



Department of Taxation and Finance

New York Youth Jobs Program Tax Credit

Tax Law – Section 606(tt)

IT-635

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

Other filers enter tax period:

beginning and ending

Submit this form with Form IT-201, IT-203, IT-204, or IT-205. You must also submit a copy of the annual final certificate of tax credit issued by the New York State (NYS) Department of Labor.

Name(s) as shown on return	Taxpayer identification number
----------------------------	--------------------------------

All filers **must** complete line A.

A Are you claiming this credit as an individual (sole proprietor), partnership, or fiduciary of an estate or trust that **earned** the credit (not as a partner, shareholder, or beneficiary, receiving a share of the credit)? (mark an X in the appropriate box; see instructions) Yes No

If **Yes**, complete lines B through G, and Schedules A and D.
Fiduciary also complete Schedule C.

If **No**, and you are claiming a credit passed through to you as a partner in a partnership, shareholder of a New York S corporation, or beneficiary of an estate or trust, complete Schedules B and D. Fiduciary also complete Schedule C.

B Name of the business certified by the NYS Department of Labor to participate in the New York Youth Jobs Program **B**

C Certified business's employer identification number (EIN) **C**

D Certificate number (from the annual final certificate of tax credit) **D**

E Number of certified youth employed full-time and included in this claim for credit **E**

F Number of certified youth employed part-time and included in this claim for credit **F**

G Program year (from the annual final certificate of tax credit) **G**

Schedule A: Credit for certified youths

1 New York youth jobs program tax credit (see instructions)	1	.00
---	---	-----

Individuals and partnerships: Enter the line 1 amount on line 6.

Fiduciaries: Include the line 1 amount on line 3.

635001240094



Schedule B: Partner's, shareholder's, or beneficiary's share of credit *(submit additional forms if necessary; 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 credit from that entity, complete the following information for each partnership, New York S corporation, or estate or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

A Name of Entity	B Type	C EIN	D Share of credit
			.00
			.00
			.00
Total column D amounts from additional forms IT-635, if any00
2 Add column D amounts			2 .00

Fiduciaries: Include the line 2 amount on line 3.
All others: Enter the line 2 amount on line 7.

Schedule C: Beneficiary's and fiduciary's share of credit *(submit additional forms if necessary; see instructions)*

3 Total <i>(fiduciaries: add line 1 and line 2)</i>	3 .00
--	--------------

A Beneficiary's name <i>(same as on Form IT-205, Schedule C)</i>	B Identifying number	C Share of credit
		.00
		.00
		.00
Total column C amounts from additional forms IT-635, if any00
4 Share of credit allocated to beneficiaries <i>(add column C amounts)</i>		4 .00
5 Fiduciary's share of credit <i>(subtract line 4 from line 3; enter the result here and on line 8)</i>		5 .00

Schedule D: Calculation of credit

Individuals and partnerships	6	Enter the amount from line 1	6	.00
Partners, S corporation shareholders, beneficiaries	7	Enter the total from line 2	7	.00
Fiduciaries	8	Enter the amount from line 5	8	.00
	9	Total credit <i>(add lines 6, 7, and 8; see instructions)</i>	9	.00

