~	CT-4 New York State Department of Taxation and Finance General Business Corporation									1996 calendar yr. filers, check box Other filers enter tax period:															
<u> </u>		I Return Procedure in in	_{str.)} Fi	ran	chis	se 1	Гах				-					rm	1	beg	innin	ıg					
			Tax	x Law	— Ar	ticle 9	-A											•	endin	ng =					
Employ	er identification number		1				Fi	le nur	mber			r	addı ew, o	heck	box		n is I	_	office u		nly				
	Taxpayer's business name	Э								•		Ľ	your				er								
Mailing Name and Address	Business name at location	identification number, address or owner/officient of the control o											ber, /offic hang	er jed,											
iling h	C/O Street or PO Box	(see instructions). If it is enclosed, call											no f	orm											
Ma	City	State ZIP code 1 800 462-8100 to one. From areas the U.S. and Can (519) 495 6900											outside ada, call												
Trade	name	Business telephone number Busin (from									sines	(518) 485-6800. ness activity code number federal return)						Audit use							
Princin	pal business activity				1()		Sta	ate or	count	ry of i	ncori	oratio	n I	Date (of inc	corno	ration	For	reign	corno	rations			
РППСІР	dai business activity							Sic	ale oi	Count	y OI I	ПСОП	Doralic	""	Jale (JI IIIC		ration	dat	te beg siness	gan		o.		
	ppolitan Transpor g the tax year did			•				اوعوا	se n	rone	tv o	rma	aintei	n ar	n Offi	ice	in th	ıe.							
	politan Commuter	-		-					-	-	-										. L		Yes		□ No
	ayment — pay am		on lin	e 43. l	Make o	check	paya	ble										F	Payme	nt er	nclos	ed		<u> </u>	
<u>- '</u>	Attach your payme									Corpo	orati	on	iax							Ш	Щ			<u> </u>	
Con	nputation of l	Entire N	et Ind	come	e Ba	se														Doll	lars				Cents
	ederal taxable inco		-	_		-											1	,				_		-	
2 Interest on federal, state, municipal and other obligations not included on line 1										_	+	+	+	\vdash	+	+	•								
	ew York State, oth	-		_	-								-				4	1		1		1		二:	
	CRS/MACRS dedu						-										5								
	dd lines 1 through												• • • •				6 7	+		+	 	+		•	-
	ew York net opera llowable New York	-															8	1		1		•		一:	
	efund or credit of															•	9			1		1			
	otal subtractions (a		-													10									
	ntire net income ba ntire net income ba															1	1	₩		↤	$\vdash \vdash$	+	+		-
	\$200,000 or less, mu	, ,	•	-				•							•	12	2	,						_].	
Con	nputation of (Capital	Base																						
		Α	Beginni	ing of	Year		B End of Year										C Average Value								
	otal assets from deral return •	ļII	ļШ	Д			•[Ţ		Ţ		ļ				_	•	<u>, </u>		Ш		丁		□.	
	eal property and																								
	arketable securities cluded on line 13					П	Ī								П	٦,						\top		\neg	
15 St	ubtract line 14		;]	, 		,		- ,		 				,		,— 		<u> </u>			
	eal property and	, , , ,	, , ,	, '			1 –	,		,		,						, '		, 		-,			
ma	arketable securities	 		1 1	$\overline{}$		 					Т		\neg	П	\dashv				abla	П	\neg		\neg	
	fair market value l ljusted total assets	, 	ļ	J I		· <u> </u>	┧ └	-			1	ļ			Ш	−լ՝	•			<u> </u>	ш			<u></u>	
	dd lines 15 and 16)	<u> </u>	<u>, </u>	, 1		\Box		Ţ		ļ		ļ						,		Ш		丁		_].	
40 T-	atal liabilities			1			 	1			 	1		\neg		\dashv				\neg	П	\neg		\neg	
	otal liabilities	ubtroot line	10 00!	mn C	from lim	0 17 -		n (^)				_			Щ.	19	• <u> </u>	+		H	\forall	+		╡.	\forall
	otal capital base <i>(s</i> apital base tax <i>(mi</i>							,							…•	2									

Computation of Minimum Taxable Income Base			ollars	Cents			
21 Entire net income from line 11	21				\Box		
22 Depreciation of tangible property placed in service after 1986 (see instructions)		+ + + +		1	╁,		\vdash
· · · · · · · · · · · · · · · · · · ·	23	+ + + +		++	╁,		
23 Net operating loss deduction from line 7	24	+++		-	₩,	-	
24 Total (add lines 21 through 23)		+ + +		+	+- '		\vdash
25 Alternative net operating loss deduction (see instructions)		++++		++	₩.	_	
26 Minimum taxable income base (subtract line 25 from line 24)				-	₩.	_	
27 Tax on minimum taxable income base (multiply line 26 by 3½% (.035))	27	, , ,		, .	<u></u>	느	ᆜ
Computation of Tax						_	
28 Tax on entire net income base from line 12	28				Щ.		
29 Tax on capital base from line 20 (New small business:	29				Ш.		
30 Fixed dollar minimum tax (see instructions; an amount must be entered in each of the boxes below) ●	30	_			Ш.		
Dollars Cents							
Gross payroll							
Total receipts							
Gross assets							
31 Tax due (amount from line 27, 28, 29 or 30 whichever is largest)	31				\square .	. 🗀	
					\Box		
32 State tax surcharge (multiply line 31 by surcharge rate	32				.	,	
33 Total tax and state tax surcharge (add lines 31 and 32)	33				\square	. 🗀	
First installment of estimated tax for next period		1 1					
	34a				,		
	34b	1 1		1	\square .	. 🗀	
35 Add line 33 and line 34a or 34b	35	-)]	\top	,	
36 Total prepayments from line 54	36]	П.	. 🗀	
37 Balance (subtract line 36 from line 35; if line 36 is more than line 35, enter "0")	37				П,	. —	
38 Penalty for underpayment of estimated tax (check box if Form CT-222 is		1 1 1 1		1			
attached if none, enter "0")	38						
39 Interest on late payment (see instructions)	39	1 1		1	\Box		
40 Late filing and late payment penalties (see instructions)	40	1 1		1	\Box		
41 Balance (add lines 37 through 40)	41	-1 1		++	+1	_	
42 Voluntary gifts/contributions: Return a Gift to Wildlife		1 1		1	ऻऻ		\Box
(see instructions) Breast Cancer Research & Education Fund.	42					0	0
43 Balance due (if line 36 is less than the total of lines 35, 38, 39, 40 and 42, the difference is amount					+	Ť	Ť
due; enter payment on line A on page 1)	43						
44 Overpayment (if line 36 is more than the total of lines 35, 38, 39, 40 and 42, the difference is amount		1 1		1	Ħľ		
overpaid)	44						
45 Amount of overpayment to be credited to next period	45	1 1		1	\Box		
46 Balance of overpayment (subtract line 45 from line 44)	46	1 1		1	+	_	Н
47 Amount of overpayment to be credited to Form CT-3M/4M	47	1 1		1	\Box		
48 Refund of overpayment (subtract line 47 from line 46)	48	1 1		1	+	_	Н
			1	,		느	_
Composition of Prepayments on line 36							
Date Pa	aid		ollars	5		Се	nts
49 Mandatory first installment				\bot	Щ [,]	ـــا،	
50 CT-400 installments				\rightarrow	Щ [,]	ـــا،	
2				-	₩,	۰	
3			$\perp \downarrow \perp$	+	Щ,	· <u> </u>	Щ
51 Payment with extension (Form CT-5, line 7)		+++	$\perp \downarrow \downarrow$	+	Щ [,]	·	Щ
52 Credit from prior years	52	4 4		\bot	Щ∙		\bigsqcup
53 Credit from Form CT-3M/4M Period	53				Ш.	·	
54 Total prepayments (add lines 49 through 53 - enter here and on line 36)	54	<u>, II</u> ,		ŢŢ	௶.	·	
55 Does this corporation have an interest in real property located in New York State?		55	• 🗆	Yes	• [lo
22 222 200 00.polanom mate an interest in real property received in received to the citate in materials							
56 Has controlling interest in this corporation's stock changed at any time during the last 3 years prior to June 15, If you answered <i>Yes</i> to questions 55 and 56, attach an explanation (see instructions)	1996 [.]	? 56	• 🔲 '	Yes	• [] N	0

nto	erest Paid to Shareholders			
	Did this corporation make any payments treated as interest in the computation of entire net			
	income to shareholders owning directly or indirectly, individually or in the aggregate, more			
	than 50% of the corporation's issued and outstanding capital stock? If <i>Yes</i> , complete the	57	● □ Yes ●	□ No
	following (if more than one, attach separate sheet) Shareholder's name Social security number or EIN	31	● ∐ Yes ●	□ No
	DollarsCents			
	Interest paid to shareholder			
	Total indebtedness to shareholder described above			
	Total interest paid •			
58	Is there written evidence of the indebtedness?	58	● ☐ Yes ●	□ No
59	Are you claiming small business taxpayer status for lower entire net income tax rates?	59	■ Yes	□ No
60	Enter total capital contributions (see worksheet in instructions)			
		Г		
61	Federal return filed ● 1120 ● 1120-A ● 1120-S ● Consolidated basis	•	Other:	
	Attach a complete copy of your federal return.		Dollars	Cents
62	Total receipts entered on your federal return]. [
63	Interest deducted in computing federal taxable income		1 1 1 1	<u> </u>
	Depreciable assets and land entered on your federal return			.
	If the IRS has completed an audit of any of your returns within the last five years, list years 65 If a member of an affiliated federal group - Name		EIN	1
00	primary corporation:	_		
67	If more than 50% owned by another corporation - Name		EIN	
	parent corporation:	•		
68	Was the corporation involved in a merger, acquisition or consolidation on or after April 19, 1989?		● □ Yes ●	● □ No
orp 69	porations organized outside New York State complete the following for capital stock issued and outside the following for capital stock is such as the following for capital	stand	ding.	
	Number of Value			
	par shares \$			
	Number of no Value			
	par shares \$			
you	u do not need forms mailed to you next year, check box. We will send you a label for use on next year's return	(see	instructions.)	
	ification. I certify that this return and any attachments are to the best of my knowledge and belief true,	corre		
Signa	ature of elected officer or authorized person Official title	_	Date	
_ ا	Firm's name (or yours if self-employed) ID number		Date	
epare Only		ĺ		
aid Preparer Use Only	Address Signature of individual prep.	aring t	his return	