	S corporation shareholder's share of recapture of credit	41	.00
42	Fiduciaries: enter your share of amount from Schedule C, Fiduciary line, column G	42	.00
43	Total (see instructions)	43	.00

Individuals (including sole proprietors): Enter the line 43 amount and code 633 on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19. Fiduciaries: Include the line 43 amount on Form IT-205, line 12.

Partnerships: Enter the line 43 amount and code 633 on Form IT-204, line 148.