



CT-13

Staple forms here

New York State Department of Taxation and Finance

Unrelated Business Income Tax Return

Amended return

Tax Law - Article 13

All filers enter tax period:

beginning ending

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 unrelated business activity, Audit (for Tax Department use only)

Have you filed New York State Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization? Yes No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a)

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions)

A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.) Payment enclosed

Computation of income and tax

Table with 25 rows for computation of income and tax. Includes lines 1-25 with descriptions and numerical values.

Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: _____

Federal return was filed on: 990T Other: _____ **Attach a complete copy of your federal return.**

Schedule A – Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:		A New York State		B Everywhere	
26	Real estate owned (see instructions).....	26.			
27	Gross rents (attach list; see instructions).....	27.			
28	Inventories owned.....	28.			
29	Other tangible personal property owned (see instructions).....	29.			
30	Total (add lines 26 through 29).....	30.			
31	Percentage in New York State (divide line 30, column A, by line 30, column B).....	31.			%

Receipts in the regular course of business from:

32	Sales of tangible personal property shipped to points within New York State.....	32.			
33	All sales of tangible personal property.....	33.			
34	Services performed.....	34.			
35	Rentals of property.....	35.			
36	Other business receipts.....	36.			
37	Total (add lines 32 through 36).....	37.			
38	Percentage in New York State (divide line 37, column A, by line 37, column 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 39, column B).....	40.			%
41	Total of New York State percentages (add lines 31, 38, and 40).....	41.			%
42	Business allocation percentage (divide line 41 by three or by the number of percentages).....	42.			%

Composition of prepayments claimed on line 18*

		Date paid	Amount
43	Payment with extension request, Form CT-5, line 5.....	43.	
44a	Second installment from Form CT-400.....	44a.	
44b	Third installment from Form CT-400.....	44b.	
44c	Fourth installment from Form CT-400.....	44c.	
45	Amount of overpayment credited from prior years.....	45.	
46	Total prepayments (add lines 43 through 45; enter here and on line 18).....	46.	

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, please report them on lines 44a, 44b, and 44c.

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)

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

See instructions for where to file.