_	∫ CT-13	New York State Departme									
5	2014 /	Unrelated		nes	s inco	me					
	- Lu	Tax Retui	'n		All filers ent	or tox porior	1.				
	Amended return	Tax Law - Article 1			beginning	er tax period		ling I			
Γ	Employer identification number (EIN)	File number	Business telep	hone numb	0 0		Crid	If you clair	n an		
			()					overpayme an X in the	ent, mark		
•	Legal name of corporation		\ /		Trade name/DE	<u>I</u> BA		anzintie	, DOX		
	Mailing name (if different from legal name above)				State or country	of incorporation	Date received	d (for Tax Departme	nt use only)		
	c/o										
	Number and street or PO box				Date of incorpo	oration	1				
	City	State	ZIP code		Foreign corporat business in NYS	ions: date began	1				
					Buomicoo miivio						
	NAICS business code number (from federal return)	If address/phone above is new,	ı If you nee	d to und	ate your addre	ess or phone	Audit (for Tax	Department use of	nly)		
		mark an X in the box			rporation tax, of						
T	Principal unrelated business activity (see instructions)						;				
			Informatic	n in Fori	m CI-I.						
For	m CT-247, Application for Exempt	tion from Corporation	on Franchis	e Taxes	s by a Not-F	or-Profit			_		
(Organization - Have you filed this	New York State appl	ication for e	xemption	on? (see instru	ıctions)		Yes	No		
	rk an X in this box if you are an emp	-									
	rk an \boldsymbol{X} in this box if you ceased ope										
	see section Who must file Form CT-13 ir								●		
Α.	 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				
	Attach your payment here. Detach	i ali check stubs. (see	ristructions	ior detai	18.)		Α				
Co	mputation of income and tax										
		no hoforo not anaratina l	ana dadustias	and ofte	41 000 anasi	fia daduatian	4				
1	Federal unrelated business taxable income New York State Article 13 and Article 14 and Article 15 and Article 1	, ,					2				
2 3	Additions required for shareholders						3				
J √1	·		•		,		4				
5	Grossed-up taxes for shareholders of New York S corporations (see instruction Other additions (see instructions) IRC section 199 deduction:			10115)		5					
6	Add lines 1 through 5						6				
	Other income (see instructions)			7			O O				
ر و	Federal S corporation shareholder su			8							
9	Other subtractions (see instructions)										
10	Total subtractions (add lines 7, 8, and			-			10				
11	Taxable income before net operating						11				
12	New York net operating loss deduc	_					12				
13	Taxable income (subtract line 12 from	,				•	13				
14	Allocated taxable income (multiply li										
	from line 13 if allocation is not claime						14				
15	Tax based on income (multiply line 1	*				•	15				
16	Minimum tax						16		250 00		
17	Tax (line 15 or line 16, whichever is larg	ger)					17				
18	Total prepayments from line 46						18				
19	Balance (if line 18 is less than line 17,					•	19				
20	Interest on late payment (see instruc						20				
21	Late filing and late payment penalt	ies (see instructions)					21				
22	Balance due (add lines 19, 20, and 21	and enter here; enter t	he payment a	mount o	n line A above)	22				
	_						1		ı		

See page 3 for third-party designee, certification, and signature entry areas.

Overpayment (if line 17 is less than line 18, subtract line 17 from line 18).
Amount of overpayment on line 23 to be credited to next year.
Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23).



Hav	e you been audited by the Internal Revenue Service in the past	5 yea	rs? Yes	No	If \	∕es, list	years	s:	
Fed	eral return was filed on: 990-T Other:		Att	ach a	comple	ete cop	y of y	our federa	l return.
If yo busi	nedule A – Unrelated business allocation u did not maintain a regular place of business outside New Yor ness is any office, factory, warehouse, or other space regularly n this allocation, attach a list of each place of business, the loc	used	by the taxpay	er in it	s unrela	ated bu	siness	s. If you	oyees.
-			Α				Е	3	
Ave	rage value of:		New York	k Stat	е	E	very	where	
26	Real estate owned (see instructions)	26							
27	Gross rents (attach list; see instructions)	27							
	Inventories owned	28							
	Other tangible personal property owned (see instructions)	29							
	Total (add lines 26 through 29)	30							
	Percentage in New York State (divide line 30, column A, by line 30), colur	nn B)					. 31	%
	eipts in the regular course of business from:								
32	Sales of tangible personal property shipped to points within								
	New York State	32			\perp				
	All sales of tangible personal property	33							
	Services performed	34							
	Rentals of property	35							
	Other business receipts	36							
	Total (add lines 32 through 36)	37							2/
	Percentage in New York State (divide line 37, column A, by line 37	, colur	nn B)					. 38	%
39	Wages, salaries, and other compensation of employees								
	, , ,	39						T I	
	Percentage in New York State (divide line 39, column A, by line 39								%
	Total of New York State percentages (add lines 31, 38, and 40,								% %
	Business allocation percentage (divide line 41 by three or by the rapposition of prepayments claimed on line 18*	numbei	ot percentages	S)		paid		. 42 Amo	
				43	Date	paiu		AIIIO	unt
	Payment with extension request, Form CT-5, line 5 Second installment from Form CT-400								
	Third installment from Form CT-400			-					
	Fourth installment from Form CT-400			44c					
	Amount of overpayment credited from prior years						45		
	Total prepayments (add lines 43 through 45; enter here and on line								
40	Total prepayments (add lines 45 tillough 45, enter here and on line	10)				····· [_•	+0		
	*Taxpayers subject to the unrelated business income tax a lf you did make these unrequired payments, report them of					tax pa	aymen	ts.	
Am	ended return information								
lf fili	ng an amended return, mark an X in the box for any items that	apply	and attach do	ocume	ntation.				
Fina	I federal determination If marked, enter da	te of o	determination:	•	_	_			
Net	operating loss (NOL) carryback ● Capital loss carryb	ack					•		
Fede	eral return filed Form 1139 • Amended Form 99	0-T					•		



Third – par	<u> </u>			Designed (e's phone)	e number
(see instruction	Designee's e-mail address				PIN	
Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and comp						
Authorized	Printed name of authorized person	Signature of authorized person	Official title	;		
person	E-mail address of authorized person	Telephone number ()		Date		
Paid	Firm's name (or yours if self-employed)	Firm's E	iN	Prepar	er's PTIN	l or SSN
preparer use	Signature of individual preparing this return	Address	City	Sta	ate	ZIP code
only (see instr.)	E-mail address of individual preparing this return		Preparer's NYTPRIN		Date	

See instructions for where to file.