



## **Farm Donations to Food Pantries Credit**

IT-649

(continued)

Tax Law - Article 22, Section 606(n-2)

| Submit this form with Form IT-201, IT-203, IT-204, or IT-2  | 205.  |               |                 |           |
|---|---|---------------|-----------------|-----------|
| Name(s) as shown on return  |   | Identifying r | number as shown | on return |
| All filers <b>must</b> complete line A.   |   |               |                 |           |
| A Are you claiming this credit as an individual (sole proprietor) trust that <b>earned</b> the credit (not as a partner, shareholder, or credit)? (mark an X in the appropriate box; see instructions)                              | r beneficiary, receiving a sha                            | re of the     |                 | No [      |
| If Yes: Individual (sole proprietor): Complete lines B and C, and Schedules A and D.  | If <i>No</i> , complete line B an Fiduciary also complete |               |                 |           |
| Fiduciary: See instructions.  |   |               |                 |           |
| Partnership: Complete line C and Schedules A and D.   |   |               |                 |           |
| B Form IT-201 and Form IT-203 filers: Complete Worksheet Form IT-205 filers: Complete Worksheet B in the instruction Is the percentage shown on Worksheet A or Worksheet B, li (mark an X in the appropriate box; see instructions) | ns.<br>ine 24, at least 0.6667 (66.67                     |               | Yes 🗌           | No        |
| Form IT-205 filers: See line B instructions.  | 4   |               |                 |           |
| C Enter the name, employer identification number (EIN), and p   | physical address of the farm.                             |               |                 |           |
| Business name   |   | EIN           |                 |           |
| Number and street City  |   | State         | ZIP code        |           |
|   |   | I             |                 |           |

## Schedule A - Qualified donations

Complete columns A through E for each qualified donation.

| A Date of qualified donation | B Location of qualified donation (city and state) | C<br>Name of eligible food pantry | <b>D</b><br>EIN of eligible food pantry | <b>E</b> Fair market value of the qualified donation |
|------------------------------|---|-----------------------------------|---|--|
|                              |   |                                   |   | .00  |
|                              |   |                                   |   | 100  |
|                              |   |                                   |   | .00  |
|                              |   |                                   |   | .00  |
|                              |   |                                   |   | .00  |
|                              |   |                                   |   | .00  |
|                              |   |                                   |   | .00  |
|                              |   |                                   |   | .00  |
|                              |   |                                   |   | 100  |
| Total of colum               | n E amounts from additional shee                  | ts, if any                        |   | .00  |
| 1 Total (add o               | column E amounts)                                 |                                   | 1                                       | .00  |
| 2 Multiply lin               | e 1 by 25% (.25)                                  |                                   | 2                                       | .00.   |
| 3 Enter the l                | esser of line 2 or 5000                           |                                   | 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 farm donations to food pantries credit from that entity, complete the following information for each partnership, S corporation, or estate or trust. For *Type*, enter *P* for partnership, S for S corporation, or *ET* for estate or trust.

| A<br>Name of entity                                   | <b>B</b><br>Type | C<br>EIN | <b>D</b><br>Share of credit |
|---|------------------|----------|-----------------------------|
|   |                  |          | .00                         |
|   |                  |          | .00                         |
|   |                  |          | .00                         |
|   |                  |          | .00                         |
| Total column D amounts from additional sheets, if any |                  |          | .00                         |
| 4 Total (add column D amounts)                        |                  | 4        | .00                         |

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



| 5 Total (fiduciaries: add lines 3 and            | 4 1)       |  |                                | 5 |                             |
|--|------------|--|--------------------------------|---|-----------------------------|
| 3 Total (liduciaries, add liries 3 and           | <i>14)</i> |  |                                | 3 | •                           |
| Beneficiary's name <i>(s</i>                     | ame a      | A<br>s on Form IT-205, Schedule C)                         | <b>B</b><br>Identifying number |   | <b>C</b><br>Share of credit |
|  |            |  |                                |   |                             |
|  |            |  |                                |   |                             |
|  |            |  |                                |   |                             |
|  |            |  |                                |   |                             |
| otal column C amounts from add                   | ditiona    | I sheets, if any   |                                |   |                             |
| Share of credit allocated to be                  | enefic     | aries (add column C amounts)                               |                                | 6 |                             |
|  |            |  |                                |   |                             |
| 7 Fiduciary's share of credit (su                | btract i   | ine 6 from line 5; enter here and on line 10)              |                                | 7 |                             |
| · · · · · · · · · · · · · · · · · · ·            |            | of credit (see instructions)                               |                                | 7 |                             |
| chedule D – Computat                             | ion        | ·  |                                | 8 |                             |
| chedule D – Computatendividuals and partnerships | ion 8      | of credit (see instructions)                               |                                |   |                             |
| ,  | 8<br>9     | of credit (see instructions)  Enter the amount from line 3 |                                | 8 |                             |

