



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

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

beginning ending

Main form section with fields for Employer identification number, File number, Legal name of corporation, Mailing name and address, etc.

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

A. Payment — pay amount shown on line 45. Make check payable to: New York State Corporation Tax

Computation of entire net income base (see instructions, Form CT-3/4-I, for assistance)

Table with 3 columns: Description, Dollars, Cents. Rows 1-12 for net income base calculation.

Computation of capital base

Table with 3 columns: A Beginning of year, B End of year, C Average value. Rows 13-20 for capital base calculation.

(continued)

Computation of minimum taxable income base

Dollars Cents

21 Entire net income from line 11	21		.	
22 Depreciation of tangible property placed in service after 1986 (see instructions)	22		.	
23 Net operating loss deduction from line 7	23		.	
24 Total (add lines 21 through 23)	24		.	
25 Alternative net operating loss deduction (see instructions)	25		.	
26 Minimum taxable income base (subtract line 25 from line 24)	26		.	
27 Tax on minimum taxable income base (multiply line 26 by 2.5%)	27		.	

Computation of tax

28 Tax on entire net income base from line 12	28		.	
29 Tax on capital base from line 20 (New small business: <input type="checkbox"/> First year <input type="checkbox"/> Second year) ...	29		.	
30 Fixed dollar minimum tax (See Table VI in the Tax rates schedule on page 4 of Form CT-3/4-I. See instructions; you must enter an amount in each of the boxes below)	30		.	
31 Gross payroll	
32 Total receipts	
33 Gross assets	
34 Tax due (amount from line 27, 28, 29, or 30, whichever is largest)	34		.	
First installment of estimated tax for next period:				
35a If you filed a request for extension, enter amount from Form CT-5, line 2	35a		.	
35b If you did not file Form CT-5 and line 34 is over \$1,000, enter 25% of line 34	35b		.	
36 Add line 34 and line 35a or 35b	36		.	
37 Total prepayments from line 56	37		.	
38 Balance (subtract line 37 from line 36; if line 37 is more than line 36, enter "0")	38		.	
39 Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> ; if none, enter "0")	39		.	
40 Interest on late payment (see instructions)	40		.	
41 Late filing and late payment penalties (see instructions)	41		.	
42 Balance (add lines 38 through 41)	42		.	
43 Return a Gift to Wildlife (see instructions)	43		.	00
44 Breast Cancer Research and Education Fund (see instructions)	44		.	00
45 Balance due (if line 37 is less than the total of lines 36, 39, 40, 41, 43, and 44, the difference is the amount due; enter payment on line A on page 1)	45		.	
46 Overpayment (if line 37 is more than the total of lines 36, 39, 40, 41, 43, and 44, the difference is the amount you overpaid)	46		.	
47 Amount of overpayment to be credited to next period	47		.	
48 Balance of overpayment (subtract line 47 from line 46)	48		.	
49 Amount of overpayment to be credited to Form CT-3M/4M	49		.	
50 Refund of overpayment (subtract line 49 from line 48)	50		.	

Composition of prepayments on line 37

		Date paid	Amount	
51 Mandatory first installment	51		.	
52a Second installment from Form CT-400	52a		.	
52b Third installment from Form CT-400	52b		.	
52c Fourth installment from Form CT-400	52c		.	
53 Payment with extension request from Form CT-5, line 5	53		.	
54 Overpayment credited from prior years <input type="text" value="Period"/>	54		.	
55 Overpayment credited from Form CT-3M/4M <input type="text" value="Period"/>	55		.	
56 Total prepayments (add lines 51 through 55; enter here and on line 37)	56		.	

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
58 Interest paid to shareholder	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>
59 Total indebtedness to shareholder described above	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>
60 Total interest paid	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>

61 Is there written evidence of the indebtedness? **61** • Yes • No

62 Are you claiming small business taxpayer status for lower entire net income tax rates? **62** Yes No

63 Enter total capital contributions (see worksheet in instructions) **63**

64 Federal return filed • 1120 • 1120-A • 1120-S • Consolidated basis • Other: _____
Attach a complete copy of your federal return.

Check box if a qualified subchapter S subsidiary (QSSS) is included in this return (attach Form CT-60-QSSS)

	Dollars	Cents
65 Total receipts entered on your federal return	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>
66 Interest deducted in computing federal taxable income	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>
67 Depreciable assets and land entered on your federal return	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>
68 If the IRS has completed an audit of any of your returns within the last five years, list years	<input style="width:100%" type="text"/>	

69 If you are a member of an affiliated federal group, enter primary corporation: • Name • EIN

70 If you are more than 50% owned by another corporation, enter parent corporation: • Name • EIN

Corporations organized outside New York State only:

Capital stock issued and outstanding:

71 Number of par shares Value \$

72 Number of no-par shares... Value \$

If you do not need forms mailed to you next year, check box. We will send you a postcard for the following year (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	Date
	Address		Signature of individual preparing this return