

# **Credit for Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities**

For costs incurred on or after January 1, 2011

Tax Law - Article 22, Section 606(tt)

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	beginning	ending					
Name(s) as shown on your return		Identifying number as shown on return					
Submit this form with Form IT-201, IT-203, IT-204, or IT-205 (see instru	uctions, Form IT-236-I, for assistance	)					
Part 1 – Individual (including sole proprietor), partne	rship, and estate or trus	t (see instructions)					

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Schedule A – Purchase of new vehicle manufactured to be accessible to persons with disabilities for which there is no comparable make or model that does not include the equipment necessary to provide accessibility to persons with disabilities (use a separate line for each vehicle; submit additional sheets if necessary)

A Vehicle identification number (VIN) of new vehicle	B Total purchase price of new vehicle	<b>C</b> Enter <i>10,000</i>
	.00	-00
	.00	-00
	.00	.00

1 Total of column C amounts from additional sheet(s), if any.1.002 Total of all column C amounts (include any amount on line 1).2.00

## Schedule B – Upgrade of motor vehicle (use a separate line for each vehicle; submit additional sheets if necessary)

A VIN of upgraded vehicle	B Date incremental costs incurred (mm-dd-yyyy)	C Incremental cost (see instructions)	D Enter the lesser of column C or 10,000
		.00	■00
		.00	<b>.</b> 00
		.00	■00

Fiduciary: Include the line 5 amount on the Total line of Part 4, column C

All others: Enter the line 5 amount on line 10

## Part 2 – Partnership, New York 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 credit for taxicabs and livery service vehicles accessible to persons with disabilities from that entity, complete the following information for each partnership, S corporation, estate, or trust. For *Type* enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust. You must also complete Parts 3 and 5, and, if applicable, Part 6.

Name	туре	Employer identification number



## Part 3 – Partner's, shareholder's, or beneficiary's share of credit (see instructions)

Partner	6	Enter your share of the credit from your partnership	6	.00
S corporation				
shareholder	7	Enter your share of the credit from your S corporation	7	.00
Beneficiary 8 Enter your share of the credit from the estate(s) or trust(s)		8	.00	
	9	Total (add lines 6, 7, and 8)	9	.00

Fiduciary: Include the line 9 amount on the *Total* line of Part 4, column C.

All others: Enter the line 9 amount on line 11.

## Part 4 - Beneficiary's and fiduciary's share of credit (see instructions)

A	В	С
Beneficiary's name (same as on Form IT-205, Schedule C)	Identifying number	Share of credit
<b>Total</b> (fiduciaries, enter the amount from line 5 <b>plus</b> the amount from line 9)		.00
		<b>.</b> 00
		.00
Fiduciary		■00

#### Part 5 – Computation of credit

Individual (including sole proprietor) and partnership	10	Enter the amount from line 5	10	.00
Partner, S corporation				
shareholder, and beneficiary	11	Enter the amount from line 9	11	.00
Fiduciary	12	Enter the amount from Part 4, Fiduciary line, column C	12	<b>.</b> 00
	13	Enter the carryover credit from last year's Form IT-236	13	.00
	14	Total credit (add lines 10 through 13)	14	<b>.</b> 00

Partnership: Enter the line 14 amount and code 236 on Form IT-204, line 147.

All others: Complete Part 6.

## Part 6 – Application of credit and computation of carryover

15	Total credit (enter the amount from line 14)	15	.00
16	Enter tax due before credits (see instructions)	16	.00
17	Credits applied against the tax before this credit (see instructions)	17	.00
18	Net tax (subtract line 17 from line 16)	18	.00
19	Amount that you applied against this year's tax (see instructions)	19	.00
20	Amount of credit available for carryover to next year (subtract line 19 from line 15)	20	.00

