



CT-4 Final Return (see procedure in instr.)

New York State Department of Taxation and Finance

General Business Corporation Franchise Tax Return Short Form Tax Law — Article 9-A

1996 calendar yr. filers, check box Other filers enter tax period:

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 incorporation, Foreign corporations: date began business in NYS

Metropolitan Transportation Business Tax (MTA 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).

A. Payment — pay amount shown on line 43. Make check payable to: New York State Corporation Tax

Computation of Entire Net Income Base

Table with 12 rows and 3 columns: Description, Dollars, Cents. Includes lines 1-12 for net income base calculation.

Computation of Capital Base

Table with 6 rows and 3 columns: Description, A Beginning of Year, B End of Year, C Average Value. Includes lines 13-20 for capital base calculation.



**Interest Paid to Shareholders**

57 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 the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If Yes, complete the following (if more than one, attach separate sheet) ..... 57  Yes  No

Shareholder's name	Social security number or EIN     -
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	Dollars	Cents
Interest paid to shareholder		
Total indebtedness to shareholder described above		
Total interest paid		

58 Is there written evidence of the indebtedness?..... 58  Yes  No

59 Are you claiming small business taxpayer status for lower entire net income tax rates? ..... 59  Yes  No

60 Enter total capital contributions (see worksheet in instructions)..... 60 | | | | | | | | | | | | | | | |

61 Federal return filed  1120  1120-A  1120-S  Consolidated basis  Other: \_\_\_\_\_

**Attach a complete copy of your federal return.**

	Dollars	Cents
62 Total receipts entered on your federal return .....		
63 Interest deducted in computing federal taxable income .....		
64 Depreciable assets and land entered on your federal return .....		
65 If the IRS has completed an audit of any of your returns within the last five years, list years .....	65	

66 If a member of an affiliated federal group - primary corporation:  Name: \_\_\_\_\_  EIN: | | - | | | | | | | |

67 If more than 50% owned by another corporation - parent corporation:  Name: \_\_\_\_\_  EIN: | | - | | | | | | | |

68 Was the corporation involved in a merger, acquisition or consolidation on or after April 19, 1989? .....  Yes  No

Corporations organized outside New York State complete the following for capital stock issued and outstanding.

69

Number of par shares	[ ]	Value	\$
Number of no par shares	[ ]	Value	\$

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
	Address	Signature of individual preparing this return

Mail your return to: **NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 1909, ALBANY NY 12201-1909**