New York State Department of Taxation and Finance

Claim for Excelsior Jobs Program Tax Credit

IT-607

Tax Law - Sections 31 and 606(qq)

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

Other filers enter tax period:

beginning [   ] and ending [   ]

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.
You must also submit a copy of the certificate(s) of tax credit issued by Empire State Development (ESD).

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

A Year of eligibility *(enter a number from 1 to 10; see instructions)* .... **A** [   ]

Schedule A – Credit components

Part 1 – Excelsior jobs tax credit component *(see instructions)*

Individual (including sole proprietor), partnership, fiduciary	**1**	Enter your excelsior jobs tax credit component	**1**	.00
Partner	**2**	Enter your share of the excelsior jobs tax credit component from your partnership(s)	**2**	.00
S corporation shareholder	**3**	Enter your share of the excelsior jobs tax credit component from your S corporation(s)	**3**	.00
Beneficiary	**4**	Enter your share of the excelsior jobs tax credit component from the estate(s) or trust(s)	**4**	.00
	5	Total excelsior jobs tax credit component *(add lines 1 through 4; see instructions)*	**5**	.00

Part 2 – Excelsior investment tax credit component *(see instructions)*

Individual (including sole proprietor), partnership, fiduciary	**6**	Enter your excelsior investment tax credit component	**6**	.00
Partner	**7**	Enter your share of the excelsior investment tax credit component from your partnership(s)	**7**	.00
S corporation shareholder	**8**	Enter your share of the excelsior investment tax credit component from your S corporation(s)	**8**	.00
Beneficiary	**9**	Enter your share of the excelsior investment tax credit component from the estate(s) or trust(s)	**9**	.00
	10	Total excelsior investment tax credit component *(add lines 6 through 9; see instructions)*	**10**	.00

Part 3 – Excelsior research and development tax credit component *(see instructions)*

Individual (including sole proprietor), partnership, fiduciary	**11**	Enter your excelsior research and development tax credit component	**11**	.00
Partner	**12**	Enter your share of the excelsior research and development tax credit component from your partnership(s)	**12**	.00
S corporation shareholder	**13**	Enter your share of the excelsior research and development tax credit component from your S corporation(s)	**13**	.00
Beneficiary	**14**	Enter your share of the excelsior research and development tax credit component from the estate(s) or trust(s)	**14**	.00
	15	Total excelsior research and development tax credit component *(add lines 11 through 14; see instructions)*	**15**	.00

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Part 4 – Excelsior real property tax credit component *(see instructions)*

Individual (including sole proprietor), partnership, fiduciary	16	Enter your excelsior real property tax credit component ...	**16** .00
Partner	17	Enter your share of the excelsior real property tax credit component from your partnership(s)	**17** .00
S corporation shareholder	18	Enter your share of the excelsior real property tax credit component from your S corporation(s)	**18** .00
Beneficiary	19	Enter your share of the excelsior real property tax credit component from the estate(s) or trust(s)	**19** .00
	20	Total excelsior real property tax credit component *(add lines 16 through 19; see instructions)*	**20** .00

21 Excelsior jobs program tax credit *(add lines 5, 10, 15, and 20)* .... **21** .00

Fiduciaries: Complete Schedule C.

Individuals (including sole proprietors), partners, S corporation shareholders, and beneficiaries: Enter the line 21 amount on line 22.

Schedule B – Partnership, S corporation, estate, and trust information *(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 excelsior jobs program tax credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter *P* for partnership, *S* for S corporation, or *ET* for estate or trust.

Name	Type	Employer ID number

Schedule C – Beneficiary's and fiduciary's share of credit components and recapture of credit

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of excelsior jobs tax credit component	D Share of excelsior investment tax credit component	E Share of excelsior research and development tax credit component	F Share of excelsior real property tax credit component	G Share of recapture of credit
Total		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
Fiduciary		.00	.00	.00	.00	.00

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

Individuals (including sole proprietors), partners, S corporation shareholders, beneficiaries	22	Enter the amount from line 21	**22** .00
Fiduciaries	23	Enter the amount from Schedule C, *Fiduciary* line, column C	**23** .00
	24	Enter the amount from Schedule C, *Fiduciary* line, column D	**24** .00
	25	Enter the amount from Schedule C, *Fiduciary* line, column E	**25** .00
	26	Enter the amount from Schedule C, *Fiduciary* line, column F	**26** .00
	27	**Total excelsior jobs program tax credit** *(add lines 22 through 26; see instructions)*	**27** .00

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Schedule E – Summary of recapture of credit *(see instructions)*

28 Individual's and partnership's recapture of credit	**28**	.00
29 Beneficiary's share of recapture of credit	**29**	.00
30 Partner's share of recapture of credit	**30**	.00
31 S corporation shareholder's share of recapture of credit	**31**	.00
32 Fiduciaries: enter your share of amount from Schedule C, *Fiduciary* line, column G	**32**	.00
33 Total *(add lines 28 through 32)*	**33**	.00

  Individuals (including sole proprietors), partners, S corporation shareholders, and beneficiaries: Enter the line 33 amount and code *607* on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.

  Fiduciaries: Include the line 33 amount on Form IT-205, line 12.

  Partnerships: Enter the line 33 amount and code *607* on Form IT-204, line 148.

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