



CT-32-S

Staple forms here

New York State Department of Taxation and Finance

New York Bank S Corporation Franchise Tax Return

Tax Law - Articles 32 and 22

All filers must enter tax period:

Amended return checkbox

beginning ending

Main form section with fields for Employer identification number, File number, Business telephone number, Legal name of corporation, Trade name/DBA, Mailing name, State or country of incorporation, Date received, Date of incorporation, Foreign corporations: date began business in NYS, NAICS business code number, Principal business activity, Number of shareholders, New York assets, Total assets everywhere, ZIP code (U.S. headquarters) or Name of country (foreign headquarters), Type of bank, Clearing house, Savings, Other commercial, County code.

A. Pay amount shown on line 20. Make payable to: New York State Corporation Tax. Attach your payment here. Detach all check stubs. (See instructions for details.)

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

Table with 24 rows for tax computation. Line 9: Fixed dollar minimum 250.00. Line 24: Issuer's allocation percentage.

Attach a complete copy of your federal returns.

Additional information

Mark an **X** in the box and attach Form CT-60-QSSS to notify the Tax Department that a QSSS is included in this return

Mark an **X** in the boxes below to indicate the forms filed for any tax credits claimed by the New York S corporation or its shareholders. See Schedule A, Part 2, of Form CT-34-SH, *New York S Corporation Shareholders' Information Schedule*.

- | | | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| CT-41 • <input type="checkbox"/> | CT-43 • <input type="checkbox"/> | CT-44 • <input type="checkbox"/> | CT-249 • <input type="checkbox"/> | CT-250 • <input type="checkbox"/> | CT-259 • <input type="checkbox"/> |
| CT-601 • <input type="checkbox"/> | CT-602 • <input type="checkbox"/> | CT-604 • <input type="checkbox"/> | CT-606 • <input type="checkbox"/> | CT-611 • <input type="checkbox"/> | CT-612 • <input type="checkbox"/> |
| CT-613 • <input type="checkbox"/> | CT-631 • <input type="checkbox"/> | DTF-624 • <input type="checkbox"/> | DTF-630 • <input type="checkbox"/> | | |

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 title 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:

<input type="checkbox"/> Name	<input type="checkbox"/> 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, mark an **X** in 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 (see instructions)

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

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	ID number

See instructions for where to file.

You must complete Form CT-34-SH, *New York S Corporation Shareholders' Information Schedule*, and attach it to this form, along with any applicable schedules from Form CT-32 (see instructions).