

Department of Taxation and Finance

DTF-620

Application for Certification of a Qualified Emerging Technology Company

Tax Law - Articles 9-A and 22

This application is for the certification period:

		beginning		endi	ng				
Pá	art 1 – Business information (all	applicants must complete this	section)	Departn	nent use	only			
Pri	nt or type								
1 L	egal name (see instructions)								
2 Tı	rade name/DBA (if different from line 1; see instructions)								
3 A	ddress of business in New York State (number and street; s	ee instructions) City		State		ZIP	code		
4 M	lailing address (if different from business address; see instruction	ons) City		State		ZIP	code		
5 C	County (place of business in New York State)	6 Business telephone nur	nber (inclu	de area code) 7 Date busine	ess bega	an or will b	pegin in NYS		
8 F	ederal employer identification number (see instructions)	9 Type of organization: (mark an X in or Corporation Partnership		LC Other (specify)					
	I authorize the Commissioner of Taxation and Finance to disclose publicly that the above company is a certified qualified emerging technology company (QETC) for the certification period shown on this application, if the company so qualifies. The disclosure of information may include the information shown on lines 1, 2, 3, and 4 of this application (mark an X in one box)								
11	Is the company located in New York State?	(see instructions)			Yes [No		
12	2 Are the total annual product sales of the company \$10,000,000 or less? (see instructions)								
If yo	ou answered <i>Yes</i> to questions 11 and 12, co ou answered <i>No</i> to either question 11 or 12,	ntinue with line 13 to see if you you are not eligible to be certif	are elig ed as a	gible to be certified as a QETC and should not	a QET(compl	C under ete this	Category 1. application.		
Ca	tegory 1 – Primary products or servic	es							
13	Does the company develop or create produc	ets or services that are classified	as eme	rging technologies?	Yes		No 🗌		
	If Yes, enter a description of the company's								
14	Enter gross receipts or sales from the comparities described on line 13				14	l			
15	Enter total gross receipts or sales from all t	he company's products or serv	ices		15	5			
	If line 15 is zero, skip lines 16 and 17 and of line 15 is greater than zero, continue with								
16	Divide line 14 by line 15 (enter the result as a	percentage)			16	6	%		
17	Is the percentage on line 16 greater than 5	0%?			Yes		No 🗌		

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18	Enter the total expenditure products or services incl	18							
19	Enter the total expenditures included on your federal return								
20	Divide line 18 by line 19 (er	20	%						
21	Is the percentage on line 2	0 greater than 50%?		Yes	No				
	If you answered Yes, you are eligible to be certified as a QETC under Category 1. Sign the application in the certification area and mail it to the address shown below. If you answered No, complete lines 22 through 26 to determine if you are eligible to be certified under Category 2.								
Ca	tegory 2 – Research and	d development (R&D) acti	ivities						
22	Does the company have R&D activities in New York State?			Yes 1	No 🗌				
23	Enter the amount of R&D funds (see instructions)								
24	24 Enter the amount of net sales (if you have any amount of R&D funds, but zero net sales, you are a QETC; skip line 25 and mark the Yes box on line 26; see instructions)								
25	R&D funds percentage (div	25	%						
26			licable percentage for the certification period		No 🗌				
		ns 22 and 26, you are eligible to the address shown below.	to be certified as a QETC under Category 2	2. Sign the application	ı in				
If yo	ou failed to qualify under Ca a QETC and should not file t	tegory 1, and answered No to this application.	either question 22 or 26 in Category 2, you	are not eligible to be	e certified				
Ce	ertification								
	resentation is a crime punisl		lication is correct and complete. I understan ne New York State Tax Law and sections 175						
Sigi	nature of authorized person		Title	Date					
Mail the application to: NYS TAX DEPARTMENT PSSB ACCOUNT UPDATE UNIT W A HARRIMAN CAMPUS ALBANY NY 12227-0866									

If not using U.S. Mail, see Publication 55, Designated Private Delivery Services.