

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

For costs incurred on or after January 1, 2011

Tax Law - Article 22. Section 606(tt)

14X 2411 Attiolo 22, 00011011 000(tt)	Fiscal-year filers	scal-year filers enter tax period:						
	beginning		ending					
Name(s) as shown on your return		Identifying	g number a	s shown on retur	n			
Submit this form with Form IT 201 IT 202 IT 204 or IT 205 (see instruction)	- Farma IT 006 I far acciden)						
Submit this form with Form IT-201, IT-203, IT-204, or IT-205 (see instructions	s, Form 11-236-1, for assistant	:e)						
Part 1 – Individual (including sole proprietor), partnershi	p, and estate or tru	st (see in	struction	ıs)				

Schedule A - Purchase of new vehicle manufactured to be accessible to persons with disabilities for which there is no comparable make or model that does not include the equipment necessary to provide accessibility to persons with disabilities (use a separate line for each vehicle; submit additional sheets if necessary)

A Vehicle identification number (VIN) of new vehicle	B Total purchase price of new vehicle	C Enter 10,000
	.00	.00
	.00	.00
	.00	.00

1 Total of column C amounts from additional sheet(s), if any..... 2 Total of all column C amounts (include any amount on line 1) ______ 2 .00

Schedule B – Upgrade of motor vehicle (use a separate line for each vehicle; submit additional sheets if necessary)

A VIN of upgraded vehicle	B Date incremental costs incurred (mm-dd-yyyy)	C Incremental cost (see instructions)	D Enter the lesser of column C or 10,000
		.00	.00
		.00	.00
		.00	.00

3 Total of Schedule B, column D amounts from additional sheet(s), if any00 4 Total of all Schedule B, column D amounts (include any amount on line 3)00 5 Add lines 2 and 400

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 (see instructions)

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 P for partnership, S for S corporation, or ET for estate or trust. You must also complete Parts 3 and 5, and, if applicable, Part 6.

Name	туре	Employer identification number



Part 3 – Partner's, shareholder's, or beneficiary's share of credit (see instructions)

Partner	6	Enter your share of the credit from your partnership	6	.00
S corporation				
shareholder	7	Enter your share of the credit from your S corporation	7	.00
Beneficiary	8	Enter your share of the credit from the estate(s) or trust(s)	8	.00
•	9	Total (add lines 6, 7, and 8)	9	.00

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	В	С
Beneficiary's name (same as on Form IT-205, Schedule C)	Identifying number	Share of credit
Total (fiduciaries, enter the amount from line 5 plus the amount from line 9)		.00
		.00
		.00
Fiduciary		.00

Part 5 – Computation of credit

Individual (including sole proprietor) and partnership	10	Enter the amount from line 5	10	.00
Partner, S corporation				
shareholder, and beneficiary	11	Enter the amount from line 9	11	.00
Fiduciary	12	Enter the amount from Part 4, Fiduciary line, column C	12	.00
	13	Enter the carryover credit from last year's Form IT-236	13	.00
	14	Total credit (add lines 10 through 13)	14	.00

Partnership: Enter the line 14 amount and code 236 on Form IT-204, line 147.

All others: Complete Part 6.

Part 6 – Application of credit and computation of carryover

15	Total credit (enter the amount from line 14)	15	.00
16	Enter tax due before credits (see instructions)	16	.00
	Credits applied against the tax before this credit (see instructions)	17	.00
18	Net tax (subtract line 17 from line 16)	18	.00
19	Amount that you applied against this year's tax (see instructions)	19	.00
20	Amount of credit available for carryover to next year (subtract line 19 from line 15)	20	.00

