

New York State Department of Taxation and Finance

## **New York S Corporation Franchise Tax Return**

1998 calendar-yr. filers, check box						
Other filers enter tax period:						

	Final Return Franchise Tax   Short Form for Small Bu	Retur	n	beginnin	g		
	Tax Law — Articles 9-A and 2			ending	g		
Employ	er identification number File number	-	Check box if	For office u			
			overpayment claimed				
	Legal name of corporation Trade name / I	DBA		1			
				Date receiv	red		
Mailing name and address	Mailing name (if different from legal name) and address		State or country of incorporation	1			
na gre	c/o PLACE LABEL HE						
aga	Number and street or PO box Date of incorporation						
اق ک							
5 €	City State ZIP code Foreign corporations: date beg business in NYS						
			business in 1410	Audit use			
If addre	is above is new, If your name, employer identification number, address, or owner / officer information has changed by (see you must file Form DTF-95 (see instructions). If you need Form DTF-95, call 1 800 462-8100 to	d, Business tele	phone number				
instructi		( )					
	ness activity code number (from federal return; • NAICS Principal business activity nstructions)	у					
	● □ Other						
Was	his corporation involved in a merger, acquisition or consolidation on or after	April 19, 19	39? • ☐ Yes • ☐	No Nur	nber of shareholders		
					Doument englaced		
	ayment — pay amount shown on line 17. Make check payable to: I	New York S	State Corporation Tax		Payment enclosed		
	· · · Attach your payment here.						
	putation of Entire Net Income Tax			1 1			
	Federal taxable income before net operating loss and special dedu						
	Interest income on federal, state, municipal and other obligations r				-		
3	New York State, other state and local income taxes deducted on y		,		•		
4	ACRS and MACRS deductions used in the computation of line 1 (		,	I			
	5 Add lines 1 through 4						
	Allowable New York depreciation (attach Form CT-399)				•		
	Refund or credit of certain franchise taxes imposed by New York S	•	,				
	Total subtractions (add lines 6 and 7)						
	Entire net income base (subtract line 8 from line 5)  Computation			9			
		roll		10			
	Fixed dollar minimum tax (see instructions)			10 11			
11	Total prepayments (attach worksheet)			· · ·			
12	Balance (subtract line 11 from line 10; if line 11 is more than line 10, enter Interest on late payment (compute on line 12 amount; see instructions)						
	Late filing and late payment penalties (compute on line 12 amount; se			14			
	Balance (add lines 12, 13, and 14)						
	Voluntary gifts/contributions: Return a Gift to Wildlife			16a ■	00		
	(see instructions) Breast Cancer Research & Education				00		
17	Balance due (if line 11 is less than the total of lines 10, 13, 14, 16a, and 16b, the difference is						
	Overpayment (if line 11 is more than the total of lines 10, 13, 14, 16a, and 16b, the state of lines 10, 13, 14, 16a, 16a, 16a, 16a, 16a, 16a, 16a, 16a			L [			
	Amount of overpayment to be credited to next period						
	Refund (subtract line 19 from line 18)						
21 Enter total capital contributions (see instructions)							
Attac	n a copy of your pro forma federal Form 1120 and a copy of your a	actual federa	al Form 1120S filed (s	ee instru	ıctions for line 1).		
	filed a return other than federal Form 1120S, please indicate here						
Checl	box and attach Form CT-60-QSSS to notify the Department that a qua	alified sub-ch	napter S subsidiary (QS	SSS) is in	cluded in this return		
Attach Form CT-34-SH, New York S Corporation Shareholders' Information Schedule.							
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.							
	ure of elected officer or authorized person	Official title			Date		
		<u></u>					
' rer	Firm's name (or yours if self-employed)		ID number		Date		
d Preparer se Only							
se	Address		Signature of individual p	reparing th	is return		