

New York State Department of Taxation and Finance

New York Bank S Corporation Franchise Tax Return

	1999 CI-32-5 New York I	tment of Taxation and Fin- Bank S Corp Tax Return les 32 and 22		1999 calendar-yr. file Other filers enter tax beginning ending	ers, check box c period:
Emplo	yer identification number	File number	Check box if	For office use only	
			overpayment claimed		
	Legal name of corporation	Trade name/DBA		1	
ω "				Date received	
am)	Mailing name (if different from legal name) and address		State or country of incorporation		
Mailing name	c/o				
ing	Number and street or PO box		Date of incorporation		
Mail				_	
_ "	City	ZIP code	Foreign corporations: date began	n	
			business in NYS	Audit use	
	ess above is new, If your name, employer identification number, address, or owner/officer in box (see you must file Form DTF-95. If you need Form DTF-95, call 1 800 462-8100 to reque		ess telephone number		
instru	etions) the U.S. and outside Canada, call (518) 485-6800.	()		
NAIC	S business code number (see instructions) Principal business activity	N	umber of shareholders		
New '	York assets Total assets everywhere	ZIP code (U.S	S. headquarters) or	Name of country (fore	ign headquarters)
				•	
Type of bank	• Commercial • Savings & Loan •	Savings • 🗌	Other:	County code	
A. F	ayment – pay amount shown on line 20. Make check pa Attach your payment here.	yable to: <i>New York</i>	State Corporation Tax	Payment en	closed
Sch	edule A - Computation of tax and installment pa	syments of estim	ated tax (see instruction	ons, Form CT-32-	S-I)
	Entire net income from Form CT-32, Schedule B, line 58	-	•		
	Entire net income allocation percentage (see instructions	,			%
	Allocated entire net income (multiply line 1 by the percenta				
4	Optional depreciation adjustments from Form CT-32, So	-			
5	Allocated taxable entire net income (line 3 plus or minus li				
	Allocated taxable entire net income multiplied by corpor	,			
7	Allocated taxable entire net income multiplied by Article	22 equivalent tax r	ate (multiply line 5 by .07875	5) 7	
8	Tax on allocated taxable entire net income (subtract line	7 from line 6)		8 •	
9	Fixed dollar minimum			9	250 00
	Franchise tax (enter amount from line 8 or 9, whichever is la				
11	Special additional mortgage recording tax credit from F	orm CT-43		11	
12	Net franchise tax (subtract line 11 from line 10; see instructi	ons)		12	
	First installment of estimated tax for next period:				
	If you filed an application for extension, enter amount from				
13b	If you did not file Form CT-5.4, and line 12 is over $$1,00$	00, enter 25% of line	9 12		
	Total (add line 12 and line 13a or 13b)				
	Total prepayments from line 29				
	Balance (if line 15 is less than line 14, subtract line 15 from li				
	Penalty for underpayment of estimated tax (check box if				
18	Interest on late payment (see instructions)			18∎	

18	Interest on late payment (see instructions)			18		
19	ate filing and late payment penalties (see instructions)					
20	Balance due (add lines 16 through 19; enter payment on line A above)			20		
21	Overpayment (if line 14 is less than line 15, subtract line 14 from line 15)					
22	Amount of overpayment to be credited to next period			22		
23	Refund (subtract line 22 from line 21)			23		
	Issuer's allocation percentage (see instructions on Form CT-32, page 14)			24		%
Cert	ification. I certify that this return and any attachments are to the best	of my knowle	edge and belief true, cor	rect, and co	mplete.	
Signature of elected officer or authorized person		Official title		Date		
Te.	Firm's name (or yours if self-employed)		ID number	Date		
Paid preparer use only						
aid p	Address		Signature of individual prepar	ing this return		
ď						

Additional Information						
Check box and attach Form CT-60-QSSS to notify the Tax Department that a QSSS is included Check boxes below to indicate the forms filed for any tax credits claimed by the New York S corp CT-34-SH instructions for Shareholder Information.						
• ☐ CT-41 • ☐ CT-43 • ☐ CT-44 ■ DTF-601 ■	DTF-6	601	.1 🗖 D	TF-602		
Attach a copy of your pro forma federal Form 1120 and a copy of your actual federal Form 1120S filed. If you filed a return other than federal Form 1120S, please indicate the form number and name here:						
If the Internal Revenue Service has completed an audit of any of your returns within the last five years, list years:						
If the corporation is a member of an affiliated federal group, give the name and EIN of the primary corporation:						
Has the corporation revoked its election to be treated as a New York S corporation?						
If Yes, give effective date						
If this return is for a termination year, check the appropriate box to indicate the method of account year (see instructions). Normal accounting rules Daily pro rata allocation	inting	use	ed for the N	ew York S short		
Composition of prepayments on line 15, Schedule A		Γ	Date paid	Amount		
· · · · · · · · · · · · · · · · · · ·		1 2 3	p-4			
27 Payment with extension from Form CT-5.4, line 5	27		28			
29 Add lines 25 through 28 (enter here and on Schedule A, line 15)						

You must complete Form CT-34-SH, Shareholder Information Schedule, and attach it to this form.