



**CT-4-S**

**New York S Corporation  
Franchise Tax Return  
Short Form for Small Businesses  
Tax Law - Articles 9-A and 22**

For calendar year 1992  
or tax period:

beginning   
ending

|  |  |  |  |  |  |           |
|--|--|--|--|--|--|-----------|
| Employer identification number <input type="text"/>  |  | File number <input type="text"/>                       |  | 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 <input type="text"/> <span style="float: right;">PLACE LABEL HERE</span>  |  |  |  |  |  |           |
| Number and street <input type="text"/>   |  | City or town <input type="text"/>                      |  |  | State <input type="text"/> ZIP code <input type="text"/>                 |           |
| Trade name <input type="text"/>  |  |  | Business telephone number <input type="text"/> |  | Business activity code number (from federal return) <input type="text"/> |           |
| Principal business activity <input type="text"/>   |  | State or country of incorporation <input type="text"/> |  | date <input type="text"/>  |  | Audit use |
| Foreign corporations: date began business in NYS <input type="text"/>  |  |  |  |  |  |           |
| Was this corporation involved in a merger, acquisition or consolidation on or after April 19, 1989? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  | Number of shareholders <input type="text"/>  |  |           |

**A. Payment - pay amount shown on line 13 — Make check payable to: *New York State Corporation Tax*** Payment enclosed

**Computation of Entire Net Income Base**

|   |   |   |                      |
|---|---|---|----------------------|
| 1 Federal taxable income before net operating loss and special deductions .....                               | 1 | • | <input type="text"/> |
| 2 Interest on federal, state, municipal and other obligations not included on line 1 .....                    | 2 | • | <input type="text"/> |
| 3 New York State, other state and local income taxes deducted on your federal return (see instructions) ..... | 3 | • | <input type="text"/> |
| 4 ACRS and MACRS deductions used in the computation of line 1 (attach Form CT-399) .....                      | 4 | • | <input type="text"/> |
| 5 Add lines 1 through 4 .....   | 5 | • | <input type="text"/> |
| 6 Allowable New York depreciation (attach Form CT-399) .....  | 6 | • | <input type="text"/> |
| 7 Entire net income base (subtract line 6 from line 5) .....  | 7 | • | <input type="text"/> |

**Tax Computation**

|  |                                    |    |   |
|--|------------------------------------|----|---|
| 8 Fixed dollar minimum tax (see instructions) .....  | Gross payroll <input type="text"/> | 8  | <input type="text"/>  |
| 9 Total prepayments (attach worksheet) .....   |                                    | 9  | <input type="text"/>  |
| 10 Balance (if line 9 is less than line 8, subtract line 9 from line 8) .....                              |                                    | 10 | <input type="text"/>  |
| 11 Interest on late payment (compute on line 10 amount; see instructions) .....                            |                                    | 11 | <input type="text"/>  |
| 12 Late filing and late payment penalties (compute on line 10 amount; see instructions) .....              |                                    | 12 | <input type="text"/>  |
| 13 Balance due (add lines 10, 11 and 12; enter payment on line A) .....                                    |                                    | 13 | <input type="text"/>  |
| 14 Overpayment (if line 8 is less than line 9, subtract line 8 from line 9) .....                          |                                    | 14 | <input type="text"/>  |
| 15 Amount of overpayment to be credited to next period .....   |                                    | 15 | <input type="text"/>  |
| 16 Refund (subtract line 15 from line 14) .....  |                                    | 16 | <input type="text"/>  |
| 17 Does the corporation have an interest in real property located in New York State? .....                 |                                    | 17 | • <input type="checkbox"/> Yes      • <input type="checkbox"/> No |
| 18 Has controlling interest in this corporation's stock changed at any time during the last 3 years? ..... |                                    | 18 | • <input type="checkbox"/> Yes      • <input type="checkbox"/> No |
| If you answered Yes to both questions 17 and 18, attach an explanation (see instructions)                  |                                    |    |   |
| 19 Enter total capital contributions (see instructions) .....  |                                    | 19 | <input type="text"/>  |

Federal return filed: •  1120    •  1120-A    •  1120S    •  Consolidated basis    •  Other

**Attach a complete copy of your federal return.**

**Shareholder Information, Part I** (attach separate sheet if necessary; check here  if separate sheet is attached)

| Name and Address of Shareholder | Check box below if nonresident | Social Security Number | Stock Ownership  |                             |
|---------------------------------|--------------------------------|------------------------|------------------|-----------------------------|
|                                 |                                |                        | Number of Shares | Period Held<br>From      To |
| A • <input type="checkbox"/>    | • <input type="checkbox"/>     | • <input type="text"/> |                  |                             |
| B • <input type="checkbox"/>    | • <input type="checkbox"/>     | • <input type="text"/> |                  |                             |
| C • <input type="checkbox"/>    | • <input type="checkbox"/>     | • <input type="text"/> |                  |                             |
| D • <input type="checkbox"/>    | • <input type="checkbox"/>     | • <input type="text"/> |                  |                             |

Enter total number of shareholders in box above line A.

**Shareholder Information, Part II — Shareholders' Shares of Income, Credits, Deductions, etc.** Instead of entering shareholders' pro rata shares below, you may attach a copy of federal Schedule K-1 for each shareholder. However, you must complete the **Total** column for each applicable item below.

|  | A | B | C | D | Total |
|--|---|---|---|---|-------|
| 20 Ordinary income (loss) from trade or business activities  |   |   |   |   | •     |
| 21 Net income (loss) from rental real estate activities  |   |   |   |   | •     |
| 22 Net income (loss) from other rental activities  |   |   |   |   | •     |
| 23 Portfolio income (loss)   |   |   |   |   | •     |
| 24 Net gain (loss) under section 1231 (other than due to casualty or theft)  |   |   |   |   | •     |
| 25 Other income (loss) (attach schedule)   |   |   |   |   | •     |
| 26 Total income (loss) (add lines 20 through 25)   |   |   |   |   | •     |
| 27 Charitable contributions  |   |   |   |   |       |
| 28 Section 179 expense deduction   |   |   |   |   |       |
| 29 Expenses related to portfolio income (loss)   |   |   |   |   | •     |
| 30 Other deductions (attach schedule)  |   |   |   |   |       |
| 31 Total deductions (add lines 27 through 30)  |   |   |   |   | •     |
| 32 Federal tax preference items for minimum tax  |   |   |   |   |       |
| 33 Interest expense on investment debts paid or accrued in 1992  |   |   |   |   |       |
| 34 Total foreign taxes (check one) <input type="checkbox"/> Paid <input type="checkbox"/> Accrued  |   |   |   |   |       |
| 35 Reduction in foreign taxes  |   |   |   |   |       |
| 36 Total property distributions (including cash) other than dividend distributions reported on line 38   |   |   |   |   | •     |
| 37 Other items and amounts not included above that are required to be reported separately to shareholders for federal purposes (attach schedule) |   |   |   |   |       |
| 38 Total dividend distributions paid from accumulated earnings and profits contained in other retained earnings                                  |   |   |   |   |       |

**Shareholder Information, Part III — Shareholders' Shares of Changes from Federal Items**

|  | A | B | C | D | Total |
|--|---|---|---|---|-------|
| <b>Additions</b>   |   |   |   |   |       |
| 39 New York franchise tax imposed under Article 9-A  |   |   |   |   |       |
| 40 Accelerated cost recovery system (ACRS) and modified accelerated cost recovery system (MACRS) deductions (from Form CT-399) |   |   |   |   |       |
| 41 Other additions (see instructions, attach explanation)  |   |   |   |   |       |
| <b>Subtractions</b>  |   |   |   |   |       |
| 42 New York depreciation (from Form CT-399)  |   |   |   |   |       |
| 43 Other subtractions (see instructions, attach explanation)   |   |   |   |   |       |
| <b>Other Items (see instructions, attach explanation)</b>  |   |   |   |   |       |
| 44 Additions to federal itemized deductions  |   |   |   |   |       |
| 45 Subtractions from federal itemized deductions   |   |   |   |   |       |
| 46 New York adjustments to federal tax preference items  |   |   |   |   |       |

If you use a paid preparer or for any other reason do not need New York State forms mailed to you next year, check box

**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                      | Print or type name of paid individual or firm preparing this return | Signature of individual preparing this return |
| Paid preparer's ID number | Paid preparer's address   |   |