





Department of Taxation and Finance Claim for Security Officer **Training Tax Credit**

Tax Law – Article 1, Section 26; Article 9, Section 187-n; Article 9-A, Section 210-B.21; and Article 33, Section 1511(x)

All filers must enter tax period:

	,	peginning			ending		
Legal name of corporation Employer ide			Employer ident	ificati	on numbe	r (EIN)	
	e this form with Form CT-3, CT-3-A, CT-3-S, CT-33, CT-33-A, CT-33-NL, CT-186-P.	, CT-183	, CT-184, C	T-18	35, CT-18	86, CT-186	-E,
Pa	rt 1 – Computation of security officer training tax credit (see instruction	ons)					
Α	Enter the calendar year shown on the certificate of tax credit from the New York State Division of						
	Homeland Security and Emergency Services (DHSES)		•	Α			
1	ecurity officer training tax credit (enter amount from the certificate of tax credit from the New York State						
	DHSES and attach a copy of the certificate)		- t				\perp
	Security officer training tax credit from partnership(s) (from line 13; see instructions						
	Total security officer training tax credit (add lines 1 and 2)			3			
Pa	rt 2 – Computation of security officer training tax credit used (see in this part)	struction	s; New York	S coi	rporations	do not com	plete
4	Tax due before credits (see instructions)			4			
	x credits claimed before the security officer training tax credit (see instructions)		1	5			
	Tax after application of credits (subtract line 5 from line 4)		1	6			
7	Tax limitation (see instructions)			7			
8	Limitation on security officer training tax credit (subtract line 7 from line 6; if line 7 is more than line 6, enter 0)		e 6, enter 0) •	8			
9	Security officer training tax credit used for this period (see instructions)			9			
10	Jnused security officer training tax credit (subtract line 9 from line 3)			10			
11	Amount of security officer training tax credit to be refunded (limited to the amount on line 10; see instructions)			11			
12	Amount of security officer training tax credit to be applied as an overpayment to next period (subtract line 11 from line 10; see instructions)		riod				
Pa	rt 3 – Partnership information (see instructions)		•••••	12			
					.		
	Name of partnership	Partne	rship's EIN		Credit ar	mount alloc	ated
							-
							-
							_
							+
							+
							+
						+	
							+
To	tal from additional about(a) if any				1		+
	tal from additional sheet(s), if any Total credit amount allocated from partnership(s) (enter here and on line 2)			_			+
	If you are eleming this greatit as a corporate partner mark an Y in the box			13			+
_							- 1