



CT-4-S

New York State Department of Taxation and Finance

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

1995 calendar yr. filers, check box
Other filers enter tax period:
beginning
ending

Final Return
(see procedure in instr.)

Employer identification number		File number		If address on return is new, check box (see instructions). <input type="checkbox"/>		For office use only	
Mailing Name and Address	Taxpayer's business name			If your name, employer identification number, address or owner/officer information has changed, you must file Form DTF-95 (see instructions).		Date received	
	Business name at location below (if different from business name above)						
	C/O						
	Street or P O Box						
City			State		ZIP code		
Trade name			Business telephone number ()		Business activity code number (from federal return)		Audit use
<input type="checkbox"/> Check box if refund claimed	Principal business activity			State or country of incorporation		Date of inc.	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 17. Make check payable to: New York State Corporation Tax						Payment enclosed	
← Attach your payment here.							

Computation of Entire Net Income Base

1	Federal taxable income before net operating loss and special deductions	1	<input type="checkbox"/>
2	Interest income on federal, state, municipal and other obligations not included on line 1	2	<input type="checkbox"/>
3	New York State, other state and local income taxes deducted on your federal return (see instructions)	3	<input type="checkbox"/>
4	ACRS and MACRS deductions used in the computation of line 1 (attach Form CT-399)	4	<input type="checkbox"/>
5	Add lines 1 through 4	5	<input type="checkbox"/>
6	Allowable New York depreciation (attach Form CT-399)	6	<input type="checkbox"/>
7	Refund or credit of certain franchise taxes imposed by New York State (see instructions)	7	<input type="checkbox"/>
8	Total subtractions (add lines 6 and 7)	8	<input type="checkbox"/>
9	Entire net income base (subtract line 8 from line 5)	9	<input type="checkbox"/>

Tax Computation

10	Fixed dollar minimum tax (see instructions)	Gross payroll	10	<input type="checkbox"/>
11	Total prepayments (attach worksheet)		11	<input type="checkbox"/>
12	Balance (subtract line 11 from line 10; if line 11 is more than line 10, enter "0")		12	<input type="checkbox"/>
13	Interest on late payment (compute on line 12 amount; see instructions)		13	<input type="checkbox"/>
14	Late filing and late payment penalties (compute on line 12 amount; see instructions)		14	<input type="checkbox"/>
15	Balance (add lines 12, 13 and 14)		15	<input type="checkbox"/>
16	If you want to Return a Gift to Wildlife, enter amount (see instructions)		16	<input type="checkbox"/>
17	Balance due (if line 11 is less than the total of lines 10, 13, 14 and 16, the difference is amount due; enter payment on line A above)		17	<input type="checkbox"/>
18	Overpayment (if line 11 is more than the total of lines 10, 13, 14 and 16, the difference is amount overpaid)		18	<input type="checkbox"/>
19	Amount of overpayment to be credited to next period		19	<input type="checkbox"/>
20	Refund (subtract line 19 from line 18; check refund box above)		20	<input type="checkbox"/>
21	Does the corporation have an interest in real property located in New York State?		21	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Has controlling interest in this corporation's stock changed at any time during the last 3 years?		22	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes to both questions 21 and 22, attach an explanation (see instructions)				
23	Enter total capital contributions (see instructions)		23	<input type="checkbox"/>

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

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 Period Held	
				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
24 Ordinary income (loss) from trade or business activities					•
25 Net income (loss) from rental real estate activities					•
26 Net income (loss) from other rental activities					•
27 Portfolio income (loss)					•
28 Net gain (loss) under section 1231 (other than due to casualty or theft)					•
29 Other income (loss) (attach schedule)					•
30 Total income (loss) (add lines 24 through 29)					•
31 Charitable contributions					
32 Section 179 expense deduction					
33 Expenses related to portfolio income (loss)					•
34 Other deductions (attach schedule)					
35 Total deductions (add lines 31 through 34)					•
36 Federal tax preference items for minimum tax					
37 Interest expense on investment debts paid or accrued in 1995					
38 Total foreign taxes (check one) <input type="checkbox"/> Paid <input type="checkbox"/> Accrued					
39 Reduction in foreign taxes					
40 Total property distributions (including cash other than dividend distributions reported on line 42)					•
41 Other items and amounts not included above that are required to be reported separately to shareholders for federal purposes (attach schedule)					
42 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

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

Attach a complete copy of your federal return.

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.

Signature of elected officer or authorized person		Official title	Date
Paid Preparer Use Only	Firm's name (or yours if self-employed)	ID number	Date
	Address		
Signature of individual preparing this return			

Mail your return to: **NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 1909, ALBANY NY 12201-1909.**