



Credit for Employment of Persons with Disabilities
Tax Law – Section 606(o)

Name(s) as shown on return	Identifying number as shown on return
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Complete this form if you are claiming a credit for employment of persons with disabilities, and submit it with Form IT-201, IT-203, IT-204, or IT-205.

Schedule A – Individual (sole proprietor), partnership, and estate or trust *(see instructions)*

A Enter the total number of qualified full-time employees listed in Part 1 that were paid qualified first-year wages and were used for this credit computation.

B Enter the total number of qualified full-time employees listed in Part 2 that were paid qualified second-year wages and were used for this credit computation.

Part 1 – Computation of credit on qualified first-year wages

(Do not include employees shown in Part 2. Use additional forms if necessary.)

A Name of qualified employee	B Social Security number of qualified employee	C One-year period for qualified first-year wages <i>(enter beginning and end dates)</i>	D Wages paid during tax year for services rendered during one-year period shown in column C <i>(\$6,000 limit)</i>
			.00
			.00
			.00
			.00

1 Wages paid during tax year for services rendered during one-year period <i>(add column D amounts; include column D totals from all additional forms)</i>	1	.00
2 Tax credit percentage (35%).....	2	.35
3 Tax credit on qualified first-year wages <i>(multiply line 1 by line 2)</i>	3	.00

Part 2 – Computation of credit on qualified second-year wages

(Do not include employees shown in Part 1. Use additional forms if necessary.)

A Name of qualified employee	B Social Security number of qualified employee	C One-year period for qualified second-year wages <i>(enter beginning and end dates)</i>	D Wages paid during tax year for services rendered during one-year period shown in column C <i>(\$6,000 limit)</i>
			.00
			.00
			.00
			.00

4 Wages paid during tax year for services rendered during one-year period <i>(add column D amounts; include column D totals from all additional forms)</i>	4	.00
5 Tax credit percentage (35%).....	5	.35
6 Tax credit on qualified second-year wages <i>(multiply line 4 by line 5)</i>	6	.00
7 Total tax credit <i>(add lines 3 and 6)</i>	7	.00

Individual and partnership: Enter the line 7 amount on Schedule E, line 12.

Fiduciary: Include the line 7 amount in the *Total* line of Schedule D, column C.

Schedule B – Partnership, S corporation, and estate or trust information (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 credit for employment of persons with disabilities 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.

Name of partnership, S corporation, or estate or trust	Type	Employer ID number

Schedule C – Partner’s, shareholder’s, or beneficiary’s share of credit (see instructions)

Partner	8	Enter your share of the credit from your partnership.....	8	.00
S corporation shareholder	9	Enter your share of the credit from your NY S corporation	9	.00
Beneficiary	10	Enter your share of the credit from the estate or trust.....	10	.00
	11	Total (add lines 8, 9, and 10)	11	.00

Fiduciary: Include the line 11 amount in the *Total* line of Schedule D, column C.

All others: Enter the line 11 amount on Schedule E, line 13.

Schedule D – Beneficiary’s and fiduciary’s share of credit

A Beneficiary’s name - same as on Form IT-205, Schedule C	B Identifying number	C Share of credit for employment of persons with disabilities
Total (fiduciary, enter the amount from Schedule A, line 7, plus the amount from Schedule C, line 11)		.00
		.00
		.00
Fiduciary		.00

Schedule E – Computation of credit (fiduciaries, do not make entries on lines 12 and 13)

Individual and partnership	12	Enter the amount from Schedule A, line 7.....	12	.00
Partner, S corporation shareholder, beneficiary	13	Enter the amount from Schedule C, line 11.....	13	.00
Fiduciary	14	Enter the amount from Schedule D, <i>Fiduciary</i> line, column C.....	14	.00
	15	Enter the carryover credit from last year’s Form IT-251	15	.00
	16	Total credit (add lines 12 through 15).....	16	.00

Partnership: Enter the line 16 amount and code **251** on Form IT-204, line 147.

All others: Complete Schedule F.

Schedule F – Application of credit and computation of carryover

17	Tax due before credits (see instructions).....	17	.00
18	Credits applied against the tax before this credit (see instructions)	18	.00
19	Net tax (subtract line 18 from line 17).....	19	.00
20	Amount of credit used this year (enter the lesser of line 16 or line 19; see instructions).....	20	.00
21	Amount of credit available for carryover to next year (subtract line 20 from line 16)	21	.00