



CT-13

New York State Department of Taxation and Finance

Unrelated Business Income

Tax Return

Tax Law — Article 13

1996 calendar yr. filers, check box
Other filers enter tax period:

beginning
ending

Employer identification number, File number, Mailing Name and Address, Trade name, Business telephone number, Business activity code number, Principal unrelated business activity, State or country of incorporation, Date of incorporation, Foreign corporations: date began business in NYS

Have you been audited by the Internal Revenue Service in the past 5 years?
If Yes, list years:

Federal return was filed on: 990T Other Attach a complete copy of your federal return.

Have you filed New York State Form CT-247, Application for Exemption from Corporate Franchise Taxes by a Not-For-Profit Organization?

If you are an employee trust, as defined in IRC section 401(a), check this box

Check this box if you ceased operating the unrelated business during the tax year covered by this return
(see section Who Must File Form CT-13 in the instructions)

A. Payment — pay amount shown on line 18. Make check payable to: New York State Corporation Tax
Attach your payment here.

Computation of Income and Tax (to complete this form, see Form CT-13-I, Instructions for Form CT-13)

Table with 21 rows for tax computation: 1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction; 2 New York State Article 13 tax deducted on federal return; 3 Add lines 1 and 2; 4 Income from games of chance and/or income included pursuant to section 501(m)(2)(A) of the IRC; 5 Taxable income before net operating loss deduction; 6 New York net operating loss deduction; 7 Taxable income; 8 Allocated taxable income; 9 Tax based on income; 10 Minimum tax; 11 Tax; 12 State tax surcharge; 13 Tax and state tax surcharge due; 14 Total prepayments from line 42; 15 Balance; 16 Interest on late payment; 17 Late filing and late payment penalties; 18 Balance due; 19 Overpayment; 20 Amount of overpayment on line 19 to be credited to next year; 21 Amount of overpayment on line 19 to be refunded.

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, Firm's name, Address, ID number, Signature of individual preparing this return

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

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### Schedule A — Unrelated Business Allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

	A New York State		B Everywhere		
<b>Average value of:</b>					
22 Real estate owned .....	22				
23 Gross rents ( <i>attach list</i> ) .....	23				
24 Inventories owned .....	24				
25 Other tangible personal property owned .....	25				
26 <b>Total</b> ( <i>add lines 22 through 25</i> ) .....	26				
27 Percentage in New York State ( <i>divide line 26, column A, by line 26, column B</i> ) .....				27	%
<b>Receipts in the regular course of business from:</b>					
28 Sales of tangible personal property shipped to points within New York State .....	28				
29 All sales of tangible personal property .....	29				
30 Services performed .....	30				
31 Rentals of property .....	31				
32 Other business receipts .....	32				
33 <b>Total</b> ( <i>add lines 28 through 32</i> ) .....	33				
34 Percentage in New York State ( <i>divide line 33, column A, by line 33, column B</i> ) .....				34	%
35 Wages, salaries and other compensation of employees ( <i>except general executive officers</i> ) .....	35				
36 Percentage in New York State ( <i>divide line 35, column A, by line 35, column B</i> ) .....				36	%
37 <b>Total of New York State Percentages</b> ( <i>add lines 27, 34 and 36</i> ) .....				37	%
38 <b>Business allocation percentage</b> ( <i>divide line 37 by three or by the number of percentages</i> ) .....				38	%

### Composition of Prepayments Claimed on Line 14

		Date Paid	Amount
39 Payment with extension request, Form CT-5, line 7 .....	39		
40 Other prepayments ( <i>including CT-400 installments*</i> ) .....	40	1	
		2	
		3	
41 Credit from prior years .....		41	
42 <b>Total</b> ( <i>add lines 39 through 41; enter here and on line 14</i> ) .....		42	

\* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, please report them above.

### Need Help?

**For information, forms or publications**, call the Business Tax Information Center at 1 800 972-1233. The call is toll free from anywhere in the U.S. (including Alaska and Hawaii) and Canada. For information, you can also call toll free (from New York State only) 1 800 CALL TAX (1 800 225-5829). From areas outside New York State, call (518) 438-8581. For forms or publications, you can also call toll free (from New York State only) 1 800 462-8100. From areas outside New York State, call (518) 438-1073.

**Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.**

**Hotline for the Hearing and Speech Impaired** - If you have a hearing or speech impairment and have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling 1 800 634-2110 toll free from anywhere in the U.S. (including Alaska and Hawaii) and Canada. Hours of operation are from 8:30 a.m. to 4:15 p.m., Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

**Persons with Disabilities** - In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call the information numbers listed above.

**If you need to write**, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.