



CT-13

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 (EIN), 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, NAICS business code number, Principal unrelated business activity, Audit (for Tax Department use only)

Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization

Organization - Have you filed this New York State application for exemption? (see instructions) 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. Line 16 shows 250.00. Line 24 shows amount of overpayment to be credited to next year. Line 25 shows amount of overpayment to be refunded.

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

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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: 990-T 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		B	
	New York State		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, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an **X** in the box for any items that apply and attach documentation.

Final federal determination If marked, enter date of determination: • _____

Net operating loss (NOL) carryback... Capital loss carryback.....

Federal return filed Form 1139 Amended Form 990-T

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Third – party designee <i>(see instructions)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name <i>(print)</i>	Designee's phone number ()
	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 complete.

Authorized person	Printed name of authorized person	Signature of authorized person	Official title	
	E-mail address of authorized person	Telephone number ()	Date	
Paid preparer use only <i>(see instr.)</i>	Firm's name <i>(or yours if self-employed)</i>	Firm's EIN	Preparer's PTIN or SSN	
	Signature of individual preparing this return	Address	City	State ZIP code
	E-mail address of individual preparing this return	Preparer's NYTPRIN	Date	

See instructions for where to file.

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