

New York State Department of Taxation and Finance

Corporation Franchise Tax Report

Article 9-A, Tax Law

for taxable period

beginning

ending

A copy of all pages of your federal return must accompany this report.

Main form section containing fields for Employer identification number, Name, Number and street, City or town, state and ZIP code, Telephone number, Business group code number, State or country of incorporation, Date, Foreign Corporations only, Date began business in New York State, Federal return was filed on, Have you been audited by the Internal Revenue Service in the past 5 years, Total assets (line 46b).

Important: To avoid rejection of form, complete all items marked • Use zeros where they apply.

Pay amount shown at line 13, Schedule A. MAKE CHECK PAYABLE TO: NEW YORK STATE CORPORATION TAX

SCHEDULE A — Computation of tax and payment of Estimated Tax (please read instructions)

Table with 15 rows for tax computation. Columns include line number, description, amount, and percentage. Includes items like Allocated net income, Allocated capital, Alternative base, Minimum, Allocated subsidiary capital, Net tax, Prepayments, Balance, Interest, Additional charges, BALANCE DUE, OVERPAYMENT, and Issuer's allocation percentage.

CERTIFICATION BY AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

Signature lines for Date, Signature of officer, Official title, Date, Signature of individual or name of firm preparing this report, Preparer's address.

SCHEDULE F – Officers and Certain Stockholders. Include all appointed and elected officers, whether or not receiving any compensation, and every stockholder owning in excess of 5% of taxpayer's issued capital stock who received any compensation. It is mandatory to list the name, address and social security number of all officers.

Name and Address—give actual residence (attach rider if necessary)	Social Security Number	Official Title	Salary and All Other Compensation Received from Corporation
			\$
57. Total Compensation of officers (including any amount on rider)			\$

SCHEDULE G – Business Allocation

Business income and capital may be allocated even if your only place of business is located in New York State. If property and wages are allocated outside New York, attach a rider indicating the nature, location and use of the property, and the number, location and duties of your employees.

If investment income and capital ratios (Schedule D) are more than 85%, you may leave this schedule blank and allocate business and investment income and capital by the investment allocation percentage.

	COLUMN A – NEW YORK	COLUMN B – EVERYWHERE
58. Average value of (value property owned by same method as in Sch. E, Col. c):		
a. Real estate owned		
b. Real estate rented (attach rider)		
c. Inventories owned		
d. Other tangible personal property owned		
e. Total	\$	\$
f. Percentage in New York State (divide Column A by Column B)		%
59. Receipts, in the regular course of business, from:		
a. Sales of tangible personal property shipped to points within N.Y.S.		
b. All sales of tangible personal property		
c. Services performed		
d. Rentals of property		
e. Royalties		
f. Other business receipts		
g. Total	\$	\$
h. Percentage in New York State (divide Column A by Column B)		%
60. Additional receipts factor (Enter % from line 59h)		%
61. Wages, salaries, and other compensation of employees, except general executive officers	\$	\$
(a) Percentage in New York State (divide Column A by Column B)		%
62. Total of New York State percentages shown at lines 58f, 59h, 60 and 61a		%
63. BUSINESS ALLOCATION PERCENTAGE (divide line 62 by four or by the number of percentages)		%

COMPOSITION OF PREPAYMENTS CLAIMED AT LINE 9, SCHEDULE A

	DATE	AMOUNT	DEPOSIT SERIAL NUMBER
a. Mandatory first installment		\$	
b. CT-400 installments	(1)		
	(2)		
	(3)		
c. Payment with extension application, Form CT-5			
d. Credit from prior years			
e. Credit from Form CT-3M/4M, line 10b			
f. Total (add lines a, b, c, d and e; enter on Schedule A, line 9)		\$	

File this report within 2½ months after close of report year
 Taxable DISC: file within 8½ months after close of report year

MAIL TO: Processing Unit
 P.O. Box 1909
 Albany, NY 12201