



CT-4-S

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New York State Department of Taxation and Finance

New York S Corporation Franchise Tax Return Short Form

Tax Law – Articles 9-A and 22

All filers must enter tax period:

Final return Amended return

beginning ending

Employer identification number	File number	Business telephone number ()		If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation		Trade name/DBA		
Mailing name (if different from legal name above) c/o		State or country of incorporation	Date received (for Tax Department use only)	
Number and street or PO box		Date of incorporation		
City	State	ZIP code	Foreign corporations: date began business in NYS	
NAICS business code number (from federal return)	If address above is new, mark an X in the 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 phone, or by fax. See the <i>Need help?</i> section below.		Audit (for Tax Department use only)
Principal business activity		Number of shareholders <input type="text"/>		

A. Pay amount shown on line 17. Make check payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs.	Payment enclosed
	A. <input type="text"/>

- B. You must attach **both** a copy of your federal **pro forma Form 1120** and a copy of your **actual federal Form 1120S** filed (see instructions for line 1). If you filed a return other than federal Form 1120S, enter the form number here: _____
- C. Attach Form CT-34-SH, *New York S Corporation Shareholders' Information Schedule*.
- D. If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an **X** in the box and attach Form CT-60-QSSS
- E. Mark an **X** in the box **only if you need a tax packet** mailed to you next year (see instructions)

Need help?

Internet access: www.nystax.gov
(for information, forms, and publications)

Fax-on-demand forms: 1 800 748-3676

Business Tax Information Center: 1 800 972-1233
From areas outside the U.S. and outside Canada: (518) 485-6800

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110

Mail all pages of your return along with any required attachments to one of the following addresses:

With payment	Without payment
NYS CORPORATION TAX PROCESSING UNIT PO BOX 22093 ALBANY NY 12201-2093	NYS CORPORATION TAX PROCESSING UNIT PO BOX 22101 ALBANY NY 12201-2101

If you are using a private delivery service, see the instructions for more information.

Computation of entire net income (ENI) base

1	Federal taxable income (FTI) before net operating loss (NOL) 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	Federal depreciation from Form CT-399, if applicable (see instructions)	•	4.		
5	Add lines 1 through 4	•	5.		
6	Allowable New York State depreciation from Form CT-399, if applicable (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	ENI base (subtract line 8 from line 5)	•	9.		
You must enter an amount in each of the boxes below; if none, enter 0.					
10a	Gross payroll (not over \$500,000)	•	10a.		
10b	Total receipts	•	10b.		
10c	Average value of gross assets	•	10c.		
10d	Fixed dollar minimum tax (see instructions)	•	10d.		
11	Total prepayments (attach worksheet itemizing all relevant prepayment information)	•	11.		
12	Balance (subtract line 11 from line 10d; if line 11 is greater than line 10d, 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.		

Computation of tax

Voluntary gifts/contributions (see instructions)

16a	Return a Gift to Wildlife	16a.		00	
16b	Breast Cancer Research & Education Fund	16b.		00	
16c	Prostate Cancer Research, Detection, and Education Fund	16c.		00	
16d	World Trade Center Memorial Foundation Fund	16d.		00	
17	Balance due (if line 11 is less than the total of lines 10d, 13, 14, and 16a through 16d, the difference is amount due; enter payment here and on line A on front)	17.			
18	Overpayment (if line 11 is greater than the total of lines 10d, 13, 14, and 16a through 16d, 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.			

Third – party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/>		
	Designee's name	Designee's phone number ()	Personal identification number (PIN) <input type="text"/>

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	Signature of individual preparing this return		Firm's name (or yours if self-employed)		
	Address	City	State	ZIP code	Date