New York State Department of Taxation and Finance

IT-236

Credit for Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities For costs incurred on or after January 1, 2011 Fiscal-year filers enter tax pe

Tax Law — Article 22, Section 606(tt)

| Fiscal-year filers enter tax period: | | | | | | | |
|--------------------------------------|--|--------|--|--|--|--|--|
| beginning | | ending | | | | | |

| Name (a) as shown an your return | | | | Identifying | number as shown on r | return |
|---|---|---|-------------|-------------|--|----------|
| Name(s) as shown on your return | | | | | | |
| Attach this form to Form IT-201, IT-203, IT-204, or IT-205 | 5 (see instructions, F | orm IT-236-I, for assi | stance) | | | |
| Part 1 — Individual (including sole propriet | or), partnersh | nip, and estate | or trus | t | | |
| Schedule A — Purchase of new vehicle manufa there is no comparable make or model that doe persons with disabilities Use a separate line for each vehicle (attach additi | es not include t | he equipment n | | | | |
| A Vehicle identification number (VIN) of new vehicle | | B Total purchase price of new vehicle | | | C Enter 10,000 | |
| · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | | + |
| Total of column C amounts from additional sheet(s), | if any | | | 1. | | |
| 2 Total of all column C amounts (include any amount on | | | | 2. | | |
| Schedule B — Upgrade of motor vehicle Use a separate line for each vehicle (attach additi | ional sheets if nec | cessary; see instruc | ctions) | | | |
| A VIN of upgraded vehicle | B Date incremental costs incurred (mm-dd-yyyy) | Date incremental cost costs incurred | | | D Enter the lesser of column C or 10,000 | |
| | | | | | | 1 |
| | | | | | | |
| | | | | _ | | T |
| 3 Total of Schedule B, column D amounts from addition4 Total of all Schedule B, column D amounts (include a | | • | _ | 3. 4. | | \vdash |
| 5 Add lines 2 and 4 | | | | | | |
| Fiduciary: Include the line 5 amount on the <i>Total</i> lin All others: Enter the line 5 amount on line 10 | ie of Part 4, colun | nn C | | | | |
| Part 2 — Partnership, New York S corporati | ion. estate. ar | nd trust inform | ation | | | |
| If you were a partner in a partnership, a shareholder of a share of the credit for taxicabs and livery service vehicles information for each partnership, S corporation, estate, o trust. You must also complete Parts 3 and 5, and, if applied | New York S corposes accessible to per trust. For Type e | oration, or a benefi rsons with disabiliti | ciary of ar | nat entity, | complete the follow | ving |
| Name Type | | | Туре | Employ | yer identification numl | ber |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Part 3 — Partner's, shareholder's, or beneficiary's share of credit

| Partner | 6 | Enter your share of the credit from your partnership (see instructions) | 6. | | |
|---------------------------|---|---|---------|---|--|
| S corporation shareholder | 7 | Enter your share of the credit from your S corporation (see instructions) | 7. | | |
| Beneficiary | 8 | Enter your share of the credit from the fiduciary's Form IT-236, Part 4, | | I | |
| | 9 | Total (add lines 6, 7, and 8) | 8. 9 | | |

Fiduciary: Include the line 9 amount on the Total line of Part 4, column C.

All others: Enter the line 9 amount on line 11.

Part 4 — Beneficiary's and fiduciary's share of credit (see instructions)

| A | В | С |
|---|--------------------|-----------------|
| Beneficiary's name (same as on Form IT-205, Schedule C) | Identifying number | Share of credit |
| | | |
| Total (fiduciaries, enter the amount from line 5 plus the amount from line 9) | | |
| | | |
| | | |
| | | |
| | | |
| Fiduciary | | |

Part 5 — Computation of credit for taxicabs and livery service vehicles accessible to persons with disabilities

| Individual (including sole proprietor) and partnership | 10 | Enter the amount from line 5 | 10. | |
|--|----|--|-----|--|
| Partner, S corporation | | | | |
| shareholder, and beneficiary | 11 | Enter the amount from line 9 | 11. | |
| Fiduciary | 12 | Enter the amount from Part 4, Fiduciary line, column C | 12. | |
| | 13 | Does not apply for the 2011 tax year | 13. | |
| | 14 | Total credit (add lines 10 through 13) | 14. | |

Partnership: Enter the line 14 amount and code 236 on Form IT-204, line 147.

All others: Complete Part 6.

Part 6 — Application of credit and computation of carryover

| 15 | Total credit (enter the amount from line 14) | 15. | |
|----|---|-----|--|
| 16 | Enter tax due before credits (see instructions) | 16. | |
| 17 | Credits applied against the tax before this credit (see instructions) | 17. | |
| 18 | Net tax (subtract line 17 from line 16) | 18. | |
| 19 | Amount that you applied against this year's tax (see instructions) | 19. | |
| 20 | Amount of credit available for carryover to next year (subtract line 19 from line 15; see instructions) | 20. | |

