



CT-4 General Business Corporation Franchise Tax Return

Short Form for Small Businesses

For calendar year 1989 or tax period:

beginning	<input type="checkbox"/>
ending	<input type="checkbox"/>

Employer identification number		File number *		You must report changes to your name, EIN, address or owner/officer information on Form DTF-95. Also, if address on return is new, check box <input type="checkbox"/>	For office use only
Name <small>PLACE LABEL HERE</small>					Date received
Number and street	City or town	State	ZIP code		
Trade name		Business telephone number ()		Business group code number (from federal return)	
Principal business activity	State or country of incorporation	date / /	Foreign corporations: date began business in NYS / /		Audit use
If this is an association or publicly traded partnership check box (see instructions) <input type="checkbox"/>					

Metropolitan Transportation Business Tax Surcharge

During the tax year did you do business, employ capital, own or lease property or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-3M/4M (see instructions) Yes No

A. Payment — pay amount shown on line 24 — Make check payable to: New York State Corporation Tax	Payment enclosed <input type="checkbox"/>
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Computation of Entire Net Income Base

1 Federal taxable income before net operating loss and special deductions	1	<input type="checkbox"/>
2 Interest on federal, state, municipal and other obligations not included in line 1	2	<input type="checkbox"/>
3 New York State, other state and local taxes deducted on your federal return (see instructions)	3	<input type="checkbox"/>
4 Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock	4	<input type="checkbox"/>
5 ACRS deduction used in the computation of line 1 (from Form CT-399; attach form)	5	<input type="checkbox"/>
6 Add lines 1 through 5	6	<input type="checkbox"/>
7 Allowable New York depreciation (from Form CT-399; attach form)	7	<input type="checkbox"/>
8 Entire net income base (subtract line 7 from line 6)	8	<input type="checkbox"/>
9 Tax on entire net income base (multiply line 8 by .08 (8%))	9	<input type="checkbox"/>

Computation of Capital Base — Enter whole dollars for lines 10 through 16

	A	B	C	
	Beginning of Year	End of Year	Average Value	
10 Total assets from federal return	10	<input type="checkbox"/>	<input type="checkbox"/>	
11 Real property and marketable securities included on line 10	11			
12 Subtract line 11 from line 10	12			
13 Real property and marketable securities at fair market value	13			
14 Adjusted total assets (add lines 12 and 13)	14			
15 Total liabilities	15		<input type="checkbox"/>	
16 Total capital (subtract column C, line 15 from column C, line 14)	16		<input type="checkbox"/>	
17 Tax on capital base (multiply line 16 by .00178)	17		<input type="checkbox"/>	

Computation of Tax — If you are claiming tax credits or your tax is more than \$1,000, you cannot use this form; use Form CT-3.

18 Fixed dollar minimum tax (see instructions)	18	<input type="checkbox"/>			
<table border="1"> <tr> <td>Gross payroll</td> <td>Total receipts</td> <td>Gross assets</td> </tr> </table>			Gross payroll	Total receipts	Gross assets
Gross payroll	Total receipts	Gross assets			
19 Tax due (see instructions)	19	<input type="checkbox"/>			
20 Total prepayments (from Schedule A, line 46)	20	<input type="checkbox"/>			
21 Balance (subtract line 20 from line 19)	21	<input type="checkbox"/>			
22 Interest on late payment: compute on line 21 amount (see instructions)	22	<input type="checkbox"/>			
23 Late filing and late payment penalties: compute on line 21 amount (see instructions)	23	<input type="checkbox"/>			
24 Balance due (add lines 21, 22 and 23 — enter payment on line A)	24	<input type="checkbox"/>			
25 Overpayment (subtract line 19 from line 20)	25	<input type="checkbox"/>			
26 Amount of overpayment to be credited to next period	26	<input type="checkbox"/>			
27 Balance of overpayment (subtract line 26 from line 25)	27	<input type="checkbox"/>			
28 Amount of overpayment to be credited to Form CT-3M/4M	28	<input type="checkbox"/>			
29 Refund (subtract line 28 from line 27)	29	<input type="checkbox"/>			

General Information

- 30 If you are incorporated in another state or country, were you authorized to do business in New York State by the Department of State? Yes No
- 31 Complete the following questions pertaining to your issued and outstanding stock and paid-in surplus as of the last day of your reporting period.

	Number of shares	Amount
Par value stock		
No par value stock		
Contributions to capital and paid-in surplus		
Total capital contributions		

If total capital contributions are over \$1,000,000, you cannot claim small business taxpayer status, and you must use Form CT-3.

Real Property Gains Tax Information

- 32 Does this corporation have an interest in real property located in New York State? Yes No
- 33 Has the controlling interest in this corporation's stock changed at any time during the last three years? Yes No
If you answered Yes to both questions, attach an explanation (see instructions).

Financial Information

34 Total receipts received for this tax period	34	•	
35 Interest deducted on your federal return	35	•	
36 Depreciable assets and land	36	•	

- 37 Federal return was filed on:
 1120 1120-A 1120S Consolidated basis Other _____
- 38 Have you been audited by the Internal Revenue Service during the past 5 years? Yes No

If Yes, list years _____

- 39 Did this corporation make any payments treated as interest in the computation of entire net income to shareholders owning directly or indirectly, individually or in aggregate more than 50% of the corporation's issued and outstanding capital stock? Yes No

If Yes, complete the following: (if more than one, provide information on separate sheet)

Shareholder's name		Social security number	
Amount of interest paid to shareholder	Total indebtedness to shareholders described above	Total interest paid to shareholders	

- Is there written evidence of the indebtedness? Yes No
- 40 Was the corporation involved in a merger, acquisition or consolidation on or after April 19, 1989? Yes No
If you answered Yes, see instructions.

Schedule A

Composition of Prepayments Claimed on Line 20

	Date	Amount	Deposit Serial Number
41 Mandatory first installment			
42 CT-400 installments	(1)		
	(2)		
	(3)		
43 Payment with extension application, Form CT-5			
44 Credit from prior years			
45 Credit from Form CT-3M/4M			
46 Total (add lines 41 through 45; enter here and on line 20)			

Certification. I certify that this return and any attachments are to the best of my knowledge and belief true, correct and complete.

Date	Signature of elected officer or authorized person	Official title
Date	Signature of individual or name of firm preparing this return	Preparer's address