



## Farm Employer Overtime Credit Tax Law – Sections 42-a and 210-B(58)

**CT-661** 

All filers must enter tax period:

		beginning	end	ding	
File this form with Form CT-3, CT-3-A, or	CT-3-S.				
Legal name of corporation			Employer id	dentification number	(EIN)
All filers <b>must</b> complete lines A and B.					
A Did you receive an advance payment duri	ng this tax year? <i>(ii</i>	nclude on line 6; see in	structions)	Yes • N	10
If you received an advance payment, enter th	e certificate numb	er:			
<b>B</b> Are you claiming this credit as a corporation received a share of the credit from a partn					lo 🗌
C corporations  If Yes, complete lines C through F. Also, conscience Schedules A, C and Forms CT-661-ATT.	omplete	If Yes, complete	New York S corporations If Yes, complete lines C through F. Also, complete Schedule A and Forms CT-661-ATT.		
If <i>No</i> , and you are claiming this credit as a partner, complete Schedule A, lines 4 thro Schedules B and C.		If <i>No</i> , and you are claiming this credit as a corporate partner, complete Schedule A, lines 4 through 7 and Schedule B.			
C Is your federal gross income from farming sources in excess of \$30,000 for the tax you					lo 🗌
If you marked an <b>X</b> in the <b>No</b> box on line 0 <b>must be repaid.</b> See instructions for lines		fy for the credit. Any	amount of advan	ce payment rece	ived
<b>D</b> Enter the name, employer identification nu	mber (EIN), and p	hysical address of th	e farm.		
Business name			EIN		
Number and street	City		State	ZIP code	
E Is more than 50% federal gross income from (see instructions)				Yes ● □ N	lo 🗌
F Enter the total number of unique farm emp	loyees from all Fo	rms CT-661-ATT (se	e instructions)		
				(con	ntinued)

## Schedule A: Eligible farm employee and overtime paid information and calculation of available credit for the current tax year (see instructions)

1	Enter the total of all column I amounts from Forms CT-661-ATT (see instructions)	1	
2	Overtime reimbursement rate (118%)	2	1.18
3	Tax credit amount (multiply line 1 by line 2)	3	
	Partner: Enter your share of the credit from your partnership(s) from line 8, column D	4	
5	Total available credit (add lines 3 and 4; New York S corporations, see instructions)	5	
6	Advance payment(s) (see instructions)	6	
	Net credit (subtract line 6 from line 5, see instructions)		

## **Schedule B: Partnership information** (see instructions)

Α	В	C	D	E
Name of partnership	Partnership's EIN	Certificate number	Credit amount allocated	Amount of column D
rtaine et partiteremp		(if amount entered in		received as an advance
		column e)		payment
		Column e)		payment
	l	I		
				•
Total column D and E amounts from a	dditional Forms CT-661	if any		
	· · · · · · · · · · · · · · · · · · ·			
8 Total credit allocated from partners	nips (add column D and E	amounts;		
enter the column D amount on line 4	and include the column F a	amount on line 6) 8		
chica and colourn b arrivant or mile i				

## Schedule C: Calculation of credit used, refunded, or credited as an overpayment to the next tax year

9	Tax due before credits (see instructions)	9	
	Tax credits claimed before this credit (see instructions)	1	
11	Subtract line 10 from line 9	11	
12	Fixed dollar minimum tax (see instructions)	12	
13	Credit limitation (subtract line 12 from line 11; if zero or less, enter 0)	13	
14	Credit to be used this tax year (enter the lesser of line 7 or line 13 here and on your franchise tax return)●	14	
15	Unused tax credit available as a refund or as an overpayment (subtract line 14 from line 7)●	15	
16	Tax credit to be refunded (limited to the amount on line 15; enter here and on your franchise tax return)●	16	
17	Amount to apply as an overpayment to next year's tax (subtract line 16 from line 15; enter here and		
	on vour franchise tax return)	17	

