

Department of Taxation and Finance

IT-613

Claim for Environmental Remediation Insurance Credit For Qualified Sites Accepted into the Brownfield Cleanup Program Prior to July 1, 2015 Tax Law – Sections 23 and 606(ff)

		Tax Law Goodfolio 20 and Goo	·(··)	Calendar-	vear file	ers, mark an X in the	box:	
			Other file	ers enter tax p	-	oro, mark an x m are	JOX	
			beginning			and ending		
File a separate F	orm	IT-613 with your personal income	tax return. Form IT-201.					
		205 for each Certificate of Comple						
Name(s) as shown	on i	return			Identi	fying number as shown of	on return	
Schodulo A – F	Brov	wnfield site identifying inforn	nation (see instructions Form) IT-613-I)				
			<u>`</u>					
		execution of the Brownfield Clear are claiming the credit (mm-dd-yyyy	,			Λ .		
•		ng information as listed on the Co				^		
		DEC) for the qualified site (see ins				а		
		ation form for the environmental re	,					
Site name				Site location	ion			
DEOi			Municipality	Cou		D-4- 0-0 :		
DEC region			Division of Environmental Remedi	lation (DER) site	e numbe	er Date CoC was issu	ea	
C Mark an Yin	the	box if you received notification fro	m the Denartment of State that	t the qualified				
		in a Brownfield Opportunity Area		•		С		
Schedule B – I	ndi	viduals (including sole propr	ietors), partnerships, and	fiduciaries				
		mental remediation insurance pre			1		.00	
	-	50% (.50)			2		.00	
3 Enter the les	ser	of line 2 or \$30,000			3		.00	
		partnerships: Enter the line 3 am						
Fiduciaries:	Inc	ude the line 3 amount in the <i>Total</i>	line of Schedule E, column C.					
Schedule C – F	Part	nership, S corporation, estat	e, and trust information (s	see instruction	is)			
If you were a partn	er in	a partnership, a shareholder of a Ne	w York S corporation, or a benefi	ciary of an esta	ate or tr	ust and received a sha	are of	
		mediation insurance credit from that Type, enter P for partnership, S for S			ch partn	ership, New York S co	orporation,	
estate, or trust. I	01 /		corporation, or ET for estate or the	1				
		Name		Type		Employer ID number	er	
Schodulo D – I	Dart	ner's, shareholder's, or bene	oficiary's share of credit (s	ee instruction	c)			
Partner	4	Enter your share of the credit from	<u>-</u>		4		.00	
S corporation	Ė)		1 -4		.00	
shareholder	5	Enter your share of the credit from	n your S corporation		5		.00	
Beneficiary	6	Enter your share of the credit from			6		.00	
	7	Total (add lines 4, 5, and 6)			7		.00	

Fiduciaries: Include the line 7 amount in the Total line of Schedule E, column C.

All others: Enter the line 7 amount on line 9.



Schedule E - Beneficia	rv's and fiduciar	v's share of credit and	I recapture of credit	(see instructions)
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Α	В	С	D
Beneficiary's name (same as on Form IT-205, Schedule C)	Identifying number	Share of environmental remediation insurance credit	Share of recapture of credit
Total (see instructions)			
		.00	.00
		.00	.00
		.00	.00
Fiduciary		.00	.00

Individuals and partnerships		Enter the amount from line 3	8	.00
Partners, S corporation				
shareholders, beneficiaries	9	Enter the amount from line 7	9	.00
Fiduciaries		Enter the amount from Schedule E, column C, Fiduciary line	10	.00
	11 Total environmental remediation insurance credit			
		(see instructions)	11	.00

Schedule G - Summary of recapture of environmental remediation insurance credit

Fiduciaries: Include the line 12 amount on the Total line of Schedule E,

column D and continue with line 14. **All others:** Continue with line 13.

Partners in a partnership, shareholders of an S corporation, and beneficiaries of an estate or trust:

	Enter your share of recapture of the environmental remediation insurance credit (see instructions)	13	.00
14	Fiduciaries: Enter amount from Schedule E, column D, <i>Fiduciary</i> line	14	.00
15	Recapture amount (add lines 12, 13, and 14; fiduciaries, see instructions)	15	.00

Individuals: Enter the line 15 amount and code **173** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.

Partnerships: Enter the line 15 amount and code 173 on Form IT-204, line 148.

Fiduciaries: Include the line 15 amount on Form IT-205, line 12.

