

## New York Youth Jobs Program Tax Credit TE Tax Law - Article 9-A, Section 210-B.36

**CT-635** 

	All filers enter tax period:									
	beginning	ending								
Le	gal name of corporation filing franchise tax return	nployer identification number (EIN)								
	e this form with your franchise tax return. You must also attach a copy of the certificate of tax credit i YS) Department of Labor.	ssued by the New York State								
	filers <b>must</b> complete line A.  Are you claiming this credit as a corporation that <b>earned</b> the credit (not as a corporate partner that a share of the credit from a partnership)? (mark an X in the appropriate box; see instructions)	Yes • No								
В	Name of the business certified by the NYS Department of Labor to participate in the New York Youth Jobs Program									
С	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	•								
F	Program year from the certificate of eligibility	•								
Sc	chedule A – Credit for certified youths									
2	New York youth jobs program tax credit (see instructions)  Partner: Enter your share of the credit from your partnership from line 13  Total credit (see instructions)	• 2								
Sc	chedule B – Computation of tax credit used, refunded, or credited as an over year. New York S corporations: Do not complete this section.	payment to the next tax								
5 6 7 8 9	Tax due before credits (see instructions)  Tax credits claimed before this credit (see instructions)  Subtract line 5 from line 4  Minimum tax (see instructions)  Credit limitation (subtract line 7 from line 6; if zero or less, enter 0)  Credit to be used this tax year (see instructions)	5 6 7 8 9								
11	Unused tax credit available as a refund or as an overpayment (subtract line 9 from line 3)	• 11								

# Schedule C – Partnership information (see instructions) Name of partnership Partnership's EIN Credit amount allocated Total from attachment(s) Total credit allocated from partnerships (enter here and on line 2) 13

### 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 – 2017 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 – 2018 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)	1	14	
15	Six-month employment credit (see instructions)	1	15	
16	Additional six-month credit (see instructions)	1	16	
17	Additional year credit (see instructions)	1	17	
18	Total tax credit for employee (add lines 15, 16, and 17)	1	18	

