

Name(s) as shown on return

New York State Department of Taxation and Finance

IT-212-ATT

Claim for Historic Barn Rehabilitation Credit And Employment Incentive Credit

Identifying number as shown on return

se this form to claim an in mployment incentive credi	vestment c t. Attach ti	redit for qualifi	ied expend orm IT-212.	itures in the re	ehabilitation o	f a historic barr	າ, or t	o claim	n the
chedule A - Historic	barn reh	abilitation	credit						
art I — Eligibility criteria fo	r claiming t	his credit							
omplete questions 1 through	10 to determi	ne if you are eli	gible to claim	this credit. If y	ou check a sha	ded box stop ; yo	u canr	not clain	n this credit.
1. Has the barn been conve	erted to reside	ntial use?						Yes	No
2. Is the barn listed in the N	lational Regis	ter? (see instruction	ns)				. \square	Yes	No
If Yes, the barn's rehall Office of Parks, Recrea									
3. If you answered No to qu	uestion 2, is th	e barn located in	a registered	historic district?			. \square	Yes	No
If <i>Yes</i> , the federal Se	barn must be cretary of Inte opy of the cer	estion 3, is the ba a certified histori rior or the New Y tification. If <i>No</i> , at ting the barn is o	c structure an ork State Offic ttach docume	nd the barn's rehace oe of Parks, Recontation from the	abilitation must b reation and Histo Office of Parks, F	ric Preservation. Recreation and		Yes	No No
Attach a copy of the certification. If <i>No</i> , attach documentation from the Office of Parks, Recreation and Historic Preservation stating the barn is of no historic significance to the district. (see TSB-M-97(1)I) 5. If you answered <i>No</i> to questions 2 and 3, was the barn originally designed and used for storing farm equipment or agricultural products or for housing livestock, and was the barn first placed into service before 1936? 6. Has the historic appearance of the barn been materially altered? If <i>No</i> , attach, a copy of the letter from the New York State Office of Parks, Recreation and								Yes	No
6. Has the historic appearance of the barn been materially altered?								Yes	No
		t period used to o				ally			
8. What is the adjusted bas		•					_		
Do the expenditures incu shown in question 8 or	_				-			Yes	No
10. Did you use the straight- or section 168(g) of the	line method o	f depreciation ove	er a recovery	period specified	in either section	168(c)		Yes	No
art II — Investments in qua	alified rehal	oilitation exper	nditures						
ate rehabilitation work was begu	n	mm/dd/yy	Date rehab	ilitation work was	s completed				mm/dd/yy
A Description of rehabilitation expenditures (attach additional sheets if necessary)			B Date of expenditure(s)		Property's useful All life exp		((E Rehabilitation credit (column D × 25%)	
1 Add column E amounts (enter	r here and on	Form IT-212, Par	t III, line 2) .						
art III — Early dispositions	of qualifie	d property and	l add back (of credit on ea	arly disposition	ne			
A	В	C	D D	E	F	G			Н
		Date property ceased to qualify	Date property Property's ceased to useful life		Percentage E/D	Total investment credit allowed for rehabilitation of a historic barn		Add back of credit on early dispositions F × G	
							-+		

131994 IT-212-ATT 1999

12 Add column H amounts (enter here and on Form IT-212, Part IV, line 2)

Schedule B - Employment incentive credit

Part I — Employment information required to determine eligibility for employment incentive credit							
	Α	В	С	D	E	F	G
	Year	March 31	June 30	September 30	December 31	Total	Average

	Year	March 31	June 30	September 30	December 31	Total (add columns B through E)	Average (see instructions)	Percentage (line 13, col. G) line 14, col. G)
13 Number of New York employees in the credit year								
14 Number of New York employees in employment base year								(If the percentage in column H is less than 101% (1.01), stop; you do not qualify for the employment incentive credit.)

	A	В	С
	Tax year in which original investment tax credit was allowed	Amount of investment credit base upon which original investment tax credit was allowed (excluding R & D property at optional rate)	Employment incentive credit (Multiply column B by the appropriate rate from rate schedule below. Enter here and on Form IT-212, Part III, line 3)
15			

Tax Rate — Employment incentive credit rates to be used in Part II

If the percentage in Part I, column H is at least:

101% but less than 102% 102% but less than 103% 103%

The employment incentive credit rate is:

1½% (.015) of investment credit base 2%% (.02) of investment credit base 2½% (.025) of investment credit base



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1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.



If you need to write, address your letter to:

NYS TAX DEPARTMENT TAXPAYER ASSISTANCE BUREAU TAXPAYER CORRESPONDENCE W A HARRIMAN CAMPUS ALBANY NY 12227

132994 IT-212-ATT 1999