



Workers with Disabilities Tax Credit

CT-644

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

All filers must enter tax period:

beginning ending

Legal name of corporation	Employer identification number (EIN)
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Attach to Form CT-3, CT-3-A, or CT-3-S. You must also attach a copy of the final *Certificate of Eligibility* issued by the New York State (NYS) Department of Labor.

All filers **must** complete line A.

A Are 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 through E, and Schedules A and/or B, as applicable and Schedules C and D.

If No, and you are claiming this credit as a corporate partner, complete Schedules C, D, and E.

New York S corporations

If Yes, complete lines B through E, and Schedules A and/or B, as applicable and Schedule C.

If No, and you are claiming this credit as a corporate partner, complete Schedules C and E.

B Enter the name and EIN of the business certified by the NYS Department of Labor to participate in the Workers with Disabilities Tax Credit Program.

● <input type="text" value="Name of certified business"/>	● <input type="text" value="EIN"/>
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C Enter the total number of qualified full-time employees claimed for this credit ●

D Enter the total number of qualified part-time employees claimed for this credit..... ●

E Enter the allocation year (see instructions) ●

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

A Name of qualified employee	B Qualified employee's Social Security number	C Qualified employee's hire date	D Qualified employee's termination date, if applicable	E Qualified wages paid (see instructions)	F Multiply column E by 15% (.15)	G Enter lesser of column F or 5,000
Total from additional sheet(s) if any.....						
1 Credit for qualified full-time employees (add column G amounts)						1

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

A Name of qualified employee	B Qualified employee's Social Security number	C Qualified employee's hire date	D Qualified employee's termination date, if applicable	E Qualified wages paid (see instructions)	F Multiply column E by 10% (.10)	G Enter lesser of column F or 2,500
Total from additional sheet(s) if any.....						
2 Credit for qualified part-time employees (add column G amounts).....						● 2
3 Total credit for all qualified employees (add lines 1 and 2)						● 3

Schedule C – Computation of credit (see instructions)

4 Partner: Enter your share of the credit from your partnership(s) (from line 16)	● 4
5 Unused credit carried over from previous tax years (New York S corporations, enter 0)	● 5
6 Total credit (add lines 3, 4, and 5; New York S corporations, see instructions)	● 6

Schedule D – Computation of credit used or carried forward (New York S corporations do not complete this schedule.)

7 Tax due before credits (see instructions)	7
8 Tax credits claimed before this credit (see instructions)	● 8
9 Net tax (subtract line 8 from line 7)	9
10 Fixed dollar minimum tax (see instructions)	10
11 Credit limitation (subtract line 10 from line 9; if zero or less, enter 0)	● 11
12 Credit to be used this tax year (enter the lesser of line 6 or line 11 here and on your franchise tax return) ...	● 12
13 Unused credit (subtract line 12 from line 6)	● 13
14 Unused expired tax credit (see instructions)	● 14
15 Amount of credit available for carryover to next year (subtract line 14 from line 13)	● 15

Schedule E – Partnership information (see instructions)

Name of partnership	Partnership's EIN	Credit amount allocated
Total from additional sheet(s) if any		
16 Credit allocated from partnerships		16

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