

New York State Department of Taxation and Finance

CT-47.1

(0.44.0)

Election or Termination of Election to Deem Income For Purposes of the Farmers' School Tax Credit

Employer identification number			Telephone number		For office use	For office use only	
			()				
	Legal name of corporation						
						d	
SS	DBA or trad	de name (if any)					
Mailing address							
ag	Mailing nar	me (if different from legal name)					
gu	c/o						
≣	Number an	nd street or PO box					
Ĕ							
	City		State ZIP	code			
1	Mark an 2	X in the appropriate box:					
		Termination of election due to shareholder(s) consent Termination of election due to cessation of corporation eligibility (complete line 4)					
	Election (
2	Due date	e, disregarding any extension, of the corporation's tax return for the year for which the election is to be effective					
						(mm-dd-yy)	
3	Ending date for tax year for which this election is to be effective						
4							
		(mm-dd-yy)					
knowledge and belief true, correct, and complete. If shareholders holding more than one-half, by vote and value, of the shares of stock of the corporations agree to make the election, then all shareholders, other than New York C corporations, must take into account their pro rata shares of the corporation income and principal payment on farm indebtedness as required in Tax Law section 606(n)(9). Such election is terminated if shareholders holding mothan one-half, by vote and value, of the shares of stock of the corporation agree to such termination. See instructions if a continuation sheet or a separate consent statement is needed.							
		A	В С				
	Name and address of each shareholder agreeing to election or termination (include ZIP code)		or employer To be		o be valid, all share	Shareholder's signature (see instructions) be valid, all shareholders agreeing to election mination must signify consent by signing below.	
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Certification: I certify that this election or termination and any attachments are to the best of my knowledge and belief true, correct,							
and complete. Printed name of authorized person Signature of authorized person Official title							
	ıthorized	Signatur	e or authorized person		Onicial title		
	person	E-mail address of authorized person		Telepho	one number	Date	
	D	Firm's name (or yours if salf amplayed)		Firm's EIN)	Preparer's PTIN or SSN	
	Paid	Firm's name (or yours if self-employed)		Firm's EIN		FIEHAIEI 2 LIIN OI 22M	
preparer use only		Signature of individual preparing this election Address			City	State ZIP code	
		E-mail address of individual preparing this election		Pro	parer's NYTPRIN	Date	
,	see instr)	= add. coo orarr. add. proparing tillo clockon		1.16	F		