

Claim for Environmental Remediation Insurance Credit

IT-613

Calendar-year filers, mark an *X* in the box:

7

.00

Other filers enter tax period:

For Qualified Sites Accepted into the Brownfield Cleanup

Program Prior to July 1, 2015 Tax Law - Sections 23 and 606(ff)

		beginning		and ending	
File a separate F	orm	IT-613 with your personal income tax return, Form IT-201,			
		205 for each Certificate of Completion (CoC).			
Name(s) as show	n on	return		Identifying number as shown on retu	um
Schedule A –	Bro	wnfield site identifying information (see instructions, Form	IT-613-I)		
		f execution of the Brownfield Cleanup Agreement (BCA) for the bro			
		are claiming the credit (mmddyyyy)			
		ng information as listed on the CoC issued by the Department of E			
		(DEC) for the qualified site (see instructions). Submit a copy of the			
copy of the ce	ertitic	ation form for the environmental remediation insurance tax credit of		y the insurer.	
Site name			Site location	on	
		Municipality	Col	ınty	
DEC region		Division of Environmental Remedia	tion (DER) sit	e number Date CoC was issued	
C Mark an X ir	n the	box if you received notification from the Department of State that	the qualified	_	
site is loca	ated	in a Brownfield Opportunity Area		c	
Schedule B –	Ind	viduals (including sole proprietors), partnerships, and f	iduciaries		
1 Qualified en	viro	nmental remediation insurance premiums paid (see instructions)		1	.00
		/ 50% (.50)		2	.00
3 Enter the les	sser	of line 2 or \$30,000		3	.00
Individuals	and	partnerships: Enter the line 3 amount on line 8.			
		lude the line 3 amount in the <i>Total</i> line of Schedule E, column C.			
Schedule C –	Par	tnership, S corporation, estate, and trust information (se	e instructior	าร)	
		a partnership, a shareholder of a New York S corporation, or a benefic			F
the environmen	tal re	emediation insurance credit from that entity, complete the following information and the second	mation for eac		
		Name	Туре	Employer ID number	
		INdilic	туре		
Schedule D –	Par	tner's, shareholder's, or beneficiary's share of credit (se	e instruction	(5)	
Partner	4	Enter your share of the credit from your partnership		4	.00
S corporation	+			-	.00
shareholder	5	Enter your share of the credit from your S corporation		5	.00
				1 - 1	
Beneficiary	6	Enter your share of the credit from the estate or trust		6	.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.

Total (add lines 4, 5, and 6)



7

Schedule E – Beneficiary's and fiduciary's share of credit and recapture of credit (see instructions)

-	-		
A	B	C	D
Beneficiary's name (same as on	Identifying number	Share of environmental	
Form IT-205, Schedule C)		remediation insurance credit	Share of recapture of credit
Total (see instructions)			
		.00	.00
		.00	.00
		.00	.00
Fiduciary		.00	.00

Schedule F – Computation of credit (see instructions)				
Individuals and partnerships	8	Enter the amount from line 3	8	.00
Partners, S corporation				
shareholders, beneficiaries	9	Enter the amount from line 7	9	.00
Fiduciaries	10	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

12 Recaptured environmental remediation insurance credit (see instructions)......

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.

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			

.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.

