



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

1997 calendar yr. filers, check box [] Other filers enter tax period:

[] Final Return (see procedure in instr.)

beginning [] ending []

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

Computation of Entire Net Income Tax

Table with 9 rows for computation of net income tax, including Federal taxable income, interest income, taxes deducted, and total subtractions.

Tax Computation

Table with 15 rows for tax computation, including fixed dollar minimum tax, total prepayments, interest on late payment, and balance due.

Attach a copy of your pro forma federal Form 1120 and a copy of your actual federal Form 1120S filed (see instructions for line 1).

If you filed a return other than federal Form 1120S, please indicate here:

Shareholder Information, Part I (attach separate sheet if necessary; check here [] if separate sheet is attached).

Table for Shareholder Information with columns for Name and Address of Shareholder, Check box below if nonresident, Social Security Number, Number of Shares, and Period Held (From, To).

Enter total number of shareholders in box above line A

Shareholder Information, Part II - Shareholders' Shares of Income, 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
22 Ordinary income (loss) from trade or business activities					•
23 Net income (loss) from rental real estate activities					•
24 Net income (loss) from other rental activities					•
25 Portfolio income (loss)					•
26 Net gain (loss) under section 1231 (other than due to casualty or theft)					•
27 Other income (loss) (attach schedule)					•
28 Total income (loss) (add lines 22 through 27)					•
29 Charitable contributions					
30 Section 179 expense deduction					
31 Expenses related to portfolio income (loss)					•
32 Other deductions (attach schedule)					
33 Total deductions (add lines 29 through 32)					•
34 Federal tax preference items for minimum tax					
35 Interest expense on investment debts paid or accrued in 1997					
36 Total foreign taxes (check one) <input type="checkbox"/> Paid <input type="checkbox"/> Accrued					
37 Reduction in foreign taxes					
38 Total property distributions (including cash) other than dividend distributions reported on line 40					•
39 Other items and amounts not included above that are required to be reported separately to shareholders for federal purposes (attach schedule)					
40 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					
41 New York franchise tax imposed under Article 9-A					
42 Accelerated cost recovery system (ACRS) and modified accelerated cost recovery system (MACRS) deductions (from Form CT-399)					
43 Other additions (see instructions, attach explanation)					
Subtractions					
44 New York depreciation (from Form CT-399)					
45 Other subtractions (see instructions, attach explanation)					
Other Items (see instructions, attach explanation)					
46 Additions to federal itemized deductions					
47 Subtractions from federal itemized deductions					
48 New York adjustments to federal tax preference items					

Check box and attach Form CT-60-QSSS to notify the Department that a qualified sub-chapter S subsidiary (QSSS) is included in this 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	