



CT-4-S

New York State Department of Taxation and Finance

New York S Corporation Franchise Tax Return Short Form for Small Businesses Tax Law — Articles 9-A and 22

1998 calendar-yr. filers, check box [] Other filers enter tax period:

[] Final Return (see procedure in instr.)

beginning [] ending []

Employer identification number, File number, Check box if overpayment claimed, Legal name of corporation, Trade name/DBA, Mailing name and address, State or country of incorporation, Date of incorporation, Foreign corporations: date began business in NYS, Business activity code number, Principal business activity

Was this corporation involved in a merger, acquisition or consolidation on or after April 19, 1989? [] Yes [] No Number of shareholders

A. Payment — pay amount shown on line 17. Make check payable to: New York State Corporation Tax Attach your payment here. Payment enclosed

Computation of Entire Net Income Tax

Table with 9 rows: 1 Federal taxable income before net operating loss and special deductions, 2 Interest income on federal, state, municipal and other obligations not included on line 1, 3 New York State, other state and local income taxes deducted on your federal return, 4 ACRS and MACRS deductions used in the computation of line 1, 5 Add lines 1 through 4, 6 Allowable New York depreciation, 7 Refund or credit of certain franchise taxes imposed by New York State, 8 Total subtractions, 9 Entire net income base

Tax Computation

Table with 11 rows: 10 Fixed dollar minimum tax, 11 Total prepayments, 12 Balance, 13 Interest on late payment, 14 Late filing and late payment penalties, 15 Balance, 16 Voluntary gifts/contributions: Return a Gift to Wildlife, Breast Cancer Research & Education Fund, 17 Balance due, 18 Overpayment, 19 Amount of overpayment to be credited to next period, 20 Refund, 21 Enter total capital contributions

Attach a copy of your pro forma federal Form 1120 and a copy of your actual federal Form 1120S filed (see instructions for line 1). If you filed a return other than federal Form 1120S, please indicate here:

Check box and attach Form CT-60-QSSS to notify the Department that a qualified sub-chapter S subsidiary (QSSS) is included in this return. Attach Form CT-34-SH, New York S Corporation Shareholders' Information Schedule.

If you use a paid preparer or for any other reason do not need New York State tax forms mailed to you next year, check box

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, Firm's name, Address, ID number, Signature of individual preparing this return

Mail your return to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 1909, ALBANY NY 12201-1909. Private Delivery Services: See page 3 in the instructions for this form.