



# CT-4 General Business Corporation Franchise Tax Return

Short Form for Small Businesses  
Article 9-A

For calendar year 1990 or tax year:

beginning

ending

Employer identification number				File number				You must report changes to your name, EIN, address or owner/officer information on Form DTF-95. Also, if address on return is new, check box: <input type="checkbox"/>	For office use only	
Name									Date received	
Number and street		City or town		State		ZIP code			Audit use	
Trade name				Business telephone number				Business group code number (from federal return)		
Principal business activity			State or country of incorporation			date		Foreign corporations: date began business in NYS		

If this is an association or publicly traded partnership, check box (see instructions)

### Metropolitan Transportation Business Tax Surcharge

During the tax year did you do business, employ capital, own or lease property or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-3M/4M (see instructions)  Yes  No

A. Payment — pay amount shown on line 24 — Make check payable to: <b>New York State Corporation Tax</b>	Payment enclosed <input type="checkbox"/>
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### Computation of Entire Net Income Base

1 Federal taxable income before net operating loss and special deductions	1	•	
2 Interest on federal, state, municipal and other obligations not included in line 1	2	•	
3 New York State, other state and local taxes deducted on your federal return (see instructions)	3	•	
4 Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock	4	•	
5 ACRS deduction used in the computation of line 1 (from Form CT-399; attach form)	5	•	
6 Add lines 1 through 5	6		
7 Allowable New York depreciation (from Form CT-399; attach form)	7	•	
8 Entire net income base (subtract line 7 from line 6)	8		
9 Tax on entire net income base (multiply line 8 by 8% (.08))	9	•	

### Computation of Capital Base — Enter whole dollars for lines 10 through 16

		A			B			C		
		Beginning of Year			End of Year			Average Value		
10 Total assets from federal return	10		•			•				
11 Real property and marketable securities included on line 10	11									
12 Subtract line 11 from line 10	12									
13 Real property and marketable securities at fair market value	13									
14 Adjusted total assets (add lines 12 and 13)	14									
15 Total liabilities	15							•		
16 Total capital (subtract line 15, column C, from line 14, column C)	16									
17 Tax on capital base (multiply line 16 by .00178)	17							•		

### Computation of Tax — If you are claiming tax credits or line 19c is more than \$1,000, you cannot use this form; use Form CT-3.

18 Fixed dollar minimum tax (see instructions)	18	•							
<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 33%;">Gross payroll</td> <td style="width: 33%;">Total receipts</td> <td style="width: 33%;">Gross assets</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				Gross payroll	Total receipts	Gross assets			
Gross payroll	Total receipts	Gross assets							
19a Tax due (see instructions)	19a								
19b Tax surcharge (multiply line 19a by 15% (.15))	19b								
19c Total tax and surcharge (add lines 19a and 19b)	19c								
20 Total prepayments (from Schedule A, line 46)	20								
21 Balance (if line 20 is less than line 19c, subtract line 20 from line 19c)	21								
22 Interest on late payment: compute on line 21 amount (see instructions)	22								
23 Late filing and late payment penalties: compute on line 21 amount (see instructions)	23								
24 Balance due (add lines 21, 22 and 23 — enter payment on line A)	24								
25 Overpayment (if line 19c is less than line 20, subtract line 19c from line 20)	25								
26 Amount of overpayment to be credited to next period	26								
27 Balance of overpayment (subtract line 26 from line 25)	27								
28 Amount of overpayment to be credited to Form CT-3M/4M	28								
29 Refund (subtract line 28 from line 27)	29								

**General Information**

- 30 If you are incorporated in another state or country, were you authorized to do business in New York State by the Department of State?  Yes  No
- 31 Complete the following questions pertaining to your issued and outstanding stock and paid-in surplus as of the last day of your reporting period.

	Number of shares	Amount
Par value stock .....		
No par value stock .....		
Contributions to capital and paid-in surplus .....		
Total capital contributions .....		

If total capital contributions are over \$1,000,000, you cannot claim small business taxpayer status, and you must use Form CT-3.

**Real Property Gains Tax Information**

- 32 Does this corporation have an interest in real property located in New York State?  Yes  No
- 33 Has the controlling interest in this corporation's stock changed at any time during the last three years?  Yes  No
- If you answered Yes to both questions, attach an explanation (see instructions).

**Financial Information**

34 Total receipts received for this tax period .....	34	•	
35 Interest deducted on your federal return .....	35	•	
36 Depreciable assets and land .....	36	•	

- 37 Federal return was filed on:  
 1120 •  1120-A •  1120S •  Consolidated basis •  Other \_\_\_\_\_
- 38 Have you been audited by the Internal Revenue Service during the past 5 years?  Yes  No

If Yes, list years \_\_\_\_\_

- 39 Did this corporation make any payments treated as interest in the computation of entire net income to shareholders owning directly or indirectly, individually or in aggregate more than 50% of the corporation's issued and outstanding capital stock?  Yes  No

If Yes, complete the following: (if more than one, provide information on separate sheet)

Shareholder's name		Social security number	
Amount of interest paid to shareholder	Total indebtedness to shareholders described above	Total interest paid to shareholders	

- Is there written evidence of the indebtedness?  Yes  No
- 40 Was the corporation involved in a merger, acquisition or consolidation on or after April 19, 1989?  Yes  No
- If you answered Yes, see instructions.

**Schedule A**

**Composition of Prepayments Claimed on Line 20**

	Date	Amount	Deposit Serial Number
41 Mandatory first installment .....			
42 CT-400 installments .....	(1)		
	(2)		
	(3)		
43 Payment with extension application, Form CT-5 .....			
44 Credit from prior years .....			
45 Credit from Form CT-3M/4M .....			
46 Total (add lines 41 through 45; enter here and on line 20) .....			

**Certification.** I certify that this return and any attachments are to the best of my knowledge and belief true, correct and complete.

Date	Signature of elected officer or authorized person	Official title
Date	Signature of individual or name of firm preparing this return	Preparer's address