

Department of Taxation and Finance

## **IT-639-ATT**

## Eligible Employee Information for the Minimum Wage Reimbursement Credit

**Attachment to Form IT-639** 

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.

Name(s) as shown on return	Identifyi	Identifying number as shown on return					
Business name			Employ	Employer identification number (EIN)			
Part 1 – Credit for hours State (NYS) mini	worked when the fede mum wage (submit addit	ral minimum wa ional Form(s) IT-63	ge does not exceed 39-ATT, if necessary)	85% of the New York			
A Total number of employees li	sted on this page						
A Name of eligible employee		B Employee work location	C Social security number of eligible employee	D Hours worked at the NYS minimum wage rate			
First name	Last name	ZIP code (first 5 digits only)					
1 Total number of hours listed	on this page (add column D; inc	clude this total on Form	IT-639, line 2) <b>1</b>				

## 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)

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 Hours worked at the NYS minimum wage rate		E NYS minimum hourly wage rate		F Federal minimum hourly wage rate		G Subtract column F from column E (see instr.)		<b>H</b> Credit amount (column D × column G)	
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