New York State Department of Taxation and Finance

START-UP NY Telecommunication Services Excise Tax Credit

Tax Law – Article 1, Section 39 and Article 9-A, Section 210.49

CT-640

2014

All filers must enter tax period:

beginning [   ]   ending [   ]

Legal name of corporation	Employer identification number (EIN)

File this form with Form CT-3, CT-3-A, or CT-3-S.

A Certificate number from Form DTF-74, *Certificate of Eligibility,* issued to the approved
STRT-UP NY business *(see instructions)* .... ● [   ]

B Year of START-UP NY business tax benefit period *(enter a number from 1 to 10; see instructions)* .... ● [   ]

C If you are claiming this credit as a corporate partner, mark an *X* in the box .... ● [ ]

Schedule A – Employment test

Computation of the employment number of the approved business and its related persons **within New York State** for the current tax year and the year immediately preceding the year in which the business submitted its application to locate in a tax-free NY area.

Current tax year employment number	March 31	June 30	September 30	December 31	Total
Number of employees					

1 Current tax year employment number within New York State *(see instructions)*.................................... ● **1** [   ]

Tax year immediately preceding START-UP NY business application		March 31	June 30	September 30	December 31	Total
Tax year ending *(mm-yy)*..................	Number of employees......					

2 Employment number within New York State for the tax year immediately preceding START-UP NY business application *(see instructions)* .... ● **2** [   ]

Computation of the average number of net new jobs in the tax-free NY area for the current tax year.

Current tax year net new jobs	March 31	June 30	September 30	December 31	Total
Number of net new jobs					

3 Net new jobs of the business in the tax-free NY area during the tax year *(see instructions)* .... ● **3** [   ]

4 Add lines 2 and 3... ● **4** [   ]

5 Does the amount on line 1 equal or exceed line 4? *(see instructions)* .... **5** Yes ● [ ] No ● [ ]

If *No*, you do **not** qualify for the credit. **Do not** complete the rest of this form.

Schedule B – Allocation factor *(see instructions)*

		A Tax-free NY area			B New York State	
6 Average value of property *(see instructions)* .... ●	**6**					
7 Property factor *(divide line 6, column A by line 6, column B; carry result to four decimal places)*	**7**					
8 Wages and other compensation of employees *(see instructions)* .... ●	**8**					
9 Wage factor *(divide line 8, column A by line 8, column B; carry result to four decimal places)*	**9**					
10 Total factors *(add lines 7 and 9)*..	**10**					
11 Allocation factor *(divide line 10 by two; carry result to four decimal places)*	**11**					

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Schedule C – Computation of credit

12 Telecommunication services excise tax paid *(see instructions)* .... ●	**12**	
13 Telecommunication services excise tax credit from partnership(s) *(from line 24)* .... ●	**13**	
14 Total credit *(add lines 12 and 13)* .... ●	**14**	

Schedule D – Computation of credit used *(New York S corporations do not complete this part)*

15 Tax due before credits *(see instructions)*	**15**	
16 Tax credits claimed before this credit *(see instructions)* .... ●	**16**	
17 Tax after application of credits *(subtract line 16 from line 15)*	**17**	
18 Tax limitation *(see instructions)*	**18**	
19 Limitation on credit *(subtract line 18 from line 17; if line 18 is more than line 17, enter **0**)* .... ●	**19**	
20 Credit used for this period *(enter the lesser of line 14 or line 19; enter here and on your franchise tax return)* .... ●	**20**	
21 Unused telecommunication services excise tax credit *(subtract line 20 from line 14)* .... ●	**21**	
22 Amount of credit to be refunded *(limited to the amount on line 21; enter here and on your franchise tax return)* .... ●	**22**	
23 Amount of credit to be applied as an overpayment to next period *(subtract line 22 from line 21; enter here and on your franchise tax return)* .... ●	**23**	

Schedule E – Partnership information *(see instructions; attach additional sheets as necessary)*

Name of partnership	Partnership's EIN	Certificate number	Year of business tax benefit period	Credit amount allocated
Total from additional sheet(s), if any				
24 Total credit amount allocated from partnership(s) *(enter here and on line 13)* **24**				