

Department of Taxation and Finance

Eligible Employee Information for the Minimum Wage Reimbursement Credit Attachment to Form IT-639

IT-639-ATT

Submit this form with Form IT-639 if you have more employees to report in Schedule A, Part 1 or Part 2 of that form. See Form IT-639-I, *Instructions for Forms IT-639 and IT-639-ATT*, Schedule A, Parts 1 and 2, for assistance.

Identifying number as shown on return
Employer identification number (EIN)

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

Name of eligi		B Employee work location	C Social security number of eligible employee	D Hours worked at th NYS minimum wage		
First name	Last name	ZIP code (first 5 digits only)				



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

в	Total number of employees listed on this page	
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A Name of eligible employee (First initial, last name)		B Employee work location ZIP code (first 5 digits only)	C Social security number of eligible employee	D Hour worked a NYS mini wage ra	t the mum	E NY minin hou wage	′S num irly	Fede minin hou wage	eral num ırly	G Subt colu F fro colun (see i	ract mn om nn E	H Credit amount (column D × column G)	
-													
2 Total of column H amounts on this page (round to nearest whole dollar; include this amount on Form IT-639, line 7)									2		00		

