

## CT-47.1 (8/10) New York State Department of Taxation and Finance Election or Termination of Election to Deem Income for Purposes of the Farmers' School Tax Credit

Employer identification number			Telephone number		For office use	For office use only	
			( )				
•	Legal name	e of corporation					
	g				Date received	i	
	DDA I				Date received		
SS	DBA or trac	de name (if any)					
address							
ğ	Mailing nar	me (if different from legal name)					
	c/o						
ᆵ		nd street or PO box					
Mailing	l turnou an	10 SHOOL ST. 10 BOX					
2							
	City		State ZIF	code			
1	Mark an 2	X in the appropriate box:					
		Termination of election due to Termination of election due to					
	Flootion (						
	Election (	(complete lines 2 and 3) shareholder(s) cons	ent	cessatio	n of corporation e	ligibility (complete line 4)	
2	Due date,	, disregarding any extension, of the corporation's ta	x return for the yea	r in which	the election is to b	e effective	
						(mm-dd-yy)	
3	Ending da	ate for tax year for which this election is to be effec	tive				
•	Litaing at	(mm-dd-yy)					
	D . (		( 22 )))				
4	Date of c						
		(mm-dd-yy)					
appor locol	olicable, the her knowle poration ag poration's	s' consent and individual affirmation: By signing below the election described in Tax Law, Article 22, section 606(redge and belief true, correct, and complete. If shareholders gree to make the election, then all shareholders, other the income and principal payment on farm indebtedness as than one-half, by vote and value, of the shares of stock	n)(9), and certify that ers holding more than an New York C corpo required in Tax Law	the person n one-half, l orations, m section 600	al information given by vote and value, or ust take into accour 6(n)(9). Such election	below is to the best of his f the shares of stock of the at their pro rata shares of the	
Se	e instructio	ons if a continuation sheet or a separate consent stateme	ent is needed.				
		A	В			С	
		Name and address of each	Social security num	nber	Shareholder's s	Shareholder's signature (see instructions) be valid, all shareholders agreeing on election	
	sna	areholder agreeing to election or termination (include ZIP code)				rmination must signify consent by signing below.	
		(metade Zir edde)				,, concern a, eigining concern	
		n: I certify that this election or termination and any	attachments are t	to the bes	t of my knowledge	and belief true, correct,	
	ertification		attachments are t	to the bes	t of my knowledge	and belief true, correct,	
an	d complet	te. Signature of authorized person	v attachments are t		t of my knowledge	and belief true, correct,	
an	d complet Authorize	Signature of authorized person			t of my knowledge		
an	d complet	te. Signature of authorized person			t of my knowledge	e and belief true, correct,	
an	Authorize person	Signature of authorized person  E-mail address of authorized person		al title	t of my knowledge	Date	
an	Authorize person	Signature of authorized person			t of my knowledge		
an	Authorize person  Paid reparer	Signature of authorized person  E-mail address of authorized person		al title	t of my knowledge	Date	
an	Authorize person  Paid reparer use	E-mail address of authorized person  Eirm's name (or yours if self-employed)		al title		Date Preparer's PTIN or SSN	
an pı	Authorize person  Paid reparer use	E-mail address of authorized person  Eirm's name (or yours if self-employed)		al title		Date Preparer's PTIN or SSN	

See instructions for where to file.