



Farm Workforce Retention Credit Tax Law – Sections 42 and 606(fff)

IT-647

Submit this form with Form IT-201, IT-203, IT-204, or I	IT-205.
Name(s) as shown on return	Identifying number as shown on return
All filers must complete line A.	I
A Are you claiming this credit as an individual (sole proprie trust that earned the credit (not as a partner, shareholde credit)? (mark an X in the appropriate box; see instructions)	er, or beneficiary, receiving a share of the
If Yes: Individual (sole proprietor) and partnership: Complete lines B, C, D and E, and Schedules A and D. Also complete and submit Form IT-647-ATT, if applicable.	If <i>No</i> , complete Schedules B and D. Do not complete Schedule A or Form IT-647-ATT. Fiduciary: Also complete Schedule C.
Fiduciary: Complete lines B, C, D and E, and Schedules A, C, and D. Also complete and submit Form IT-647-ATT, if applicable.	
Form IT-205 filers: Complete Worksheet B on page 4 of Form IT-204 filers: Complete Worksheet C on page 5 of Is the percentage shown on line 19 of Worksheet A, or lin Worksheet C at least 0.6667 (66.67%)? (see instructions) If No, stop: you do not qualify for this credit.	f the instructions. ne 18 of Worksheet B, or line 17 of
C Enter the name, employer identification number (EIN), ar Business name	nd physical address of the farm.
Number and street City	State ZIP code
 D Enter the total number of employees claimed for this cred E Does line 18 of Worksheet A, line 17 of Worksheet B, or than 50% in income from the sale of wine or cider? (see it 	line 16 of Worksheet C include more
	(continued,

Schedule A – Eligible farm employee information

Name of eligible		B Employee work location ZIP code	C Social Security number of eligible farm employee	D Hours worked for the tax year	
First name	Last name	(first 5 digits only)			
		l			

1	Total number of eligible farm employees listed in Schedule A (see instructions)	1	
2	Total number of eligible farm employees from Form(s) IT-647-ATT, line A	2	
3	Add lines 1 and 2	3	
4	Tax credit rate (1,200)	4	1,200
5	Tax credit (multiply line 3 by line 4)	5	00

Individuals and partnerships: Enter the line 5 amount on line 10. **Fiduciaries:** Include the line 5 amount on line 7.



Schedule B - Partner's, shareholder's, or beneficiary's share of credit (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 farm workforce retention 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.

A Name of entity	B Type	C EIN	D Share of credit
			.00
			.00
			.00
Total column D amounts from additional sheets, if any			.00
6 Total (add column D amounts)			.00
Fiduciaries: Include the line 6 amount on line 7.			

All others: Enter the line 6 amount on line 11.

Schedule C - Beneficiary's and fiduciary's share of credit (see instructions)

7 Total (fiduciaries: add lines 5 and 6)00

A Beneficiary's name (same as on Form IT-205, Schedule C) Identifying number			C Share of credit	
			.00	
			.00	
			.00	
			.00	
Total column C amounts from additional sheets, if any			.00	
8 Share of credit allocated to beneficiaries (add column C amounts)		8	.00	
9 Fiduciary's share of credit (subtract line 8 from line 7; enter here and on line 12)			.00.	

Schedule D - 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 6	11	.00
Fiduciaries	12	Enter the amount from line 9	12	.00
	13	Total credit (add lines 10 through 12)	13	.00

