

Department of Taxation and Finance

Farm Workforce Retention Credit Tax Law – Sections 42 and 210-B(51)

CT-647

		All filers must enter tax period:				
		beginning	en	ding		
Legal name of corporation			Employer i	identification nun	nber (EIN)	
File this form with your franchise tax	x return.		I]	
All filers must complete line A.						
A Are you claiming this credit as a corr received a share of the credit from a					No 🗌	
C corporations			New York S corporations			
If Yes, complete lines B, C, D and E and D and if applicable, Form CT-64		If Yes, complete lines B, C, D and E, and Schedules A and D and if applicable, Form CT-647-ATT.				
If <i>No</i> , and you are claiming this cred partner, complete Schedule A (lines Schedules B and C.		If <i>No</i> , and you are claiming this credit as a corporate partner, complete Schedule A (lines 2 and 3) and Schedule C.				
B Form CT-3 and CT-3-A filers, comple Worksheet B in the instructions. Is th Worksheet B at least 0.6667? (see in not qualify for this credit.	ne amount shown on line <i>astructions)</i> If you marked	12 of Worksheet A an X in the <i>No</i> box,	or on line 14 of , stop : you do		No 🗌	
C Enter the name, employer identificat	ion number (EIN), and pl	hysical address of t	he farm.			
Business name			EIN			
Number and street	City		State	ZIP code		
D Enter the total number of employees	s claimed for this credit			•		
E Does line 11 of Worksheet A or line the sale of wine or cider? <i>(see instruction)</i>				Yes •	No 🗌	

(continued)



Schedule A – Computation of credit (complete Schedules C and D, as applicable, before completing this schedule)				
1	Farm workforce retention credit from line 18	1		
2	Partner: Enter your share of the credit from your partnership(s) from line 13	2		
3	Total credit (add lines 1, and 2; New York S corporations, see instructions)	3		

Schedule B – Computation of credit used, refunded, or credited as an overpayment to the next tax year (New York S corporations: do not complete this schedule.)

4	Tax due before credits (see instructions)	4	
	Tax credits claimed before this credit (see instructions)		
6	Subtract line 5 from line 4	6	
7	Fixed dollar minimum tax (see instructions)	7	
8	Credit limitation (subtract line 7 from line 6; if zero or less, enter 0)	8	
9	Credit to be used this tax year (enter the lesser of line 3 or line 8 here and on your franchise tax return)	9	
10	Unused tax credit available as a refund or as an overpayment (subtract line 9 from line 3)	10	
11	Tax credit to be refunded (limited to the amount on line 10; enter here and on your franchise tax return)	11	
12	Amount to be applied as an overpayment to next year's tax (subtract line 11 from line 10; enter here and		
	on your franchise tax return)	12	

Schedule C – Partnership information (see instructions)

Α	В	С
Name of partnership	Partnership's EIN	Credit amount allocated
otal column C amounts from additional sheets, if any	·····	
3 Total credit allocated from partnerships (enter here and on line 2)		3



Name of eligib	IE D – Eligible farm employee information A Name of eligible farm employee		C Social Security number of eligible farm employee	D Hours worked for the tax year
First name	Last name	(first 5 digits only)		

Schedule D – Eligible farm employee information

14	Total number of eligible farm employees listed in Schedule D (see instructions)	14	
15	Total number of eligible farm employees from Form(s) CT-647-ATT, line A	15	
16	Add lines 14 and 15	16	
17	Tax credit rate (1,200)	17	1,200
	Tax credit (multiply line 16 by line 17; enter here and on line 1)	18	

