



1995 CT-4

New York State Department of Taxation and Finance

General Business Corporation Franchise Tax Return

Short Form for Small Businesses, Tax Law — Article 9-A

1995 calendar yr. filers, check box [] Other filers enter tax period:

Final Return

(see procedure in instr.)

beginning [] ending []

Employer identification number, File number, Mailing Name and Address, Trade name, Business telephone number, Business activity code number, Principal business activity, State or country of incorporation, Date of inc., Foreign corporations: date began business in NYS, A. Payment — pay amount shown on line 30c. Make check payable to: New York State Corporation Tax

Computation of Entire Net Income Base

Table with 9 rows for net income base calculation, including Federal taxable income, interest on obligations, taxes deducted, interest on stock, MACRS/ACRS deduction, depreciation, franchise taxes, and tax on net income base.

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

Table with 7 rows for capital base calculation, including total assets from federal return, real property and marketable securities, adjusted total assets, total liabilities, total capital, and tax on capital base.

Computation of Minimum Taxable Income Base

Table with 4 rows for minimum taxable income base calculation, including entire net income base, depreciation of tangible property, minimum taxable income base, and tax on minimum taxable income base.

Computation of Tax — If you are claiming tax credits or line 25 is more than \$1,000, you cannot use this form; use Form CT-3

Table with 10 rows for tax computation, including fixed dollar minimum tax, franchise tax due, state tax surcharge, total franchise tax and state tax surcharge, total prepayments, balance, interest on late payment, late filing and late payment penalties, balance, and balance due.

Overpayment

31 Overpayment (if line 26 is more than the total of lines 25, 28, 29 and 30b, the difference is amount overpaid) ...	31	
32 Amount of overpayment to be credited to next period	32	
33 Balance of overpayment (subtract line 32 from line 31)	33	
34 Amount of overpayment to be credited to Form CT-3M/4M (MTA surcharge)	34	
35 Refund (subtract line 34 from line 33; check refund box on front page)	35	

Metropolitan Transportation Business Tax (MTA Surcharge)

- 36 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) **36** Yes No
- 37 If you are incorporated in another state or country, are you authorized to do business in New York State by the Department of State? Yes No
- 38 Provide the following information 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.

- 39 Does this corporation have an interest in real property located in New York State? Yes No
- 40 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).
- 41 Total receipts entered on your federal return **41**
- 42 Interest deducted on your federal return **42**
- 43 Depreciable assets and land entered on your federal return **43**

- 44 Federal return was filed on Form:
 1120 1120-A 1120S Consolidated basis Other: _____
- 45 Have you been audited by the Internal Revenue Service during the past 5 years? Yes No
- If Yes, list years _____

- 46a 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

- 46b Is there written evidence of the indebtedness? Yes No
- 47 Was the corporation involved in a merger, acquisition or consolidation on or after April 19, 1989? Yes No
- If Yes, see instructions.

Composition of Prepayments on Line 26

	Date Paid	Amount
48 Mandatory first installment		
49 CT-400 installments	(1)	
	(2)	
	(3)	
50 Payment with extension application, Form CT-5, line 7		
51 Credit from prior years		
52 Credit from Form CT-3M/4M	Period	
53 Total prepayments (add lines 48 through 52; enter here and on line 26)		

If you do not need forms mailed to you next year, check box. We will send you a label for use on next year's return (see instructions)

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

Signature of elected officer or authorized person		Official title	Date
Paid Preparer Use Only	Firm's name (or yours if self-employed)	ID number	Date
	Address		Signature of individual preparing this return