

Claim for QEZE Tax Reduction Credit

Tax Law - Section 16

Note: You must file all pages (1 through 8) with your return. All taxpayers must complete the information below and then complete either Section 1 (pages 1 through 4) or Section 2 (pages 5 through 8). Do not complete both sections. All filers enter tax period: beginning ending File this claim with your Form IT-201, IT-203, IT-204, or IT-205. See Form IT-604-I, Instructions for Form IT-604, for assistance. Name(s) as shown on your return Taxpayer identification number Name of empire zone (EZ) Name of qualified empire zone enterprise (QEZE) business Employer identification number (EIN) of QEZE Mark an X in the box if you are a Clean Energy Enterprise (CEE) (see Definitions for all QEZEs in the instructions)....... Mark an X in the box if you are a QEZE first certified between August 1, 2002, and March 31, 2005, that conducts its operations on real property it owns or leases, that is located in an EZ and that is subject to a brownfield site cleanup agreement executed prior to January 1, 2006......prior to January 1, 2006..... Mark an **X** in the box if you are claiming this credit as a partner in a partnership, shareholder of a New York S corporation, or beneficiary of an estate or trust. Section 1 – For QEZEs first certified prior to April 1, 2005 (see Important information in the instructions) Date (mm-dd-yyyy) of first certification by Empire State Development (submit copies of all certificates of eligibility and EZ retention certificates) Schedule A – Employment test for QEZEs first certified prior to April 1, 2005 (see instructions) Part 1 – EZ employment – Computation of the employment number within all EZs for the current tax year and the five-year base period. Include employees within all EZs, even if you are not certified in all of those zones (see instructions). Current tax year March 31 June 30 September 30 December 31 Total employment number Number of full-time employees within all EZs 1 Current tax year employment number within all EZs (do not round; see instructions) Base period Tax year March 31 June 30 September 30 December 31 Total employment number ending (mm-yyyy) Number in base year one Number in base year two Number in base year three Number in base year four Number in base year five Total number of full-time employees within all EZs in the base period Base period employment number within all EZs (do not round; see instructions)... Does the amount on line 1 equal or exceed line 2? (see instr.) Yes No



If No, stop; you are not eligible for the QEZE tax reduction credit.

Part 2 – New York State employment outside all EZs – Computation of the employment number inside New York State and outside all EZs (whether or not you are certified in all of those EZs) for the current tax year and the five-year base period (see instructions).

							-1	
Current tax year employment num	ber	March 31	June 30	September 30	December 31	Total		
Number of full-time inside NYS and o								
4 Current tax ye	ear employment	number insid	de NYS and ou	utside all EZs <i>(d</i> d	o not round)		4	
Base period employment numb	Tax year	March 24		September 30	December 31	Total		
Number in base year one								
Number in base year two								
Number in base year three								
Number in base year four								
Number in base year five								
Total number of for	ıll-time employe	es inside NY	S and outside	EZs in the base	period			
5 Base period e	mployment num	nber inside N	YS and outsid	e all EZs (do not	round)		5	
								¬
				on line 5? (see in	nstructions)	Yes No	> <u>_</u>	
If No, stop	you are not elig	gible for the C	QEZE tax redu	ction credit.				
Schedule B - C	omputation o	of test year	employmen	t number with	nin the EZs ir	which you are cert	tified	k
Test year (mm-yyy		March 31	June 30	September 30	December 31	Total		
Number of full-tim							1	
within the EZs								
					1			
7 Test year emp	lovment numbe	er within the E	Zs in which vo	ou are certified ((see instructions)		7	
	,		,	(
0 1 1 1 0 5								
Schedule C – E	mpioyment ir	icrease tac	tor (see instru	uctions)				
8 Current tax ye	ar employment	number with	in the EZs in w	vhich you are ce	rtified (see instr	uctions)		
9 Test year emp	loyment numbe	er within the E	Zs in which yo	ou are certified (from line 7)	9		
•	-		-	,				
	by line 9 (round							
	•				11			
				olace)				
	•			,		13		
	os – Enter the li	-			-,			

All others – Enter the line 13 amount on line 26.

Sc	hedule D – Zone allocation factor (see instructions)	B – New Yo	rk State
14	Average value of property (see instructions)	14	.00
15	EZ property factor (divide line 14, column A, by line 14, column B; round the result to the fourth decimal place)	15	
16	Wages and other compensation of employees (see instr.) 16 .00	16	.00
	EZ payroll factor (divide line 16, column A, by line 16, column B; round the result to the fourth decimal place) Total EZ factors (add lines 15 and 17) Zone allocation factor (divide line 18 by two; round the result to the fourth decimal place) Partnerships – Enter the line 19 amount on Form IT-204, line 134 and enter the benefit period factor from the Benefit period factor table below on Form IT-204, line 135. All others – Enter the line 19 amount on line 27.	17 18 19	
Sc	hedule E – Tax factor		
20	Enter your tax from Form IT-201, line 39; Form IT-203, line 38; Form IT-205, line 6 (full-year resident estate or trust); or Form IT-205-A, line 11 (nonresident estate or trust or part-year resident trust)		.00
21		21	.00
22	New York adjusted gross income (see instructions)	22	.00
23	Divide line 21 by line 22 (the result cannot exceed one; round the result to the fourth decimal place)	23	
24	Multiply line 20 by line 23; this is your tax factor (enter here and on line 28)	24	.00
Sc	hedule F – QEZE tax reduction credit (see instructions)		
25	Tax year of the business benefit period; benefit period factor (from table below)	25	
26	Employment increase factor (from line 13)	26	
27	Zone allocation factor (from line 19)	27	
28	Tax factor (from line 24)	28	.00
29	QEZE tax reduction credit available for use (multiply line 25 × line 26 × line 27 × line 28)		.00
30	Tax due before credits (see instructions)	30	.00
31	Credits applied against the tax before this credit (see instructions)	31	.00
32	Net tax due (subtract line 31 from line 30)	32	.00
33	QEZE tax reduction credit used for the current tax year (see instructions)	33	.00

Benefit period factor table*					
Tax year of the benefit period	Benefit period factor				
1 - 10	1.0				
11	.8				
12	.6				
13	.4				
14	.2				
15	0				

Sole proprietors and fiduciaries – Find the tax year of your benefit period. Enter the benefit period factor for that tax year on line 25.

All others - See instructions.

* For taxpayers first certified prior to April 1, 2005, the QEZE tax reduction credit is generally available for up to 14 years for taxpayers that continue to qualify.



Schedule G – Beneficiary's and fiduciary's share of QEZE income (see instructions)

A Beneficiary's name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of QEZE income
Total		.0
		.0
		.0
Fiduciary		.0
Schedule H – Related entities		
List the names and EINs of any business entities related to the persons in the instructions to determine if an entity is related.	e QEZE. Use additional sheets if neces	sary. Use the definition of <i>related</i>
Name		EIN
Schedule I – Valid business purpose for QEZEs	first cartified prior to August 1	1 2002 (see instructions)
f you are claiming that the QEZE was formed for a valid busin		
notarized statement describing in detail how your QEZE med	ets the valid business purpose test	Submit a



(continued)

Claim for QEZE Tax Reduction Credit

Section 2 – Fo	r QEZEs	first certif	ied on or	after April 1	I, 2005 (see Im	portant information	on in the instructions)
			All file	rs enter tax perio	od: beginning		ending
Note: You must file a page 1 and then com	all pages (1 t aplete either	hrough 8) with Section 1 (pag	n your return. ges 1 through	All taxpayers n 4) or Section 2	nust complete th (pages 5 through	e information abo 8). Do not comple	ove Section 1 on ete both sections.
Name(s) as shown on you	ır return					Taxpayer identif	fication number
Name of empire zone (EZ)						
Name of qualified empire	zone enterprise ((QEZE) business				Employer identif	ication number (EIN) of QEZE
Date (mm-dd-yyyy) of and EZ retention cert						s of eligibility	
Schedule J – Emp	oloyment te	est for QEZE	s first certi	ified on or afte	er April 1, 2005	(see instructions)	
Part 1 – EZ employi period. Include emplo							ne four-year base
Current tax year employment numbe	r	March 31	June 30	September 30	December 31	Total	
Number of full-time of within all EZs	employees						
34 Current tax year	employment	number withi	n all EZs <i>(do r</i>	not round; see inst	ructions)		34
Base period employment number	Tax year ending (mm-yy	March 31	June 30	September 30	December 31	Total	
Number in base year one							
Number in base year two							
Number in base year three							
Number in base year four							
Total number of full-	time employe	ees within all E	Zs in the bas	se period			
35 Base period em	oloyment nun	nber within all	EZs (do not ro	ound; see instructi	ons)		35
36 Does the amour	nt on line 34 e	exceed line 35	? (see instruct	tions)	Yes	No	
If No ston: vo	nu are not eli	aible for the O	F7F tay redu	action credit			



Part 2 – New York State employment – Computation of the employment number in New York State for the current tax year and the four-year base period (see instructions).

						T T		_	
	rrent tax year ployment number	1	March 31	June 30	September 30	December 31	Total		
	mber of full-time en ide New York State								
37	Current tax year e	mployment nu	umber in Ne	ew York State	(do not round)			. 37	
	se period ployment number en	Tax year nding <i>(mm-yyyy)</i>	March 31	June 30	September 30	December 31	Total		
Nu	mber in								
ba	se year one								
Nu	mber in								
-	se year two								
	mber in								
	se year three								
1	mber in								
	se year four				<u> </u>			_	
10	al number of full-tim	ne employees	s in New Yo	ork State for the	e base period				
38	Base period emplo	oyment numb	er in New Y	∕ork State <i>(do i</i>	not round)			. 38	
	39 Does the amount on line 37 exceed the amount on line 38? (see instructions)								
39	Does the amount of	on line 37 exc	ceed the an	nount on line 3	38? (see instruction	ons)	Yes	No L	
39	Does the amount of	on line 37 exc	ceed the ar	nount on line 3	38? (see instruction	ons)	Yes	No L	
39	If No , stop; you					ons)	Yes	No L	
39						ons)	Yes	No [
	If No, stop ; you	ı are not eligik	ole for the C	QEZE tax redu	ction credit.		which you are ce		
Sc	If No, stop ; you hedule K - Comp	u are not eligib	ole for the C	QEZE tax redu	ction credit.				
Scl Te:	If No, stop ; you hedule K – Compost year (mm-yyyy)	u are not eligib	ole for the C	QEZE tax redu	ction credit.	in the EZs in	which you are ce		
Scl Te:	If No , stop ; you hedule K – Compost year (mm-yyyy) to to	outation of t	ole for the C	QEZE tax redu	ction credit.	in the EZs in	which you are ce		
Scl Te:	If No, stop ; you hedule K – Compost year (mm-yyyy)	outation of t	ole for the C	QEZE tax redu	ction credit.	in the EZs in	which you are ce		
Scl Tes Nu wit	If No, stop; you hedule K – Compost year (mm-yyyy) to to mber of full-time en hin the EZs	outation of t	test year o	employment	t number with September 30	in the EZs in December 31	which you are ce	rtified	
Scl Tes Nu wit	If No, stop; you hedule K – Compost year (mm-yyyy) to to mber of full-time en hin the EZs	outation of t	test year o	employment	t number with September 30	in the EZs in December 31	which you are ce	rtified	
Scl Te: Nu wit	If No, stop; you hedule K – Compost year (mm-yyyy) to to mber of full-time en hin the EZs	putation of to	test year of March 31	employment June 30	t number with September 30	in the EZs in December 31	which you are ce	rtified	
Scl Te: Nu wit	If No, stop; you hedule K – Compost year (mm-yyyy) to to mber of full-time en hin the EZs	putation of to	test year of March 31	employment June 30	t number with September 30	in the EZs in December 31	which you are ce	rtified	
Scl Tes Nu with	If No, stop; you hedule K – Compost year (mm-yyyy) to to mber of full-time enhin the EZs	putation of to	test year of March 31 within the E	employment June 30 EZs in which you	t number with September 30 ou are certified (auctions)	December 31 See instructions).	which you are ce	rtified	
Scl Tes Nu with	If No, stop; you hedule K – Compost year (mm-yyyy) to mber of full-time enhin the EZs	putation of to the state of the	test year of the March 31 within the E	employment June 30 EZs in which your corrector (see instrume EZs in which	t number with September 30 ou are certified (actions)	December 31 See instructions).	which you are ce Total	rtified	
Scl Tes Nu with	If No, stop; you hedule K – Compost year (mm-yyyy) to to mber of full-time enhin the EZs	putation of to the state of the	test year of the March 31 within the E	employment June 30 EZs in which your corrector (see instrume EZs in which	t number with September 30 ou are certified (actions)	December 31 See instructions).	which you are ce Total	rtified	
Scl Te: Nu wit 40 Scl	If No, stop; you hedule K – Compost year (mm-yyyy) — to — mber of full-time enhin the EZs	nent number voment number vom line 41	test year of the March 31 within the Experience within the Experie	employment June 30 EZs in which your content (see instruction e EZs in which you content e EZs in whi	ction credit. t number with September 30 ou are certified (actions) th you are certified (actions)	December 31 December 31 December 31 December 31 December 31	which you are ce Total as)	rtified	
Scl Te: Nu wit 40 Scl 41 42	If No, stop; you hedule K – Compost year (mm-yyyy) to mber of full-time enhin the EZs Test year employment with the L – Employment year employment year employment year employment year employment year employment.	nent number voment number vom line 41	test year of the March 31 within the Experience within the Experie	employment June 30 EZs in which your content (see instruction e EZs in which you content e EZs in whi	ction credit. t number with September 30 ou are certified (actions) th you are certified (actions)	December 31 See instructions).	which you are ce Total as)	rtified	
Scl Tes Nu wit 40 Scl 41 42 43	If No, stop; you hedule K – Compost year (mm-yyyy) to	oyment number of the sent number	within the Experience within the Experience factors within the Experience within the Experience factors within the Experience	employment June 30 EZs in which you teld (see instruction EZs in which you the fourth deciment, enter 1 here,	ction credit. t number with September 30 ou are certified (actions) h you are certified (ou are certified (output and place;)	December 31 December 31 see instructions). ed (see instruction from line 40)	which you are ce Total as)	rtified	
Scl Tes Nu wit 40 Scl 41 42 43	If No, stop; you hedule K – Compost year (mm-yyyy) to mber of full-time enhin the EZs Test year employment of the	oyment number of the second se	within the External to the result to the	employment June 30 EZs in which you tor (see instru ne EZs in which EZs in which you the fourth decime fourth decimal p	ction credit. t number with September 30 ou are certified (actions) th you are certified (all place;) all place;)	December 31 December 31 See instructions). ed (see instruction from line 40)	Total 18)	rtified	

Partnerships: Enter the line 46 amount on Form IT-204, line 133.

All others: Enter the line 46 amount on line 59.



Sc	hedule M – Zone allocation factor (see instructions)	B – New York State
47	Average value of property (see instructions)	.00
48	EZ property factor (divide line 47, column A, by line 47, column B; round the result to the fourth decimal place)	48
49	Wages and other compensation of employees (see instr.) 49 .00	.00
50 51 52	EZ payroll factor (divide line 49, column A, by line 49, column B; round the result to the fourth decimal place) Total EZ factors (add lines 48 and 50)	50 51 52
Sc	hedule N – Tax factor	
	Enter your tax from Form IT-201, line 39; Form IT-203, line 38; Form IT-205, line 6 (full-year resident estate or trust); or Form IT-205-A, line 11 (nonresident estate or trust or part-year resident trust) Enter the amount of your income from the QEZE allocated within NYS (see instructions)	53 .00 54 .00 55 .00
56	Divide line 54 by line 55 (the result cannot exceed one; round the result to the fourth decimal place)	56
57	Multiply line 53 by line 56; this is your tax factor (enter here and on line 61)	.00
Sc	hedule O – QEZE tax reduction credit (see instructions)	
58	Tax year of the business benefit period; benefit period factor (see instructions)	58
59 60	Employment increase factor (from line 46) Zone allocation factor (from line 52)	59 60
61 62 63	Tax factor (from line 57) QEZE tax reduction credit (multiply line 58 × line 59 × line 60 × line 61) Tax due before credits (see instructions)	61 .00 62 .00 63 .00
64 65 66	Credits applied against the tax before this credit (see instructions) Net tax due (subtract line 64 from line 63) OFZE tax reduction credit used for the current tax year (see instructions)	64 .00 65 .00 66 .00

Schedule P – Beneficiary's and fiduciary's share of QEZE income (see instructions)

A Beneficiary's name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of QEZE income
Total		.00
		.00.
		.00
Fiduciary		.00.

Schedule Q - Related entities

List the names and EINs of any business entities related to the QEZE. Use additional sheets if necessary. Use the definition of *related persons* in the instructions to determine if an entity is related.

Name	EIN