



Farm Workforce Retention Credit

CT-647

Tax Law – Article 1, Section 42 and Article 9-A, Section 210-B(51)

All filers must enter tax period:

File this form with your franchise tax return. All filers must complete line A. A re you claiming this credit as a corporation that earned the credit (not as a corporate partner that received a share of the credit from a partnership)? (Mark an X in the appropriate box; see instructions) Yes • No C corporations If Yes, complete lines B, C, and D, and Schedules A, B, and D and if applicable, Form CT-647-ATT. If No, and you are claiming this credit as a corporate partner, complete Schedule A (lines 2 and 3), and Schedules B and C. B Form CT-3 and CT-3-A filers, complete Worksheet A in the instructions. Form CT-3-S filers, complete Worksheet B in the instructions. Is the amount shown on line 12 of Worksheet A or on line 14 of Worksheet B at least 0.6667? (see instructions) If you marked an X in the No box, stop: you do not qualify for this credit. Business name EIN
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Worksheet B in the instructions. Is the amount shown on line 12 of Worksheet A or on line 14 of Worksheet B at least 0.6667? (see instructions) If you marked an <i>X</i> in the <i>No</i> box, stop : you do not qualify for this credit. Yes ● No C Enter the name, employer identification number (EIN), and physical address of the farm.
Business name EIN
Number and street City State ZIP code
D Enter the total number of employees claimed for this credit

Sc	hedule A – Computation of credit (complete Schedules C and D), as applicable, before co	mpleting this schedule)
1	Farm workforce retention credit from line 18	1	
2	Partner: Enter your share of the credit from your partnership(s) from line 13		
	Total credit (add lines 1, and 2; New York S corporations, see instructions)		
	hedule B – Computation of credit used, refunded, or credit year (New York S corporations: do not complete this schedule.)	lited as an overpayn	nent to the next
4	Tax due before credits (see instructions)	4	
5	Tax credits claimed before this credit (see instructions)	5	
6	Subtract line 5 from line 4	6	
7	Fixed dollar minimum tax (see instructions)		
8	Credit limitation (subtract line 7 from line 6; if zero or less, enter 0)	8	
9	Credit to be used this tax year (enter the lesser of line 3 or line 8 here and on your fr	,	
	Unused tax credit available as a refund or as an overpayment (subtract line 9 fro		
	Tax credit to be refunded (limited to the amount on line 10; enter here and on your free	-	
12	Amount to be applied as an overpayment to next year's tax (subtract line 11 from on your franchise tax return)	I	
Sc	hedule C – Partnership information (see instructions)		
	A Name of partnership	B Partnership's EIN	C Credit amount allocated
Tot	al column C amounts from additional sheets, if any		
13	Total credit allocated from partnerships (enter here and on line 2)		

Schedule D – Eligible farm employee information

A Name of eligible farm employee		B Employee work location ZIP code	C Social security number of eligible farm employee	D Hours worked for the tax year				
First name	Last name	(first 5 digits only)						
14 Total number of eligible farm employees listed in Schedule D (see instructions)								

14	Total number of eligible farm employees listed in Schedule D (see instructions)	14	
15	Total number of eligible farm employees from Form(s) CT-647-ATT, line A	15	
16	Add lines 14 and 15	16	
17	Tax credit rate (300)	17	300
	Tax credit (multiply line 16 by line 17; enter here and on line 1)	18	