2014

New York State Department of Taxation and Finance

New York Youth Works Tax Credit

Tax Law – Article 9-A, Section 210.44

CT-635

All filers enter tax period:

beginning _____ ending _____

Legal name of corporation filing franchise tax return	Employer identification number (EIN)

File this form with your franchise tax return. You must also attach a copy of the certificate of tax credit issued by the New York State (NYS) Department of Labor.

A Mark an *X* in the box if you are claiming this credit as a corporate partner .... ● ☐

B Name of the business certified by the NYS Department of Labor to
participate in the New York Youth Works Tax Credit Program.......... ● _____

C Certified business's EIN .... ● _____

D Number of certified youth employed full-time and included in this claim for credit .... ● _____

E Number of certified youth employed part-time and included in this claim for credit .... ● _____

Schedule A – Credit for certified youths

1 New York youth works tax credit *(see instructions)* .... ●	**1**	
2 **Partner:** Enter your share of the credit from your partnership from line 13 .... ●	**2**	
3 Total credit *(see instructions)* .... ●	**3**	

Schedule B – Computation of tax credit used, refunded, or credited as an overpayment
to the next tax year *(see instructions)*. **S corporations:** Do not complete this section.

4 Tax due before credits *(see instructions)*	**4**	
5 Tax credits claimed before this credit *(see instructions)* .... ●	**5**	
6 Subtract line 5 from line 4	**6**	
7 Minimum tax *(see instructions)*	**7**	
8 Credit limitation *(subtract line 7 from line 6; if zero or less, enter 0)* .... ●	**8**	
9 Credit to be used this tax year *(see instructions)* .... ●	**9**	
10 Unused tax credit available as a refund or as an overpayment *(subtract line 9 from line 3)* .... ●	**10**	
11 Tax credit to be refunded *(limited to the amount on line 10; see instructions)* .... ●	**11**	
12 Amount to be applied as an overpayment to next year's tax *(subtract line 11 from line 10; see instructions)* ●	**12**	

Schedule C – Partnership information *(see instructions)*

Name of partnership	Partnership's EIN	Credit amount allocated
	●	
	●	
	●	
Total from attachment(s)		
13 Total credit allocated from partnerships *(enter here and on line 2)* .... ● **13**		

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Schedule D – Employee information and computation of credit *(complete a separate Schedule D for each certified youth; see instr.)*

Employee name	Social security number

Hire date *(mm-dd-yy)*	Last date of employment during the current tax year	

Part 1 – 2014 hours worked and monthly factors for full-time or part-time work *(see instructions)*

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Number of hours worked												
Full-time or part-time factor												

Part 2 – 2015 hours worked and monthly factors for full-time or part-time work *(for fiscal year filers only; see instructions)*

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Number of hours worked												
Full-time or part-time factor												

Part 3 – Computation of credit

14 Total monthly factors for first six months *(see instructions)* .... ● **14**

15 Six-month employment credit *(see instructions)*.. **15**

16 Additional six-month credit *(see instructions)*.. ● **16**

17 Total tax credit for employee *(add lines 15 and 16)* **17**