Department of Taxation and Finance

Eligible Farm Employee Information for the Farm Workforce Retention Credit

Attachment to Form CT-647

CT-647-ATT

Legal name of corporation	Employer identification number (EIN)

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

A Total number of employees listed on this page .....

A Name of eligible farm employee		**B** Employee work location ZIP code *(first 5 digits only)*	**C** Social Security number of eligible farm employee	**D** Hours worked for the tax year
First name	Last name			

576001230094