

# CT-32

New York State Department of Taxation and Finance

## Franchise Tax Return for Banking Corporations

Article 32, Tax Law

For calendar year **1986**

or taxable period

beginning \_\_\_\_\_ •

ending \_\_\_\_\_ •

Mail to: Processing Unit  
P.O. Box 1909  
Albany, NY 12201-1909  
within 2½ months after  
close of return period.

**A copy of your federal return  
must accompany this return**

For official use only

**Please read instructions  
on Form CT-32-I**

**Attach Mailing  
Label Here** →

If there have been any changes in your business' name, ID number, mailing or business address, telephone number or owner/officer information, please complete **Form DTF-95**. If no form is enclosed, call **1-800-462-8100** (from out of state, (518) 438-1073).

Employer identification number	File number
Name	
Number and Street	
City or town	State ZIP Code

Date received
---------------

Type of Bank <input type="checkbox"/> Commercial <input type="checkbox"/> Savings & Loan <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	Telephone no.
State or country of incorporation	Date of incorporation
Location of headquarters	Date began business in New York State

For audit only
----------------

Federal return was filed on <input type="checkbox"/> 1120 <input type="checkbox"/> 1120F <input type="checkbox"/> Consolidated <input type="checkbox"/> Other _____
--

Business group code number (per federal return)
---

Have you been audited by the Internal Revenue Service in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No — If "Yes", list years _____	New York assets \$ _____
---	-----------------------------

Total assets everywhere \$ _____
-------------------------------------

**Important — Complete all lines. Use zeros where applicable.**

Pay amount shown on line 14 — Make check payable to: <b>New York State Corporation Tax</b>	Payment \$ _____
--	---------------------

### SCHEDULE A — Computation of Tax and Installment Payments of Estimated Tax

1. Allocated Taxable Entire Net Income (enter from Schedule B, line 46)	\$ _____	× 9% •	1	\$ _____
2. Allocated Taxable Alternative Entire Net Income (enter from Schedule C, line 54)	_____	× 3% •	2	_____
3. Allocated Taxable Assets (enter from Schedule D, line 59 \$ _____ and multiply by the appropriate tax rate) <input type="checkbox"/> .00002 • <input type="checkbox"/> .00004 • <input type="checkbox"/> .0001 •	_____		3	_____
4. Fixed Minimum Tax			4	250 00
5. Tax: Largest of lines 1, 2, 3, or 4			5	_____
6. Tax credits: Attach form or rider <input type="checkbox"/> CT-45 <input type="checkbox"/> Servicing Mortgages <input type="checkbox"/> CT-43			6	_____
7. Net Tax: line 5 less line 6			7	_____
8. First installment for period following that covered by this return				
a. Enter line 3 from <i>Application for Extension</i> , Form CT-5, if filed			8a	_____
b. Enter 25% of line 7 if <i>Application for Extension</i> , Form CT-5, was not filed, and line 7 is over \$1,000			8b	_____
9. Total — line 7 plus line 8a or 8b			9	_____
10. Prepayments (from page 7, <i>Composition of Prepayments</i> , Line F)			10	_____
11. Balance: line 9 less line 10			11	_____
12. Interest: Compute on line 7 or line 11, whichever is less			12	_____
13. Additional charges:				
a. Late filing and late payment penalties, compute on line 7 or line 11, whichever is less (See instructions)			13a	_____
b. Underpayment of Estimated Tax — <input type="checkbox"/> • Attach Form CT-222			13b	_____
14. Balance Due: Add lines 11, 12, 13a and 13b. PAY →			14	_____
15. a. Overpayment (subtract line 9 from line 10)			15a	_____
b. Credit to next period			15b	_____
c. Balance of overpayment (subtract line 15b from line 15a)			15c	_____
d. Credit to CT-32M			15d	_____
e. Refund (subtract line 15d from line 15c)			15e	_____
16. Issuer's Allocation Percentage (See Instructions — Show Computation)			16	_____ % •

### CERTIFICATION BY AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

_____	Signature of Officer	_____	Official Title
Date			

_____	Signature of individual or name of firm preparing this return	_____	Preparer's address
Date			

**SCHEDULE B — Computation and Allocation of Entire Net Income**

17. Federal Taxable Income before net operating loss and special deductions	17	
---	----	--

**ADDITIONS**

18. a. Dividends and Interest effectively connected with the conduct of a trade or business not included at line 17	18a	\$
b. Income effectively connected with the conduct of a trade or business not included at line 17	18b	
19. Dividends and Interest not included at line 17	19	
20. Income Taxes paid to the United States, its possessions or foreign countries deducted on federal return	20	
21. N.Y. State franchise taxes deducted on federal return ( <i>Articles 32 &amp; 13-A</i> )	21	
22. Enter total amount of federal depreciation from Schedule E, lines 62 and 64. ( <i>Corporations that have only recovery property placed in service in New York State in taxable periods beginning after December 31, 1984 or that have property subject to the limitations under IRC Sec. 280-F, enter zero</i> )	22	
23. New York State gains ( <i>losses</i> ) on disposition of property ( <i>Schedule F, line 66</i> )	23	
24. a. Amount deducted on your federal return as a result of a Safe Harbor Lease	24a	
b. Amount which would have been required to be included on your federal return except for a Safe Harbor Lease	24b	
25. Amount of additional mortgage recording tax deducted on your federal return and claimed as a Tax Credit	25	
26. Any other federal deduction previously allowable as a deduction under Articles 9-B or 9-C — attach rider	26	
27. Other additions to federal taxable income — attach rider	27	
28. Total Additions — Add lines 18 through 27	28	\$

**SUBTRACTIONS**

29. Interest and other expenses not deducted on federal return which are applicable to lines 18 and 19	29	\$
30. Enter total amount of allowable New York depreciation from Schedule E, line 65 ( <i>Corporations that have only recovery property placed in service in New York State in taxable periods beginning after December 31, 1984 or that have property subject to the limitations under IRC, Sec. 280-F, enter zero</i> )	30	
31. Federal gains ( <i>losses</i> ) on disposition of property ( <i>Schedule F, line 67 and 69</i> )	31	
32. Federal income or gain from installment method transactions under Articles 9-B or 9-C	32	
33. IRC Section 78 dividends included in the computation of lines 17, 18 and 19	33	
34. a. Amount included on your federal return as a result of a Safe Harbor Lease	34a	
b. Amount which could have been deducted on your federal return except for Safe Harbor Lease	34b	
35. Amount of wages not deducted on the federal return due to the Jobs Credit	35	
36. Amount of money received from the F.D.I.C. or F.S.L.I.C.	36	
37. Interest income from subsidiary capital \$ _____ × 17%	37	
38. Dividend income, gains ( <i>losses</i> ) from subsidiary capital ( <i>not included at line 33</i> ) \$ _____ × 60%	38	
39. Interest income on obligations of N.Y. State or its political subdivisions or the United States \$ _____ × 22½%	39	
40. Adjusted eligible net income of an I.B.F. ( <i>Schedule G, line 93</i> )	40	
41. Other subtractions from Federal taxable income ( <i>attach rider</i> )	41	
42. Total subtractions — Add lines 29 through 41	42	\$
43. ENTIRE NET INCOME — ( <i>line 17 plus line 28, minus line 42</i> )	43	\$

44. ALLOCATED ENTIRE NET INCOME — line 43 × _____ % from Schedule H, Part I line 7	44	
45. Optional depreciation adjustments ( <i>Schedules E and F, lines 63 and 68</i> )	45	
46. ALLOCATED TAXABLE ENTIRE NET INCOME ( <i>line 44 plus or minus line 45</i> ) — Enter on Schedule A, line 1	46	\$

**SCHEDULE C — Computation and Allocation of Alternative Entire Net Income**

47. Entire Net Income from Schedule B, line 43 .....	47	\$
48. Interest income from subsidiary capital from Schedule B, line 37 .....	48	
49. Dividend income, gains, (losses) from subsidiary capital from Schedule B, line 38 .....	49	
50. Interest income on obligations of New York State or its political subdivisions, or the United States from Schedule B, line 39 .....	50	
51. ALTERNATIVE ENTIRE NET INCOME — Add lines 47 through 50 .....	51	\$
52. ALLOCATED ALTERNATIVE ENTIRE NET INCOME, line 51 x _____ % from Schedule H, Part II, line 5 .....	52	
53. Optional depreciation adjustments from Schedule B, line 45 .....	53	
54. ALLOCATED TAXABLE ALTERNATIVE ENTIRE NET INCOME, line 52 plus or minus line 53 — Enter on Schedule A, line 2 .....	54	\$

**SCHEDULE D — Computation of Taxable Assets and Tax Rate  
(Read instructions before completing this Schedule)**

55. Average total value of assets .....	55	\$
56. Money or other property received from the F.D.I.C. or F.S.L.I.C. ....	56	
57. Interbank placements, not to exceed \$500 million. (See instructions for qualifications. If qualified, attach rider)!. ....	57	
58. TAXABLE ASSETS (line 55 minus lines 56 and 57) .....	58	
59. ALLOCATED TAXABLE ASSETS — line 58 x _____ % from Schedule H, Part III, Line 7 (enter on schedule A, line 3) .....	59	
60. Compute Net Worth Ratio	$\frac{\text{Average Quarterly Balance — Net Worth}}{\text{Average Quarterly Balance — Total Assets}}$	60 %
61. Compute Percentage of Mortgages Included in Total Assets	$\frac{\text{Average Quarterly Balance — Mortgages}}{\text{Average Quarterly Balance — Total Assets}}$	61 %

**TAX RATES**

Use the chart below to determine your tax rate. This rate must be used to compute the alternative minimum tax measured by taxable assets. You must meet **both** the net worth ratio and percentage of mortgages included in the total assets requirements in order to qualify to use the lower tax rates.

Check the appropriate box in the last column and enter on Schedule A, line 3.

	NET WORTH RATIO (From line 60 above)	and	% OF MORTGAGES INCLUDED IN TOTAL ASSETS (From line 61 above)	TAX RATE	CHECK APPROPRIATE RATE
1.	Less than 4%		At least 33% or more	.00002	<input type="checkbox"/>
2.	Less than 5%, but more than or equal to 4%		At least 33% or more	.00004	<input type="checkbox"/>
3.	All others		All others	.0001	<input type="checkbox"/>



**SCHEDULE G — Computation of International Banking Facility Adjusted Eligible Net Income or Loss**

Pursuant to Tax Law, Article 32, Section 1454 (b) (2) an Election has been made to use the IBF Formula Allocation Method  Yes  No  
 If election has been made, complete lines 70 through 74 only.

**Computation of Eligible Gross Income**

70. Interest income from eligible loans .....	70	\$
71. Interest income from eligible deposits .....	71	
72. Income from foreign exchange trading and hedging transactions .....	72	
73. Fee income from eligible transactions .....	73	
74. ELIGIBLE GROSS INCOME (add lines 70 through 73) .....	74	

**Computation of Applicable Expenses**

75. Direct expenses .....	75	
76. Indirect expenses .....	76	
77. TOTAL APPLICABLE EXPENSES (add lines 75 and 76) .....	77	

**Computation of Ineligible Funding Amount**

78. Eligible net income (line 74 minus line 77) .....	78	
79. Average aggregate liabilities and other sources of funds of the IBF which are not owed to or received from foreign persons .....	79	
80. Average aggregate liabilities and other sources of funds of the IBF .....	80	
81. Divide line 79 by line 80 .....	81	%
82. Ineligible funding amount (line 78 x line 81) .....	82	
83. Remaining amount (subtract line 82 from line 78, enter on line 91, below) .....	83	

**Computation of Floor Amount and Adjusted Eligible Net Income or Loss**

84. Average aggregate amount of loans to and deposits with foreign persons in financial accounts within New York State for taxable years 1975, 1976, 1977 .....	84	
85. Statutory percentage for the current taxable year .....	85	%
86. Multiply line 84 by line 85 .....	86	
87. Average aggregate amount of loans to and deposits with foreign persons in financial accounts within New York State (other than IBF) for the current taxable year .....	87	
88. Balance (subtract line 87 from line 86) .....	88	
89. Average aggregate amount of loans to and deposits with foreign persons in financial accounts of the IBF for the current taxable year .....	89	
90. Enter the number 1 or line 88 divided by line 89 whichever is less .....	90	
91. Remaining amount (enter amount from line 83) .....	91	
92. Floor amount (line 90 x line 91) .....	92	
93. ADJUSTED ELIGIBLE NET INCOME OR LOSS (line 91 minus line 92) — enter on Schedule B, line 40) .....	93	\$

**SCHEDULE H — ALLOCATION PERCENTAGES (PARTS I, II, and III)**

**PART I — Computation of Entire Net Income Allocation — IBF Election has been made**

Yes  No

If you are claiming an allocation outside New York, attach a rider to explain the business carried on outside New York that gives you the right to allocate.  
If an election has been made you must include in Column B certain IBF activities

	COLUMN A NEW YORK STATE		COLUMN B EVERYWHERE	
1. a. Wages, salaries and other compensation of employees, except general executive officers	1a	\$	\$	
b. Multiply column A × 80%	1b			
c. Percentage in New York (line 1b column A divided by line 1a column B)	1c			%
2. Receipts arising during the taxable period from:				
a. Interest income from loans and financing leases	2a	\$	\$	
b. Other income from loans and financing leases	2b			
c. Lease transactions and rents	2c			
d. Interest from bank, credit, travel, entertainment and other credit card receivables	2d			
e. Service charges and fees from bank, credit, travel, entertainment and other credit cards	2e			
f. Receipts from merchant discounts	2f			
g. Income from trading activities and investment activities	2g			
h. Fees or charges from letters of credit, traveler's checks and money orders	2h			
i. Performance of services	2i			
j. Royalties	2j			
k. All other receipts	2k			
l. TOTAL	2l			
m. Percentage in New York (total of column A divided by total of column B)	2m			%
3. Additional Receipts Factor (enter percentage from line 2m)	3			%
4. Deposits maintained in Branches	4			
a. Deposits of \$100,000 or more	4a	\$	\$	
b. Deposits of less than \$100,000	4b			
c. Total line 4a and 4b	4c			
d. Percentage in New York (line 4c column A divided by line 4c column B)	4d			%
5. Additional Deposits Factor (enter percentage from line 4d)	5			%
6. TOTAL of New York percentages shown at lines 1c, 2m, 3, 4d and 5	6			%
7. ALLOCATION PERCENTAGE (divide line 6 by five or by the number of percentages) Enter on Schedule B, line 44	7			%

**SCHEDULE H — PART II — Computation of Alternative Entire Net Income Allocation**

1. a. Wages, salaries and other compensation of employees, except general executive officers	1a	\$	\$
b. Percentage in New York State — (line 1a column A divided by line 1a column B)	1b		%
2. Receipts Factor — Enter percentage from Schedule H, Part I, line 2m	2		%
3. Deposit Factor — Enter percentage from Schedule H, Part I, line 4d	3		%
4. TOTAL of lines 1b, 2 and 3	4		%
5. ALTERNATIVE ENTIRE NET INCOME ALLOCATION PERCENTAGE (divide line 4 by three or by the number of percentages) Enter on Schedule C, line 52	5		%

**SCHEDULE H — PART III — Computation of Taxable Assets Allocation**

All activities of an IBF are to be included in both the numerator (column A) and denominator (column B) when computing the Taxable Asset Allocation.

	COLUMN A NEW YORK STATE	COLUMN B EVERYWHERE
1. a. Wages, salaries and other compensation of employees, except general executive officers . . . . .	1a \$	\$
b. Multiply column A × 80% . . . . .	1b	
c. Percentage in New York (line 1b column A divided by line 1a column B) . . . . .	1c	%
2. Receipts arising during the taxable period from:		
a. Interest income from loans and financing leases . . . . .	2a \$	\$
b. Other income from loans and financing leases . . . . .	2b	
c. Lease transactions and rents . . . . .	2c	
d. Interest from bank, credit, travel, entertainment and other credit card receivables . . . . .	2d	
e. Service charges and fees from bank, credit, travel, entertainment and other credit cards . . . . .	2e	
f. Receipts from merchant discounts . . . . .	2f	
g. Income from trading activities and investment activities . . . . .	2g	
h. Fees or charges from letters of credit, traveler's checks and money orders . . . . .	2h	
i. Performance of services . . . . .	2i	
j. Royalties . . . . .	2j	
k. All other receipts . . . . .	2k	
l. TOTAL . . . . .	2l	
m. Percentage in New York (total of column A divided by total of column B) . . . . .	2m	%
3. Additional Receipts Factor (enter percentage from line 2m) . . . . .	3	%
4. Deposits maintained in Branches	4	
a. Deposits of \$100,000 or more . . . . .	4a \$	\$
b. Deposits of less than \$100,000 . . . . .	4b	
c. Total line 4a and 4b . . . . .	4c	
d. Percentage in New York (line 4c column A divided by line 4c column B) . . . . .	4d	%
5. Additional Deposits Factor (enter percentage from line 4d) . . . . .	5	%
6. TOTAL of New York percentages shown at lines 1c, 2m, 3, 4d and 5 . . . . .	6	%
7. ALLOCATION PERCENTAGE (divide line 6 by five or by the number of percentages) Enter on Schedule D, line 59 . . . . .	7	%

**COMPOSITION OF PREPAYMENTS CLAIMED AT LINE 10, SCHEDULE A**

	DATE	AMOUNT	DEPOSIT SERIAL NUMBER
A. Mandatory first installment . . . . .		\$	
B. CT-400 installments . . . . . (1)			
(2)			
(3)			
C. Payment with extension — CT-5 . . . . .			
D. Credit from prior years . . . . .			
E. Credit from Form CT-32M . . . . .			
F. TOTAL of A, B, C, D, and E (enter here and on Schedule A, line 10) . . . . .		\$	

**ADDITIONAL INFORMATION REQUIRED**

Are you a member of a Federal Consolidated Group?

Yes  No

Are you a member of a New York State Combined Group?

Yes  No

If you have answered yes to either or both questions, the following questions must be answered.

A. Number of corporations included in the Federal Consolidated Group .....

\_\_\_\_\_

B. Total consolidated federal taxable income before the net operating loss deduction. ....

\$ \_\_\_\_\_

C. Total consolidated federal taxable income before the net operating loss deduction, of corporations that are included in the federal consolidated return but that are NOT included in a combined return for New York State tax purposes. ....

\$ \_\_\_\_\_

D. Total consolidated federal taxable income before the net operating loss deduction, of corporations NOT included in the federal consolidated return but are included in the combined return for New York State tax purposes. ....

\$ \_\_\_\_\_

**Article 31-B Information**

Does this corporation have an interest in real property located in New York State?

Yes •  No •

Has the controlling interest in the corporation's stock changed during the period covered in this return?

Yes •  No •

If both questions were answered "Yes" attach a rider with complete details. See instructions.

