Department of Taxation and Finance



IT-607 Claim for Excelsior Jobs Program Tax Credit

Tax Law - Sections 31 and 606(qq)

		Calendar-	year filers, mark an <i>X</i> in the box:
		Other filers enter tax p	eriod:
		beginning	and ending
Submit this form with Form IT-201, You must also submit a copy of the		03, IT-204, or IT-205. ificate(s) of tax credit issued by Empire State Development (ESD).
Name(s) as shown on return			Identifying number as shown on return
A Excelsion lobs Program project	num	ber (see instructions)	
B Year of eligibility (enter a number	from	1 to 10; see instructions)	В
Schedule A – Credit compo	ner	nts (see instructions)	
Part 1 – Excelsior jobs tax cre	dit	component (see instructions)	
Individual (including sole proprietor), partnership, fiduciary		Enter your evenleier iche tex gradit annonent	
proprietor), partnersnip, ilduciary	1	Enter your excelsior jobs tax credit component	1
Partner	2	Enter your share of the excelsior jobs tax credit component from your partnership(s)	2
S corporation	3	Enter your share of the excelsior jobs tax credit	
shareholder		component from your S corporation(s)	3 .00
Beneficiary	4	Enter your share of the excelsior jobs tax credit component from the estate(s) or trust(s)	4 .00
	5	Total excelsior jobs tax credit component (add lines 1 through 4; see instructions)	5 .00
Part 2 – Excelsior investment	tax	credit component (see instructions)	
Individual (including sole			
proprietor), partnership, fiduciary	6	Enter your excelsior investment tax credit component	6
Partner	7	Enter your share of the excelsior investment tax credit component from your partnership(s)	7
S corporation shareholder	8	Enter your share of the excelsior investment tax credit component from your S corporation(s)	8.00
Beneficiary	9	Enter your share of the excelsior investment tax credit component from the estate(s) or trust(s)	9 .00
	10	Total excelsior investment tax credit component	
		(add lines 6 through 9; see instructions)	.00
Part 3 – Excelsior research an	d d	evelopment tax credit component (see instructions)	
Individual (including sole	11	Enter your excelsior research and development tax	
proprietor), partnership, fiduciary		credit component	.00
Partner	12	Enter your share of the excelsior research and development tax credit component from your partnership(s)	.00
S corporation shareholder	13	Enter your share of the excelsior research and development tax credit component from your S corporation(s)	13 .00
Beneficiary	14	Enter your share of the excelsior research and development tax credit component from the estate(s) or trust(s)	14 .00
	15	Total excelsior research and development tax credit component (add lines 11 through 14; see instructions)	15 .00



Individual (including sole				-
proprietor), partnership, fiduciary	16	Enter your excelsior real property tax credit component	16	.00
Partner	17	17 Enter your share of the excelsior real property tax credit		1
		component from your partnership(s)	17	.00
S corporation	18	18 Enter your share of the excelsior real property tax credit		
shareholder		component from your S corporation(s)	18	.00
Beneficiary	19	19 Enter your share of the excelsior real property tax credit		
Beneficially		component from the estate(s) or trust(s)	19	.00
	20	otal excelsior real property tax credit component		
		(add lines 16 through 19; see instructions)	20	.00
21 Excelsior jobs program tax cred	dit <i>(a</i>	dd lines 5, 10, 15, and 20)	21	.00

Part 4 – Excelsion real property tax credit component (see instructions)

Fiduciaries: Complete Schedule C.

Individuals (including sole proprietors), partners, S corporation shareholders, and beneficiaries: Enter the line 21 amount on line 22.

Schedule B – Partnership, S corporation, estate, and trust information (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the excelsior jobs program tax credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For Type, enter P for partnership, S for S corporation, or ET for estate or trust.

Name	Туре	Employer ID number		

Schedule C – Beneficiary's and fiduciary's share of credit components and recapture of credit (see instr.)

A Beneficiary's name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of excelsior jobs tax credit component	D Share of excelsior investment tax credit component	E Share of excelsior research and development tax credit component	F Share of excelsior real property tax credit component	G Share of recapture of credit
Total		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
Fiduciary		.00	.00	.00	.00	.00

Schedule D – Computation of credit (see instructions)

Individuals (including sole proprietors), partners, S corporation shareholders,				
beneficiaries	22	Enter the amount from line 21	22	.00
	23	Enter the amount from Schedule C, <i>Fiduciary</i> line, column C	23	.00
Fiduciaries	24	Enter the amount from Schedule C, <i>Fiduciary</i> line, column D	24	.00
Fluuciaries	25	Enter the amount from Schedule C, <i>Fiduciary</i> line, column E	25	.00
	26	Enter the amount from Schedule C, Fiduciary line, column F	26	.00
	27	Total excelsior jobs program tax credit		
		(add lines 22 through 26; see instructions)	27	.00



Schedule E – Summary of recapture of credit (see instructions)

28	Individual's and partnership's recapture of credit	28	.00
29	Beneficiary's share of recapture of credit (see instructions)	29	.00
30	Partner's share of recapture of credit (see instructions)	30	.00
31	S corporation shareholder's share of recapture of credit (see instructions)	31	.00
32	Fiduciaries: enter your share of amount from Schedule C, Fiduciary line, column G	32	.00
33	Total (add lines 28 through 32)	33	.00

Individuals (including sole proprietors), partners, S corporation shareholders, and beneficiaries: Enter the line 33 amount and code 607 on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.
Fiduciaries: Include the line 33 amount on Form IT-205, line 12.

Partnerships: Enter the line 33 amount and code 607 on Form IT-204, line 148.

