

CT-3

New York State Department of Taxation and Finance

	Business	Corporation
Eropobio	Toy Dot	ırn .

	-rancinse ia	x neturn	Other filers enter tax period:					
Amended return T	ax Law — Article 9-A		beginning	endin	ng 🛮	_		
Employer identification number	File number	Business telephone number ()	If you have any subsidiaries inco outside NYS, ch		If you claim an overpayment, check box			
Legal name of corporation	-		Trade name/DBA					
Mailing name (if different from legal name abo	ve)		State or country of incorporation	Date received (for Ta	ax Department use only)			
c/o								
Number and street or PO box			Date of incorporation					
City	State	ZIP code	Foreign corporations: date began business in NYS					
NAICS business code number (see instructions)	If address above is new, check box		ntification number, address, n has changed, you must file address has changed, you	Audit (for Tax Depar	rtment use only)			
Principal business activity		may file Form DTF-96. You phone, or from our Web sit section of the instructions.	can get these forms by fax, e. See the <i>Need help?</i>					

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 (see instructions)	. L Yes	■ No

A. F	ayment — pay amount shown on line 93. Make check payable to: New York State Corporation Tax attach your payment here.	Payment enclosed
	putation of entire net income base (see Form CT-3/4-I, Instructions for Forms CT-4, CT-3, and CT-3-ATT)	
1	Federal taxable income before net operating loss and special deductions	1.
2	Interest on federal, state, municipal, and other obligations not included on line 1	2.
3	Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock	3.
4a	Interest deductions directly attributable to subsidiary capital	4a.
4b	Noninterest deductions directly attributable to subsidiary capital	4b.
5a	Interest deductions indirectly attributable to subsidiary capital	5a.
5b	Noninterest deductions indirectly attributable to subsidiary capital	5b.
6	New York State and other state and local taxes deducted on your federal return (see instructions)	
7	ACRS/MACRS deduction and the 30%/50% federal special depreciation deduction (see instructions) •	7.
8	Other additions (attach list; see instructions)	8.
9	Add lines 1 through 8	9.
10	Income from subsidiary capital (from Form CT-3-ATT, line 52) • 10.	
11	50% of dividends from nonsubsidiary corporations (see instructions) • 11.	
12	Foreign dividends gross-up not included on lines 10 and 11	
13	New York net operating loss deduction (attach federal and New York State computations) • 13.	
14	Allowable New York depreciation (see instructions)	
15	Other subtractions (attach list; see instructions)	
16	Total subtractions (add lines 10 through 15)	
17	Entire net income (subtract line 16 from line 9; show loss in parentheses; enter here and on line 42)	
18	Investment income before allocation (from Form CT-3-ATT, line 48, but not more than line 17 above)	
19	Business income before allocation (subtract line 18 from line 17)	19.
20	Allocated investment income (multiply line 18 by % from Form CT-3-ATT, line 31)	20.
21	Allocated business income (multiply line 19 by from line 119, 121, or 141)	21.
22	Total allocated income (add lines 20 and 21)	
23	Optional depreciation adjustments (attach Form CT-324; enter here and on line 69)	
24	Entire net income base (line 22 plus or minus line 23)	24.
25	Entire net income base tax (multiply line 24 by the appropriate rate from the Tax rates schedule on page 5 of	
	Form CT-3/4-I; enter here and on line 72)	25.

Mail your return with **payment** to:

NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 1909, ALBANY NY 12201-1909

Mail your return without payment to:

NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22095, ALBANY NY 12201-2095

		_					
		Computation of capital base (enter who			В	С	
		dollars for lines 26 through 31; see instruction	ons) Beginning	of year En	d of year	Average val	lue
			26.	•			
27	Rea	al property and marketable securities			•		
28	ir	cluded on line 26	27.				
	Sub	stract line 27 from line 26	28.		•		
29	Rea	al property and marketable securities					
		t fair market value	29.				
30	Adi	usted total assets (add lines 28 and 29)	30.			i	
31	-	al liabilities			•		
32		al capital (subtract line 31, column C, from line 30, c		'	_		32.
		sidiary capital (from Form CT-3-ATT, Schedule D, I				-	
		iness and investment capital (subtract line 33 fro					
		estment capital (from Form CT-3-ATT, Schedule C,					$\overline{}$
		iness capital (subtract line 35 from line 34)					
-	Duc					••••••	50.
37	ΔΙΙΔ	cated investment capital (multiply line 35 by	%	from Form C1	-3-ΔTT line 2.	1) -	37
57	AIIU	Jacob investment capital (multiply line 33 by	/6		-0-∧ı ı, ıIII C 3 i	·/•	57.
30	۸۱۱۵	cated husiness capital (multiply line 26 by	0/_	from line 119,	101 0: 111	_	20
		cated business capital (multiply line 36 by		_	,		
		oital base (add lines 37 and 38)ital base tax (multiply line 39 by .00178; enter here					
						• •/-	40.
		er's allocation percentage (see instructions) ation of minimum taxable income base			41.	/0	
,0111	•						40
		2 Entire net income from line 17					
		Depreciation of tangible property placed in s					
s o	٠ 4	4 Amortization of mining exploration and deve	-	•			
Adjustments	4	5 Amortization of circulation expenditures paid or inc			-		
E	§ 4	Basis adjustments in determining gain or los					
St	4	7 Long term contracts entered into after Febru	-				
등	4	Installment sales of certain property					
Ă 3		Merchant marine capital construction funds.					
		Passive activity loss (closely held and personal					
		1 Add lines 42 through 50					
	5	2 Depletion				•	52.
	5	3 Appreciated property charitable deduction				•	53.
	5	1 Intangible drilling costs				•	54.
	5	5 Add lines 51 through 54					55.
	5	Net operating loss deduction from line 13				•	56.
	5	7 Add lines 55 and 56				•	57.
40	5	Alternative net operating loss deduction (see	e instructions)			•	58.
ms	5	Minimum taxable income (subtract line 58 from	•				
Tax preference item							60.
ė į	6						0.4
Sugar Figure 1	6						62.
ference it	6	3 Apportioned New York alternative net operat		-			
efe	6		-				64.
p 3	0	5 Alternative business income before allocation	•		,		-
äX			,	64 from line 59) %	_		
_		Allocated alternative business income (multip			=	, 121, or 161) •	
		7 Allocated alternative investment income (mul				3-ATT, line 31) •	
	6	Allocated minimum taxable income (add lines					68.
		69 Optional depreciation adjustments from li					69.
		70 Minimum taxable income base (line 68 plu				_	
		71 Tax on minimum taxable income base (m)	ultiply line 70 by	(25%)			71

	Computation of	tax			
	72 Tax on entire net in	come base from line 25		• 72.	
	73 Tax on capital base	from line 40 (New small bus	siness: First year	nd year) • 73.	
	74 Fixed dollar minimur	n tax (see Table VI in the Tax ra	ates schedule on page 5 of Form CT-	<i>3/4-I)</i> ● 74.	
	You must enter an amo	unt in each of the boxes be	elow; if none, enter "0."		
	Gross payroll	Total receipts	Average value of gross asse	ets	
75	Amount from line 71, 72, 73, or 74,	whichever is largest <i>(see in</i>	structions for exception)	• 75.	
76					
77					
78					
79	Tax credits (from line 100a; attach appl	opriate form for each credit cl	aimed)	T 79.	
80	Balance (subtract line 79 from line 78; i	f line 79 is more than line 78,	enter "0")	• 80.	
81	Amount from line 71 or 74, whichever	er is larger		• 81.	
82	Tax due (see instructions)			8 82.	
Ø	83a If you filed a request for extens	ion, enter amount from Fo	rm CT-5, line 2	■ 83a.	
period	83b If you did not file Form CT-5 an	d line 82 is over \$1,000, se	ee instructions for entry amount		
	84 Add line 82 and line 83a or 83b)		84.	
next	85 Total prepayments from line 10	6		85.	
ŗ	86 Balance (subtract line 85 from line	e 84; if line 85 is more than lin	e 84, enter "0") <u></u>	86.	
for	87 Penalty for underpayment of est	imated tax (check box if Form	CT-222 is attached; if none, ent	ter "0") 87.	
estimated tax	88 Interest on late payment (see in	structions)		88.	
р С	89 Late filing and late payment pe	nalties (see instructions)		89.	
ate	90 Balance (add lines 86 through 89)			
ţi.	91 Amount for Return a Gift to Wil	dlife (see instructions)	91.	00	
es	92 Amount for Breast Cancer Rese	arch and Education Fund (s	see instr.) 92.	00	
o	93 Balance due (if line 85 is less tha	nn the total of lines 84, 87, 88,	89, 91, and 92, the difference is the	e	
First installment of		,			
<u><u>ĕ</u></u>	94 Overpayment (if line 85 is more than				
tal	95 Amount of overpayment to be				
ins	96 Balance of overpayment (subtra	,		<u> </u>	
st	97 Amount of overpayment to be				
ι <u>Έ</u>	98 Refund of overpayment (subtract				
_	99 Refund of unused tax credits (s				
Sun	nmary of credits claimed on I	ine 79 against currei	nt year's tranchise tax (see	e instructions for lines 79, 99, 100a	a, and 100b)
orm	n CT-40	Form CT-601	Form	m DTF-621 •	
orm	n CT-41	Form CT-601.1	Form	m DTF-622 •	
orm	n CT-43	Form CT-602	Forr	m DTF-623 •	
orm	n CT-44	Form CT-603	Forr	m DTF-624 •	
orm	n CT-46	Form CT-604, line 33	Forr	m DTF-630 •	
orm	n CT-47	Form CT-604, line 47	Forr	m DTF-632 •	
orm	n CT-249 ●	Form CT-605		er credits	
orm	n CT-250 ●	Servicing mortgages credit		num tax credit from n CT-3-ATT, line 25	
00a	u claimed the QEZE tax reduction credit a Total tax credits claimed above (enter to Total tax credits above that are refur	here and on line 79; attach appropria	ate form or statement for each tax credit clai	imed) 100a.	

	Composition of prepayments on line 85 (see instructions)				
			Date paid	d Am	nount
101	Mandatory first installment	101.			
102a	Second installment from Form CT-400	102a.			
102b	Third installment from Form CT-400	102b.			
	Fourth installment from Form CT-400	102c.			
103	Payment with extension request from Form CT-5, line 5	103.			
104	Overpayment credited from prior years Period		104	1.	
105	Overpayment credited from Form CT-3M/4M Period		105	5.	
106	Total prepayments (add lines 101 through 105; enter here and on line 85)		106	6.	
107	If you are a member of an affiliated federal group, Name			EIN	
	enter primary corporation name and EIN:		•		
	If you are more than 50% owned by another				
	corporation, enter parent corporation name			EIN	
	and EIN:		•		
Inte	rest paid to shareholders				
	Did this corporation make any payments treated as interest in the computation of entire ne	et .			
	income to shareholders owning directly or indirectly, individually or in the aggregate, mo				
	than 50% of the corporation's issued and outstanding capital stock? If <i>Yes</i> , complete the				
	following and line 109 (attach additional sheets if necessary)		108.	• Yes	• No
	Shareholder's name SSN or EIN				
	Interest paid to shareholder Total indebtedness to shareholder described above Total interest paid				
	•				
109	Is there written evidence of the indebtedness?		109.	• Yes	•
110	Federal return filed (check one) • 1120 • 1120-A • 1120S • Conso	lidated	basis •	Other:	
	Attach a complete copy of your federal return.				
111	If you included a qualified subchapter S subsidiary (QSSS) in this return, check box and a	ttach F	orm CT-60	-QSSS	
Sch	edule A, Part I — Computation of business allocation percentage	e for	aviatio	n corpora	tions
	A		В	-	
	New York State		Everywhe	ere	
112a	Revenue aircraft arrivals and departures • 112a.				
112b	Adjustment per Tax Law section 210.3(a)(7)(A) 112b				
112c	Adjusted NYS revenue aircraft arrivals and departures				
	(multiply line 112a, column A by line 112b) 112c.				
	New York State percentage (divide line 112c, by line 112a, column B)			• 113.	%
	Revenue tons handled				
	Adjustment per Tax Law section 210.3(a)(7)(A) 114b				
114c	Adjusted NYS revenue tons handled				
	(multiply line 114a, column A by line 114b)			1	•
	New York State percentage (divide line 114c, by line 114a, column B)			• 115.	%
	Originating revenue				
	Adjustment per Tax Law section 210.3(a)(7)(A) 116b				
116C	Adjusted NYS originating revenue				
447	(multiply line 116a, column A by line 116b)			447	6/
	New York State percentage (divide line 116c, by line 116a, column B)				<u>%</u>
	Total (add lines 113, 115, and 117)			118.	% %
	14044 TOTA and outlon percentage fulliate into 110 by tillet, use to compute lines 21, 00, and 00, and rolling	, U AII,	0)	• 113.	/0

Sch	edule A, Part II — Computation of busir	ness allo	cation percentage for	or trucking and rail	road coi	porations
			A New York State	B Everywhere		
120	Revenue miles	120.	New Tork State	• Everywhere		
	New York State allocation percentage (divide line 12		. bv line 120. column B: use t	to compute lines 21.		
	38, and 66, and Form CT-3-ATT, line 6)		-		121.	%
Sch	edule A, Part III — Computation of b	ousines	s allocation percer	ntage		
Did	ou make an election to use fair market value in your	r proporty f	actor?		• Yes	• \(\sum_{No} \)
	s is your first tax year, are you making the election to					• No
Aver	age value of property (see instructions)		A New York State	B Everywhere		
	Real estate owned	-				
	Real estate rented	-				
	Inventories owned	-				
	Tangible personal property owned					
	Tangible personal property rented					
127	Total (add lines 122 through 126)	• 127.				
	sipts in the regular course of business from: Sales of tangible personal property allocated to	100				
100	New York State	-				
	All sales of tangible personal property					
	Services performed					
	Rentals of property			•		
	Other business receipts			•		
	Total (add lines 129 through 134)					
	,					
136	New York State receipts factor (divide line 135, column	n A, by line	135, column B)	•	136.	%
137	Additional receipts factor (enter factor from line 136)				137.	%
Payre	oll					
-	Wages and other compensation of employees,					
	except general executive officers	• 138.				
139	New York State payroll factor (divide line 138, column	A, by line 1	38, column B)		139.	%
140	Total New York State factors (add lines 128, 136, 137,	and 139) .			140.	%
141	Business allocation percentage (divide line 140 by fo					,-
	line 21 and line 38; see example in instructions)				141.	%

Schedule A, Part IV — Computation of alternative business allocation percentage for minimum taxable income base

			Α			В		
Aver	age value of property (see instructions)		New York State		Evei	ywhere		
142	Real estate owned	142.					\perp	
_	Real estate rented						\perp	
	Inventories owned						\perp	
145	Tangible personal property owned	145.						
146	Tangible personal property rented	146.						
147	Total (add lines 142 through 146)	147.						
148	New York State property factor (divide line 147, column	n A, by l	ine 147, column B)				148.	%
Rece	eipts in the regular course of business from:							
149	Sales of tangible personal property allocated							
	to New York State	149.						
150	All sales of tangible personal property	150.						
151	Services performed	151.						
152	Rentals of property	152.						
153	Royalties	153.						
154	Other business receipts	154.						
155	Total (add lines 149 through 154)	155.						
156	New York State receipts factor (divide line 155, column	n A, by li	ne 155, column B)			•	156.	%
157	Additional receipts factor (enter factor from line 156)						157.	%
Payr	oll							
158	Wages and other compensation of							
	employees, except general executive officers	158.						
159	New York State payroll factor (divide line 158, column	A, by lin	e 158, column B)				159.	%
100	Tatal Many Varia Otata factoria (1917) 440, 450, 457						100	0/
	Total New York State factors (add lines 148, 156, 157,						160.	%
161	Alternative business allocation percentage (divide lin		· · · · · · · · · · · · · · · · · · ·				404	0/
	the box on line 66 and on Form CT-3-ATT, line 6)					•	161.	%
162	Are you claiming small business taxpayer status for	lower e	entire net income tax rate	s?		162.	Ye	s No
163	If you checked Yes on line 162, enter total capital co	ontributi	ons (see worksheet in instr	uction	s)	163.		
Inter	est deducted in computing federal taxable income on	line 1	of this form		•			
	IRS has completed an audit of any of your returns w							<u>'</u>
	orations organized outside New York State: Complete the							
	per of par shares Value		Number of no-par			Valu	ie	
	\$					\$		
lf you	u do not need forms mailed to you next year, check bo	x. We w	vill send you a postcard fo	r the f	ollowing year	<u> </u>	tions) .	
Certi	ification. I certify that this return and any attachment	s are to	the hest of my knowledg	re an	helief true	correct and	d comr	lete
	ature of authorized person	.0 410 10	Official title	go an	a bollor trao,	Date		1010.
Oigile	3. 2201.234 p010011		Omoidi uiio			Date		
Paid preparer use only	Firm's name (or yours if self-employed)		ID) numbe	er	Date		
pre se or	Address		Sig	ınature	of individual prep	aring this retu	rn	
Paid			0.9	,		J 310		