



**DTF-620**  
(12/01)

New York State Department of Taxation and Finance

# Application for Certification of a Qualified Emerging Technology Company

This application is for the certification period:

beginning	
ending	

Tax Law-Sections 210.12-F and 606(r): Public Authorities Law — Section 3102-e

## Part I — General information *(all applicants must complete this section)*

*Department use only*

Print or type											
1 Legal name											
2 Trade name/DBA (if different from line 1)											
3 Address of business in New York State (number and street)					City		State		ZIP code		
4 Mailing address (if different from business address)					City		State		ZIP code		
5 County (place of business in New York State)				6 Business telephone number (include area code)			7 Date business began or will begin in NYS				
8 Federal employer identification number				9 Type of organization:							
				<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership		<input type="checkbox"/> LLC		<input type="checkbox"/> Other (specify): _____	

10 I authorize the Commissioner of Taxation and Finance to disclose publicly that the above company is a certified qualified emerging technology company for the certification period shown on this application, if the company so qualifies. The disclosure of information may include the information shown on lines 1, 2, 3, and 4 of this application. ....  Yes  No

## Part II — Eligibility requirements *(see instructions)*

11 Is the company located in New York State? .....  Yes  No

12 Are the total annual product sales of the company \$10,000,000 or less? .....  Yes  No

If you have answered *No* to either question 11 or 12, you are **not** eligible to be certified as a qualified emerging technology company and should not complete this application.

### Category 1 — Primary products or services

13 Does the company have products or services that may be classified as emerging technologies?  Yes  No

If Yes, enter a description of the company's emerging technology products or services \_\_\_\_\_

14 Is the percentage entered on line c of the Worksheet for line 14 below greater than 50%?  Yes  No

#### Worksheet for line 14

- |   |  |           |
|---|--|-----------|
| a | Enter gross receipts or sales from the company's emerging technology products or services described on line 13 ... a | _____     |
| b | Enter total gross receipts or sales from all the company's products or services .....                                | b _____   |
| c | Divide the amount on line a by the amount on line b and enter result as a percentage .....                           | c _____ % |

If you answered *Yes* to questions 13 and 14, you are eligible to be certified as a qualified emerging technology company under Category 1. If you answered *No* to either question 13 or 14, you are not eligible to be certified under Category 1. Complete questions 15 and 16 to determine if you are eligible to be certified under Category 2.

**Category 2 — Research and development activities**

15 Does the company have research and development activities in New York State? .....  Yes  No

16 Does the percentage entered on line c of the Worksheet for line 16 below equal or exceed 2.7%? ...  Yes  No

**Worksheet for line 16**

- a Enter the amount of research and development funds ..... a \_\_\_\_\_
- b Enter the amount of net sales ..... b \_\_\_\_\_
- c Research and development funds percentage (*divide the amount on line a by the amount on line b and enter result as a percentage*) ..... c \_\_\_\_\_ %

If you answered Yes to questions 15 **and** 16, you are eligible to be certified as a qualified emerging technology company under Category 2.

If you answered No to either question 15 or 16, you are not eligible to be certified under Category 2.

**Certification**

I declare that to the best of my knowledge and belief this application is correct and complete. I understand that a willfully false representation is a crime punishable under section 1801 of the New York State Tax Law and sections 175.35 and 210.45 of the Penal Law.

Signature of elected officer or authorized person	Title	Date

Mail the completed application to:

NYS TAX DEPARTMENT  
CORPORATION TAX REGISTRATION UNIT  
BUILDING 8 — ROOM 338  
W A HARRIMAN CAMPUS  
ALBANY NY 12227

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**Telephone assistance** is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.

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**For general information:** 1 800 225-5829

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**Hotline for the hearing and speech impaired:**

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  
W A HARRIMAN CAMPUS  
ALBANY NY 12227