



New York Youth Jobs Program Tax Credit

Tax Law – Section 606(tt)

IT-635

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

Submit this form with Form IT-201, IT-203, IT-204, or IT-205. You must complete a separate Form IT-635 for each certificate of tax credit. Submit a copy of the certificate with your return.

Name(s) as shown on return	Taxpayer identification number
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All filers must complete line A.

A Are you claiming this credit as an individual (sole proprietor), partnership, or fiduciary of an estate or trust that earned the credit (not as a partner, shareholder, or beneficiary, receiving a share of the credit)? (mark an X in the appropriate box; see instructions) Yes ☐ No ☐

If Yes, complete lines B through G, and Schedules A and D. Fiduciary also complete Schedule C.

If No, complete lines B, C, D, G and Schedules B and D. Fiduciary also complete Schedule C.

B Name of the business certified by the NYS Department of Labor to participate in the New York Youth Jobs Program B

C Certified business's employer identification number (EIN) C

D Certificate number (from the certificate of tax credit) D

E Number of certified youth employed full-time and included in this claim for credit E

F Number of certified youth employed part-time and included in this claim for credit F

G Program year (from the certificate of tax credit) G

Schedule A: Credit for certified youths

1 New York youth jobs program tax credit (see instructions)	1	.00
1a Enter the line 1 totals from all additional Forms IT-635.....	1a	.00
1b Total credit (add lines 1 and 1a)	1b	.00

Individuals and partnerships: Enter the line 1b amount on line 6.
Fiduciaries: Include the line 1b amount on line 3.

Schedule B: Partner’s, shareholder’s, or beneficiary’s share of credit *(submit additional forms if necessary; 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 credit from that entity, complete the following information for each partnership, New York S corporation, or estate or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

A Name of Entity	B Type	C EIN	D Share of credit
			.00
Total column D amounts from additional Forms IT-635, if any00
2 Add column D amounts			2 .00

Fiduciaries: Include the line 2 amount on line 3.
All others: Enter the line 2 amount on line 7.

Schedule C: Beneficiary’s and fiduciary’s share of credit *(submit additional forms if necessary; see instructions)*

3 Total <i>(fiduciaries: add line 1b and line 2)</i>	3	.00
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A Beneficiary’s name <i>(same as on Form IT-205, Schedule C)</i>	B Identifying number	C Share of credit
		.00
		.00
		.00
Total column C amounts from additional Forms IT-635, if any00
4 Share of credit allocated to beneficiaries <i>(add column C amounts)</i>		4 .00
5 Fiduciary’s share of credit <i>(subtract line 4 from line 3; enter the result here and on line 8)</i>		5 .00

Schedule D: Calculation of credit

Individuals and partnerships	6	Enter the amount from line 1b	6	.00
Partners, S corporation shareholders, beneficiaries	7	Enter the total from line 2	7	.00
Fiduciaries	8	Enter the amount from line 5	8	.00
	9	Total credit <i>(add lines 6, 7, and 8; see instructions)</i>	9	.00