



CT-32-S

New York State Department of Taxation and Finance

New York Bank S Corporation Franchise Tax Return Tax Law - Articles 32 and 22

2001 calendar-yr. filers, check box: Other filers enter tax period:

beginning ending

Employer identification number, File number, Check box if overpayment claimed, Legal name of corporation, Trade name/DBA, Mailing name and address, State or country of incorporation, Date of incorporation, Foreign corporations: date began business in NYS, Business telephone number, NAICS business code number, Principal business activity, Number of shareholders, New York assets, Total assets everywhere, ZIP code (U.S. headquarters), Name of country (foreign headquarters), Type of bank, County code

A. Payment - pay amount shown on line 20. Make check payable to: New York State Corporation Tax Payment enclosed

Schedule A - Computation of tax and installment payments of estimated tax (see instructions, Form CT-32-S-1)

Table with 24 rows for tax computation: 1 Entire net income from Form CT-32, Schedule B, line 59a; 2 Entire net income allocation percentage; 3 Allocated entire net income; 4 Optional depreciation adjustments; 5 Allocated taxable entire net income; 6 Allocated taxable entire net income multiplied by corporation tax rate; 7 Allocated taxable entire net income multiplied by Article 22 equivalent tax rate; 8 Tax on allocated taxable entire net income; 9 Fixed dollar minimum; 10 Franchise tax; 11 Special additional mortgage recording tax credit; 12 Net franchise tax; 13a/b First installment of estimated tax for next period; 14 Total; 15 Total prepayments; 16 Balance; 17 Penalty for underpayment; 18 Interest on late payment; 19 Late filing and late payment penalties; 20 Balance due; 21 Overpayment; 22 Amount of overpayment to be credited; 23 Refund of overpayment; 24 Issuer's allocation percentage.

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, Firm's name, ID number, Date, Address, Signature of individual preparing this return

Attach a complete copy of your federal return. Mail your return to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038

**Additional information**

Check box and attach Form CT-60-QSSS to notify the Tax Department that a QSSS is included in this return.....

Check boxes below to indicate the forms filed for any tax credits claimed by the New York S corporation or its shareholders. See Part II of the CT-34-SH instructions for shareholder information.

- CT-41
  - CT-601.1
- CT-43
  - CT-602
- CT-44
  - CT-604
- CT-250
  - DTF-624
- CT-601
  - DTF-630

Attach a copy of your pro forma federal Form 1120 and a copy of your actual federal Form 1120S filed. If you filed a return other than federal Form 1120S, please indicate the form number and name here: \_\_\_\_\_

If the Internal Revenue Service has completed an audit of any of your returns within the last five years, list years: \_\_\_\_\_

If the corporation is a member of an affiliated federal group, give the name and EIN of the primary corporation:

Name •	EIN •
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Has the corporation revoked its election to be treated as a New York S corporation?  Yes  No

If Yes, give effective date \_\_\_\_\_

If this return is for a termination year, check the appropriate box to indicate the method of accounting used for the New York S short year (see instructions):

- Normal accounting rules  Daily pro rata allocation

**Composition of prepayments on line 15, Schedule A**

		Date paid	Amount
<b>25</b> Mandatory first installment .....	<b>25</b>		
<b>26a</b> Second installment from Form CT-400 .....	<b>26a</b>		
<b>26b</b> Third installment from Form CT-400 .....	<b>26b</b>		
<b>26c</b> Fourth installment from Form CT-400 .....	<b>26c</b>		
<b>27</b> Payment with extension from Form CT-5.4, line 5 .....	<b>27</b>		
<b>28</b> Overpayment credited from prior years .....		<b>28</b>	
<b>29</b> Add lines 25 through 28 (enter here and on Schedule A, line 15) .....		<b>29</b>	

**You must complete Form CT-34-SH, *Shareholder Information Schedule*, and attach it to this form.**



# Change in Mailing Address and Assistance Information for Prior Year Corporation Tax Forms

**TP-32**  
(1/16)

Beginning on January 2, 2015, we changed processing centers.

Any corporation tax form for tax years 2014 or before that instructs you to mail the form to: NYS Tax Department – IT-2659, PO Box 397, Albany NY 12201-0397, must be mailed to this address instead (see *Private delivery services* below):

**NYS TAX DEPARTMENT  
PO BOX 15179  
ALBANY NY 12212-5179**

Any corporation tax filing extension request form for tax years 2014 or before that instructs you to mail the form to: NYS Tax Corporation Tax, Processing Unit, PO Box 22094, Albany NY 12201-2094, or NYS Tax Corporation Tax, Processing Unit, PO Box 22102, Albany NY 12201-2102, must be mailed to this address instead (see *Private delivery services* below):

**NYS CORPORATION TAX  
PO BOX 15180  
ALBANY NY 12212-5180**

Any C corporation, banking corporation, insurance corporation, Article 9 corporation, and Article 13 corporation tax form for tax years 2014 or before that instructs you to mail the form to: NYS Tax Corporation Tax, Processing Unit, PO Box 1909, Albany NY 12201-1909; NYS Tax Corporation Tax, Processing Unit, PO Box 22038, Albany NY 12201-2038; NYS Tax Corporation Tax, Processing Unit, PO Box 22095, Albany NY 12201-2095; NYS Tax Corporation Tax, Processing Unit, PO Box 22093, Albany NY 12201-2093; or NYS Tax Corporation Tax, Processing Unit, PO Box 22101, Albany NY 12201-2101, must be mailed to this address instead (see *Private delivery services* below):

**NYS TAX DEPARTMENT  
PO BOX 15181  
ALBANY NY 12212-5181**

Any S corporation tax form for tax years 2014 or before that instructs you to mail the form to: NYS Tax Corporation Tax, Processing Unit, PO Box 22092, Albany NY 12201-2092, or NYS Tax Corporation Tax, Processing Unit, PO Box 22096, Albany NY 12201-2096, must be mailed to this address instead (see *Private delivery services* below):

**NYS TAX DEPARTMENT  
PO BOX 15182  
ALBANY NY 12212-5182**

**Note:** Forms mailed to the old addresses may be delayed in processing.

## Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to mail in your form and tax payment. However, if, at a later date, you need to establish the date you filed or paid your tax, 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?* below for information on obtaining forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your form, contact that private delivery service for instructions on how to obtain written proof of the date your form was given to the delivery service for delivery.

For all the forms referenced above, if you are using a private delivery service, send to:

NYS TAX DEPARTMENT  
CORP TAX PROCESSING  
90 COHOES AVE  
GREEN ISLAND NY 12183

## Need help?



Visit our website at [www.tax.ny.gov](http://www.tax.ny.gov)

- get information and manage your taxes online
- check for new online services and features



### Telephone assistance

**Corporation Tax** Information Center: (518) 485-6027

To order forms and publications: (518) 457-5431

**Text Telephone (TTY) Hotline** (for persons with hearing and speech disabilities using a TTY): (518) 485-5082



**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, call the information center.