

Claim for Excelsior Jobs Program Tax Credit Tax Law - Sections 31 and 606(qq)

		Calendar-	year	filers, mark an X 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)3, IT-204, or IT-205. ficate(s) of tax credit issued by Empire State Development (ESD).
Name(s) as shown on return			Ider	ntifying number as shown on return
				,
A Excelsior Jobs Program project	num	ber (see instructions)		A
B Year of eligibility (enter a number	from	1 to 10; see instructions)		В
Schedule A - Credit compo		· · · · · · · · · · · · · · · · · · ·		
Part 1 – Excelsior jobs tax cre	dit	component (see instructions)		
Individual (including sole proprietor), partnership, fiduciary	1	Enter your excelsior jobs tax credit component	1	.00
	2		_ •	.00]
Partner		component from your partnership(s)	2	.00
S corporation shareholder	3	Enter your share of the excelsior jobs tax credit component from your S corporation(s)	3	.00
Beneficiary	4	Enter your share of the excelsior jobs tax credit		
	5	component from the estate(s) or trust(s) Total excelsior jobs tax credit component	4	.00
		(add lines 1 through 4; see instructions)	5	.00
Part 2 – Excelsior investment	tax	credit component (see instructions)		
Individual (including sole				
proprietor), partnership, fiduciary	7	Enter your excelsior investment tax credit component Enter your share of the excelsior investment tax credit	6	.00.
Partner	'	component from your partnership(s)	7	.00.
S corporation shareholder	8	Enter your share of the excelsior investment tax credit component from your S corporation(s)		20
	9		8	.00
Beneficiary		component from the estate(s) or trust(s)	9	.00
	10	Total excelsior investment tax credit component (add lines 6 through 9; see instructions)	10	.00
		(add mics o unough s, see manachons)	10	.00
Part 3 – Excelsior research an	d de	evelopment tax credit component (see instructions)		
Individual (including sole proprietor), partnership, fiduciary	11	Enter your excelsior research and development tax credit component	44	00
		Enter your share of the excelsior research and development	11	.00
Partner		tax credit component from your partnership(s)	12	.00.
S corporation shareholder	13	Enter your share of the excelsior research and development tax credit component from your S corporation(s)	13	00
	14		13	.00
Beneficiary	<u> </u>	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 you	r excelsior real prope	rty tax credit compone	ent	16	.00
Partner	17			or real property tax crership(s)		17	.00
S corporation shareholder	18	Enter you	r share of the excelsi	or real property tax creoration(s)	edit	18	.0
Beneficiary	19	Enter you	r share of the excelsi	or real property tax cress) or trust(s)	edit	19	.0
	20		elsior real property tax s 16 through 19; see ins	c credit component		20	.0
Part 5 – Excelsior child care s	ervi	ces tax c	redit component (see instructions)			
Individual (including sole proprietor), partnership, fiduciary			•	vices tax credit compone	ent	21	.0.
Partner	22	Enter you	r share of the excelsi	or child care services partnership(s)	tax	22	.00
S corporation shareholder	23	Enter you	r share of the excelsi	or child care services S corporation(s)	tax	23	.00
Beneficiary	24	Enter you	r share of the excelsi	or child care services state(s) or trust(s)	tax	24	.00
	25	Total exce	elsior child care servio	ces tax credit compone	ent	25	.00
Fiduciaries: Complete Schedu Individuals (including sole pr	ile C.	dd lines 5, 1	ners, S corporation sl	nareholders, and bene	ficiarie		.00 e 26 amount on line 30
Individuals (including sole procession) Schedule B – Partnership, If you were a partner in a partnership, the excelsior jobs program tax credit to	s control	dd lines 5, 1 etors), parti orporationareholder of that entity, of	ners, S corporation slopn, estate, and true of a New York S corpor complete the following	rust information (ation, or a beneficiary of information particulary of information for each particulary of the second particulary of the second particulary of the second particular parti	ficiaries (see in	s: Enter the line structions) tate or trust an	e 26 amount on line 30
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Fiduciaries: Complete Schedu Individuals (including sole processor) Schedule B – Partnership, of you were a partner in a partnership, the excelsior jobs program tax credit furust. For Type, enter P for partnership for partnership of the excelsion investigation of the excelsion of	S CO S CO A a sh from p, S f E E E E E E E E E E E E E E E E E E E	dd lines 5, 1 etors), parti proporationareholder of that entity, of for S corporations. Name	on, estate, and tr f a New York S corpor complete the following ation, or <i>ET</i> for estate	rust information (ation, or a beneficiary of information for each part or trust.	(see in of an es artnersh	s: Enter the line structions) tate or trust an ip, New York S Employ	d received a share of corporation, estate, of



Beneficiary's and fiduciary's share of credit (see instructions)

List the beneficiary's name and identifying number here; for each name, complete columns C through G on the corresponding lines below.

Item	A	В
	Beneficiary's name (same as on Form IT-205, Schedule C)	Identifying number
Α		
В		
С		
D		

Item	C Share of excelsior jobs tax credit component	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 excelsior child care services tax credit component	H Share of recapture of credit		
Α	.00	.00	.00	.00	.00	.00		
В	.00	.00	.00	.00	.00	.00		
С	.00	.00	.00	.00	.00	.00		
D	.00	.00	.00	.00	.00	.00		
Total fro	om additional sheets, if a	ny						
	.00	.00	.00	.00	.00	.00		
28 Tot	28 Total of allocated share to beneficiaries (total columns C through H)							
	.00	.00	.00	.00	.00	.00		
29 Fid	uciary's share (subtrac	ct line 28 from line 27 for	each column)					
	.00	.00	.00	.00	.00	.00		

Schedule D - Computation of credit (see instructions)

Individuals (including sole proprietors), partners, S corporation shareholders,				
beneficiaries	30	Enter the amount from line 26	30	.00
	31	Enter the amount from line 29, column C	31	.00
Fiduciaries	32	Enter the amount from line 29, column D	32	.00
Fiduciaries	33	Enter the amount from line 29, column E	33	.00
	34	Enter the amount from line 29, column F	34	.00
	35	Enter the amount from line 29, column G	35	.00
	36	Total excelsior jobs program tax credit		
		(add lines 30 through 35; see instructions)	36	.00

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

37	Individual's and partnership's recapture of credit	37	.00
38	Beneficiary's share of recapture of credit (see instructions)	38	.00
39	Partner's share of recapture of credit (see instructions)	39	.00
40	S corporation shareholder's share of recapture of credit (see instructions)	40	.00
41	Fiduciaries: enter your share of amount from line 29, column H	41	.00
42	Total (add lines 37 through 41)	42	.00

Individuals (including sole proprietors), partners, S corporation shareholders, and beneficiaries: Enter the line 42 amount and code 607 on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.

Fiduciaries: Include the line 42 amount on Form IT-205, line 12.

Partnerships: Enter the line 42 amount and code 607 on Form IT-204, line 148.

