New York State Department of Taxation and Finance

START-UP NY Telecommunication Services Excise Tax Credit

IT-640

Tax Law – Sections 39 and 606(yy)

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

All other filers enter tax period:

beginning _____ ending _____

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

A Certificate number from Form DTF-74, *Certificate of Eligibility,* issued to the approved START-UP NY business *(see instructions)* .... **A** _____

B Year of START-UP NY business tax benefit period *(enter a number from 1 to 10; see instructions)* .... **B** ☐

Schedule A – Employment test

Computation of the employment number of the approved business and its related persons **within New York State** for the current tax year and the year immediately preceding the year in which the business submitted its application to locate in a tax-free NY area.

Current tax year employment number	March 31	June 30	September 30	December 31	Total
Number of employees					

1 Current tax year employment number within New York State *(see instructions)* .... **1** _____

Tax year immediately preceding START-UP NY business application			March 31	June 30	September 30	December 31	Total
Tax year ending *(mmyyyy)*		Number of employees					

2 Employment number within New York State for the tax year immediately preceding START-UP NY business application *(see instructions)* .... **2** _____

Computation of the average number of net new jobs in the tax-free NY area for the current tax year.

Current tax year net new jobs	March 31	June 30	September 30	December 31	Total
Number of net new jobs					

3 Net new jobs of the business in the tax-free NY area during the tax year *(see instructions)* .... **3** _____

4 Add lines 2 and 3 .... **4** _____

5 Does the amount on line 1 equal or exceed line 4? *(see instructions)* .... **5** Yes ☐ No ☐

If *No*, stop; you do **not** qualify for the credit. **Do not** complete the rest of this form.

Schedule B – Individual (including sole proprietor), partnership, and estate or trust

6 Telecommunication services excise tax paid *(see instructions)* .... **6** _____ 00

Fiduciary: Include the line 6 amount on line 9.
All others: Enter the line 6 amount on line 12.

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Schedule C – Partnership, New York S corporation, and estate and trust information *(see instructions)*

For *Type*, enter *P* for partnership, *S* for S corporation, or *ET* for estate or trust *(use additional Form(s) IT-640 if necessary)*.

A Name of entity	B Type	C Employer identification number	D Certificate number	E Year of business tax benefit period	F Share of credit	
						00
						00
						00
						00

7 Total column F amounts from additional Form(s) IT-640, if any *(see instructions)*	**7**		00
8 Total *(add column F amounts, including any amount from line 7)*	**8**		00

Fiduciary: Include the line 8 amount on line 9.
All others: Enter the line 8 amount on line 13.

Schedule D – Beneficiary's and fiduciary's share of credit *(see instructions)*

9 Total *(fiduciaries, enter the amount from line 6 plus the amount from line 8)*	**9**	00

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of credit	
			00
			00
			00
			00

10 Share of credit allocated to beneficiaries *(add column C amounts)*	**10**		00
11 Fiduciary's share of credit *(subtract line 10 from line 9; enter the result here and on line 14)*	**11**		00

Schedule E – Computation of credit *(see instructions)*

Individual and partnership	**12**	Enter the amount from line 6	**12**	00
Partner, S corporation shareholder, beneficiary	**13**	Enter the amount from line 8	**13**	00
Fiduciary	**14**	Enter the amount from line 11	**14**	00
	15	**Total credit** *(add lines 12, 13, and 14; see instructions)*	**15**	00

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