



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 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					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	
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		
A. Payment - pay amount shown on line 13c — 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	•	
2 Interest on federal, state, municipal and other obligations not included on line 1	2	•	
3 New York State, other state and local income taxes deducted on your federal return (see instructions)	3	•	
4 ACRS and MACRS deductions used in the computation of line 1 (attach Form CT-399)	4	•	
5 Add lines 1 through 4	5	•	
6 Allowable New York depreciation (attach Form CT-399)	6	•	
7 Entire net income base (subtract line 6 from line 5)	7	•	

Tax Computation

8 Fixed dollar minimum tax (see instructions)	Gross payroll	8	
9 Total prepayments (attach worksheet)		9	
10 Balance (subtract line 9 from line 8; if line 9 is more than line 8, enter "0")		10	
11 Interest on late payment (compute on line 10 amount - see instructions)		11	
12 Late filing and late payment penalties (compute on line 10 amount - see instructions)		12	
13a Balance (add lines 10, 11 and 12)		13a	
13b If you want to Return a Gift to Wildlife, enter amount (see instructions)		13b	00
13c Balance due (if line 9 is less than the total of lines 8, 11, 12 and 13b, the difference is amount due - enter payment on line A above)		13c	
14 Overpayment (if line 9 is more than the total of lines 8, 11, 12 and 13b, the difference is amount overpaid)		14	
15 Amount of overpayment to be credited to next period		15	
16 Refund (subtract line 15 from line 14)		16	
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? If you answered Yes to both questions 17 and 18, attach an explanation (see instructions)		18	• <input type="checkbox"/> Yes • <input type="checkbox"/> No
19 Enter total capital contributions (see instructions)		19	

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	Number of Shares	Stock Ownership	
				From	To
A •	• <input type="checkbox"/>	•			
B •	• <input type="checkbox"/>	•			
C •	• <input type="checkbox"/>	•			
D •	• <input type="checkbox"/>	•			

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 1993					
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
Additions					
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)					
Subtractions					
42 New York depreciation (from Form CT-399)					
43 Other subtractions (see instructions, attach explanation)					
Other Items (see instructions, attach explanation)					
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 tax 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.