New York State Department of Taxation and Finance

Minimum Wage Reimbursement Credit

CT-639

Tax Law – Article 1, Section 38; Article 9, Section 187-s; Article 9-A, Section 210.46; Article 32, Section 1456(z); and Article 33, Section 1511(cc)

All filers must enter tax period:

beginning _____ ending _____

Legal name of corporation	Employer identification number (EIN)

File this form with your franchise tax return.

A If you are claiming this credit as a corporate partner, mark an ***X*** in the box ..... ☐

B Enter the total number of employees claimed for this credit ..... ☐

Schedule A – Computation of credit *(complete Schedules C, D, and E, as applicable, before completing this schedule)*

1	Credit for hours worked when the federal minimum wage equals $7.25 per hour *(from line 17)*	**1**	
2	Credit for hours worked when the federal minimum wage exceeds $7.25 per hour *(from line 18)*	**2**	
3	**Partner:** Enter your share of the credit from your partnership(s) from line 14	**3**	
4	Total credit *(add lines 1, 2, and 3; New York S corporations, see instructions)*	**4**	

Schedule B – Computation of credit used, refunded, or credited as an overpayment to the next tax year *(New York S corporations: do not complete this schedule.)*

5	Tax due before credits *(see instructions)*	**5**	
6	Tax credits claimed before this credit *(see instructions)*	**6**	
7	Subtract line 6 from line 5	**7**	
8	Minimum tax *(see instructions)*	**8**	
9	Credit limitation *(subtract line 8 from line 7; if zero or less, enter **0**)*	**9**	
10	Credit to be used this tax year *(enter the lesser of line 4 or line 9 here and on your franchise tax return)*	**10**	
11	Unused tax credit available as a refund or as an overpayment *(subtract line 10 from line 4)*	**11**	
12	Tax credit to be refunded *(limited to the amount on line 11; enter here and on your franchise tax return)*	**12**	
13	Amount to be applied as an overpayment to next year's tax *(subtract line 12 from line 11; enter here and on your franchise tax return)*	**13**	

Schedule C – Partnership information *(see instructions)*

Name of partnership	Partnership's EIN	Credit amount allocated
Total from additional sheet(s), if any		

14 Total credit allocated from partnerships *(enter here and on line 3)* ..... **14** _____

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Schedule D – Credit for hours worked when the federal minimum wage equals $7.25 per hour *(attach additional sheet(s) if necessary; see instructions)*

A Name of eligible employee	B Social security number of eligible employee	C Hours worked at the NYS minimum wage rate *(see instructions)*

Schedule E – Credit for hours worked when the federal minimum wage exceeds $7.25 per hour *(attach additional sheet(s) if necessary; see instructions)*

A Name of eligible employee	B Social security number of eligible employee	C Hours worked at the NYS minimum wage rate *(see instr.)*	D NYS minimum hourly wage rate *(see instr.)*	E Federal minimum hourly wage rate *(see instr.)*	F Subtract column E from column D	G Credit amount *(column C × column F)*