NEW YORK STATE 2018

Department of Taxation and Finance

Hire a Veteran Credit

Tax Law – Article 22, Section 606(a-2)

IT-643

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return	Identifying number as shown on return

All filers **must** complete line A.

A Are you claiming a credit as an individual (sole proprietor), partnership, or fiduciary of an estate or trust that **earned** the credit (not as a partner, shareholder, or beneficiary, receiving a share of the credit)? *(mark an **X** in the appropriate box; see instructions)* ..... Yes ☐ No ☐

If *Yes*:
Individual (sole proprietor): Complete Schedules A, D, and E.
Partnerships: Complete Schedules A and D.
Fiduciary: Complete Schedules A, C, D, and E.

If *No*, and you are claiming a credit passed through to you as a partner in a partnership, shareholder of a New York S corporation, or beneficiary of an estate or trust, complete Schedules B, D, and E.

Schedule A – Individual (including sole proprietor), partnership, and estate or trust *(see instructions)*

B Business's employer identification number (EIN) ..... **B**

C Enter the total number of employees claimed for this credit ..... **C**

D If you have the **required** Form DTF-75 for each veteran for whom you are claiming this credit, mark an ***X*** in the box (see *Employee affidavit* in instructions). ..... **D** ☐

Part 1 – Computation of credit for qualified veterans

A Veteran's name			B Social security number of qualified veteran	C Employment period *(see instructions)*	D Wages paid *(see instructions)*	E Multiply column D by 10% (.10)	F Enter lesser of column E or $5,000
First name	MI	Last name					
					.00	.00	.00
					.00	.00	.00
					.00	.00	.00
					.00	.00	.00
					.00	.00	.00
					.00	.00	.00
					.00	.00	.00
					.00	.00	.00
					.00	.00	.00
					.00	.00	.00

Total of column F amounts from additional sheets, if any ..... .00

1 Total of column F amounts ..... **1** .00

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Part 2 – Computation of credit for qualified disabled veterans

A Veteran's name			B Social security number of qualified disabled veteran	C Employment period *(see instructions)*	D Wages paid *(see instructions)*	E Multiply column D by 15% (.15)	F Enter lesser of column E or $15,000
First name	MI	Last name					
					.00	.00	.00
					.00	.00	.00
					.00	.00	.00
					.00	.00	.00
					.00	.00	.00
					.00	.00	.00
					.00	.00	.00
					.00	.00	.00
					.00	.00	.00
					.00	.00	.00
Total of column F amounts from additional sheets, if any							.00

2 Total of column F amounts	**2**	.00
3 Total credit *(add lines **1** and 2)*	**3**	.00

Individuals and partnerships: Enter the line 3 amount on line 8.
Fiduciaries: Include the line 3 amount on line 5.

Schedule B – Partner's, shareholder's, or beneficiary's share of credit *(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 credit from that entity, complete the following information for each partnership, New York S corporation, or estate or trust. For *Type*, enter ***P*** for partnership, ***S*** for S corporation, or ***ET*** for estate or trust.

A Name of entity	B Type	C Employer identification number	D Share of credit
			.00
			.00
			.00
Total of column D amounts from additional sheets, if any			.00

4 Total of column D amounts	**4**	.00

Fiduciaries: Include the line 4 amount on line 5.
All others: Enter the line 4 amount on line 9.

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Schedule C – Beneficiary's and fiduciary's share of credit *(see instructions)*

5 Total *(fiduciaries: add lines **3** and 4)*	**5**	.00

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of credit
		.00
		.00
		.00
		.00
Total of column C amounts from additional sheets, if any		.00

6 Share of credit allocated to beneficiaries *(add column C amounts)*	**6**	.00
7 Fiduciary's share *(subtract line 6 from line **5**; enter here and on line 10)*	**7**	.00

Schedule D – Computation of credit

Individuals and partnerships	**8**	Enter the amount from line 3	**8**	.00
Partners, S corporation shareholders, beneficiaries	**9**	Enter the amount from line 4	**9**	.00
Fiduciaries	**10**	Enter the amount from line 7	**10**	.00
	11	Enter the carryover credit from last year's Form IT-643	**11**	.00
	12	**Total credit** *(add lines 8 through 11)*	**12**	.00

Partnerships: Enter the line 12 amount and code ***643*** on Form IT-204, line 147.
All others: Complete Schedule E.

Schedule E – Application of credit and computation of carryover

13 Tax due before credits *(see instructions)*	**13**	.00
14 Tax credits claimed before this credit *(see instructions)*	**14**	.00
15 Subtract line 14 from line 13	**15**	.00
16 Credit used for the current tax year *(enter the amount from line 12 or line 15, whichever is less; see instr.)*	**16**	.00
17 Amount of unused credit *(subtract line 16 from line **12**)*	**17**	.00
18 Unused expired tax credit *(see instructions)*	**18**	.00
19 Amount of credit available for carryover to next year *(subtract line 18 from line 17)*	**19**	.00

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