Minimum Wage Reimbursement Credit

CT-639

Tax Law – Article 1, Section 38; Article 9-A, Section 210-B.40; and
Article 33, Section 1511(cc)

NEW YORK STATE 2018

All filers must enter tax period:

beginning [   ]   ending [   ]

Legal name of corporation	Employer identification number (EIN)

File this form with your franchise tax return.

All filers **must** complete line A.

A Are you claiming this credit as a corporation that **earned** the credit (not as a corporate partner that received a share of the credit from a partnership)? *(mark an X in the appropriate box; see instructions)* .... Yes • [ ]   No [ ]

C corporations

If *Yes*, complete Schedules A and B and, as applicable, Schedules D and E and Form CT-639-ATT.

If *No*, and you are claiming this credit as a corporate partner, complete Schedule A (lines 3 and 4), and Schedules B and C.

New York S corporations

If *Yes*, complete Schedule A and, as applicable, Schedules D and E and Form CT-639-ATT.

If *No*, and you are claiming this credit as a corporate partner, complete Schedules A (lines 3 and 4) and C.

B Enter the total number of employees claimed for this credit *(see instructions)* ....• [   ]

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 **does not** exceed 85% of the NYS minimum wage *(from line 19)* ....•	**1**	
2 Credit for hours worked when the federal minimum wage exceeds 85% of the NYS minimum wage *(from line 22)* ....•	**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**		

550001180094

Schedule D – Credit for hours worked when the federal minimum wage does not exceed 85% of the NYS minimum wage *(see instructions)*

A Name of eligible employee	B Employee work location ZIP code *(first 5 digits only)*	C Social security number of eligible employee	D Hours worked at the NYS minimum wage rate *(see instructions)*

15 Total number of hours worked *(total of column D)* .... ●	**15**	
16 Total number of hours worked from Form(s) CT-639-ATT, line 1 .... ●	**16**	
17 Add lines 15 and 16 .... ●	**17**	
18 Tax credit rate ($1.35)	**18**	1 35
19 Tax credit *(multiply line 17 by line 18; enter here and on line 1)* .... ●	**19**	

550002180094

Schedule E – Credit for hours worked when the federal minimum wage exceeds 85% of the NYS minimum wage *(see instructions)*

A Name of eligible employee	B Employee work location ZIP code *(first 5 digits only)*	C Social security number of eligible employee	D Hours worked at the NYS minimum wage rate *(see instr.)*	E NYS minimum hourly wage rate *(see instr.)*	F Federal minimum hourly wage rate *(see instr.)*	G Subtract column F from column E *(see instr.)*	H Credit amount *(column D × column G)*

20 Total of column H amounts .... ●	**20**	
21 Total from Form(s) CT-639-ATT, line 2 .... ●	**21**	
22 Add lines 20 and 21 *(enter here and on line 2)* .... ●	**22**	