Department of Taxation and Finance



Workers with Disabilities Tax Credit

Tax Law - Article 9-A, Section 210-B.48

All filers must enter tax period:

			beginning			ending			
Legal name of corporation					Emplo	yer identification	n nur	mber (EIN)	
Attach to Form CT-3, CT-3-A, or NYS) Department of Labor.	CT-3-S. You must also	attach a copy	of the final Cer	tificate of Eligik	o <i>ility</i> is	ssued by the	Nev	w York Sta	ìe
All filers must complete line A. A Are you claiming this credit a received a share of the cred						·)Yes	• [No	
C corporations	New York S corporations								
If Yes, complete lines B thro as applicable and Schedules	If Yes, complete lines B through E, and Schedules A and/or B, as applicable and Schedule C.						В,		
If <i>No</i> , and you are claiming t complete Schedules C, D, a		e partner,		If No, and you are claiming this credit as a corporate partner, complete Schedules C and E.					r,
B Enter the name and EIN of t Credit Program.	he business certified by	y the NYS Dep	eartment of Labo	or to participate	in the	e Workers wi	th D	Disabilities	Tax
Name of certified business EIN									
C Enter the total number of qu	alified full-time employe	ees claimed for	r this credit				. •[
D Enter the total number of qua	alified part-time employ	ees claimed fo	or this credit				. •		_
E Enter the allocation year (see	e instructions)						. •		
Schedule A – Computation Schedule B.	on of credit for qu See instructions.)	ialified full-	time employ	rees (Do not	inclu	de employe	es	shown in	
A Name of qualified employee	B Qualified employee's social security number	C Qualified employee's hire date	Qualified employee's termination date, if applicable	E Qualified wage paid (see instructions		F Multiply column E by 15% (.15)		G Enter less of column or 5,000	١F
									\perp
									+
									+
									I
									+
									_

Schedule B – Computation of credit for qualified part-time employees (Do not include employees shown in Schedule A on page 1. See instructions.)

D

	Name of qualified employee	Qualified employee's social security number	Qualified employee's hire date	employee's termination date, if applicable	Qualified wages paid (see instructions)	CC	column E by 10% (.10)		ser n F D
									_
									+
									+
_							+		+
									+
									+
									+
									+
									\top
То	tal from additional sheet(s) if a	any							\top
	Credit for qualified part-time							-	\top
3	Total credit for all qualified en	nployees (add lines 1 a	nd 2)			. • 3			
Sc	hedule C – Computation	on of credit (see in	nstructions)						
4	Partner: Enter your share of	the gradit from your p	ortnorobin(s) (from line 16)		. 4			$\overline{}$
4	Partitier. Effici your share or	the credit from your p	artifiership(s) (i	irom line 16)	• • • • • • • • • • • • • • • • • • • •	. • 4			
5	Unused credit carried over fro	om previous tax vears	(New York S.	corporations ent	er ()	• 5			\top
•		om providuo tax youro	(Non rom o	orporatione, em		. • _ • _			
6	Total credit (add lines 3, 4, and	5; New York S corporation	ons, see instruct	tions)		. • 6			\top
	·	•							
Sc	hedule D - Computation	of credit used or	carried forv	ward (New Yor	k S corporations	do not	complete	this schedu	le.)
	-			-					<u> </u>
	7 Tax due before credits (see instructions)								+
	9 Net tax (subtract line 8 from line 7)								+
10 Fixed dollar minimum tax (see instructions)									+
11 Credit limitation (subtract line 10 from line 9; if zero or less, enter 0)						─			+
	12 Credit to be used this tax year (enter the lesser of line 6 or line 11 here and on your franchise tax return)								
	13 Unused credit (subtract line 12 from line 6)								\top
	14 Unused expired tax credit (see instructions)								\top
	15 Amount of credit available for carryover to next year (subtract line 14 from line 13)								\top
Sc	hedule E – Partnership	information (see	instructions,)					
	Name of partnership				Partnership's El	N	Credit amount allocated		
					•				T
									+
									+
									+
									\top