



Farm Workforce Retention Credit

CT-647

Tax Law – Article 1, Section 42 and Article 9-A, Section 210-B(51)

All filers must enter tax period:

		beginning		ending	
Legal name of corporation			1	Employer identif	ication number (EIN)
File this form with your franchise tax	return.				
All filers must complete line A.					
A Are you claiming this credit as a corporeceived a share of the credit from a part of the credi					∕es • No □
C corporations If Yes, complete lines B, C, D and E, and D and if applicable, Form CT-647		New York S corporations If Yes, complete lines B, C, D and E, and Schedules A and D and if applicable, Form CT-647-ATT.			
If No, and you are claiming this credit partner, complete Schedule A (lines 2 Schedules B and C.		If No, and you are claiming this credit as a corporate partner, complete Schedule A (lines 2 and 3) and Schedule C.			
B Form CT-3 and CT-3-A filers, complet Worksheet B in the instructions. Is the Worksheet B at least 0.6667? (see instructions of qualify for this credit.	e amount shown on line tructions) If you marked a	12 of Worksh an X in the <i>No</i>	eet A or on line b box, stop : yo	e 14 of ou do	′es • □ No □
Business name			1	EIN	
Number and street	City			State	ZIP code
D Enter the total number of employees E Does line 11 of Worksheet A or line 13 the sale of wine or cider? (see instruction	3 of Worksheet B include	e more than 5	0% in income	from	∕es • No □
					(continue

3 C	nedule A - Computation of Credit (complete Schedules C and D, as	s applicable, before col	mpieting this schedule)
1	Farm workforce retention credit from line 18	1	
	Partner: Enter your share of the credit from your partnership(s) from line 13		
	Total credit (add lines 1, and 2; New York S corporations, see instructions)		
	hedule B – Computation of credit used, refunded, or credited year (New York S corporations: do not complete this schedule.)	ed as an overpayn	nent to the next
4	Tax due before credits (see instructions)	4	
5	Tax credits claimed before this credit (see instructions)		
6	Subtract line 5 from line 4		
7	Fixed dollar minimum tax (see instructions)	7	
8	Credit limitation (subtract line 7 from line 6; if zero or less, enter 0)	8	
9	Credit to be used this tax year (enter the lesser of line 3 or line 8 here and on your france)	chise tax return)• 9	
10	Unused tax credit available as a refund or as an overpayment (subtract line 9 from I	line 3) • 10	
11	Tax credit to be refunded (limited to the amount on line 10; enter here and on your franch	hise tax return) ● 11	
12	Amount to be applied as an overpayment to next year's tax (subtract line 11 from lin on your franchise tax return)	I	
Sc	hedule C – Partnership information (see instructions)		
	A Name of partnership	B Partnership's EIN	C Credit amount allocated
Tot	al column C amounts from additional sheets, if any		
13	Total credit allocated from partnerships (enter here and on line 2)	13	

Schedule D – Eligible farm employee information

A Name of eligible farm employee		B Employee work location ZIP code	C Social Security number of eligible farm employee	D Hours worked for the tax year	
First name	Last name	(first 5 digits only)			
14 Total number of eligible farm em	ployees listed in Schedule D (see in	structions)	14		
15 Total number of eligible form em	inlovees from Form(s) CT-647-ATT	lino A	a 15		

14	Total number of eligible farm employees listed in Schedule D (see instructions)	14	
15	Total number of eligible farm employees from Form(s) CT-647-ATT, line A	15	
16	Add lines 14 and 15	16	
17	Tax credit rate (500)	17	500
	Tax credit (multiply line 16 by line 17; enter here and on line 1)	18	