

New York State Department of Taxation and Finance Claim for Historic Barn Rehabilitation Credit And Employment Incentive Credit

Π	[-2 ′	12-	AT	T

Name(s) as shown on return

Identifying number as shown on return

Use this form to claim an investment cred employment incentive credit. Attach this		ures in the rehabil	itation of a historic bar	n, or to claim the
Schedule A — Historic barn reh				
Part I — Eligibility criteria for claiming this	credit			
Complete questions 1 through 10 to determine stop ; you cannot claim this credit.	if you are eligible to claim t	his credit. If you che	ck Yes on lines 1 or 6 or	<i>No</i> on lines 5, 9, or 10
1. Has the barn been converted to residentia	al use?			Yes No
 Is the barn listed in the National Register If Yes, the barn's rehabilitation must be Office of Parks, Recreation and Historic 	certified by the federal Secre	tary of Interior or the I	New York State	Yes No
3. If you answered No to question 2, is the b	arn located in a registered his	storic district?		Yes No
4. If you answered Yes to question 3, is the barn of historic significance to the district?				
	ons 2 and 3, was the barn or oducts or for housing livestoc	k, and was the barn fi	rst placed into service	Yes No
	f the barn been materially alt etter from the New York State g that the historic appearance	Office of Parks, Recr	eation and	Yes No
 Describe the measurement per rehabilitated (see instructions) 	eriod used to determine wheth		,	
8. What is the adjusted basis of the barn as	of the first day of the measur	ement period?		\$
 Do the expenditures incurred during the n shown in guestion 8 or \$5,000? 			•	Yes No
 Did you use the straight-line method of de or section 168(g) of the Internal Revenue 	preciation over a recovery pe	eriod specified in eithe	r section 168(c)	
Part II — Investments in qualified rehabilit	ation expenditures			
Date rehabilitation work was begun (mm/dd/yy)	Date rehabilit	ation work was compl	eted (mm/dd/yy)	
A Description of rehabilitation expenditures (attach additional sheets if necessary)	B Date of expenditure(s)	C Property's useful life (years)	D Amount of expenditures	E Rehabilitation credit (column D × 25%)

11 Add column E amounts (enter here and on Form IT-212, Part III, line 2)

Part III — Early dispositions of qualified property and add back of credit on early dispositions н С D G Α в Е F Description of rehabilitation Date Date property Property's Unused life Percentage Total investment Add back of credit expenditures acquired ceased to useful life (months) (E ÷ D) credit allowed for on early (attach additional sheets, qualify (months) rehabilitation of a dispositions if necessary) historic barn (F x G)

12 Add column H amounts (enter here and on Form IT-212, Part IV, line 2)

Schedule B — Employment incentive credit

Part I — Employment information required to determine eligibility for employment incentive credit С в Е F н Α D G Year March 31 June 30 September 30 December 31 Total Average Percentage line 13, col. G (add columns (see instructions) B through E) line 14, col. G If the percentage in 13 Number of New York column H is less than employees in the credit 101% (1.01), **stop**; you do not qualify for the employment vear incentive credit. 14 Number of New York employees in employment base year

Part II — Employment incentive credit computation					
	A Tax year in which original investment tax credit was allowed	B Amount of investment credit base upon which original investment tax credit was allowed (excluding R & D property at optional rate)	C Employment incentive credit (Multiply column B by the appropriate rate from tax rate schedule below. Enter here and on Form IT-212, Part III, line 3)		
15					

Tax rate schedule — Employment incentive credit rates to be used in Part II above

If the percentage in Part I, column H is at least:	The employment incentive credit rate is:
101% but less than 102% 102% but less than 103%	
103%	



Need help?

T	Telephone assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.			
	For tax information:	1 800 225-5829		
	To order forms and publications:	1 800 462-8100		
	Refund status: (electronically filed)	1 800 353-0708		
		1 800 321-3213 1 800 443-3200 s is available		
	24 hours a day, seven days a week.)			
	From areas outside the U.S. and outside Canada:	(518) 485-6800		
	Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week.	1 800 748-3676		
www	Internet access: www.tax.state.ny.us (for forms, publications, your refund your estimated tax account, and oth	status, to check		



Hotline for the hearing and speech impaired: 1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.



If you need to write, address your letter to: NYS TAX DEPARTMENT TAXPAYER ASSISTANCE BUREAU W A HARRIMAN CAMPUS ALBANY NY 12227