

New York State Department of Taxation and Finance

## **New York S Corporation Franchise Tax Return**

**Short Form for Small Businesses** 

| 1999 calendar-yr. filers, check box |
|-------------------------------------|
| Other filers enter tax period:      |

| ther mers enter tax periou. |  |  |  |  |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|--|--|--|--|
| eginning                    |  |  |  |  |  |  |  |  |  |  |
| ending                      |  |  |  |  |  |  |  |  |  |  |

| Tax Law – Articles 9-A and 22 ending ■ |   |   |                            |                                |                     |                      |            |  |
|--|---|---|----------------------------|--------------------------------|---------------------|----------------------|------------|--|
| Employer identification number         |   |   | File number                | Check box if overpayment claim | med                 | For office use only  |            |  |
|  | _   |   |                            | overpayment old                | inod                |                      |            |  |
|  | L   | egal name of corporation  | Trade name/DBA             |                                |                     |                      |            |  |
| e «                                    | 2   | delling none (if different from legal none) and address   |                            | Ctata ay asymtyy a             | f in a supervision  | Date received        |            |  |
| Mailing name                           | Mailing name (if different from legal name) and address   |   |                            | State or country of            | i incorporation     |                      |            |  |
| ופר                                    | c/o  Number and street or PO box  |   |                            | Date of incorpora              | ation               |                      |            |  |
| عَ الله                                | Mainber and Street of PO DOX  |   |                            | Jako or moorpore               |                     |                      |            |  |
| ž į                                    |   | Sity State  | ZIP code                   | Foreign corporati              | ons; date began     |                      |            |  |
|  | ı   | •   |                            | business in NYS                | ,                   | Audit use            |            |  |
|  |   | above is new, If your name, employer identification number, address, or owner/officer info  |                            | usiness telephone number       |                     |                      |            |  |
| check                                  |   |   |                            | )                              |                     |                      |            |  |
| NAIC                                   | S bus   | siness code number (see instructions) Principal business activity   |                            |                                |                     |                      |            |  |
|  |   |   |                            |                                |                     |                      |            |  |
| Was                                    | thic  | s corporation involved in a merger, acquisition or consolidatio   | n on or after Anril        | 19, 1989? •□ Y                 | es •□ N             | Number of sha        | areholders |  |
|  |   |   |                            |                                |                     |                      |            |  |
|  |   | ment — pay amount shown on line 17. Make check pa<br>. Attach your payment here.  | yable to: <i>New</i>       | York State Corpora             | ation Tax           | Payment              | enclosed   |  |
| ₹                                      |   |   |                            |                                |                     |                      |            |  |
| d)                                     |   | Federal taxable income before net operating loss and  | -                          |                                |                     |                      |            |  |
| Computation of entire net income tax   | 2   |   | -                          |                                |                     |                      |            |  |
| fer<br>tax                             | 3   | ACRS and MACRS deductions used in the computat  |                            |                                |                     | /                    |            |  |
| n o                                    | 5   | Add lines 1 through 4   |                            |                                |                     |                      |            |  |
| <u>0</u> 00 €                          | 6   | · ·   |                            |                                |                     | • •                  |            |  |
| 글                                      | 6 Allowable New York depreciation (see instructions)  |   |                            |                                |                     |                      |            |  |
| E e                                    | 7 Refund or credit of certain franchise taxes imposed by New York State (see instructions)                                      |   |                            |                                |                     |                      |            |  |
| ပိ                                     | 9 Entire net income base (Subtract line 8 from line 5. For tax years beginning before July 1, 1999: if line 9 is                |   |                            |                                |                     |                      |            |  |
|  | over \$80,000, do not continue; you must file Form CT-3-S. For tax years beginning after June 30, 1999:                         |   |                            |                                |                     |                      |            |  |
|  |   | if line 9 is over \$200,000, do not continue; you must file F   | -                          |                                |                     | 9∎                   |            |  |
| _                                      | 10  | Fixed dollar minimum tax (see instructions)   | ross payroll (not over \$2 | 250,000)                       |                     | 10                   |            |  |
|  | 11 Total prepayments (attach worksheet)  12 Balance (subtract line 11 from line 10; if line 11 is more than line 10, enter "0") |   |                            |                                |                     | 11                   |            |  |
|  |   |   |                            |                                |                     |                      |            |  |
|  |   | Interest on late payment (compute on line 12 amount; se   |                            | •                              |                     |                      |            |  |
| ב                                      |   | Late filing and late payment penalties (compute on line   |                            |                                |                     |                      |            |  |
| atic                                   | 1 <u>5</u>  | Balance (add lines 12, 13, and 14)  |                            |                                |                     | 15                   |            |  |
| Tax computation                        | 16  | Voluntary gifts/contributions: Return a Gift to Wildlife  | э                          |                                |                     | <b>16a</b> ■         | 00         |  |
| E                                      | _   | (see instructions) Breast Cancer Research   | ch & Education             | Fund                           |                     | 16b                  | 00         |  |
| ×                                      |   | Balance due (if line 11 is less than the total of lines 10, 13, 14, 16a, and 10   |                            |                                |                     |                      |            |  |
| ⊒                                      |   | Overpayment (if line 11 is more than the total of lines 10, 13,   |                            |                                |                     |                      |            |  |
|  | 19  | Amount of overpayment to be credited to next period   |                            |                                |                     |                      |            |  |
|  | 20  | ,   |                            |                                |                     |                      |            |  |
|  | 21  | , in the second of the second |                            |                                |                     | 21                   |            |  |
|  |   | eck box and attach Form CT-60-QSSS to notify the Departm  |                            | ·                              |                     |                      |            |  |
|  |   | ou use a paid preparer or for any other reason do not r   |                            |                                |                     |                      |            |  |
|  |   | ation. I certify that this return and any attachments are   |                            |                                | belief true,        | · ·                  | lete.      |  |
| Signa                                  | ature   | e of elected officer or authorized person   |                            | Official title                 |                     | Date                 |            |  |
|  | E:  | m's name (as source if act amplessed)   |                            | ID more to a                   |                     | Data                 |            |  |
| arer<br>ly                             | rırı  | n's name (or yours if self-employed)  |                            | ID number                      |                     | Date                 |            |  |
| prep<br>e on                           | Δd  | dress   |                            | Signature                      | of individual pr    | eparing this return  |            |  |
| Paid preparer<br>use only              | Aut   | ui coo  |                            | Signature                      | oi individual pi    | cpaining time return |            |  |
|  | ch  | a copy of your pro forma federal Form 1120 and a cop  | v of vour actual           | federal Form 1120              | S filed <i>(see</i> | instructions for lir | ne 1).     |  |

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). Attach Form CT-34-SH, New York S Corporation Shareholders' Information Schedule.

If you filed a return other than federal Form 1120S, enter form number here: