کے۔	<b>○ CT-13</b>	New York State Departm  Unrelated			_	•		
> 20	04	Tax Retu						
	Amended	Tax Law – Article			All filers enter tax properties beginning		nding -	
Emplo	return oyer identification number	File number	Business telep		<u> </u>	e	nding If you claim an	
			( )				overpayment, m an <b>X</b> in the box	
Legal	name of corporation		/ /		Trade name/DBA		an X in the box	
Mailin	g name (if different from legal name above)				State or country of incorpo	ration Date recei	ived (for Tax Department us	se only)
c/o								
Numb	er and street or PO box				Date of incorporation			
City		State	ZIP code		Foreign corporations: date business in NYS	began		
NAIG			I fugur nama a	manlayarid	antification number add			
NAICS	S business code number (see instructions)		or owner/office	er information	entification number, add on has changed, you mu	st file `	Tax Department use only)	
Princip	pal unrelated business activity		Form DTF-95.	If only your	r address has changed, u can get these forms fro	you		
Princi	par unrelated business activity		our Web site, I	by phone, o	r by fax. See the Need h	nelp?		
			section of the					
	filed New York State Form CT-247, A						on? Yes 🔲 N	10 L
	n <b>X</b> in this box if you ceased op section Who must file Form CT-13							_
		,					Payment enclosed	·· •
<b>Α.</b> Ра	ly amount shown on line 22. Ma tach your payment here. Detac	ake check payable to:	New York S	tate Cor	poration Tax	<b></b>	rayment enclosed	$\neg$
				l - ft	000ifillti	■ A.		Щ
	Federal unrelated business taxable in				•			-+
_	<ul> <li>New York State Article 13 tax deducted on federal return</li></ul>							-+
3								_
4	·		•	•	*			$\dashv$
5		,						_
6	Add lines 1 through 5					6.		
	Other income (see instructions)	•						
	Federal S corporation sharehold							
9 10 11		,				40		
<u> </u>	Total subtractions (add lines 7,				$\rightarrow$			
	-	Taxable income before net operating loss deduction (subtract line 10 from line 6)						
_	New York net operating loss of	,			,			$\rightarrow$
0 13	Taxable income (subtract line 1					13.		_
_	Allocated taxable income (mu							
5 <sub>45</sub>	from line 13 if allocation is not	,						-
0 15	Tax based on income (multiply							FO 6
16 8	Minimum tax						2:	50 0
을 17	,	- '				7		
18 E	1 1 3							-
<b>1</b>	Balance (if line 18 is less than li							-
20	. , ,							-
21	Late filing and late payment p							+
22	(,,							+
23	Overpayment (if line 17 is less							+
	Amount of overpayment on line Amount of overpayment on line		-					$\dashv$
	ation: I certify that this return a						rect and complete	
	e of authorized person	and any addoninents	are to the De	Officia		ner true, con	Date	ž.
	•							
Sig	nature of individual preparing this return	Firm's n	ame (or yours if s	elf-employed,	)			
Sig Add	dress	City	State	ZIP code	ID number		Date	

Mail your return to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038 See back page for private delivery service information and address.

Have	e you been audited by the Internal Revenue Service in the pas	t 5 yea	rs? Yes	No [	If Yes, list	years:		
Fede	eral return was filed on: 990T Other:		Atta	ıch a	complete copy	of your fe	deral retu	urn.
Scl	hedule A – Unrelated business allocation							
	u did not maintain a regular place of business outside New Yor	k Stata	loove this se	hodul	a blank A roqu	lar place of		
	ness is any office, factory, warehouse, or other space regularly						ı	
	n this allocation, attach a list of each place of business, the loc							S.
		, ,	Α			В		
Ave	rage value of:		New York	State	, E	verywhere		
	Real estate owned (see instructions)	26.				,		
	Gross rents (attach list; see instructions)							
	Inventories owned							
	Other tangible personal property owned (see instructions)							
	Total (add lines 26 through 29)							
	Percentage in New York State (divide line 30, column A, by line 3		nn B)			31.		%
	eipts in the regular course of business from:	,	/					
	Sales of tangible personal property shipped to points within							
	New York State	32.						
33	All sales of tangible personal property							
	Services performed							
	Rentals of property							
	Other business receipts							
37	Total (add lines 32 through 36)	37.						
38	Percentage in New York State (divide line 37, column A, by line 3	7, colum	nn B)			38.		%
39	Wages, salaries, and other compensation of employees							
	(except general executive officers; see instructions)	39.						
40	Percentage in New York State (divide line 39, column A, by line 3	9, colum	nn B)			40.		%
	Total of New York State percentages (add lines 31, 38, and 40							%
	2 Business allocation percentage (divide line 41 by three or by the number			)				%
	nposition of prepayments claimed on line 18*			Date paid	<i> </i>	Amount		
	Payment with extension request, Form CT-5, line 5			43.				
	Second installment from Form CT-400							
	Third installment from Form CT-400							
	Fourth installment from Form CT-400			T				
	Amount of overpayment credited from prior years							
46	46 Total prepayments (add lines 43 through 45; enter here and on line 18)							
	* Taxpayers subject to the unrelated business income tax a If you did make these unrequired payments, please report	re not r	required to ma on lines 44a, 4	ke est 14b, ai	imated tax pay nd 44c.	ments.		

Private delivery service — If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return and pay tax. However, if, at a later date, you need to establish the date you filed your return 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? in the instructions for information on ordering forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your return, contact that private delivery service for instructions on how to obtain written proof of the date your return was given to the delivery service for delivery. 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.