

Department of Taxation and Finance

CT-639-ATT

Eligible Employee Information for the Minimum Wage Reimbursement Credit

Attachment to Form CT-639

Legal name of corporation	Employer identification number (EIN)				

Submit this form with Form CT-639 if you have more employees to report in Schedule D or Schedule E of that form. See Form CT-639-I, *Instructions for Forms CT-639 and CT-639-ATT*, Schedules D and E, for assistance.

Part 1 – Credit for hours worked when the federal minimum wage does not exceed 85% of the New York State (NYS) minimum wage (attach additional Form(s) CT-639-ATT, if necessary)

A Name of eligible employee	B Employee work location ZIP code (first 5 digits only)	C Social security number of eligible employee	Hours worked at the NYS minimum wage ra

Part 2 – Credit for hours worked when the federal minimum wage exceeds 85% of the NYS minimum wage (attach additional Form(s) CT-639-ATT, if necessary)

Α	В	С	D	Е		F		G		Н
Name of eligible employee	Employee work	Social security number of eligible employee	Hours worked at the NYS minimum wage rate	NYS minimun hourly wage rat		Federa		Subtract column F from		Credit amount (column D × column
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