



CT-3-S New York S Corporation Franchise Tax Return

Tax Law — Articles 9-A and 22

For calendar year 1993 or tax period:

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 <div style="text-align: center; border: 1px solid black; padding: 2px;">PLACE LABEL HERE</div>					Date received	
Number and street		City or town	State		ZIP code	
Trade name			Business telephone number		Business activity code number (from federal return)	
Principal business activity		State or country of incorporation		date		Foreign corporations: date began business in NYS
Has the corporation revoked its election to be treated as a New York S corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of shareholders				
If Yes, give effective date						
A. Payment - pay amount shown on line 46c — Make check payable to: <i>New York State Corporation Tax</i>						Payment enclosed

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 on line 1	2	•	
3 Deductions directly attributable to subsidiary capital (attach list)	3	•	
4 Deductions indirectly attributable to subsidiary capital (attach list)	4	•	
5 New York State, other state and local taxes deducted on your federal return (see instructions)	5	•	
6 ACRS and MACRS deductions used in the computation of line 1 (attach Form CT-399)	6	•	
7 Other additions (attach list — see instructions)	7	•	
8 Add lines 1 through 7	8	•	
9 Income from subsidiary capital (from Form CT-3-S-ATT, line 49)	9	•	
10 50% of dividends from nonsubsidiary corporations (see instructions)	10	•	
11 Foreign dividends gross-up not included on lines 9 and 10	11	•	
12 New York net operating loss deduction (attach federal and NYS computations)	12	•	
13 Allowable New York depreciation (attach Form CT-399)	13	•	
14 Other subtractions (attach list — see instructions)	14	•	
15 Total subtractions (add lines 9 through 14)	15	•	
16 Entire net income (subtract line 15 from line 8)	16	•	
17 Investment income for allocation (from Form CT-3-S-ATT, line 64 but not more than line 16)	17	•	
18 Business income for allocation (multiply line 17 from line 16)	18	•	
19 Allocated investment income (multiply line 17 by <input type="text"/> % from Form CT-3-S-ATT, line 51)	19	•	
20 Allocated business income (multiply line 18 by <input type="text"/> % from Form CT-3-S-ATT, line 19 or line 27)	20	•	
21 Entire net income base (add lines 19 and 20)	21	•	

Tax Computation

22 Entire net income base multiplied by corporate tax rate (see instructions)	22	•	
23 Entire net income base multiplied by Article 22 tax rate (see instructions)	23	•	
24 Tax on entire net income base (subtract line 23 from line 22)	24	•	
25 Fixed dollar minimum tax before Article 22 tax equivalent reduction (see instructions)	25	•	
Gross payroll <input type="text"/>			
26 Article 22 tax equivalent reduction (enter amount from line 23)	26	•	
27 Fixed dollar minimum tax (subtract line 26 from line 25 - see instructions for limitation)	27	•	
28 Tax (enter amount from line 24 or 27, whichever is larger)	28	•	
29 State tax surcharge rate, if applicable <input type="text"/> % (see instructions)	29	•	
30 Tax and state tax surcharge (add lines 28 and 29)	30	•	
31 Recapture of tax credits (see instructions)	31	•	
32 Total tax (add lines 30 and 31)	32	•	

First installment of estimated tax for next tax period:

33a If application for extension was filed, enter amount from Form CT-5.4, line 5	33a	•	
33b If Form CT-5.4 was not filed and line 32 is over \$1,000, enter 25% of line 32	33b	•	
34a Add line 32 and line 33a or 33b (enter here and on line 34b on page 2)	34a	•	

34b	Enter amount from line 34a on page 1	34b	
35	Prepayments: First installment (date _____))	35	
36	Second installment (date _____))	36	
37	Third installment (date _____))	37	
38	Final installment (date _____))	38	
39	Payment with extension Form CT-5.4 (date _____))	39	
40	Credit from prior years	40	
41	Total prepayments (add lines 35 through 40)	41	
42	Balance (subtract line 41 from line 34b; if line 41 is larger than line 34b, enter "0")	42	
43	Interest on late payment (see instructions)	43	
44	Late filing and late payment penalties (see instructions)	44	
45	Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> if none, enter "0")	45	
46a	Balance (add lines 42 through 45)	46a	
46b	If you want to Return a Gift to Wildlife, enter amount (see instructions)	46b	00
46c	Balance due (if line 41 is less than the total of lines 34b, 43, 44, 45 and 46b, the difference is amount due - enter payment on line A on page 1)	46c	
47	Overpayment (if line 41 is more than the total of lines 34b, 43, 44, 45 and 46b, the difference is amount overpaid)	47	
48	Amount of overpayment to be credited to next period	48	
49	Balance of overpayment to be refunded (subtract line 48 from line 47)	49	
50	Does this corporation have an interest in real property located in New York State?	50	<input type="checkbox"/> Yes <input type="checkbox"/> No
51	Has controlling interest in this corporation's stock changed at any time during the last 3 years? If you answered Yes to both questions 50 and 51, attach an explanation (see instructions).	51	<input type="checkbox"/> Yes <input type="checkbox"/> No
52	Are you claiming small business taxpayer status to lower the tax rate on the entire net income base (line 22)?	52	<input type="checkbox"/> Yes <input type="checkbox"/> No
53	Enter total capital contributions (see worksheet instructions)	53	

Shareholder Information — All New York S Corporations must complete Part I, Part II and Part III. Only New York S Corporations with tax credits or recaptures that flow through to their shareholders should complete Part IV.

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

Enter total number of shareholders in box on Page 1.

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

Shareholder Information, Part II — Shareholders' Shares of Income, Credit, 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
54 Ordinary income (loss) from trade or business activities					•
55 Net income (loss) from rental real estate activities					•
56 Net income (loss) from other rental activities					•
57 Portfolio income (loss)					•
58 Net gain (loss) under section 1231 (other than due to casualty or theft)					•
59 Other income (loss) (attach schedule)					•
60 Total income (loss) (add lines 54 through 59)					•
61 Charitable contributions					
62 Section 179 expense deduction					
63 Expenses related to portfolio income (loss)					•
64 Other deductions					
65 Total deductions (add lines 61 through 64)					•

	A	B	C	D	Total
66 Federal tax preference items for minimum tax					
67 Interest expense on investment debts paid or accrued in 1993					
68 Total foreign taxes (<i>check one</i>) <input type="checkbox"/> Paid <input type="checkbox"/> Accrued ..					
69 Reduction in foreign taxes					
70 Total property distributions (including cash) other than dividend distributions reported on line 72 ..					•
71 Other items and amounts not included above that are required to be reported separately to shareholders for federal purposes (<i>attach schedule</i>)					
72 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
Additions					
73 New York franchise tax imposed under Article 9-A					
74 Accelerated cost recovery system (ACRS) and modified accelerated cost recovery system (MACRS) deductions (<i>from Form CT-399</i>)					
75 Other additions (<i>see instructions, attach explanation</i>)					
Subtractions					
76 New York depreciation (<i>from Form CT-399</i>)					
77 Other subtractions (<i>see instructions, attach explanation</i>)					
Other Items (<i>see instructions, attach explanation</i>)					
78 Additions to federal itemized deductions					
79 Subtractions from federal itemized deductions					
80 New York adjustments to federal tax preference items ..					

Shareholder Information, Part IV — Shareholders' Shares of New York S Corporation's New York Tax Credits and Taxes on Early Dispositions

	A	B	C	D	Total
81 Investment tax credit and/or retail enterprise tax credit (<i>attach Form CT-46</i>)					•
82 Investment tax credit on research and development property at the optional rate (<i>attach Form CT-46</i>)					•
83 Tax on early dispositions — investment tax credit, research and development tax credit and/or retail enterprise tax credit (<i>attach Form CT-46 and/or CT-42</i>)					
84 Special additional mortgage recording tax credit (<i>attach Form CT-43</i>)					
85 EDZ wage tax credit (<i>attach Form DTF-601</i>)					
86 EDZ investment tax credit (<i>attach Form DTF-603</i>)					
87 EDZ capital corporation credit (<i>attach Form DTF-602</i>)					
88 Tax on early dispositions — EDZ investment tax credit (<i>attach Form DTF-603</i>)					

Additional Information

Check boxes for any tax credits claimed by the New York S corporation that flow through to its shareholders. See instructions for *Shareholder Information, Part IV*.

Tax credits: Check forms filed and attach forms • CT-42 • CT-43 • CT-45 • CT-46
 • CT-46.1 DTF-601 DTF-602 DTF-603

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

Attach a complete copy of your federal return.

Interest deducted in computing federal taxable income _____

If the IRS has completed an audit of any of your returns within the last five years, list years: _____

If a member of an affiliated federal group, primary corporation:

Name	EIN
• _____	• _____

If more than 50% owned by another corporation, parent corporation:

Name	EIN
• _____	• _____

Was the corporation involved in a corporate merger, consolidation or acquisition on or after April 19, 1989? .. Yes • No •
 If Yes, complete and attach Form CT-244 (formerly CT-3, Schedule F).

If this return is for a termination year, check the appropriate box to indicate which method of accounting was used for the New York S short year (see instructions for Form CT-3-S).

- Normal accounting rules
- Daily pro rata allocation

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	

Mail your return to: **NYS CORPORATION TAX
 PROCESSING UNIT
 P O BOX 1909
 ALBANY NY 12201-1909**