



**Eligible Farm Employee  
Information for the Farm Workforce  
Retention Credit  
Attachment to Form IT-647**

Submit this form with Form IT-647 if you have more employees to report in Schedule A of that form.  
See Form IT-647-I, *Instructions for Forms IT-647 and IT-647-ATT*, Schedule A, for assistance.

Name(s) as shown on return	Identifying number as shown on return
Business name	Employer identification number (EIN)

**A** Total number of employees listed on this page (include this total on Form IT-647, line 2) .....

<b>A</b> Name of eligible farm employee		<b>B</b> Employee work location ZIP code <i>(first 5 digits only)</i>	<b>C</b> Social security number of eligible farm employee	<b>D</b> Hours worked for the tax year
First name	Last name			