Department of Taxation and Finance

Eligible Farm Employee Information for the Farm Employer Overtime Credit

Attachment to Form IT-661

IT-661-ATT

NEW YORK STATE 2024

Name(s) as shown on return	Identifying number as shown on return

Submit this form with Form IT-661. If you have more than one Form IT-661-ATT, enter the grand totals from all Forms IT-661-ATT on the last sheet, leaving the other total boxes empty. Enter the corresponding employee information in the tables below based on column C and C2 values. See the examples below and on page 2.

A Name of eligible farm employee (Last name First name)	B Work location ZIP code	C Social Security/ ITIN	D Pay period(s)
Doe John	12180	123456789	4/3 – 6/10, 8/21 – 10/17
Doe John	12180	123456789	6/11 – 7/15
Doe John	12203	123456789	7/18 – 8/19

Overtime information

A Name of eligible farm employee (Last name First name)	B Work location ZIP code	C Social Security/ ITIN	D Pay period(s)

364001240094

Name(s) as shown on return	Identifying number as shown on return

C2 Social Security/ITIN *(same as column C on page 1)*	**E** Eligible OT hours worked for year	**F** Employee overtime rate	**G** Employee normal rate	**H** Eligible rate available for credit *(column F - column G)*	**I** Eligible OT pay per employee *(column E x column H)*
123456789	110	22.50	15	7.50	825
123456789	40	27.00	18	9.00	360
123456789	50	22.50	15	7.50	375

C2 Social Security/ITIN *(same as column C on page 1)*	**E** Eligible OT hours worked for year	**F** Employee overtime rate	**G** Employee normal rate	**H** Eligible rate available for credit *(column F - column G)*	**I** Eligible OT pay per employee *(column E x column H)*
Total of all column I amounts *(enter on line 1, Form IT-661)*					.00

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