

**Election or Termination of Election to Deem Income
For Purposes of the Farmers' School Tax Credit****CT-47.1**
(8/12)

Mailing address	Employer identification number	Telephone number ()	<i>For office use only</i>
	Legal name of corporation		
	DBA or trade name (if any)		
	Mailing name (if different from legal name)		
	c/o		
	Number and street or PO box		
City		State	ZIP code

1 Mark an **X** in the appropriate box:

Election (complete lines 2 and 3) ☐ Termination of election due to shareholder(s) consent ☐ Termination of election due to cessation of corporation eligibility (complete line 4) ☐

2 Due date, disregarding any extension, of the corporation's tax return for the year for which the election is to be effective _____
(mm-dd-yy)

3 Ending date for tax year for which this election is to be effective _____
(mm-dd-yy)

4 Date of cessation _____
(mm-dd-yy)

Shareholders' consent and individual affirmation: By signing below the shareholders of the above corporation agree to make or terminate, as applicable, the election described in Tax Law, Article 22, section 606(n)(9), and certify that the personal information given below is to the best of their knowledge and belief true, correct, and complete. If shareholders holding more than one-half, by vote and value, of the shares of stock of the corporation agree to make the election, then all shareholders, other than New York C corporations, must take into account their pro rata shares of the corporation's income and principal payment on farm indebtedness as required in Tax Law section 606(n)(9). Such election is terminated if shareholders holding more than one-half, by vote and value, of the shares of stock of the corporation agree to such termination.

See instructions if a continuation sheet or a separate consent statement is needed.

A Name and address of each shareholder agreeing to election or termination (include ZIP code)	B Social security number or employer identification number	C Shareholder's signature (see instructions) To be valid, all shareholders agreeing to election or termination must signify consent by signing below.
_____ _____ _____		
_____ _____ _____		
_____ _____ _____		
_____ _____ _____		

Certification: I certify that this election or termination and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person	Signature of authorized person	Official title	
	E-mail address of authorized person	Telephone number ()	Date	
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)	Firm's EIN	Preparer's PTIN or SSN	
	Signature of individual preparing this election	Address	City	State ZIP code
	E-mail address of individual preparing this election	Preparer's NYTPRIN	Date	

See instructions for where to file.