



Life Sciences Research and Development Tax Credit

IT-648

Tax Law – Article 1, Section 43 and Article 22, Section 606(hhh)

Submit this form with Form IT-201, IT-203, IT-204, or IT-205. You must also submit a copy of your certificate of tax credit issued by Empire State Development (ESD).

Name(s) as shown on return	Identifying number as shown on return

All filers **must** complete line A.

A Are you claiming this credit as an individual (sole proprietor), partnership, or fiduciary of an estate or trust that **earned** the credit (not as a partner, shareholder, or beneficiary, receiving a share of the credit)?
 (Mark an **X** in the appropriate box; see instructions) Yes No

If **Yes**, complete lines B through E, and Schedules A and D.
Fiduciary also complete Schedule C.

If **No**, complete Schedules B and D. Fiduciary also complete Schedule C.

B Credit allocation year (from your certificate of tax credit) **B**

C Certificate number (from your certificate of tax credit) **C**

D Number of employees (from your certificate of tax credit) **D**

E To indicate the year of eligibility for which you are claiming the credit on this form, mark an **X** in the appropriate box (see instructions) 1st 2nd 3rd

Schedule A – Individual (including sole proprietor), partnership, and estate or trust (see instructions)

1 Life sciences research and development tax credit (may not exceed 500,000; see instructions) **1** .00

Fiduciaries: Include the line 1 amount on line 3.

All others: Enter the line 1 amount on line 6.

Schedule B – Partner’s, shareholder’s, or beneficiary’s share of credit (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the credit from that entity, complete the following information for each partnership, S corporation, or estate or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust (use additional sheets if necessary).

A Name of entity	B Type	C Employer identification number	D Certificate number	E Share of credit
				.00
				.00
Total of column E amounts from additional sheets, if any00

2 Total (add column E amounts) **2** .00

Fiduciaries: Include the line 2 amount on line 3.

All others: Enter the line 2 amount on line 7.



Schedule C – Beneficiary’s and fiduciary’s share of credit (see instructions)

3 Total (fiduciaries: add line 1 and line 2)	3	.00
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A Beneficiary’s name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of credit
		.00
		.00
		.00
Total of column C amounts from additional sheets, if any00

4 Share of credit allocated to beneficiaries (add column C amounts)	4	.00
5 Fiduciary’s share of credit (subtract line 4 from line 3; enter here and on line 8)	5	.00

Schedule D – Computation of credit

Individuals and partnerships	6	Enter the amount from line 1	6	.00
Partners, S corporation shareholders, beneficiaries	7	Enter the amount from line 2.....	7	.00
Fiduciaries	8	Enter the amount from line 5.....	8	.00
		9 Total credit (add lines 6, 7, and 8; see instructions)	9	.00

