



# CT-4-S

New York State Department of Taxation and Finance

## New York S Corporation Franchise Tax Return Short Form

Final return

2003 calendar-year filers check box:

Amended return

Tax Law – Articles 9-A and 22

Other filers enter tax period:

beginning  ending

Employer identification number		File number	Business telephone number ( )	If you claim an overpayment, check box <input type="checkbox"/>	
Legal name of corporation			Trade name/DBA		
Mailing name (if different from legal name above) c/o Number and street or PO box			State or country of incorporation	Date received (for Tax Department use only)	
City State ZIP code			Date of incorporation	Foreign corporations: date began business in NYS	
NAICS business code number (see instructions)	If address above is new, check box <input type="checkbox"/>	If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, by fax, or by phone. See the <i>Need help?</i> section of the instructions.			Number of shareholders
Principal business activity					

**A. Payment** — pay amount shown on line 17. Make check payable to: **New York State Corporation Tax**  
 Attach your payment here. Payment enclosed

Computation of entire net income base	1	Federal taxable income before net operating loss and special deductions	•	1.	
	2	Interest income on federal, state, municipal, and other obligations not included on line 1 (attach list)	•	2.	
	3	New York State and other state and local taxes deducted on your federal return (see instructions)	•	3.	
	4	ACRS/MACRS deduction and the 30%/50% federal special depreciation deduction (see instructions)	•	4.	
	5	Add lines 1 through 4		5.	
	6	Allowable New York State depreciation (see instructions)	•	6.	
	7	Refund or credit of certain franchise taxes imposed by NYS (see instructions)	•	7.	
	8	Total subtractions (add lines 6 and 7)		8.	
	9	Entire net income base (subtract line 8 from line 5)		9.	
	10	Fixed dollar minimum tax (see instructions)		10.	
	<b>You must enter an amount in each of the boxes below; if none, enter "0."</b>				
		Gross payroll (not over \$250,000)	Total receipts	Average value of gross assets	10.
Computation of tax	11	Total prepayments (attach worksheet itemizing all relevant prepayment information)		11.	
	12	Balance (subtract line 11 from line 10; if line 11 is greater than line 10, enter "0")		12.	
	13	Interest on late payment (compute on line 12 amount; see instructions)		13.	
	14	Late filing and late payment penalties (compute on line 12 amount; see instructions)		14.	
	15	Balance (add lines 12, 13, and 14)		15.	
	16a	Voluntary gifts/contributions: Return a Gift to Wildlife	16a.	00	
	16b	(see instructions) Breast Cancer Research & Education Fund	16b.	00	
	17	Balance due (if line 11 is less than the total of lines 10, 13, 14, 16a, and 16b, the difference is amount due; enter payment on line A above)		17.	
	18	Overpayment (if line 11 is greater than the total of lines 10, 13, 14, 16a, and 16b, the difference is amount overpaid)		18.	
	19	Amount of overpayment to be credited to next period		19.	
20	Refund of overpayment (subtract line 19 from line 18)		20.		

Check box and attach Form CT-60-QSSS to notify the Tax Department that a qualified subchapter S subsidiary (QSSS) is included in this return   
 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.

Signature of authorized person		Official title	Date
Paid preparer use only	Firm's name (or yours if self-employed)		ID number
	Address		Signature of individual preparing this return

Attach a copy of your **pro forma federal Form 1120** and a copy of your **actual federal Form 1120S** filed (see instructions for line 1).

Attach Form CT-34-SH, *New York S Corporation Shareholders' Information Schedule*.

If you filed a return other than federal Form 1120S, enter form number here: \_\_\_\_\_

For mailing address information, see *Where to file* in the instructions.

**This page intentionally left blank.**