Calendar-year filers, mark an *X* in the box: [ ]

All other filers enter tax period:

Beginning *(mmddyyyy)*	Ending *(mmddyyyy)*

Submit this form with Form IT-201, IT-203, IT-204, or IT-205. You must also submit a copy of the final *Certificate of Eligibility* issued by the New York State (NYS) Department of Labor.

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

All filers **must** complete line A.

A Are you claiming this 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 X in the appropriate box; see instructions)* .... Yes [ ]   No [ ]

If *Yes*, complete lines B through F, then complete the following depending on your entity type:
Individual (sole proprietor): Schedules A, D, and E.
Partnerships: Schedules A and D.
Fiduciary: Schedules A, C, D, and E.

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

B Enter the name of the business certified by the NYS Department of Labor to participate in the Workers with Disabilities Tax Credit Program .... **B** [ ]

C Enter the certified business's EIN .... **C** [ ]

D Enter the total number of qualified full-time employees claimed for this credit .... **D** [ ]

E Enter the total number of qualified part-time employees claimed for this credit .... **E** [ ]

F Enter the allocation year *(see instructions)* .... **F** [ ]

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

Part 1 – Credit for qualified full-time employees *(Do not include employees shown in Part 2. See instructions.)*

A Name of qualified employee	B Qualified employee's Social Security number	C Qualified employee's hire date *(mmddyyyy)*	D Qualified employee's termination date, if applicable *(mmddyyyy)*	E Qualified wages paid *(see instructions)*	F Multiply column E by 15% (.15)	G Enter lesser of column F or 5,000
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
Total of column G amounts from additional sheet(s), if any						.00
1 Add column G amounts					**1**	.00

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

Part 2 – Credit for qualified part-time employees *(Do not include employees shown in Part 1. See instructions.)*

A Name of qualified employee	B Qualified employee's Social Security number	C Qualified employee's hire date *(mmddyyyy)*	D Qualified employee's termination date, if applicable *(mmddyyyy)*	E Qualified wages paid *(see instructions)*	F Multiply column E by 10% (.10)	G Enter lesser of column F or 2,500
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
Total of column G amounts from additional sheet(s), if any						.00

2 Add column G amounts .... **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 *P* for partnership, *S* for S corporation, or *ET* for estate or trust.

A – Name of entity	B – Type	C – EIN	D – Share of credit
			.00
			.00
			.00
Total of column D amounts from additional sheet(s), if any...			.00

4 Add column D amounts .... **4** | .00

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 line 3 and line 4)*	**5**		.00

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of credit
		.00
		.00
		.00
		.00
Total of column C amounts from additional sheet(s), if any		.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 the result here and on line 10)*	**7**		.00

Schedule D – Computation of credit

Individuals and partnerships	**8**	Enter the amount from line 3	**8**	.00
Partners, S corporation shareholders, beneficiaries	**9**	Enter the amount from line 4...	**9**	.00
Fiduciaries	**10**	Enter the amount from line 7...	**10**	.00
	11	Enter the carryover credit from last year's Form IT-644.....	**11**	.00
	12	**Total credit** *(add lines 8 through 11)*	**12**	.00

Partnerships: Enter the line 12 amount and code **644** 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 credit available for carryover *(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