

# CT-4

New York State Department of Taxation and Finance

## Corporation Franchise Tax Report

Article 9-A, Tax Law

For calendar year **1986**

or taxable period

beginning \_\_\_\_\_ •

ending \_\_\_\_\_ •

S corporation must attach a copy of all pages of its federal Form 1120S (Please print or type)

<b>Attach Mailing Label Here</b> → If there have been any changes in your business' name, ID number, mailing or business address, telephone number or owner/officer information, please complete <b>Form DTF-95</b> . If no form is enclosed, call <b>1-800-462-8100</b> (from out of state, (518) 438-1073).	Employer identification number	File number	Official use only  Date received
	Name		
	Number and street		
	City or town, state and ZIP code		
Trade name	Telephone number	Business group code number from federal return	Audit use only  Total assets, line 30, Col. b \$
State or country of incorporation	Date began business in New York State (Foreign corporations only)	Principal business activity	
Date			
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 _____			

**IMPORTANT:** To avoid rejection of form, complete all lines marked • Use zeros where they apply.

Pay amount shown at line 24, Schedule A. Make check payable to: <b>New York State Corporation Tax</b> →	<b>PAYMENT</b> \$ _____
---	----------------------------

### SCHEDULE A - COMPUTATION OF INCOME AND TAX

1. Federal taxable income before net operating loss deduction and special deductions	1	\$		•
2. Interest on federal, state, municipal and other obligations not included in line 1	2			•
3. New York State franchise tax deducted on federal return	3			•
4. Interest paid to stockholders: \$ _____ • less 10% or \$1000, whichever is larger (see instructions)	4			•
5. ACRS depreciation deducted in the computation of federal taxable income (attach Form CT-399)	5			•
6. Add lines 1 through 5	6			•
7. Depreciation allowed by Section 208.9(j) (attach Form CT-399)	7			•
8. Taxable income (subtract line 7 from line 6)	8			•
9. Tax based on income	line 8	x	10% •	9
10. Tax based on capital (enter from Schedule C, line 32)		x	.00178 •	10
11. Compensation of officers (enter from Schedule D, line 37)	11			•
12. Taxable income (from line 8 above)	12			•
13. Add lines 11 and 12	13			•
14. Statutory exemption of \$30,000 (see instructions)	14			•
15. Subtract line 14 from line 13	15			•
16. Alternative base (multiply line 15 by 30%)	16			•
17. Tax based on alternative base	line 16	x	10% •	17
18. Minimum tax (see instructions)			\$250.00	18
<b>TAX CREDITS CAN NOT BE CLAIMED ON THIS FORM - USE FORM CT-3</b>				
19. Tax (Enter largest of lines 9, 10, 17 or 18)	19			•
20. Prepayments - see back	20			•
21. Balance (Subtract line 20 from line 19)	21			•
22. Interest: compute on line 21 amount (see instructions)	22			•
23. Additional charges: compute on line 21 amount	23			•
24. <b>BALANCE DUE</b> (add lines 21, 22 and 23)	24			•
25a. OVERPAYMENT (subtract line 19 from line 20)	25a			•
b CREDIT to next period	25b			•
c Balance of overpayment (subtract line 25b from line 25a)	25c			•
d CREDIT to CT-3M/4M	25d			•
e REFUND (subtract line 25d from line 25c)	25e			•

SCHEDULE B - ADDITIONAL REQUIRED INFORMATION

Table with 3 columns: Line number, Description, and Amount. Rows include Compensation of officers, Interest deducted, Depreciable assets, and Total receipts.

SCHEDULE C - COMPUTATION OF CAPITAL

Table with 4 columns: Line number, Description, a. Beginning of year, b. End of year, c. Average fair market value. Rows include Total assets, Current liabilities, Total capital, Issued capital stock, and Paid-in capital.

35. Corporations organized outside New York State should complete the following for capital stock issued and outstanding:

Par Shares, \$ ; No par Shares, \$

36a. Does this corporation have an interest in real property located in New York State? [ ] Yes [ ] No
b. Has the controlling interest in the corporation's stock changed during the period covered by this report? [ ] Yes [ ] No

SCHEDULE D - OFFICERS AND STOCKHOLDERS - List all officers, whether or not receiving any compensation, and every stockholder owning more than 5% of taxpayer's issued capital stock who received any compensation.

Table with 4 columns: Name and Address, Social Security Number, Official Title, Salary and All Other Compensation Received from Corporation.

37. Total compensation of officers (including any amount on rider) - Enter also on line 11, Schedule A

COMPOSITION OF PREPAYMENTS CLAIMED ON LINE 20, SCHEDULE A

Table with 4 columns: Description, DATE, AMOUNT, DEPOSIT SERIAL NUMBER. Rows include Mandatory first installment, CT-400 installments, Payment with extension application, Credit from prior years, Credit from Form CT-3M/4M, and Total.

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

Mail this report to: Processing Unit
P.O. Box 1909
Albany, New York 12201-1909