

CT-3

New York State Department of Taxation and Finance

Corporation Franchise Tax Report

Article 9-A, Tax Law

For calendar year **1986**

for taxable period

beginning _____ •

ending _____ •

A copy of all pages of your federal return must accompany this report.

Attach Mailing Label Here →		Employer identification number	File number	Official use only
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).	Name		Date received	
	Number and street			
	City or town, state and ZIP code			
Trade name	Telephone number	Business group code number from federal return •		Audit use only
State or country of incorporation	Date	Foreign Corporations only Date began business in New York State	Principal business activity	
Federal return was filed on <input type="checkbox"/> 1120 • <input type="checkbox"/> 1120-A • <input type="checkbox"/> 1120-S • <input type="checkbox"/> Consolidated basis • <input type="checkbox"/> Other _____ •				
Have you been audited by the Internal Revenue Service in the past 5 years <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list years _____				Total assets (line 46h) •

Important: To avoid rejection of form, complete all items marked • Use zeros where they apply.

Pay amount shown at line 13, Schedule A. MAKE CHECK PAYABLE TO: NEW YORK STATE CORPORATION TAX →	\$	Payment	•
--	----	---------	---

SCHEDULE A — Computation of tax and payment of Estimated Tax (please read instructions)

1. Allocated net income (enter from Schedule B, line 39)	\$	X .10 •	1	\$	•
2. Allocated capital (enter from Schedule E, line 55)		X .00178 •	2		•
2a. New small business <input type="checkbox"/> first year <input type="checkbox"/> second year •					•
3. Alternative base (see instructions)		X .10 •	3		•
4. Minimum		\$250.00 •	4		•
5. Allocated subsidiary capital (enter from Schedule C, line 40g)		X .0009 •	5		•
6a. Tax: largest of 1, 2, 3 or 4 plus 5 (see instructions)			6a		•
6b. Tax credits (see instructions). Attach forms and check those attached: <input type="checkbox"/> CT-42 • <input type="checkbox"/> CT-43 • <input type="checkbox"/> CT-43.1 • <input type="checkbox"/> CT-45 • <input type="checkbox"/> CT-46 • <input type="checkbox"/> CT-46.1 • <input type="checkbox"/> CT-3C • ...			6b		•
6c. Net tax. If a refundable credit (Forms CT-43.1 or CT-46.1) is claimed, enter minimum tax at line 6c.			6c		•
7. First installment of estimated tax for period following that covered by this report. a. Enter line 3 amount from Form CT-5 if that application for extension was filed			7a		•
b. Enter 25% of line 6c (above) if Form CT-5, application for extension, was not filed and line 6c is over \$1,000 (see instructions)			7b		•
8. Total (add line 6c and line 7a or 7b)			8		•
9. Prepayments (from page 4, Composition of Prepayments, line f)			9		•
10. Balance (subtract line 9 from line 8)			10		•
11. Interest: Compute on lesser of line 6c or line 10 (see instructions)			11		•
12. Additional charges					
a. Late filing and late payment penalties — compute on lesser of line 6c or line 10			12a		•
b. Underpayment of estimated tax penalties — <input type="checkbox"/> • Form CT-222 attached			12b		•
13. BALANCE DUE (add lines 10, 11, 12a and 12b)			13		•
14a. OVERPAYMENT (subtract line 8 from line 9)			14a		•
b. CREDIT to next period			14b		•
c. Balance of overpayment (subtract line 14b from line 14a)			14c		•
d. CREDIT to CT-3M/4M			14d		•
e. REFUND (subtract line 14d from line 14c)			14e		•
f. REFUND of Tax Credits from Forms CT-43.1 or CT-46.1			14f		•
15. Issuer's allocation percentage (enter percentage from Schedule E, line 56, or combined filers use percentage from CT-3A, Schedule H, line 15)			15		%

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.

Date	Signature of officer	Official title
Date	Signature of individual or name of firm preparing this report	Preparer's address

SCHEDULE B – Computation and Allocation of Entire Net Income

16. Interest deducted in computing federal taxable income.....	16	\$	
17. Federal taxable income before net operating loss and special deductions.....	17		
ADDITIONS			
18. Interest on federal, state, municipal and other obligations not included in line 17	18		
19. Interest paid to stockholders \$ _____ less 10% or \$1,000, whichever is larger.....	19		
20. Deductions directly attributable to subsidiary capital (<i>itemize on rider</i>).....	20		
21. Deductions indirectly attributable to subsidiary capital (<i>itemize on rider</i>).....	21		
22. New York State franchise tax deducted on your federal return.....	22		
23. ACRS deduction (<i>IRC Sec. 168</i>) used in the computation of line 17 (<i>see CT-399</i>).....	23		
23a. Enter amount from CT-399, line 2	23a		
24. Total additions (<i>add lines 17 through 23</i>).....	24		
SUBTRACTIONS			
25. 100% of interest, dividends and capital gains from subsidiary capital (<i>itemize on rider</i>)	25		
26. 50% of dividends from nonsubsidiary corporations	26		
27. Foreign dividends gross-up pursuant to Sec. 78 of the IRC not included at lines 25 and 26.....	27		
28. New York net operating loss deduction (<i>attach federal and NYS computations</i>).....	28		
29. Allowable NY depreciation (<i>Art. 9-A, Sec. 208.9(j); attach Form CT-399</i>)	29		
30. Total subtractions (<i>add lines 25 through 29</i>)	30		
31. Entire net income (<i>subtract line 30 from line 24</i>).....	31		
32. If line 31 is not correct, enter correct amount here and explain on rider.....	32		
33. Investment income – complete lines a – j below:	33		
a. 50% of dividends from nonsubsidiary stock held for investment	a.		
b. Interest from nonsubsidiary securities held for investment (<i>include federal, state, and municipal obligations</i>). Itemize on rider	b.		
c. Interest from subsidiary securities claimed by subsidiaries as a deduction for New York tax under Articles 9-A, 32 and 33. Do not include interest from DISCS.	c.		
d. Interest on bank accounts (<i>optional</i>)	d.		
e. Net capital gain or (loss) from sales and exchanges of nonsubsidiary securities held for investment. Attach copy of federal Schedule D	e.		
f. Add lines 33a through 33e	f.		
g. Deductions attributable to investment income	g.		
h. Balance (<i>subtract line 33g from line 33f</i>)	h.		
i. Apportioned New York net operating loss deduction	i.		
j. Investment income for allocation (<i>line 33h less 33i but not more than line 31 or 32</i>)	j.		
34. Business income for allocation (<i>subtract line 33j from line 31 or line 32, if applicable</i>)	34		
35. Allocated investment income: line 33j x _____%, from line 42, Schedule D.....	35		
36. Allocated business income: line 34 x _____%, from line 63, Schedule G.....	36		
37. TOTAL ALLOCATED INCOME: (<i>add lines 35 and 36</i>).....	37		
38. Optional depreciation adjustments (<i>attach Form CT-324</i>)	38		
39. ALLOCATED TAXABLE NET INCOME (<i>line 37 plus or minus line 38; enter on line 1</i>)	39		

SCHEDULE C – Subsidiary Capital and Allocation

Include all corporations except a DISC, in which you own more than 50% of the voting stock

a		b	c	d	e	f	g
Description of Subsidiary Capital		% of Voting Stock Owned	Average Fair Market Value	Current Liabilities of Parent Attributable to Subsidiary Capital	Net Average Fair Market Value (Col. c – Col. d)	Issuer's Allocation %	Value Allocated to New York State (Col. e x Col. f)
List Each Item Use rider if necessary	Employer Ident. No.	%	\$	\$	\$	%	\$
40. Totals (<i>including items on rider</i>).....			\$	\$	\$		\$
310 Allocated subsidiary capital: Enter at Schedule A, line 5							\$

SCHEDULE F – Officers and Certain Stockholders. Include all appointed and elected officers, whether or not receiving any compensation, and every stockholder owning in excess of 5% of taxpayer's issued capital stock who received any compensation. It is mandatory to list the name, address and social security number of all officers.

Name and Address—give actual residence (attach rider if necessary)	Social Security Number	Official Title	Salary and All Other Compensation Received from Corporation
			\$
57. Total Compensation of officers (including any amount on rider)			\$

SCHEDULE G – Business Allocation

Business income and capital may be allocated even if your only place of business is located in New York State. If property and wages are allocated outside New York, attach a rider indicating the nature, location and use of the property, and the number, location and duties of your employees.

If investment income and capital ratios (Schedule D) are more than 85%, you may leave this schedule blank and allocate business and investment income and capital by the investment allocation percentage.

	COLUMN A – NEW YORK	COLUMN B – EVERYWHERE
58. Average value of (value property owned by same method as in Sch. E, Col. c):		
a. Real estate owned		
b. Real estate rented (attach rider)		
c. Inventories owned		
d. Other tangible personal property owned		
e. Total	\$	\$
f. Percentage in New York State (divide Column A by Column B)		%
59. Receipts, in the regular course of business, from:		
a. Sales of tangible personal property shipped to points within N.Y.S.		
b. All sales of tangible personal property		
c. Services performed		
d. Rentals of property		
e. Royalties		
f. Other business receipts		
g. Total	\$	\$
h. Percentage in New York State (divide Column A by Column B)		%
60. Additional receipts factor (Enter % from line 59h)		%
61. Wages, salaries, and other compensation of employees, except general executive officers:	\$	\$
(a) Percentage in New York State (divide Column A by Column B)		%
62. Total of New York State percentages shown at lines 58f, 59h, 60 and 61a		%
63. BUSINESS ALLOCATION PERCENTAGE (divide line 62 by four or by the number of percentages)		%

COMPOSITION OF PREPAYMENTS CLAIMED AT LINE 9, SCHEDULE A

	DATE	AMOUNT	DEPOSIT SERIAL NUMBER
a. Mandatory first installment		\$	
b. CT-400 installments	(1)		
	(2)		
	(3)		
c. Payment with extension application, Form CT-5			
d. Credit from prior years			
e. Credit from Form CT-3M/4M, line 10b			
f. Total (add lines a, b, c, d and e; enter on Schedule A, line 9)		\$	

File this report within 2½ months after close of report year
 Taxable DISC: file within 8½ months after close of report year

MAIL TO: Processing Unit
 P.O. Box 1909
 Albany, NY 12201-1909