

Department of Taxation and Finance

## **IT-647-ATT**

## Eligible Farm Employee Information for the Farm Workforce Retention Credit

**Attachment to Form IT-647** 

Submit this form with Form IT-647 if you have more employees to report in Schedule A of that form. See Form IT-647-I, *Instructions for Forms IT-647 and IT-647-ATT*, Schedule A, for assistance.

Name(s) as shown on return			Identifying num	Identifying number as shown on return	
Business name			Employer identi	Employer identification number (EIN)	
			Employer identi		
A Total number of employees listed	I on this page (include this total o	on Form IT-647, line 2)			
<b>A</b> Name of eligible farm employee		<b>B</b> Employee work location	C Social Security number of eligible farm employee	<b>D</b> Hours worked for the tax year	
First name	Last name	ZIP code (first 5 digits only)	<u> </u>	,	