

New York State Department of Taxation and Finance

Unrelated Business Income Tax Return Tax Law - Article 13

1999 calendar-yr. filers, check box Other filers enter tax period:

	•
beginning	
	_
ending	

Employer identification number					Check box if overpayment claimed	For office	use only		
	Legal name of corporation		Trade name/DB/	A					
Mailing name and address							Date received		
	Mailing name (if different from legal name) and add	dress			State or country of incorporation				
ng i	C/O Number and street or PO box				Date of incorporation				
aili	p u								
Σ	City	State	ZIP code		Foreign corporations; date began	1			
					business in NYS	Audit use			
	ur name, employer identification number, address, or o form DTF-95, <i>(see instructions).</i> If you need Form DTF-			Business tel	ephone number				
	s outside the U.S. and outside Canada, call (518) 485-			()					
NAIC	S business code number (see instructions) Princi	ipal unrelated business activity							
<u>. </u>									
	e you been audited by the Internal R	levenue Service in the p	past 5 years	i?	Yes No				
	Yes, list years:eral return was filed on: 990T	Other:			Attach a comm	oloto oo	ny of your fodorol	roturn	
	eral return was filed on: 990T e you filed New York State Form CT-		emption from		Attachi a comp	nete co	py of your federal	return.	
	orporation Franchise Taxes by a Not				Yes No				
	ou are an employee trust, as defined								
-	ck this box if you ceased operating t								
	see section Who Must File Form CT-13 ir							L	
Α.	Payment – pay amount shown on line	e 20. Make check paya	ble to: New	York Sta	te Corporation Tax		Payment enclosed		
♦	Attach your payment here.	· · · · · · · · · · · · · · · · ·							
Co	mputation of income and tax	(to complete this for	rm. see Foi	rm CT-13	3-1. Instructions for F	orm CT	T-13)		
	Federal unrelated business taxable incom						, ,	$\overline{}$	
	New York State Article 13 tax deduct							_	
	Additions required for shareholders							-	
	Grossed-up taxes for shareholders of	•							
	Add lines 1 through 4							$\overline{}$	
	Income from games of chance and c								
7	Subtractions required for shareholders of f	federal S corporations (see	instructions)	7					
8	Total subtractions (add lines 6 and 7)					8			
9	Taxable income before net operating	loss deduction (subtrac	ct line 8 from	line 5)		9			
10	New York net operating loss deduction	on (attach federal and Ner	w York State	computation	ons)	10			
11	Taxable income (subtract line 10 from I	line 9)				11			
12	Allocated taxable income (multiply line	e 11 by% from	line 40; or er	nter amoui	nt from line 11 if				
	allocation is not claimed)								
	3 Tax based on income (multiply line 12 by 9% (.09))								
	4 Minimum tax							250 00	
	Total prepayments from line 44							$-\!\!\!+\!\!\!\!-$	
	Balance (if line 16 is less than line 15, s Interest on late payment (see instructi							-	
	Late filing and late payment penaltie							+	
	Balance due <i>(add lines 17, 18, and 19;</i>							-+	
	Overpayment (if line 15 is less than line							-	
	Amount of overpayment on line 21 to		,						
	Amount of overpayment on line 21 to							$\neg \vdash$	
	tification. I certify that this return and	·							
	nature of elected officer or authorized person			Official title			Date		
parer Jly	Firm's name (or yours if self-employed)				ID number		Date		
Paid preparer use only	Address Signature of					reparing t	this return		
	Mail	DODATION TAY DOO	050011101	INIT DO	DOV 00000 ALDANY	NIV 100	04 0000	OT 40	

Schedule A – Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:		A New York Sta	ate	Eve	B rywhere	
24 Real estate owned	24					
25 Gross rents (attach list)	25					
26 Inventories owned						
27 Other tangible personal property owned	27					
28 Total (add lines 24 through 27)	28					
29 Percentage in New York State (divide line 28, column A, by line 28, col	umn B)				29	%
Receipts in the regular course of business from:						
30 Sales of tangible personal property shipped to points within						
New York State	30					
31 All sales of tangible personal property	31					
32 Services performed	32					
33 Rentals of property	33					
34 Other business receipts	34					
35 Total (add lines 30 through 34)	35					
36 Percentage in New York State (divide line 35, column A, by line 35, column A)	umn <u>B)</u>				36	%
37 Wages, salaries and other compensation of employees (except						
general executive officers)	37					
38 Percentage in New York State (divide line 37, column A, by line 37, column A)	umn B)				38	%
39 Total of New York State percentages (add lines 29, 36 and 38)					39	%
40 Business allocation percentage (divide line 39 by three or by the numb	er of perce	entages)			40	%
Composition of prepayments claimed on line 16*			Date Pai	d	Amo	unt
41 Payment with extension request, Form CT-5, line 5		41				
42a Second prepayment		42a				
42b Third prepayment		42b				
42c Fourth prepayment		42c				
43 Credit from prior years				. 43		
44 Total (add lines 41 through 43; enter here and on line 16)				. 44		

^{*}Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, please report them above.

Need help?

Telephone assistance is available from 8:30 a.m. to 4:25 p.m. (eastern

time), Monday through Friday. Tax information: 1 800 972-1233 Forms and publications: 1 800 462-8100

From outside the U.S. and outside Canada: (518) 485-6800

Fax-on-demand forms: 1 800 748-3676 Internet access: http://www.tax.state.ny.us

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110 (8:30 a.m. to 4:15 p.m., eastern time)

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.

If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, Taxpayer Correspondence, W A Harriman Campus, Albany NY 12227.

Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return. However, if, at a later date, you need to establish the date you filed your return, you cannot use the date recorded by a private delivery service unless you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, Designated Private Delivery Services. See Need help? for information on ordering forms and publications.) If you use any private delivery service, whether it is a designated service or not, address your return to: State Processing Center, 431C Broadway, Albany NY 12204-4836.