



# New York State Department of Taxation and Finance

Corporation Tax MeF Acceptance Testing System for Tax Year 2024

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## Test 24- CTEF3S

Blank or zero field values are not included. Fields requiring software calculations are not provided. ACH debit payment is required if test results in a balance due. Please use the two-digit codes provided to you to replace the 6th and 7th digits in each test EIN.

### Test Scenario

**Return type:** CT-3-S

**Final return:** Yes

**Liability period:** 1-1-2024 – 12-31-2024

**EIN:** 00219XX24

**Legal name:** CTEF3S (followed by a space, then your software ID)

**File number:** Software calculated

**Business telephone number:** 518-555-2626

**Address:** 3 S WA Harriman Campus, Albany, NY 12227

**State of incorporation:** New York State

**Date of incorporation:** 1-1-2020

**NAICS business code number:** 221118

**Principal business activity:** Other electric power generation

**Number of shareholders:** 4

**Line E. Entity has an interest in real property located in NYS during the last three years:** Yes

**Line G. IRS audit completed in the last five years:** 2021

**Line J. QETC:** Yes

**Line K. Filed as NY C corporation in the previous years:** 2016

**Line M. Tax paid from federal Form 1120S, line 23c:** 25,000

**Line N. Activities of a QSSS, partnership, SMLLC, or DISC:** Yes

**Line P. Voluntary contribution to any available funds:** Yes

### Part 1

Line 1. Ordinary business income or loss: 750,000

Line 2. Net rental real estate income or loss: 55,000

Line 3. Other net rental income or loss: 25,000

Line 4. Interest income: 1,000

Line 6. Royalties: 35,000

Line 10. Other income or loss: 3,000

Line 12. Total assets beginning of year: 300,000

Line 12. Total assets end of year: 100,000

Line 13. Loans from shareholders beginning of year: 30,250

Line 13. Loans from shareholders end of year: 15,250

		A – Accumulated adjustments account	D – Other adjustments account
Line 15	Ordinary income from federal Form 1120s, page 1, line 22	750,000	
Line 16	Other additions	40,000	1,500
Line 20	Distributions	100,000	

## **Part 2**

Composition of prepayments		
	Date Paid	Amount
Line 32	3-15-2024	50
Line 33	6-15-2024	50
Line 34	9-15-2024	50
Line 35	12-15-2024	50

**Part 3**

		<b>A – New York State</b>	<b>B – Everywhere</b>
<b>Line 1</b>	Sales of tangible personal property	3,000,000	3,250,250
<b>Line 4</b>	Rentals of real and tangible personal property	350,000	450,000
<b>Line 7</b>	Sale, licensing, rental, or granting access to digital products and digital services	250,500	250,500
<b>Line 53</b>	Receipts from other services/activities not specified	250,000	300,000

**CT-34-SH**

**Schedule A – Software calculated**

**Schedule B**

	<b>A</b> Shareholder	<b>B</b> EIN	<b>C</b> Percentage of ownership	<b>D</b> Shareholder residency status	<b>E</b> Shareholder entity status
<b>Line 1</b>	Shareholder 1 719 Oak Rd, Rochester, NY 14603	555666777	25	1	I
<b>Line 2</b>	Shareholder 2 116 Fir Ln, Eltingville, NY 10308	33334555	30	2	F
<b>Line 3</b>	Shareholder 3 1227 Maple Ave, Yonkers, NY 10703	444555666	20	2	E

<b>Line 4</b>	Shareholder 4 919 Peepal Blvd, Lake Placid, NY 12946	222333444	25	1	E
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**CT-60**

**Schedule A**

**Part 1 – Qualified subchapter S subsidiary inclusion**

Name and address of QSSS	Effective date of federal QSSS election	Federal EIN or temporary filing number QSSS	Federal EIN or TF number of QSSS parent
QSSS Corp One - 454 Main St, Albany, NY 12227	04-01-2019	123123123	00219XX24
QSSS Corp Two - 351 College Rd, Schenectady, NY 12227	05-05-2019	321321321	00219XX24

**Part 2 – QSSS elective inclusion**

Name and address of QSSS	Effective date of federal QSSS election	Federal EIN or temporary filing number QSSS	Federal EIN or TF number of QSSS parent
QSSS Corp Three – 1227 Jeffrey Dr, Troy, NY 12180	05-05-2018	231231231	00219XX24
QSSS Corp Four 719 Kimberly Ln, Troy, NY 12180	09-09-2019	322322322	00219XX24

**Part 3 – 1120S Shareholder information**

Name and address of shareholder	Shareholder EIN or SSN(s)
Shareholder 1, 719 Oak Rd, Rochester, NY 14603	414141414
Shareholder 2, 116 Fir Ln, Eltingville, NY 10308	515151515
Shareholder 3, 1227 Maple Ave, Yonkers, NY 10703	616161616

Shareholder 4, 919 Peepal Blvd, Lake Placid, NY 12946	717171717
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**Schedule B**

**Part 1**

Line 2: QSSS

**Part 2**

Line 5. More than 50% of the voting power of you capital stock is owned or controlled, directly or indirectly, by another corporation or by the same interests: Yes, Entity 1, 111444777

Line 7. There has been a transfer or acquisition of controlling interest in the entity during the last 3 years: Yes, Corporation 1, 222555888

**Part 3 – Entities taxable as partnerships**

Line 9. Partnership: Yes

Name and address of partnership	Entity Method	Separate accounting election	EIN of partnership	EIN or SSN of all tiered partners of partnership
Partnership 1 – 99 Outlook Ave, NY 12205		X	111222333	999888777
Partnership 2 – 7 Mill St, Schenectady, NY 12204	X		222333444	888777666
Partnership 3 – 11 Hill Ln, Albany, NY 12227	X		333444555	777666555

**CT-225**

**Schedule A**

**Part 1**

	<b>Modification number</b>	<b>Amount</b>
<b>Line 1a</b>	A-109	3,400
<b>Line 1b</b>	A-110	550

**Part 2**

	<b>Modification number</b>	<b>Amount</b>
<b>Line 3a</b>	EA-211	200

**Schedule B**

**Part 1**

	<b>Modification number</b>	<b>Amount</b>
<b>Line 6a</b>	S-216	155,500

**Part 2**

	<b>Modification number</b>	<b>Amount</b>
<b>Line 8a</b>	ES-216	25,500
<b>Line 8b</b>	ES-217	2,250

**CT-223**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>F</b>	<b>G</b>
Innovation hot spot name	Code	Business participation number	EIN of qualified entity located in the hot spot	Tax year being claimed	Income or gain attributable to the hot spot
Hot Spot 1	H13	212	00219XX24	3	155,500
Hot Spot 2	H14	213	111222333	3	25,500

**CT-227**

**Part 1**

Line 1. Return a gift to Wildlife: 150

Line 15. Retired and Rescued Thoroughbred Race Horse Aftercare: 75

Line 16. Retired and Rescued Standardbred Race Horse Aftercare: 75

Line 17. Gift for Lyme and Tick-Borne Diseases Education, Research, and Prevention: 150

**CT-241**

**Part 1**

<b>A</b>	<b>B</b>	<b>C</b>
Purchase date	Gallons of bioheating fuel eligible for credit	Percentage of biodiesel per gallon of bioheating fuel
04-15-2020	555,555	0.08
06-20-2021	222,222	0.12
08-11-2022	125,125	0.19

**Part 2 – No content**

**Part 3**

<b>Name of partnership</b>	<b>Partnership's EIN</b>	<b>Credit amount allocated</b>
Partnership 1	111222333	2,500
Partnership 2	222333444	2,750
Partnership 3	333444555	500

Line A: Claiming credit as a corporate partner: Yes

**CT-249**

Line 1. Qualified long-term care insurance premiums paid during the current tax year: 45,000

Line 4. Unused long-term care insurance credit from preceding period: 350

<b>Name of partnership</b>	<b>Identifying number</b>	<b>Amount of credit</b>
Partnership 1	111222333	1,500

Partnership 2	222333444	750
Partnership 3	333444555	1,000

**Line A: Claiming credit as a corporate partner: Yes**

**CT-250**

**Part 1**

<b>A</b>	<b>B</b>	<b>C</b>	<b>E</b>
Defibrillator name/model number	Date purchased	Cost	Credit
AED Heart Monitor / 190701	05-15-2020	3,500	500
ICD Defibrillator / 123456	09-15-2021	2,750	500
WCD Monitor / 444123	11-16-2022	300	300

**Line 2. Credit from partnerships: 300**

**Part 2 – No content**

**Line A. Claiming credit as a corporate partner: Yes**

**CT-605**

**Name of empire zone: Onondaga**

**Line A. Claiming credit as a corporate partner: Yes**

**Schedule A**

**Part 1**

**Line 2. Recapture of EZ-ITC: 1,870**

**Part 2**

**Recapture of EZ-EIC: 3,787**

**Schedule B**



<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>G</b>	<b>I</b>
Description of property	Date acquired	Date property ceased to qualify	Life	Unused life	EX-ITC allowed	Recaptured EZ-ITC
Qualified	06-01-2017	12-31-2024	91	10	17,000	3,787

**Schedule C – No content**

**CT-611**

**Did the DEC accept this site into the Brownfield Cleanup Program *prior* to June 23, 2008:** Yes

**Date of execution of the Brownfield Cleanup Agreement for the brownfield site:** 08-15-2018

**Schedule A**

**Site name:** Brown Site Field One

**Site location – municipality:** Pompey

**Site location – county:** Onondaga

**DEC region:** Pompey

**DER site number:** A12345

**Date COC was transferred pursuant to the transfer or sale of the qualified site:** 08-01-2017

**Is the qualified site for which the COC was issued by DEC located in an EN-Zone:** Yes

**Percent of the qualified site:** 0.4805

**Schedule B**

<b>A</b>	<b>B</b>	<b>C</b>
Description of site preparation costs	Date costs paid or incurred	Costs
Demolition	01-01-2020	35,000
Excavation	05-01-2020	45,000

**Line 2. Applicable percentage rate:** 0.1000

**Schedule C**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
Description of qualified property	Principal use	Date placed in service	Life	Cost or other basis
Building 1	Living	05-01-2018	25	125,000
Building 2	Office	06-01-2018	15	100,000

**Line 5. Applicable percentage rate: 0.1000**

**Schedule D**

<b>A</b>	<b>B</b>	<b>C</b>
Description of groundwater remediation costs	Date costs paid or incurred	Costs
Ground Purification	03-01-2018	40,000
Remediation	01-15-2018	30,000

**Line 5. Applicable percentage rate: 0.1000**

**Schedule E**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>G</b>
Description of property	Date property placed in service	Date property ceased to qualify	Life	Unused life	Tangible property credit component previously allowed
Storage	08-01-2018	12-31-2023	66	10	150,000

**CT-612**

**Address of qualified brownfield site: 3S WA Harriman Campus, Albany, NY 12227**

**Date of execution of the BCA for the brownfield site: 05-15-2016**

**Line A. Claiming credit as a corporate partner: Yes**

**Schedule A**

**Site name: Brownfield Site One**

**Site location - municipality:** Altamont

**Site location – county:** Albany

**DEC region:** Albany

**DER site number:** CECRBC221234

**Date COC was issued:** 05-16-2016

**Received notification from the department of state that the qualified site is located in a Brownfield Opportunity Area:** Yes

**Qualified site for which the COC was issued by the DEC located entirely within an EN-Zone:** Yes

**Schedule B**

March 31	June 30	September 30	December 31
75	50	115	110

**Schedule C**

**Line 3. Eligible real property taxes:** 49,750

**Line 10. Remediated brownfield credit for real property taxes from partnerships:** 5,000

**Schedule D – No content**

**Schedule E**

Name of partnership	Partnership's EIN	Amount of credit
Partnership 1	111222333	3,000
Partnership 2	222333444	1,500
Partnership 3	333444555	500

**CT-613**

**Date of execution of the BCA for the property for witch credit being claimed:** 05-15-2016

**Line A. Claiming credit as a corporate partner:** Yes

**Site name:** Brownfield Site 1

**Site location – municipality:** Altamont

**Site location – county:** Albany

DEC region: Albany

DER site number: CECERI221234

Date COC was issued: 05-16-2016

Received notification from the department of state that the qualified site is located in a Brownfield Opportunity Area: Yes

Line 1. Qualified environmental remediation insurance premiums paid: 615,000

Line 4. Environmental remediation insurance credit received from a flow-through entity: 7,000

Line 6. Recapture of credit: 2,500

Name of partnership	Partnership's EIN	Amount of credit
Partnership 1	111222333	2,500
Partnership 2	222333444	1,000
Partnership 3	333444555	3,500

**CT-633**

Tax year of the benefit period for which credit claimed: 3<sup>rd</sup>

Claiming credit as corporate partner: Yes

**Schedule A**

**Part 1**

Line 1b. Business within MCTD but outside NYC that was previously owned by NYS and operated as a psychiatric facility: Yes

**Part 2**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
March 31	June 30	September 30	December 31
6	8	10	15

**Schedule B**

**Part 1**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
Employee's name	SSN	Date first employed	Last date of employment	Gross wages

			during current tax year	
Mabel Sims	444555666	01-01-2023	12-31-2024	38,500
Cyrus James	555666777	02-01-2023	12-31-2024	40,000
Lyra Jacob	666777888	05-01-2023	12-31-2024	55,000
Hugo Fallon	777888999	01-01-2024	12-31-2024	80,000
Darcy Joseph	888999111	02-01-2024	12-31-2024	95,000

**Part 2**

<b>Qualified investment at a closed facility</b>		
<b>A</b>	<b>B</b>	<b>C</b>
Description of property	Date placed in service	Cost or other basis
Facility 1	05-05-2021	200,500
Facility 2	07-05-2022	175,000

**Line 8. Closed facility investment tax credit: 37,550**

<b>All other qualified investments</b>		
<b>A</b>	<b>B</b>	<b>C</b>
Description of property	Date placed in service	Cost or other basis
Facility 3	05-25-2022	850,000

**Line 13. Investment tax credit component from partnerships: 14,000**

**Part 3**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
Employee's name	SSN	Description of training exercise	Date paid	Amount of expense
Mabel Sims	444555666	Accounting class	06-15-2021	6,500
Cyrus James	555666777	Computer training	03-20-2022	8,500
Lyra Jacob	666777888	Tuition expenses	07-15-2022	14,000

**Line 16. Training tax credit component from partnerships: 8,000**

**Part 4**

<b>Property located entirely within a closed facility</b>	
<b>A</b>	<b>B</b>
Eligible real property taxes	Benefit period year rate
750,000	0.2
200,000	0.2

<b>Property located outside a closed facility</b>
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<b>A</b>	<b>B</b>
Eligible real property taxes	Benefit period year rate
250,000	0.1
100,000	0.1

**Line 21. Real property tax credit component from partnerships: 20,000**

**Schedule C**

**Line 24. Recapture of credits taken in previous years: 15,000**

**Schedule D – No content**

**Schedule E**

Partnership 1			111222333
Jobs tax credit: 7,500	Investment tax credit: 8,500	Training tax credit: 2,500	Real property tax credit: 9,500
Partnership 2			222333444
Jobs tax credit: 5,500	Investment tax credit: 2,500	Training tax credit: 3,000	Real property tax credit: 5,500
Partnership 3			333444555
Jobs tax credit: 2,500	Investment tax credit: 3,000	Training tax credit: 2,500	Real property tax credit: 5,000

**CT-634**

**Line A. Year of eligibility: 5**

**Line B. Claiming credit as a corporate partner: Yes**

**Line C. Certificate Number: ESDJOBR2400001**

**Schedule A**

**Line 1. Empire State jobs retention credit: 500,000**

**Line 2. Empire State jobs retention program credit from partnerships: 250,000**

**Line 4. Recapture of credit taken in previous tax years: 50,000**

**Schedule B – No content**

Name of partnership	Partnership's EIN	Certificate number	Amount of credit
Partnership 1	111222333	123456789DEF	75,000
Partnership 2	222333444	123456789GHI	150,000
Partnership 3	333444555	123456798JKL	25,000

**CT-637**

Line A. Claiming credit as a corporate partner: Yes

**Schedule A**

<b>A</b> Physical address of vehicle refueling or recharging property	<b>B</b> Total costs of vehicle refueling or recharging property	<b>C</b> Number of pumps or recharging stations
700 Washington Ave, Albany, NY 12203	450,000	4
100 Waterman Ave, Albany, NY 12205	30,000	3

**Schedule B – Software calculated****Schedule C – No content****Schedule D**

<b>A</b> Tax year credit allowed	<b>B</b> Total recovery period of property	<b>C</b> Years in service prior to recapture year	<b>F</b> Original credit allowed
2021	16	4	425,000

**Schedule E**

Name of partnership	Partnership's EIN	Credit amount allocated
Partnership 1	111222333	25,000
Partnership 2	222333444	50,000
Partnership 3	333444555	35,000

**CT-640**

Line A. Claiming credit as the corporation that earned the credit: Yes

Line B. Certificate number: ESDSTSE2212345

Line C. Year of START-UP NY business tax benefit period: 5

**Schedule A**

		<b>A</b> Tax-free NY area	<b>B</b> New York State
Line 1	Average value of property	750,000	1,750,000
Line 3	Wages and other compensation of employees	1,000,500	2,000,500

**Schedule B**

**Line 7. Telecommunication services excise tax paid: 62,000**

**Schedule C – No content**

**Schedule D**

Name of partnership	Partnership's EIN	Certificate number	Year of business tax benefit period	Credit amount allocated
Partnership 1	111222333	ESDTSE22123456	3	15,000
Partnership 2	222333444	ESDTSE22123457	5	27,750
Partnership 3	333444555	ESDTSE22123458	6	20,550

**CT-643**

**Line A. Claiming credit as the corporation that earned the credit: Yes**

**Line B. Total number of employees claimed for this credit: 7**

**Line C. Required form DTF-75 for each veteran for whom this credit is being claimed: Yes**

**Schedule A**

<b>Part 1 – Full time positions</b>			
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
Veteran's name	SSN of qualified veteran	Employment period	Wages paid
Barb Jo	123123123	01-01-2024 – 12-31-2024	55,000
Aiden John	321321321	01-01-2024 – 12-31-2024	150,000
<b>Part 2 – Part-time positions</b>			
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
Veteran's name	SSN of qualified veteran	Employment period	Wages paid
Tony Clark	234234234	01-01-2024 – 05-23-2024	30,000
William Bruce	432432432	03-01-2024 – 09-30-2024	85,000

**Schedule B**

<b>Part 1 – Full time positions</b>			
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
Veteran's name	SSN of qualified veteran	Employment period	Wages paid
Barbara Walters	231231231	01-01-2024 – 12-31-2024	30,000
David Muir	213213213	01-01-2024 – 12-31-2024	150,000
<b>Part 2 – Part-time positions</b>			
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
Veteran's name	SSN of qualified veteran	Employment period	Wages paid
Robin Roberts	543543543	01-01-2024 – 06-30-2024	33,000
Chris Wallace	345345345	05-01-2024 – 12-31-2024	120,000

**Schedule C**

**Line 4. Unused credit carried over from previous tax years: 4,000**



**Schedule D – No content**

**CT-644**

Line A. Claiming credit as the corporation that earned the credit: Yes

Line B. Name and EIN of business certified by NYS DOL to participate in Workers with Disabilities Tax Credit Program: CTEF3S, 00219XX24

Line C. Total number of qualified full-time employees claimed for this credit: 4

Line D. Total number of part-time employees claimed for this credit: 3

Line E. Allocation year: 2023

**Schedule A**

<b>A</b> Name of qualified employee	<b>B</b> Qualified employee's SSN	<b>C</b> Qualified employee's hire date	<b>D</b> Qualified employee's termination date	<b>E</b> Qualified wages paid
Aiden John	444555666	01-01-2023		150,000
Anthony John	666777888	06-01-2023		55,000
Amy Job	888999111	03-01-2023	12-31-2023	32,000

**Schedule B**

<b>A</b> Name of qualified employee	<b>B</b> Qualified employee's SSN	<b>C</b> Qualified employee's hire date	<b>D</b> Qualified employee's termination date	<b>E</b> Qualified wages paid
Arthur James	121212121	05-02-2023		50,000
Hunter Jacob	212121212	09-01-2023		46,000
Joseph David	313131313	04-15-2023	12-31-2023	12,000

**Schedule C – Software calculated**

**Schedule D – No content**

**Schedule E – No content**

**CT-652**

Line A. Claiming credit as the corporation that earned the credit: Yes

**Schedule A**

**Part 1**

<b>A</b> Qualified childcare facility's physical address	<b>B</b> Qualified childcare facility expenditures paid or incurred
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CTEF3S Child Care - 1440 Central Ave, Albany, NY 12205	725,000
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**Part 2**

<b>A</b> Employee's first name	<b>B</b> Employee's last name	<b>C</b> Employee's work location Zip Code	<b>D</b> Employee's SSN	<b>E</b> Qualified childcare resource and referral expenditures paid or incurred
Aiden	John	12227	444555666	15,000
Anthony	John	12211	666777888	12,000
Amy	Job	12205	888999111	10,000

**Schedule B – No content**

**Schedule C – No content**

**Schedule D – No content**

**CT-655**

<b>A</b> Revoked certificate number	<b>B</b> Amount of credit previously claimed
ESDRRTW22123456	5,000

**CT-661**

**Line A. Advanced payment received during this tax year:** Yes

**Certificate number:** FEOTC240000001

**Line B. Claiming credit as the corporation that earned the credit:** Yes

**Line C. Federal gross income from farming at least two-thirds of federal gross income from all sources in excess of \$30,000 for the year:** No

**Line D. Name EIN and address of farm:** CTEF3S – 00219XX24 - 3 S WA Harriman Campus, Albany, NY 12227

**Line E. More than 50% federal gross income from farming from sale of wine or cider:** No

**Line F. Total number of unique farm employees on all Forms CT-661-ATT:** 2

**Schedule A**

**Line 6. Advance payment(s):** 500

**Schedule B – No content**

**Schedule C – No content**

**CT-661-ATT**

Overtime information			
<b>A</b> Name of eligible farm employee	<b>B</b> Work location ZIP code	<b>C</b> SSN	<b>D</b> Pay periods
Sims Mabel	12227	444555666	4-3 – 6-15, 8-12 – 11-1
James Cyrus	12227	555666777	6-1 – 8-1

<b>C2</b> SSN	<b>E</b> Eligible OT hours worked for year	<b>F</b> Employee overtime credit	<b>G</b> Employee normal rate
444555666	110	22.5	15
555666777	40	27	18

**CT-662**

**Line A. Claiming credit as the corporation that earned the credit:** Yes

**Line B. Name of certified entity:** CTEF3S

**Line C. EIN:** 00219XX24

**Line D. Address:** 3 S WA Harriman Campus, Albany, NY 12227

**Line E. Service year:** 2024

**Line F. Certificate number:** CFSCCCE2300001

**Schedule A**

**Line 1. Child care creation and expansion credit from certificate:** 15,000

**Schedule B – Software content**

**Schedule C – No content**

**Schedule D – No content**

**DTF-621**

**Tax year for which QETC employment credit being claimed:** 2<sup>nd</sup>

**Schedule A**

**Part 1**

Line 1. Company located in NYS: Yes

Line 2. Total annual product sales \$10,000,000 or less: Yes

**Part 2**

Line 3. R&D activities in NYS: Yes

Line 4. Amount of R&D funds: 150,000

Line 5. Amount of net sales: 3,200,000

Line 6b. Most recently published average ratio: 4.0000

Line 7. Does percentage on line 6a equal or exceed percentage on line 6b: Yes

**Part 3**

Current tax year	March 31	June 30	Sept 30	Dec 31
Number of full-time employees in NYS	51	55	53	56

Number of full-time employees in NYS for three-year base period	March 31	June 30	Sept 30	Dec 31
First year	20	19	18	16
Second year	17	16	15	13
Third year	15	14	12	12

**Schedule B – Software calculated**

Additional information for Schedule B	
Employee's name	SSN
Aiden John	444555666
Anthony John	666777888
Amy Job	888999111
Ann Job	999000111

**Schedule C – Software calculated**

**Schedule D – No content**

**DTF-622**

**Schedule A**

**Part 1**

A	B	C	D
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Name of certified QETC	EIN	Date of investment	Amount of investment
CTEF3S	00219XX24	06-15-2019	19,000

**Schedule B – No content**

**Schedule C – No content**

**Schedule D – No content**