# Claim for EZ Investment Tax Credit and EZ Employment Incentive Credit for the Financial Services Industry 

Tax Law - Sections 606(j) and 606(j-1)

File this claim with your Form IT-201, IT-203, IT-204, or IT-205.
Submit a copy of the Certificate of Eligibility and Empire Zone Retention Certificate.

| Name(s) as shown on the front page of your return | Taxpayer identification number |
| :--- | :--- |
| Name of empire zone (EZ) |  |

## Schedule A - Eligibility and investment tax credit (see instructions, Form IT-605-I)

Important: If this is your first tax year, do not complete Schedule A, Parts 1, 2, and 3. Begin with Part 4 on page 2.
Part 1 - 80\% current-year test (see instructions) Computation of percentage of administrative and support employees in New York State for the current tax year:


Part 2 - 95\% three-year back-office test (see instructions) Computation of average number of administrative and support employees in New York State for the current tax year and 36-month test period:

| Current tax year | March 31 | June 30 | September 30 | December 31 | Total |
| :--- | :--- | :--- | :--- | :--- | :---: |
| Number of administrative and support <br> employees in New York State |  |  |  |  |  |

3a Average number of administrative and support employees in New York State for current tax year (divide Total column above by four) ................................................................................................................... 3a

| Number of administrative and support employees in New York State during 36-month test period | March 31 | June 30 | September 30 | December 31 | Total |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| A. First year |  |  |  |  |  |  |  |
| B. Second year |  |  |  |  |  |  |  |
| C. Third year |  |  |  |  |  |  |  |
| D. Total number of administrative and support employees in New York State for 36-month test period (add Total column, lines A, B, and C) |  |  |  |  |  |  |  |
| b Average number of administrative and support employees in New York State for 36-month test period (divide line $D$ above by twelve) $\qquad$ |  |  |  |  |  | 3b |  |
| 4 Percentage of employment for administrative and support employees in New York State (divide line 3a by line 3b) ..... 4 |  |  |  |  |  |  | \% |

Part 3 -90\% end-of-year test (see instructions) Computation of percentage of employees in New York State for the current tax year:


If your percentage of employment qualifies on either line 2 ( $80 \%$ current-year test), line 4 ( $95 \%$ three-year back-office test), or line 6 ( $90 \%$ end-of-year test), continue with Schedule A, Part 4, on page 2.

Page 2 of 4 IT-605 (2014)
Part 4 - EZ investment tax credit (EZ-ITC) (see instructions)
Property located in EZ on which EZ-ITC is claimed (submit additional Form(s) IT-605 if necessary; see instructions)

| Itemized description of property | B <br> Principal use | C Date acquired | D Life (years) | Cost or other basis |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | . 00 |
|  |  |  |  | . 00 |
|  |  |  |  | . 00 |
|  |  |  |  | . 00 |
| Total column E (include amounts from additional Form(s) IT-605, if any) ....................................................... |  |  |  | . 00 |
| 7 EZ-ITC for personal income tax (multiply the total of column E by 8\% (0.08)) ....................................... 7 |  |  |  | . 00 |

Fiduciaries: Include the line 7 amount in the Total line of Schedule E, column C.
All others: Enter the line 7 amount on line 18.

## Schedule B - EZ employment incentive credit (EZ-EIC) (submit additional sheets if necessary; see instructions)

Part 1 - Employment information required to determine eligibility for EZ-EIC

|  | A | B | C | D | E | F | G | H |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| A Information in conjunction with Schedule B, Part 2, line a | Year | March 31 | June 30 | September 30 | December 31 | $\begin{gathered} \text { Total } \\ \text { columns } \\ (B+C+D+E) \end{gathered}$ | $\begin{gathered} \text { Average } \\ \text { (see instructions) } \end{gathered}$ | Percent* |
| Number of employees in EZ for period covered by this claim |  |  |  |  |  |  |  |  |
| Number of employees in EZ for employment base year |  |  |  |  |  |  |  |  |
| B Information in conjunction with Schedule B, Part 2, line b | Year | March 31 | June 30 | September 30 | December 31 | $\begin{gathered} \text { Total } \\ \text { columns } \\ (B+C+D+E) \end{gathered}$ | Average (see instructions) | Percent* |
| Number of employees in EZ for period covered by this claim |  |  |  |  |  |  |  |  |
| Number of employees in EZ for employment base year |  |  |  |  |  |  |  |  |
| C Information in conjunction with Schedule B, Part 2, line c | Year | March 31 | June 30 | September 30 | December 31 | $\begin{gathered} \text { Total } \\ \text { columns } \\ (B+C+D+E) \end{gathered}$ | Average (see instructions) | Percent* |
| Number of employees in EZ for period covered by this claim |  |  |  |  |  |  |  |  |
| Number of employees in EZ for employment base year |  |  |  |  |  |  |  |  |

* Divide the average number of employees covered by this claim by the average number of employees in base year (column G).


## Part 2 - Computation of EZ-EIC



Fiduciaries: Include the line 8 amount in the Total line of Schedule E, column C.
All others: Enter the line 8 amount on line 19.

## Schedule C - Partnership, S corporation, and 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 EZ-ITC or EZ-EIC from that entity, complete the following information for each partnership, S corporation, or estate or trust. For Type, enter $\boldsymbol{P}$ for partnership, $\boldsymbol{S}$ for $\mathbf{S}$ corporation, or $\boldsymbol{E T}$ for estate or trust.

| Name | Type | Employer identification number (EIN) |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Schedule D - Partner's, shareholder's, or beneficiary's share of credit (see instructions)

| Partner | 9 | Enter your share of the credit from your partnership (see instructions) ....................... | 9 | . 00 |
| :---: | :---: | :---: | :---: | :---: |
| S corporation shareholder | 10 | Enter your share of the credit from your S corporation (see instructions) .................... | 10 | . 00 |
| Beneficiary | 11 | Enter your share of the credit from estate(s) or trust(s) (see instructions) .................... | 11 | . 00 |
|  | 12 | Totals (add lines 9, 10, and 11) ............................................................................ | 12 | . 00 |

Fiduciaries: Include the line 12 amount in the Total line of Schedule E, column C.
All others: Enter the line 12 amount on line 20.

Schedule E - Beneficiary's and fiduciary's share of credit and recapture of credit (see instructions)

| A <br> Beneficiary's name (same as on <br> Form IT-205, Schedule C) | B <br> Identifying number | C <br> Share of EZ-ITC <br> and EZ-EIC | D <br> Share of <br> recapture <br> credit |
| :--- | ---: | ---: | ---: |
| Total |  |  | .00 |

Schedule F - Computation of recapture of EZ-ITC and EZ-EIC (see instructions)


