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

Calendar-year filers, mark an $X$ in the box: $\square$ Other filers enter tax period:
beginning $\square$ and ending $\square$

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.
You must also submit a copy of the certificate(s) of tax credit issued by Empire State Development (ESD).

| Name(s) as shown on return | Identifying number as shown on return |
| :--- | :--- |

A Excelsior Jobs Program project number (see instructions) ..................................................................................... A A
B Year of eligibility (enter a number from 1 to 10; see instructions).............................................................................................. B $^{\text {B }}$.

## Schedule A - Credit components (see instructions)

Part 1 - Excelsior jobs tax credit component (see instructions)

| Individual (including sole proprietor), partnership, fiduciary | 1 | Enter your excelsior jobs tax credit component ................ | 1 | . 00 |
| :---: | :---: | :---: | :---: | :---: |
| Partner | 2 | Enter your share of the excelsior jobs tax credit 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 component from the estate(s) or trust(s) | 4 | . 00 |
|  | 5 | Total excelsior jobs tax credit component |  |  |

Part 2 - Excelsior investment tax credit component (see instructions)

| Individual (including sole proprietor), partnership, fiduciary | 6 | Enter your excelsior investment tax credit component ...... | 6 | . 00 |
| :---: | :---: | :---: | :---: | :---: |
| Partner | 7 | Enter your share of the excelsior investment tax credit 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) | 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 <br> (add lines 6 through 9; see instructions) | 10 | . 00 |

Part 3 - Excelsior research and development tax credit component (see instructions)

| Individual (including sole proprietor), partnership, fiduciary | 11 | Enter your excelsior research and development tax credit component | 11 | . 00 |
| :---: | :---: | :---: | :---: | :---: |
| Partner | 12 | Enter your share of the excelsior research and development 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 |
| 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 |  |  |

Page 2 of 3 IT-607 (2021)
Part 4 - Excelsior real property tax credit component (see instructions)

| Individual (including sole proprietor), partnership, fiduciary | 16 | Enter your excelsior real property tax credit component ... 16 | 16 | . 00 |
| :---: | :---: | :---: | :---: | :---: |
| Partner | 17 | Enter your share of the excelsior real property tax credit component from your partnership(s) | $17$ | . 00 |
| S corporation shareholder | 18 | Enter your share of the excelsior real property tax credit component from your S corporation(s) | $18$ | . 00 |
| Beneficiary | 19 | Enter your share of the excelsior real property tax credit component from the estate(s) or trust(s) $\qquad$ |  | . 00 |
|  | 20 | Total excelsior real property tax credit component | 20 | . 00 |

## Part 5 - Excelsior child care services tax credit component (see instructions)

| Individual (including sole |
| :--- |
| proprietor), partnership, fiduciary |


| 21 | Enter your excelsior child care services tax credit component ... | 21 | . 00 |
| :---: | :---: | :---: | :---: |
| 22 | Enter your share of the excelsior child care services tax |  |  |
| 23 | Enter your share of the excelsior child care services tax |  |  |
| 24 | Enter your share of the excelsior child care services tax |  |  |
| 25 | Total excelsior child care services tax credit component (add lines 21 through 24; see instructions) | 25 | . 00 |

26 Excelsior jobs program tax credit (add lines 5, 10, 15, 20, and 25) 26
Fiduciaries: Complete Schedule C.
Individuals (including sole proprietors), partners, S corporation shareholders, and beneficiaries: Enter the line 26 amount on line 30.

## 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 $\boldsymbol{P}$ for partnership, $\boldsymbol{S}$ for $\mathbf{S}$ corporation, or $\boldsymbol{E T}$ for estate or trust.

| Name | Type | Employer ID number |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |

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

An estate or trust must complete this part.

|  | A <br> Share of excelsior jobs tax credit component | B <br> Share of excelsior investment tax credit component | C Share of excelsior research and development tax credit component | D <br> Share of excelsior real property tax credit component | E <br> Share of excelsior child care services tax credit component | F Share of recapture of credit |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Totals 27 | . 00 | . 00 | . 00 | . 00 | . 00 | . 00 |

## 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 <br> Beneficiary's name <br> (same as on Form IT-205, Schedule C) | B <br> Identifying number |
| :---: | :---: | :---: |
| A |  |  |
| B |  |  |
| C |  |  |
| D |  |  |


| Item | C Share of excelsior jobs tax credit component | D <br> Share of excelsior investment tax credit component | 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 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| A | . 00 | . 00 | . 00 | . 00 | . 00 | . 00 |
| B | . 00 | . 00 | . 00 | . 00 | . 00 | . 00 |
| C | . 00 | . 00 | . 00 | . 00 | . 00 | . 00 |
| D | . 00 | . 00 | . 00 | . 00 | . 00 | . 00 |
| Total from additional sheets, if any |  |  |  |  |  |  |
|  | . 00 | . 00 | . 00 | . 00 | . 00 | . 00 |
| 28 Total of allocated share to beneficiaries (total columns C through H) |  |  |  |  |  |  |
|  | . 00 | . 00 | . 00 | . 00 | . 00 | . 00 |
| 29 Fiduciary's share (subtract 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

## Fiduciaries

| 30 | Enter the amount from line 26 | 30 | . 00 |
| :---: | :---: | :---: | :---: |
| 31 | Enter the amount from line 29, column C | 31 | . 00 |
| 32 | Enter the amount from line 29, column D | 32 | . 00 |
| 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 <br> (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.

