



CT-4 Final Return (see procedure in instr.)

New York State Department of Taxation and Finance General Business Corporation Franchise Tax Return Short Form Tax Law — Article 9-A

1997 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, etc.

Metropolitan Transportation Business Tax (MTA Surcharge)

During the tax year did you do business, employ capital, own or lease property or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-3M/4M

A. Payment — pay amount shown on line 45. Make check payable to: New York State Corporation Tax

Computation of Entire Net Income Base

Table with 12 rows for computation of net income base, columns for Dollars and Cents.

Computation of Capital Base

Table with 3 columns (A Beginning of Year, B End of Year, C Average Value) and 7 rows for computation of capital base.



**Interest Paid to Shareholders**

57 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 Yes, complete the following (if more than one, attach separate sheet) ..... 57  Yes  No

Shareholder's name	Social security number or EIN
--------------------	-------------------------------

	Dollars	Cents
58 Interest paid to shareholder.....		
59 Total indebtedness to shareholder described above.....		
60 Total interest paid .....		

61 Is there written evidence of the indebtedness?..... 61  Yes  No

62 Are you claiming small business taxpayer status for lower entire net income tax rates? ..... 62  Yes  No

63 Enter total capital contributions (see worksheet in instructions)..... 63

64 Federal return filed  1120  1120-A  1120-S  Consolidated basis  Other: \_\_\_\_\_

**Attach a complete copy of your federal return.**

Check box and attach Form CT-60-QSSS to notify the department that a qualified subchapter S subsidiary (QSSS) is included in this return

	Dollars	Cents
65 Total receipts entered on your federal return .....	65	
66 Interest deducted in computing federal taxable income .....	66	
67 Depreciable assets and land entered on your federal return .....	67	
68 If the IRS has completed an audit of any of your returns within the last five years, list years ....	68	

69 If a member of an affiliated federal group - primary corporation:  Name: \_\_\_\_\_  EIN: \_\_\_\_\_

70 If more than 50% owned by another corporation - parent corporation:  Name: \_\_\_\_\_  EIN: \_\_\_\_\_

71 Was the corporation involved in a merger, acquisition or consolidation on or after April 19, 1989? .....  Yes  No

Corporations organized outside New York State complete the following for capital stock issued and outstanding.

72 Number of par shares....  Value \$

73 Number of no par shares ...  Value \$

If you 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.) .....

**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	