

#### Department of Taxation and Finance

# IT-604

### **Claim for QEZE Tax Reduction Credit**

Tax Law - Section 16

**Note:** You must **submit all pages** (1 through 8) with your return. **All taxpayers must complete the information below** and then complete **either** Section 1 (pages 1 through 4) **or** Section 2 (pages 5 through 8). Do not complete both sections.

			All f	filers enter tax pe	eriod: beginning		ending
Submit this form wi	th Form IT-2	01. IT-203. IT	-204. or IT-20	5.			
Name(s) as shown on you		,				Taxpayer identii	fication number
Name of empire zone (EZ	()						
Name of qualified empire	zone enterprise (	QEZE) business				Employer identif	ication number (EIN) of QEZE
Mark an <b>X</b> in the box	if you are a 0	Clean Energy	Enterprise (C	EE) (see Definition	ns for all QEZEs	in the instructions)	
Mark an <b>X</b> in the box on real property it ow orior to January 1, 20	ns or leases,	that is locate	d in an EZ an	d that is subject	to a brownfield	, 2005, that conducts site cleanup agreem	s its operations nent executed
Mark an <b>X</b> in the box beneficiary of an esta							poration, or
Section 1 – Fo	r QEZEs f	irst certif	ied prior t	o April 1, 20	<b>005</b> (see Imp	ortant information	in the instructions)
Date (mm-dd-yyyy) of and EZ retention cert							
Schedule A – Emp	oloyment te	st for QEZE	Es first certi	fied prior to A	pril 1, 2005 (	see instructions)	
Part 1 – EZ employi period. Include emplo							e five-year base
Current tax year employment numbe	r	March 31	June 30	September 30	December 31	Total	
Number of full-time on within all EZs	employees						
1 Current tax year	employment	number withi	n all EZs <i>(do r</i>	not round; see inst	ructions)		1
Base period employment number	Tax year ending (mm-yy)	March 31	June 30	September 30	December 31	Total	
Number in base year one							
Number in base year two							
Number in base year three							
Number in base year four							
Number in base year five							
Total number of full-	time employe	es within all E	Zs in the bas	e period			
2 Base period emp	oloyment num	ber within all	EZs (do not ro	ound; see instruction	ons)		2
3 Does the amoun	t on line 1 <b>eq</b>	ual or exceed	d line 2? (see	instr.) Yes	No		
If No, stop; yo	ou are not elig	ible for the Q	EZE tax redu	ction credit.			



Part 2 – New York State employment outside all EZs – Computation of the employment number inside New York State and outside all EZs (whether or not you are certified in all of those EZs) for the current tax year and the five-year base period (see instructions).

0								7	
	rrent tax year ployment numbe	er	March 31	June 30	September 30	December 31	Total		
	mber of full-time of the NYS and outs								
4	Current tax year	employmen	t number insid	de NYS and oเ	utside all EZs <i>(d</i> d	o not round)		4	
	se period ployment number	Tax year ending (mm-y)	March 31	June 30	September 30	December 31	Total		
	mber in se year one								
	mber in se year two								
1	mber in se year three								
	mber in se year four								
	mber in se year five								
Tot	al number of full-	time employe	ees inside NY	S and outside	EZs in the base	period		1	
5	Base period em	plovment nur	mber inside N	YS and outsid	e all F7s (do not	round)		5	
	2400   011104 0111	p y			( /				
6	Does the amour	et on line 4 a	nual or aveas	d the emount	on line F2 (see i	notructions)	Yes No		I
6			-		•	nstructions)	res ind	5	
	if No, Stop; ye	ou are not ell	gible for the C	QEZE tax redu	ction credit.				
Sch	nedule B – Cor	nputation o	of test year	employmen	t number with	nin the EZs in	which you are cer	tified	
		<u> </u>		. ,		T		1	
Tes	st year <i>(mm-yyyy)</i> to		March 31	June 30	September 30	December 31	Total		
Nu	mber of full-time	employees							
	nin the EZs								
					1	'			
7	Test vear emplo	vment numb	er within the E	Zs in which vo	ou are certified (	see instructions)		7	
	,	<b>,</b>		,		,			
Sch	nedule C – Em	ployment i	ncrease fac	tor (see instru	uctions)				
_	0 11			=		CC L	<i>"</i> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
8	Current tax year								
9							9		
10	Subtract line 9 for						<u>10 </u>		
11	Divide line 10 by								
12	Divide line 10 by	/ 100 (round t	he result to the	fourth decimal p	olace)	12			
13	Employment inc	rease factor	(enter the grea	ter of line 11 or	12, but not more th	nan 1.0)	13		
	Partnerships	- Enter the	line 13 amour	nt on Form IT-2	204, line 133.				



All others - Enter the line 13 amount on line 26.

Sc	hedule D – Zone allocation factor (see instructions)	B - New York State
14	Average value of property (see instructions)	.00
15	EZ property factor (divide line 14, column A, by line 14, column B; round the result to the fourth decimal place)	15
16	Wages and other compensation of employees (see instr.) 16 .00	.00
	EZ payroll factor (divide line 16, column A, by line 16, column B; round the result to the fourth decimal place)  Total EZ factors (add lines 15 and 17)  Zone allocation factor (divide line 18 by two; round the result to the fourth decimal place)  Partnerships – Enter the line 19 amount on Form IT-204, line 134 and enter the benefit period factor from the Benefit period factor table below on Form IT-204, line 135.  All others – Enter the line 19 amount on line 27.	17 18 19
Sc	hedule E – Tax factor	
20 21 22	Enter your tax from Form IT-201, line 39; Form IT-203, line 38; Form IT-205, line 6 (full-year resident estate or trust); or Form IT-205-A, line 11 (nonresident estate or trust or part-year resident trust) Enter the amount of your income from the QEZE allocated within NYS (see instructions)	
23	Divide line 21 by line 22 (the result cannot exceed one; round the result to the fourth decimal place)	23
24	Multiply line 20 by line 23; this is your tax factor (enter here and on line 28)	.00
Sc	hedule F – QEZE tax reduction credit (see instructions)	
25	Tax year of the business benefit period; benefit period factor (from table below)	25
26 27	Employment increase factor (from line 13)  Zone allocation factor (from line 19)	26 27
31 32	Net tax due (subtract line 31 from line 30)	28     .00       29     .00       30     .00       31     .00       32     .00
აა	QEZE tax reduction credit used for the current tax year (see instructions)	.00

Benefit period factor table*						
Tax year of the benefit period	Benefit period factor					
1 - 10	1.0					
11	0.8					
12	0.6					
13	0.4					
14	0.2					
15	0					

**Sole proprietors and fiduciaries –** Find the tax year of your benefit period. Enter the benefit period factor for that tax year on line 25.

All others - See instructions.

\* For taxpayers first certified prior to April 1, 2005, the QEZE tax reduction credit is generally available for up to 14 years for taxpayers that continue to qualify.



### Schedule G – Beneficiary's and fiduciary's share of QEZE income (see instructions)

<b>A</b> Beneficiary's name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of QEZE income
Total		.0
		.0
		.0
Fiduciary		.0.
Schedule H – Related entities		
List the names and EINs of any business entities related to the persons in the instructions to determine if an entity is related.		ssary. Use the definition of <i>related</i>
Name		EIN
Schedule I – Valid business purpose for QEZEs	first certified prior to August	1, 2002 (see instructions)
f you are claiming that the QEZE was formed for a valid busir notarized statement describing in detail how your QEZE me	ness purpose, mark an <b>X</b> in the box and ets the valid business purpose test	submit a

(continued)



(continued)

# **Claim for QEZE Tax Reduction Credit**

Section 2 – For QEZES	first certif	ied on or	after April 1	I, <b>2005</b> (see Im	portant information	on in the instructions)
		All file	rs enter tax perio	d: beginning		ending
Note: You must submit all page page 1 and then complete either	es (1 through 8) r Section 1 (pag	with your reto ges 1 through	urn. <b>All taxpaye</b> ı 4) <b>or</b> Section 2	rs must complet (pages 5 through	te the information 8). Do not comple	a above Section 1 on ete both sections.
Name(s) as shown on your return	fication number					
Name of empire zone (EZ)						
Name of qualified empire zone enterpris	ication number (EIN) of QEZE					
Date (mm-dd-yyyy) of first certification and EZ retention certificates)	ation by Empire	State Develop	pment (submit co	pies of all certificate	s of eligibility	
Schedule J – Employment	test for QEZE	s first certi	fied on or afte	er April 1, 2005	(see instructions)	
Part 1 – EZ employment – Cor period. Include employees within						ne four-year base
Current tax year employment number	March 31	June 30	September 30	December 31	Total	
Number of full-time employees within all EZs						
34 Current tax year employme	nt number withi	n all EZs <i>(do r</i>	not round; see inst	ructions)		34
Base period Tax yea employment number ending (mm-		June 30	September 30	December 31	Total	
Number in base year one						
Number in base year two						
Number in base year three						
Number in base year four						
Total number of full-time emplo	yees within all E	Zs in the bas	se period			
35 Base period employment no	umber within all	EZs (do not ro	ound; see instruction	ons)		35
36 Does the amount on line 34	exceed line 35	5? (see instruct	ions)	Yes	No	
If <b>No</b> , <b>stop</b> ; you are not e	eligible for the Q	EZE tax redu	ction credit.			



Part 2 – New York State employment – Computation of the employment number in New York State for the current tax year and the four-year base period (see instructions).

								٦
	irrent tax year iployment number	1	March 31	June 30	September 30	December 31	Total	
	ımber of full-time en side New York State							
37	Current tax year e	mployment n	umber in Ne	ew York State	(do not round)			37
	se period ployment number e	Tax year nding <i>(mm-yyyy)</i>	March 31	June 30	September 30	December 31	Total	
Nι	ımber in							
	se year one							
	ımber in							
	se year two			_				
	ımber in							
-	se year three							
	ımber in							
	se year four		: NI V/-	-1-04-4-	- 1			_
10	tal number of full-tin	ne employees	s in inew yo	rk State for the	e base period			
38	Base period emplo	ovment numb	er in New Y	′ork State <i>(do r</i>	not round)			38
		,		,	,			
39	Does the amount	on line 37 <b>ex</b> o	ceed the an	nount on line 3	38? (see instruction	ons)	Yes	No
					(	,		
	If No, stop; you	ı are not eligik	ole for the C	QEZE tax redu	ction credit.			
	, ,,,	J						
Sc	hedule K – Comr	outation of	test vear	employment	t number with	in the F7s in	which you are cer	tified
	st year (mm-yyyy)							7
_	to		March 31	June 30	September 30	December 31	Total	
Νι	ımber of full-time en							
1	thin the EZs							
40	Test year employn	nent number v	within the E	Zs in which yo	ou are certified (	see instructions) .		40
90								
O.	hadula I. – Empl	ovment inc	roaso fact	or (see instru	uctions)			
	hedule L – Empl	oyment inc	rease fact	t <b>or</b> (see instru	ictions)			
	hedule L – Empl	oyment inc	rease fact	t <b>or</b> (see instru	uctions)			
	Current year empl	oyment numb	er within th	ne EZs in which	h you are certifie			
41	<u> </u>	oyment numb	er within th	ne EZs in which	h you are certifie			
	Current year empl	oyment numb	per within th	ie EZs in whicl Zs in which yo	h you are certified	from line 40)	42	
41 42 43	Current year empl	oyment numb nent number v om line 41	per within th within the E	e EZs in whicl	h you are certified	from line 40)	42	
41 42	Current year empl Test year employn Subtract line 42 fro	loyment number worm line 41	per within th within the E	ne EZs in which Zs in which yo he fourth decim	h you are certified (	from line 40)	42	
41 42 43	Current year empl Test year employn Subtract line 42 fro Divide line 43 by li	loyment number wom line 41 ine 42 (round to the line 41 is greated to the 41 is greated to t	per within the within the E	ne EZs in which you will be seen to be seen	h you are certified (	44	42	
41 42 43 44	Current year employn Test year employn Subtract line 42 fro Divide line 43 by li if line 42 is zero an	loyment number of number of number of the second time 41 is greated to the second the se	per within the E	ne EZs in which Zs in which you whe fourth decim ro, enter 1)	h you are certified (i	44 45	42 43	

**Partnerships:** Enter the line 46 amount on Form IT-204, line 133.

All others: Enter the line 46 amount on line 59.



Sc	hedule M – Zone allocation factor (see instructions)	B - New York State
47	Average value of property (see instructions)	.00
48	EZ property factor (divide line 47, column A, by line 47, column B; round the result to the fourth decimal place)	48
49	Wages and other compensation of employees (see instr.) 49 .00	.00
50 51 52	EZ payroll factor (divide line 49, column A, by line 49, column B; round the result to the fourth decimal place) Total EZ factors (add lines 48 and 50) Zone allocation factor (divide line 51 by two; round the result to the fourth decimal place) Partnerships: Enter the line 52 amount on Form IT-204, line 134 and enter the benefit period factor on Form IT-204, line 135 (see instructions). All others: Enter the line 52 amount on line 60.	50 51 52
Sc	hedule N – Tax factor	
54	Enter your tax from Form IT-201, line 39; Form IT-203, line 38; Form IT-205, line 6 (full-year resident estate or trust); or Form IT-205-A, line 11 (nonresident estate or trust or part-year resident trust) Enter the amount of your income from the QEZE allocated within NYS (see instructions)	53 .00 54 .00 55 .00
56	Divide line 54 by line 55 (the result cannot exceed one; round the result to the fourth decimal place)	56
57	Multiply line 53 by line 56; this is your tax factor (enter here and on line 61)	.00
Sc	hedule O – QEZE tax reduction credit (see instructions)	
58	Tax year of the business benefit period; benefit period factor (see instructions)	58
59 60	Employment increase factor (from line 46)  Zone allocation factor (from line 52)	59 60
62 63 64 65	Tax due before credits (see instructions)  Credits applied against the tax before this credit (see instructions)  Net tax due (subtract line 64 from line 63)	63 .00 64 .00 65 .00
OO	QEZE tax reduction credit used for the current tax year (see instructions)	.00



### Schedule P - Beneficiary's and fiduciary's share of QEZE income (see instructions)

A Beneficiary's name (same as on Form IT-205, Schedule C)	<b>B</b> Identifying number	<b>C</b> Share of QEZE income
Total		.00
		.00.
		.00.
Fiduciary		.00.

#### Schedule Q - Related entities

List the names and EINs of any business entities related to the QEZE. Use additional sheets if necessary. Use the definition of *related persons* in the instructions to determine if an entity is related.

Name	EIN