Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

| Name(s) as shown on return | Identifying number as shown on return |
| :--- | :--- |
|  |  |

All filers must complete line A.
A Are you claiming a credit as an individual (sole proprietor), partnership, or fiduciary of an estate or trust that earned the credit (not as a partner, shareholder, or beneficiary, receiving a share of the credit)? (mark an $\boldsymbol{X}$ in the appropriate box; see instructions) $\qquad$ Yes No

If Yes:
Individual (sole proprietor): Complete Schedules A, D, and E.
Partnerships: Complete Schedules A and D.
Fiduciary: Complete Schedules A, C, D, and E.

If No, complete Schedules B, D, and E. Fiduciary also complete Schedule C.

## Schedule A - Individual (sole proprietor), partnership, and estate or trust (see instructions)

B Business's employer identification number (EIN) $\qquad$ B


C Enter the total number of employees claimed for this credit $\qquad$ C $\square$
D If you have the required Form DTF-75 for each veteran for whom you are claiming this credit, mark an $\boldsymbol{X}$ in the box (see Employee affidavit in instructions)

D


## Part 1 - Computation of credit for qualified veterans in full-time positions

| $\begin{gathered} \mathbf{A} \\ \text { Veteran's name } \end{gathered}$ |  |  | BSocial Security number of qualified veteran | $\underset{\substack{\text { Employment period } \\ \text { (see instructions) }}}{\text { C }}$ | $\begin{array}{\|c\|} \hline \text { D } \\ \text { Wages paid } \\ \text { (see instructions) } \end{array}$ | E <br> Multiply column D by $15 \%$ (.15) | $\mathbf{F}$Enter lesser ofcolumn Eor $\$ 15,000$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| First name | MI | Last name |  |  |  |  |  |
|  |  |  |  |  | . 00 | . 00 | . 00 |
|  |  |  |  |  | . 00 | . 00 | . 00 |
|  |  |  |  |  | . 00 | . 00 | . 00 |
| Total of column F amounts from any additional Forms IT-643 |  |  |  |  |  |  | . 00 |
| 1a Total credit for full-time positions (add column F amounts) |  |  |  |  | ... 1a |  | . 00 |

Part 2 - Computation of credit for qualified veterans in part-time positions

| $\begin{gathered} \mathbf{A} \\ \text { Veteran's name } \end{gathered}$ |  |  | B <br> Social Security number of qualified veteran | CEmployment period (see instructions) | D <br> Wages paid (see instructions) |  | E <br> Multiply column D by $15 \%$ (.15) | $\mathbf{F}$Enter lesser ofcolumn Eor $\$ 7,500$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| First name | MI | Last name |  |  |  |  |  |  |
|  |  |  |  |  |  | 00 | . 00 | . 00 |
|  |  |  |  |  |  | 00 | . 00 | . 00 |
|  |  |  |  |  |  | 00 | . 00 | . 00 |
| Total of column F amounts from any additional Forms IT-643 |  |  |  |  |  |  |  | . 00 |
| 1b Total credit for part-time positions (add column F amoun <br> 1 Total credit for qualified veterans (add lines 1a and 1b) |  |  |  |  |  | 1b |  | . 00 |
|  |  |  |  |  |  | 1 |  | . 00 |

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Part 3 - Computation of credit for qualified disabled veterans in full-time positions

| $\begin{gathered} \text { A } \\ \text { Veteran's name } \end{gathered}$ |  |  | B <br> Social Security number of qualified veteran | $\underset{\substack{\text { Employment period } \\ \text { (see instructions) }}}{\text { C }}$ | D <br> Wages paid (see instructions) | E <br> Multiply column D by $20 \%$ (.20) | FEnter lesser ofcolumn Eor $\$ 20,000$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| First name | MI | Last name |  |  |  |  |  |
|  |  |  |  |  | . 00 | . 00 | . 00 |
|  |  |  |  |  | . 00 | . 00 | . 00 |
|  |  |  |  |  | . 00 | . 00 | . 00 |
| Total of column F amounts from any additional Forms IT-643 |  |  |  |  |  |  | . 00 |
| 2a Total credit for full-time positions (add column F amounts) |  |  |  |  | ... 2a |  | . 00 |

Part 4 - Computation of credit for qualified disabled veterans in part-time positions

| $\begin{gathered} \hline \mathbf{A} \\ \text { Veteran's name } \end{gathered}$ |  |  | BSocial Security number of qualified veteran | $\underset{\substack{\text { Employment period } \\ \text { (see instructions) }}}{\text { C }}$ | DWages paid(see instructions) |  | EMultiplycolumn Dby $20 \%(.20)$ | FEnter lesser of <br> column E <br> or $\$ 10,000$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| First name | MI | Last name |  |  |  |  |  |  |
|  |  |  |  |  |  | . 00 | . 00 | . 00 |
|  |  |  |  |  |  | . 00 | . 00 | . 00 |
|  |  |  |  |  |  | . 00 | . 00 | . 00 |
| Total of column F amounts from any additional Forms IT-643 |  |  |  |  |  |  |  | . 00 |
| 2b Total credit for part-time positions (add column F amounts) |  |  |  |  |  | 2b |  | . 00 |
| 2 Total credit for qualified disabled veterans (add lines 2a and 2b) |  |  |  |  |  | 2 |  | . 00 |
| 3 Total credit (add lines 1 and 2) |  |  |  |  |  | 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 credit from that entity, complete the following information for each partnership, New York S corporation, or estate or trust. For Type, enter $\boldsymbol{P}$ for partnership, $\boldsymbol{S}$ for $\mathbf{S}$ corporation, or $\boldsymbol{E T}$ for estate or trust.

| A <br> Name of entity | B <br> Type | C <br> EIN | D <br> Share of credit |
| :--- | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |

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

## Schedule C - Beneficiary's and fiduciary's share of credit (see instructions)

5 Total (fiduciaries: add lines 3 and 4) $\qquad$ 5
.00

| Beneficiary's name (same as on Form IT-205, Schedule C) | Identifying number |  | C <br> Share of credit |
| :---: | :---: | :---: | :---: |
|  |  |  | . 00 |
|  |  |  | . 00 |
|  |  |  | . 00 |
|  |  |  | . 00 |
| Total of column C amounts from any additional Forms IT-643.................................................................. |  |  | . 00 |
| 6 Share of credit allocated to beneficiaries (add column C amounts) |  | 6 | . 00 |
| 7 Fiduciary's share (subtract line 6 from line 5; enter here and on line 10) |  | 7 | . 00 |

## Schedule D - Computation of credit

| Individuals and partnerships | $\mathbf{8}$ | Enter the amount from line 3 ................................................. | $\mathbf{8}$ |  |
| :--- | ---: | :--- | :--- | ---: | ---: | ---: |
| Partners, S corporation <br> shareholders, beneficiaries | $\mathbf{9}$ | Enter the amount from line 4.................................................... | $\mathbf{9}$ | .00 |
| Fiduciaries | 10 | Enter the amount from line 7.................................................... | 10 | .00 |
|  | 11 | Enter the carryover credit from last year's Form IT-643............. | 11 | .00 |
|  | 12 | Total credit (add lines 8 through 11) ............................................ | 12 | .00 |

Partnerships: Enter the line 12 amount and code 643 on Form IT-204, line 147.
All others: Complete Schedule E.

## Schedule E - Application of credit and computation of carryover

| 13 Tax due before credits (see instructions). | 13 | . 00 |
| :---: | :---: | :---: |
| 14 Tax credits claimed before this credit (see instructions) | 14 | . 00 |
| 15 Subtract line 14 from line 13 | 15 | . 00 |
| 16 Credit used for the current tax year (enter the amount from line 12 or line 15, whichever is less; see instr.)... | 16 | . 00 |
| 17 Amount of unused credit (subtract line 16 from line 12) | 17 | . 00 |
| 18 Unused expired tax credit (see instructions) | 18 | . 00 |
| 19 Amount of credit available for carryover to next year (subtract line 18 from line 17) | 19 | . 00 |

