



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

2000 calendar-yr. filers, check box
Other filers enter tax period:

beginning
ending

Employer identification number		File number	Check box if overpayment claimed <input type="checkbox"/>	For office use only
Legal name of corporation		Trade name/DBA		
Mailing name and address	Mailing name (if different from legal name) and address		State or country of incorporation	Date received
	c/o		Date of incorporation	
	Number and street or PO box		Foreign corporations: date began business in NYS	Audit use
	City	State		
If address above is new, check box (see instructions) <input type="checkbox"/>	If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. Obtain forms through fax-on-demand, Internet access, or one of the telephone assistance numbers. See the <i>Need help?</i> section of the form or instructions.		Business telephone number ()	
NAICS business code number (see instructions)	Principal business activity			

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 (see instructions) Yes No

A. Payment — pay amount shown on line 45. Make check payable to: New York State Corporation Tax	Payment enclosed
.....Attach your payment here.	<input type="text"/>

Computation of entire net income base (see instructions, Form CT-3/4-I, for assistance)

		Dollars	Cents
1	Federal taxable income before net operating loss and special deductions	<input type="text"/>	<input type="text"/>
2	Interest on federal, state, municipal and other obligations not included on line 1	<input type="text"/>	<input type="text"/>
3	Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock	<input type="text"/>	<input type="text"/>
4	New York State and other state and local taxes deducted on your federal return (see instructions)	<input type="text"/>	<input type="text"/>
5	ACRS/MACRS deduction used in the computation of line 1 (see instructions)	<input type="text"/>	<input type="text"/>
6	Add lines 1 through 5	<input type="text"/>	<input type="text"/>
7	New York net operating loss deduction (attach federal and NYS computations)	<input type="text"/>	<input type="text"/>
8	Allowable New York depreciation (see instructions)	<input type="text"/>	<input type="text"/>
9	Refund or credit of certain taxes (see instructions)	<input type="text"/>	<input type="text"/>
10	Total subtractions (add lines 7 through 9)	<input type="text"/>	<input type="text"/>
11	Entire net income base (subtract line 10 from line 6; enter here and on line 21)	<input type="text"/>	<input type="text"/>
12	Entire net income base tax (multiply line 11 by the appropriate rate from the Tax rates schedule on page 4 of Form CT-3/4-I)	<input type="text"/>	<input type="text"/>

Computation of capital base

	A Beginning of year	B End of year	C Average value
13	Total assets from federal return	<input type="text"/>	<input type="text"/>
14	Real property and marketable securities included on line 13 ...	<input type="text"/>	<input type="text"/>
15	Subtract line 14 from line 13	<input type="text"/>	<input type="text"/>
16	Real property and marketable securities at fair market value ...	<input type="text"/>	<input type="text"/>
17	Adjusted total assets (add lines 15 and 16) ...	<input type="text"/>	<input type="text"/>
18	Total liabilities	<input type="text"/>	<input type="text"/>
19	Total capital base (subtract line 18, column C, from line 17, column C)	<input type="text"/>	<input type="text"/>
20	Capital base tax (multiply line 19 by .00178; enter here and on line 29)	<input type="text"/>	<input type="text"/>

(continued)

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)	22		.	
23 Net operating loss deduction from line 7	23		.	
24 Total (add lines 21 through 23)	24		.	
25 Alternative net operating loss deduction (see instructions)	25		.	
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 rates schedule on page 4 of Form CT-3/4-I)	27		.	

Computation of tax

28 Tax on entire net income base from line 12	28		.	
29 Tax on capital base from line 20 (New small business: <input type="checkbox"/> First year <input type="checkbox"/> Second year) ...	29		.	
30 Fixed dollar minimum tax (see instructions; an amount must be entered in each of the boxes below)	30		.	

31 Gross payroll	
32 Total receipts	
33 Gross assets	
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 you filed a request for extension, enter amount from Form CT-5, line 2	35a		.	
35b If you did not file Form CT-5 and line 34 is over \$1,000, enter 25% of line 34	35b		.	
36 Add line 34 and line 35a or 35b	36		.	
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 <input type="checkbox"/> ; if none, enter "0")	39		.	
40 Interest on late payment (see instructions)	40		.	
41 Late filing and late payment penalties (see instructions)	41		.	
42 Balance (add lines 38 through 41)	42		.	
43 Return a Gift to Wildlife (see instructions)	43		.	00
44 Breast Cancer Research and Education Fund (see instructions)	44		.	00
45 Balance due (if line 37 is less than the total of lines 36, 39, 40, 41, 43, and 44, the difference is amount due; enter payment on line A on page 1)	45		.	
46 Overpayment (if line 37 is more than the total of lines 36, 39, 40, 41, 43, and 44, the difference is amount overpaid)	46		.	
47 Amount of overpayment to be credited to next period	47		.	
48 Balance of overpayment (subtract line 47 from line 46)	48		.	
49 Amount of overpayment to be credited to Form CT-3M/4M	49		.	
50 Refund of overpayment (subtract line 49 from line 48)	50		.	

Composition of prepayments on line 37

		Date paid	Amount	
51 Mandatory first installment	51			.
52a Second installment	52a			.
52b Third installment	52b			.
52c Fourth installment	52c			.
53 Payment with extension request from Form CT-5, line 5	53			.
54 Credit from prior years <input type="text" value="Period"/>	54			.
55 Credit from Form CT-3M/4M <input type="text" value="Period"/>	55			.
56 Total prepayments (add lines 51 through 55; enter here and on line 37)	56			.

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
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	Dollars	Cents
58 Interest paid to shareholder	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>
59 Total indebtedness to shareholder described above	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>
60 Total interest paid	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>

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	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>
66 Interest deducted in computing federal taxable income	66	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>
67 Depreciable assets and land entered on your federal return	67	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>
68 If the IRS has completed an audit of any of your returns within the last five year, list years..	68	<input style="width:100%" type="text"/>	

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

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

71 Number of par shares Value \$.

72 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