



Minimum Wage Reimbursement Credit

Tax Law – Article 1, Section 38 and Article 22, Section 606(aaa)

Calendar-year filers, mark an X in the box:

Other filers enter tax period:

beginning ending

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return	Identifying number as shown on return
<input type="text"/>	<input type="text"/>

Schedule A – Individual (including sole proprietor), partnership, and fiduciary

A Enter the total number of employees claimed for this credit A

Part 1 – Credit for hours worked when the federal minimum wage equals \$7.25 per hour

(Submit additional sheets if necessary; see instructions)

A Name of eligible employee		B Social security number of eligible employee	C Hours worked at the NYS minimum wage rate (see instructions)	
First name	Last name			
Total of column C amounts from all additional sheets				
1	Total number of hours worked (add column C amounts; include column C totals from all additional sheets)	1		
2	Tax credit rate (75 cents)	2		75
3	Tax credit (multiply line 1 by line 2)	3		00

Part 2 – Credit for hours worked when the federal minimum wage exceeds \$7.25 per hour

(submit additional sheets if necessary; see instructions)

A Name of eligible employee (First initial, last name)	B Social security number of eligible employee	C Hours worked at the NYS minimum wage rate (see instr.)	D NYS minimum hourly wage rate (see instr.)	E Federal minimum hourly wage rate (see instr.)	F Subtract column E from column D	G Credit amount (column C × column F)	
Total of column G amounts from all additional sheets							
4 Total of all column G amounts						4	00
5 Add lines 3 and 4						5	00

Individuals and partnerships: Enter the line 5 amount on line 10.

Fiduciaries: Include the line 5 amount in the *Total* line of Schedule D, column C.



Schedule B – Partnership, S corporation, and estate and trust information (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the minimum wage reimbursement credit from that entity, complete the following information for each partnership, S corporation, or estate or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name	Type	Employer identification number

Schedule C – Partner’s, shareholder’s, or beneficiary’s share of credit (see instructions)

Partner	6	Enter your share of the credit from your partnership(s)	6	00
S corporation shareholder	7	Enter your share of the credit from your S corporation(s)	7	00
Beneficiary	8	Enter your share of the credit from the estate or trust(s)	8	00
	9	Total (add lines 6, 7, and 8)	9	00

Fiduciaries: Include the line 9 amount in the *Total* line of Schedule D, column C.

All others: Transfer the line 9 amount to line 11.

Schedule D – Beneficiary’s and fiduciary’s share of credit (see instructions)

A Beneficiary's name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of credit
Total (fiduciaries, enter the amount from line 5, plus the amount from line 9)		00
		00
		00
Fiduciary		00

Schedule E – Computation of credit (see instructions)

Individuals and partnerships	10	Enter the amount from line 5	10	00
Partners, S corporation shareholders, beneficiaries	11	Enter the amount from line 9	11	00
Fiduciaries	12	Enter the amount from Schedule D, <i>Fiduciary</i> line, column C	12	00
	13	Total credit (add lines 10, 11, and 12; round to nearest whole dollar)	13	00

