Department of Taxation and Finance





## **Workers with Disabilities Tax Credit**

Tax Law - Article 9-A, Section 210-B.48

All filers must enter tax period:

			beginning			ending				
Legal name of corporation					Employ	er identification	nun	nber (EIN)		
Attach to Form CT-3, CT-3-A, or NYS) Department of Labor.	· CT-3-S. You must also	o attach a copy	of the final <i>Cer</i>	tificate of Eligib	oility iss	sued by the	Nev	v York State		
All filers <b>must</b> complete line A.  A Are you claiming this credit a received a share of the credi						Yes	•[	No		
C corporations	C corporations				New York S corporations					
If Yes, complete lines B through	complete lines B through E, and Schedules A and/or B, icable and Schedules C and D.  If Yes, complete lines B through E, as applicable and Schedule C.				E, and Schedules A and/or B,					
If <i>No</i> , and you are claiming to complete Schedules C, D, and		te partner,		If <i>No</i> , and you are claiming this credit as a corporate partner, complete Schedules C and E.						
B Enter the name and EIN of the Credit Program.	he business certified b	y the NYS Dep	partment of Labo	or to participate	in the	Workers wit	th D	isabilities T		
Name of certified business				•	EIN					
C Enter the total number of qua	alified full-time employ	ees claimed fo	r this credit				. •[			
<b>D</b> Enter the total number of qua	alified part-time emplo	yees claimed fo	or this credit				. •[			
E Enter the allocation year (see	e instructions)						. •[			
Schedule A – Computation Schedule B.	on of credit for qu See instructions.)	alified full-	time employ	rees (Do not	includ	e employe	es	shown in		
A Name of qualified employee	B Qualified employee's Social Security number	C Qualified employee's hire date	Qualified employee's termination date, if applicable	<b>E</b> Qualified wage paid (see instructions		<b>F</b> Multiply column E by 15% (.15)		G Enter lesse of column or 5,000		

1 Credit for qualified full-time employees (add column G amounts)

## Schedule B – Computation of credit for qualified part-time employees (Do not include employees shown in Schedule A on page 1. See instructions.)

		n page n. eee men							
	<b>A</b> Name of qualified employee	B Qualified employee's Social Security number	C Qualified employee's hire date	Qualified employee's termination date, if applicable	E Qualified wages paid (see instructions)	C	F Multiply olumn E 10% (.10)	G Enter lesse of column or 2,500	
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									$\vdash$
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To	otal from additional sheet(s) if a	any							
2	Credit for qualified part-time	employees (add columi	G amounts)			• 2		•	
3	Total credit for all qualified en	nployees (add lines 1 a	nd 2)			• 3			
Sc	chedule C – Computation	on of credit (see in	nstructions)						
4	Partner: Enter your share of	the credit from your p	artnership(s) (f	from line 16)		• 4			П
	,	, ,	1 ( ) (	,					
5	Unused credit carried over fro	om previous tax years	(New York S	corporations, ent	er <b>0</b> )	• 5			
6	Total credit (add lines 3, 4, and	5; New York S corporation	ons, see instruct	ions)		• 6			
Sc	chedule D - Computation	of credit used or	carried forv	vard (New Yor	k S corporations o	do not	complete ti	his schedule	∍.)
	Tax due before credits (see in			,	·				ŕ
	Tax credits claimed before this	,							$\vdash$
	Net tax (subtract line 8 from line	,	*			<del></del>			$\vdash$
	Fixed dollar minimum tax (see	•							
	Credit limitation (subtract line 1	,				_			$\vdash$
	Credit to be used this tax year								
	Unused credit (subtract line 12								
14	Unused expired tax credit (se	e instructions)				• 14			
15	Amount of credit available for	carryover to next yea	ar (subtract line	14 from line 13)		• 15			
_	shadula E - Bastonio III	linfo was a 41 /	to story the						
20	chedule E – Partnership	<u> </u>	instructions,	) 					
	Na	me of partnership			Partnership's EIN		Credit ame	ount allocate	d

Name of partnership	Partnership's EIN	Credit amount allocated	
Total from additional sheet(s) if any			
16 Credit allocated from partnerships			

