NEW YORK STATE 2015

Department of Taxation and Finance

Claim for Security Officer Training Tax Credit

CT-631

Tax Law – Article 1, Section 26; Article 9, Section 187-n; Article 9-A, Section 210-B.21; and Article 33, Section 1511(x)

All filers must enter tax period:

beginning _____ ending _____

Legal name of corporation	Employer identification number (EIN)

File this form with Form CT-3, CT-3-A, CT-3-S, CT-33, CT-33-A, CT-33-NL, CT-183, CT-184, CT-185, CT-186, CT-186-E, or CT-186-P.

Part 1 – Computation of security officer training tax credit *(see instructions)*

A Enter the calendar year shown on the certificate of tax credit from the New York State Division of Homeland Security and Emergency Services (DHSES) ..... • **A**

1	Security officer training tax credit *(enter amount from the certificate of tax credit from the New York State DHSES and attach a copy of the certificate)* ..... •	**1**
2	Security officer training tax credit from partnership(s) *(from line 13; see instructions)* ..... •	**2**
3	Total security officer training tax credit *(add lines 1 and 2)* ..... •	**3**

Part 2 – Computation of security officer training tax credit used *(see instructions; New York S corporations do not complete this part)*

4	Tax due before credits *(see instructions)* ..... •	**4**
5	Tax credits claimed before the security officer training tax credit *(see instructions)* ..... •	**5**
6	Tax after application of credits *(subtract line 5 from line 4)* ..... •	**6**
7	Tax limitation *(see instructions)* ..... •	**7**
8	Limitation on security officer training tax credit *(subtract line 7 from line 6; if line 7 is more than line 6, enter **0**)* •	**8**
9	Security officer training tax credit used for this period *(see instructions)* ..... •	**9**
10	Unused security officer training tax credit *(subtract line 9 from line 3)* ..... •	**10**
11	Amount of security officer training tax credit to be refunded *(limited to the amount on line 10; see instructions)* ..... •	**11**
12	Amount of security officer training tax credit to be applied as an overpayment to next period *(subtract line 11 from line 10; see instructions)* ..... •	**12**

Part 3 – Partnership information *(see instructions)*

Name of partnership	Partnership's EIN	Credit amount allocated
		•
		•
		•
		•
		•
		•
		•
		•
		•
		•
Total from additional sheet(s), if any ..... •		

13	Total credit amount allocated from partnership(s) *(enter here and on line 2)*	**13**

B If you are claiming this credit as a corporate partner, mark an ***X*** in the box ..... • ☐

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