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	998 📗 Fin	al Return	F		eral Ichi						-				rm			er til Iinnii	Г	ente	er tax	c per	ioa:	
	(see	procedure in	Ta	ax Lav	v — Aı	rticle 9)-A										Ī	endii	Ĭ	1				
Employ	er identification number						1	File num	er				k box if	claime	а Г	1	_	office	_	only				
	<u> </u>							<u> </u>	L			overp	ayınen	Claime	u _									
	Legal name of corporation	on						Trade na	ne/DBA								Date	e rece	ived					
Mailing name and address	Mailing name (if different from legal name) and address State or country of incorporation										ation													
g në ddre	c/o																							
iling d a	Number and street or Po	d street or PO box Date of incorporation									n													
Ma	City	State ZIP code Foreign corporations:								rations:	date be	began												
	·											busine	ss in N	YS			Aud	lit use						
If address		ne, employer iden file Form DTF-95								Business /	telep	hone	numbe	r										
instruction		ne. From areas ou	itside the U.S	and outsi	de Canada,	call (518)	185-68)													
	nstructions)	(IIOIII lederal le	etuiri,		NAICS Other	FIIIC	pai bu	isiriess a	livity															
Durin	ppolitan Transpo g the tax year did politan Commute	you do bu	usiness	, empl	oy cap	ital, ow	n o	r leas		-												Yes	Ĺ] No
	ayment — pay an		wn on li	ne 45.	Make	check	pay	able t								_		Paym	ent e	enclos	sed		_	
₩	Attach your paym	ent nere.							Cor	pora	ion	ıax	•			L.,							•	
Con	nputation of	Entire I	Net Ir	com	ne Ba	se													Do	llars	8			Cents
1 F	ederal taxable inc	ome befor	e net o	peratin	g loss	and s	ecia	al ded	uction	s				•					,		,		∐.	
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	terest paid to a co ew York State, otl	-			-							_	-						,		-		H	
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	otal subtractions (10)			†		7		Π.	
11 E	ntire net income b	ase (subtr	ract line	10 from	line 6;	enter h	ere a	and on	line 2	1)					11								<u> </u>	
12 E	ntire net income b	•		•											12									
	\$200,000 or less, m	ultiply line 1:	1 by 8% ((.08); if	not, see	instruc	ions	for tax	rate).					•		<u>- L</u>		l	,		,		٠.	
Con	nputation of	Capital	Base)																				
			A Begini		f Year				В	End	of Y	⁄ear						С	Ave	erag	e Va	alue		
13 To	otal assets from		t Dog	mig o	- rour					Lila	0	<u>ou.</u>							, ,,,	J. ug		2100		
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	djusted total assets					•===	<u> </u>	,						ــــا ·اـــا 		' -	_		- -				•	
	dd lines 15 and 16)	L, II	ŢŢ	Ţ		•[] [_,	Ι,		Γ,			J. 🔲					Ţ		Ţ		∐.	
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Computation of Minimum Taxable Income Base		Dollars	Cents
21 Entire net income from line 11	21		
22 Depreciation of tangible property placed in service after 1986 (see instructions)			
23 Net operating loss deduction from line 7			
24 Total (add lines 21 through 23)			
25 Alternative net operating loss deduction (see instructions)			
26 Minimum taxable income base (subtract line 25 from line 24)	26		
27 Tax on minimum taxable income base (multiply line 26 by the appropriate rate from the tax			
schedule on page 4 of the instructions)	27		
Computation of Tax			
28 Tax on entire net income base from line 12			
29 Tax on capital base from line 20 (New small business: First year Second year			
30 Fixed dollar minimum tax (see instructions; an amount must be entered in each of the boxes belo Dollars	_{w)} ● 30 Cents		Ш.Ш
31 Gross payroll	1.		
32 Total receipts			
33 Gross assets	1.		
34 Tax due (amount from line 27, 28, 29, or 30, whichever is largest)	34		
First installment of estimated tax for next period:			
35a If a request for extension was filed, enter amount from Form CT-5, line 2	■ 35a		
35b If Form CT-5 was not filed and line 34 is over \$1,000, enter 25% of line 34			
36 Add line 34 and line 35a or 35b			<u> </u>
37 Total prepayments from line 56	37		
38 Balance (subtract line 37 from line 36; if line 37 is more than line 36, enter "0")	38		
39 Penalty for underpayment of estimated tax (check box if Form CT-222 is attached if none, enter "0")	39		
40 Interest on late payment (see instructions)	1 1		
41 Late filing and late payment penalties (see instructions)	1		
42 Balance (add lines 38 through 41)	42		
43 Voluntary gifts/contributions: Return a Gift to Wildlife	43		. 0 0
44 Breast Cancer Research & Education Fund	44		. 0 0
45 Balance due (if line 37 is less than the total of lines 36, 39, 40, 41, 43, and 44, the difference			
amount due; enter payment on line A on page 1)		 	
46 Overpayment (if line 37 is more than the total of lines 36, 39, 40, 41, 43, and 44, the difference	40		
amount overpaid)		 	
47 Amount of overpayment to be credited to next period		+++++	+
48 Balance of overpayment (subtract line 47 from line 46)	· · · · · · · · · · · · · · · · · · ·	 	+
49 Amount of overpayment to be credited to Form CT-3M/4M		 	+
50 Refund of overpayment (subtract line 49 from line 48)			
Composition of Prepayments on line 37			
	Date Paid	Dollars	Cents
51 Mandatory first installment	/ /	 	-
52a Second installment	/ /	+ + + + + + +	+
52b Third installment	/ /	+++++	
52c Fourth installment	/ /	 	++
53 Payment with extension request, Form CT-5, line 5	54	 	++
54 Credit from prior years	······ 1	 	++
33 Credit Hoff Form C1-3(4)/4(v)	· · · · · · · · · · · · · · · · · · ·	 	┽┩╏┼┼┤
56 Total prepayments (add lines 51 through 55 - enter here and on line 37)	[30]		┸┩╍

CT-4	(1998)) Pag	e 3
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	rest 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 Yes, complete the following (if more than one, attach separate sheet)	57	• ☐ Yes • ☐ No
	Shareholder's name		
59 60	Interest paid to shareholder. Total indebtedness to shareholder described above. Total interest paid.		
61	Is there written evidence of the indebtedness?	61	
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)		
64	Federal return filed ● 1120 ● 1120-A ● 1120-S ● Consolidated basis	•[Other:
۵.	Attach a complete copy of your federal return.		
	eck 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
	Total receipts entered on your federal return		EIN
	primary corporation: If more than 50% owned by another corporation - parent corporation: Was the corporation involved in a merger, acquisition or consolidation on or after April 19, 1989?	• •	EIN
Corp	orations organized outside New York State complete the following for capital stock issued and outs	stand	ding.
72	Number of par shares \$ \qqq \qua		
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	e instructions.)
	fication. I certify that this return and any attachments are to the best of my knowledge and belief true, ture of elected officer or authorized person Official title	corre	ect and complete. Date
arer y	Firm's name (or yours if self-employed) ID number	,	Date
aid Preparer Use Only	Address Signature of individual prep	aring	this return
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