## Election or Termination of Election to Deem Income For Purposes of the Farmers' School Tax Credit

**CT-47.1** 

(8/14)

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E	mployer identification number (EIN)	Telephone number		For office use only				
	1	( )						
	Legal name of corporation							
		Date received						
0	DBA or trade name (if any)							
addres								
pe	Mailing name (if different from legal name)							
	<u>c/o</u>							
Mailing	Number and street or PO box							
Ē								
	City	State ZIP code						
1	Mark an <b>X</b> in the appropriate box:							
	Termination of election	Termination of election due to Termination of						
	Election (complete lines 2 and 3) shareholder(s) conse	ent cessa	ation of co	prporation eligibility (complete line 4)				
2	Due date, disregarding any extension, of the corporation's tax return	m for the year for which the	election is					
				(mm-dd-yy)				
3	Ending date for tax year for which this election is to be effective			-				
		(mn	n-dd-yy)					
4	Date of cessation (see instructions)							
	(mm-dd-yy)							
ap kn ag inc tha	<b>hareholders' consent and individual affirmation:</b> By signing below plicable, the election described in Tax Law, Article 22, section 606(n) owledge and belief true, correct, and complete. If shareholders holdin ree to make the election, then all shareholders, other than New York come and principal payment on farm indebtedness as required in Tax an one-half, by vote and value, of the shares of stock of the corporati ere instructions if a continuation sheet or a separate consent statemer	(9), and certify that the pers ng more than one-half, by vo C corporations, must take in Law section 606(n)(9). Suc on agree to such termination	onal inform ote and va nto accour ch election	nation given below is to the best of their lue, of the shares of stock of the corporation ht their pro rata shares of the corporation's				
	A	В		С				
	Name and address of each shareholder agreeing to election or termination	Social security number or EIN		Shareholder's signature (see instructions) e valid, all shareholders agreeing to election				
	(include ZIP code; see instructions)	(see instructions)		ination must signify consent by signing below.				
С	ertification: I certify that this election or termination and any a	attachments are to the be	est of my	knowledge and belief true, correct,				
ar	nd complete.			Official title				
1		o of authorized person						

Authorized person	E-mail address of authorized person	Telephor ( )			umber Date			
Paid	Firm's name (or yours if self-employed)		Firm's EIN			Preparer's PTIN or SSN		
preparer use	Signature of individual preparing this election	Address		C	ty	Sta	ate	ZIP code
only (see instr.)	E-mail address of individual preparing this election			Preparer	's NYTPRIN		Date	

See instructions for where to file.