

New York State Department of Taxation and Finance

# Report by an S Corporation Included in a Combined Franchise Tax Return

2001 calendar-yr. filers, check box Other filers, enter tax period:

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	Tax Law — Article	9-A		ending
Employer identification number File number		File number	Check box if overpayment claimed	For office use only
	Legal name of corporation	Trade name/DBA		
				Date received
Mailing name (if different from legal name) and address c/o Number and street or PO box			State of incorporation	
ng	c/o Number and street or PO box		Date of incorporation	
Mailing and ad				
2 **	City State	ZIP code	Foreign corporations: date began business in NYS	A
				Audit use
If addres check b	ss above is new, If your name, employer identification number, address, or owner/officer information must file Form DTF-95. If only your address has changed, you may file Form DTF- these forms by fax, phone, or from our Web site. See the <i>Need help</i> ? section of the	96. You can get	phone number	
NAICS	business code number (see instructions) Principal business activity			-
Has th	e corporation revoked its election to be treated as a New York S corporatio	n? Combined gro	up payer corporation's name	8
	Yes No If Yes, give effective date			
Combi	ned group payer corporation's employer identification number	••••••••••		

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

Total number of shareholders .....

	Gross payroll		Fixed dollar minimum tax (on	ly for the corporation filing		
1			this form; see instructions)			
2	Corporations organized outs	ide New	York, complete the following fo	r capital stock issued and out	standir	ng.
Nu	mber of par shares	Value		Number of no-par shares	Value	
		\$			\$	

#### **Composition of prepayments**

Member's prepayments to be credited and included in Form CT-3-S-A, New York S Corporation Combined Franchise Tax Return.

			Date p	aid	Amount
3	Mandatory first installment	3			
4a	Second installment from Form CT-400	4a			
4b	Third installment from Form CT-400	4b			
4c	Fourth installment from Form CT-400	4c			
5	Payment with extension	5			
6	Overpayment credited from prior years (see instructions)			6	
7	Total prepayments (total Amount column; enter here and include on Form CT-3-S-A, line 71)			7	

**Certification.** Under penalties of perjury, I declare that this corporation is allowed to file on a combined basis under New York State Law and is also liable for the group tax liability, and I certify that this report and any attachments are to the best of my knowledge and belief true, correct, and complete.

Sign	ature of elected officer or authorized person	Official title		Date
preparer e only	Firm's name (or yours if self-employed)		ID number	Date
Paid p use	Address		Signature of individual preparing t	his return

Attach this form and Form CT-34-SH to the payer corporation's Form CT-3-S-A.

## Instructions

## Filing requirements

Form CT-3-S-A/C is an individual certification that must be filed by each member of the New York State combined group except a foreign corporation that is not taxable in New York State.

Form CT-3-S-A/C is required to be filed annually and must be attached to the payer corporation's Form CT-3-S-A.

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

### Reporting period

If you are a calendar-year filer, check the box in the upper right corner on the front of the form.

If you are a fiscal-year filer, complete the beginning and ending tax period boxes in the upper right corner on the front of the form.

#### NAICS business code number

Enter the six-digit NAICS business activity code number from your federal return.

### Fixed dollar minimum tax

Line 1 — Each corporation (except the payer corporation or a foreign corporation that is not taxable in New York State) must compute its own fixed dollar minimum tax on this form. Enter your gross payroll in the box. Gross payroll is the total wages, salaries, and other personal services compensation of all employees, including general executive officers, wherever located. Include any wages included in the cost of goods sold, Form 1120-S, Schedule A, line 8.

Do not remit the tax with this form. Enter the fixed dollar minimum tax on line 1 of this form and also include it on Form CT-3-S-A, line 50a or line 50b, whichever is applicable.

Fixed dollar minimum tax for New York S corporations applies to both:

 New York S corporations that do not gualify as a small business taxpayer; and

- New York S corporations that do qualify as a small business taxpayer.

For a New York S corporation with a gross payroll of:	Tax amounts for tax years beginning after June 30, 1999
\$250,000 or less	100*
\$500,000 or less but more than \$250,000	225*
\$1,000,000 or less but more than \$500,000	325
Less than \$6,250,000 but more than \$1,000,000	425
\$6,250,000 or more	\$1,500

\* Foreign authorized corporations: If your total corporation taxes are less than \$300, you must increase your payment accordingly to satisfy the \$300 maintenance fee requirement.

#### Short periods – Fixed dollar minimum tax and maintenance fee

Annualize the gross payroll for tax periods of less than 12 months by dividing the amount of gross payroll by the number of months in the short period and multiplying the result by 12.

The fixed dollar minimum tax and maintenance fee may be reduced for short periods:

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Period	Reduction
<ul> <li>A period of not more than 6 months</li> </ul>	50%
<ul> <li>A period of more than 6 months but not more than 9 months</li> </ul>	
- A period over 9 months	None

## **Composition of prepayments**

Complete this schedule only if the corporation filing this Form CT-3-S-A/C made separate payments or has separate credits.

Line 6 — Include franchise tax overpayments credited from prior vears.

Line 7 — The total will be carried to Form CT-3-S-A, line 71.

## **Privacy notification**

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8, Room 338, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and Canada, call (518) 485-6800.

## Need help?



Telephone assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.

For business tax information, call the New York State Business Tax							
Information Center:	1 800 972-1233						
For general information:	1 800 225-5829						
To order forms and publications:	1 800 462-8100						
From areas outside the U.S. and outside Canada:	(518) 485-6800						
Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week.	1 800 748-3676						



Internet access: www.tax.state.ny.us



Hotline for the hearing and speech impaired:

1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.



If you need to write, address your letter to: NYS TAX DEPARTMENT TAXPAYER ASSISTANCE BUREAU W A HARRIMAN CAMPUS ALBANY NY 12227