

Department of Taxation and Finance

Application for Certification of a Qualified Emerging Technology Company ΤI

Tax Law – Articles 9-A and 22

his	application	is	for	the	certification	period:
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DTF-620

		t	peginning	ending	g	
Pa	art 1 – Business information (all a	pplicants must com	olete this section)	Departme	ent use only	
	nt or type					
	egal name (see instructions)		I			
2 T	rade name/DBA (if different from line 1; see instructions)					
3 A	ddress of business in New York State (number and street; see	instructions)	City	State	ZIP	ode
4 N	failing address (if different from business address; see instruction	5)	City	State	ZIP	ode
5 C	County (place of business in New York State)	6 Business te	elephone number (include area	<i>a code)</i> 7 Date busines	s began or will b	egin in NYS
8 T	axpayer identification number (see instructions)	9 Type of organization: (<i>n</i> Corporation Pa	nark an X in one box) artnership LLC	Other (specify)		
	I authorize the Commissioner of Taxation an company is a certified qualified emerging teo period shown on this application, if the comp may include the information shown on lines art 2 – Eligibility requirements (ma	chnology company ((pany so qualifies. The 1, 2, 3, and 4 of this	QETC) for the certificate e disclosure of informate application (<i>mark an</i> X	tion Ition	/es	No
11	Is the company located in New York State?	see instructions)		N	/es	No
12	Are the total annual product sales of the con	וpany \$10,000,000 נ	or less? (see instructions	5) \	res	No
	ou answered Yes to questions 11 and 12, con ou answered <i>No</i> to either question 11 or 12, y					
Ca	tegory 1 – Primary products or service	S				
13	Does the company develop or create products	s or services that are	classified as emerging	technologies?	/es	No
	If Yes, enter a description of the company's	emerging technology	y products or services	and continue with li	nes 14 throu	gh 17:
	If <i>No</i> , continue with line 18.					
14	Enter gross receipts or sales from the compa services described on line 13		•••		14	
15	Enter total gross receipts or sales from all th	e company's produc	ts or services		15	
	If line 15 is zero, skip lines 16 and 17 and co If line 15 is greater than zero, continue with l					
16	Divide line 14 by line 15 (enter the result as a p	ercentage)			16	%
17	Is the percentage on line 16 greater than 50	%?		v	/es	No

If you answered Yes to questions 13 and 17, you **are** eligible to be certified as a QETC under Category 1. Sign the application in the certification area and mail it to the address shown on page 2. If you answered *No* to either question 13 or 17, continue with line 18.

18	Enter the total expenditures attributable to the development or creation of emerging technology products or services included on your federal return	18.	
19	Enter the total expenditures included on your federal return	19.	
20	Divide line 18 by line 19 (enter the result as a percentage)	20.	%
21	Is the percentage on line 20 greater than 50%?	s	No

If you answered Yes, you are eligible to be certified as a QETC under Category 1. Sign the application in the certification area and mail it to the address shown below. If you answered *No*, complete lines 22 through 26 to determine if you are eligible to be certified under Category 2.

Category 2 - Research and development (R&D) activities

22	Does the company have R&D activities in New York State? If <i>No</i> , you are not eligible to be certified as a QETC and should not file this application.	. Yes	No
23	Enter the amount of R&D funds (see instructions)	23	
24	Enter the amount of net sales (if you have any amount of R&D funds, but zero net sales, you are a QETC; skip line 25 and mark the Yes box on line 26; see instructions)	24. —	
25	R&D funds percentage (divide line 23 by line 24; enter the result as a percentage)	25	%
26	Does the percentage on line 25 equal or exceed the applicable percentage for the certification period for which you are applying (see instructions)?	. Yes	No 🗌
lf yo	ou answered Yes to questions 22 and 26, you are eligible to be certified as a QETC under Category 2. S	ign the appl	ication in

the certification area and mail it to the address shown below. If you failed to qualify under Category 1, and answered *No* to either question 22 or 26 in Category 2, you are **not** eligible to be certified

Certification

as a QETC and should not file this application.

I declare that to the best of my knowledge and belief this application is correct and complete. I understand that a willfully false representation is a crime punishable under section 1801 of the New York State Tax Law and sections 175.35 and 210.45 of the Penal Law.

Signature of authorized person		Title	Date
Mail the application to:	NYS TAX DEPARTMENT		L

NYS TAX DEPARTMENT PSSB ACCOUNT UPDATE UNIT W A HARRIMAN CAMPUS ALBANY NY 12227-0866

If not using U.S. Mail, see Publication 55, Designated Private Delivery Services.