



CT-3-S

New York State Department of Taxation and Finance

New York S Corporation Franchise Tax Return

Tax Law – Articles 9-A and 22

Staple forms here

All filers must enter tax period:

Final return Amended return

beginning ending

| | | | | |
|---|--|--|--|--|
| Employer identification number | File number | Business telephone number () | If you have any subsidiaries incorporated outside NYS, mark an X in the box <input type="checkbox"/> | If you claim an overpayment, mark an X in the box <input type="checkbox"/> |
| Legal name of corporation | | Trade name/DBA | | |
| Mailing name (if different from legal name above) c/o | | State or country of incorporation | Date received (for Tax Department use only) | |
| 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, mark an X in the box <input type="checkbox"/> | If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, by phone, or by fax. See the <i>Need help?</i> section below. | | Audit (for Tax Department use only) |
| Principal business activity | | | | |
| Has the corporation revoked its election to be treated as a New York S corporation? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, enter effective date: | | Number of shareholders | | |

| | |
|--|------------------|
| A. Pay amount shown on line 50. Make check payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. | Payment enclosed |
| | A. |

- B.** You must attach **both** a copy of your federal **pro forma Form 1120** and a copy of your **actual federal Form 1120S** filed (see instructions for line 1). If you filed a return other than federal Form 1120S, enter the form number here: _____
- C.** Attach Form CT-34-SH, *New York S Corporation Shareholders' Information Schedule*, and Form CT-3-S-ATT, *Schedules A, B, C, D, and E – Attachment to Form CT-3-S*
- D.** If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS.
- E. New:** Mark an X in the box **only if you need a tax packet** mailed to you next year. If you do not mark the box, we will send you a notice instead of a packet (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 authorized person | | Official title | Date |
| Paid preparer use only | Signature of individual preparing this return | | Firm's name (or yours if self-employed) |
| | Address | City State ZIP code | ID number Date |

Need help?

Internet access: www.nystax.gov
(for information, forms, and publications)

Fax-on-demand forms: 1 800 748-3676

Business Tax Information Center: 1 800 972-1233
From areas outside the U.S. and outside Canada: (518) 485-6800

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110

Mail your return to one of the following addresses:

| | |
|---|--|
| <p>With payment</p> <p>NYS CORPORATION TAX PROCESSING UNIT PO BOX 22092 ALBANY NY 12201-2092</p> | <p>Without payment</p> <p>NYS CORPORATION TAX PROCESSING UNIT PO BOX 22096 ALBANY NY 12201-2096</p> |
|---|--|

Computation of entire net income (ENI) base

| | | | | | |
|----|---|---|-----|--|--|
| 1 | Federal taxable income (FTI) before net operating loss (NOL) and special deductions | • | 1. | | |
| 2 | Interest income on federal, state, municipal, and other obligations not included on line 1 | • | 2. | | |
| 3a | Interest deductions directly attributable to subsidiary capital (see instructions) | • | 3a. | | |
| 3b | Noninterest deductions directly attributable to subsidiary capital (see instructions) | • | 3b. | | |
| 4a | Interest deductions indirectly attributable to subsidiary capital (see instructions) | • | 4a. | | |
| 4b | Noninterest deductions indirectly attributable to subsidiary capital (see instructions) | • | 4b. | | |
| 5 | New York State and other state and local taxes deducted on your federal return (see instructions) | • | 5. | | |
| 6 | Federal depreciation from Form CT-399, if applicable (see instructions) | • | 6. | | |
| 7 | Other additions (attach list; see instructions) | • | 7. | | |
| 8 | Add lines 1 through 7 | ■ | 8. | | |
| 9 | Income from subsidiary capital (from Form CT-3-S-ATT, line 51) | • | 9. | | |
| 10 | Fifty percent of dividends from nonsubsidiary corporations (see instructions) | • | 10. | | |
| 11 | Foreign dividends gross-up not included on lines 9 and 10 | • | 11. | | |
| 12 | New York net operating loss deduction (NOLD) (attach federal and NYS computations) | • | 12. | | |
| 13 | Allowable New York depreciation from Form CT-399, if applicable (see instructions) | • | 13. | | |
| 14 | Other subtractions (attach list; see instructions) | • | 14. | | |
| 15 | Total subtractions (add lines 9 through 14) | ■ | 15. | | |
| 16 | ENI (subtract line 15 from line 8; show loss with a minus (-) sign) | ■ | 16. | | |
| 17 | Investment income for allocation (from Form CT-3-S-ATT, line 70, but not more than the amount on line 16) | • | 17. | | |
| 18 | Business income for allocation (subtract line 17 from line 16) | • | 18. | | |
| 19 | Allocated investment income (multiply line 17 by <input type="text" value=""/> % (from Form CT-3-S-ATT, line 53)) | • | 19. | | |
| 20 | Allocated business income (multiply line 18 by <input type="text" value=""/> % (from Form CT-3-S-ATT, line 19, line 27, or line 29)) | • | 20. | | |
| 21 | ENI base (add lines 19 and 20) | ■ | 21. | | |

Computation of tax

| | | | | | |
|----|--|---|-----|--|--|
| 22 | Gross payroll | ■ | 22. | | |
| 23 | Total receipts | ■ | 23. | | |
| 24 | Average value of gross assets | ■ | 24. | | |
| 25 | Fixed dollar minimum tax (see instructions) | • | 25. | | |
| 26 | Recapture of tax credits (see instructions) | ■ | 26. | | |
| 27 | Total tax after recapture of tax credits (add lines 25 and 26) | • | 27. | | |
| 28 | Special additional mortgage recording tax credit (from Form CT-43) | ■ | 28. | | |
| 29 | Tax due after tax credits (subtract line 28 from line 27) | ■ | 29. | | |
| 30 | | | | | |
| 31 | | | | | |
| 32 | | | | | |
| 33 | | | | | |

First installment of estimated tax for the next tax period:

| | | | | |
|---|--|-------------|-----------|-----------|
| 34 | Enter amount from line 29 | 34. | | |
| 35a | If you filed a request for extension, enter amount from Form CT-5.4, line 2 | 35a. | | |
| 35b | If you did not file Form CT-5.4 and line 34 is over \$1,000, enter 25% (.25) of line 34; otherwise enter 0 | 35b. | | |
| 36 | Add line 34 and line 35a or 35b | 36. | | |
| Composition of prepayments: | | | | |
| | | | Date paid | Amount |
| 37 | Mandatory first installment | 37. | | |
| 38 | Second installment from Form CT-400 | 38. | | |
| 39 | Third installment from Form CT-400 | 39. | | |
| 40 | Fourth installment from Form CT-400 | 40. | | |
| 41 | Payment with extension request from Form CT-5.4 | 41. | | |
| 42 | Overpayment credited from prior years | 42. | | |
| 43 | Total prepayments (add lines 37 through 42) | 43. | | |
| 44 | Balance (subtract line 43 from line 36; if line 43 is larger than line 36, enter 0) | 44. | | |
| 45 | Penalty for underpayment of estimated tax (mark an X in the box if Form CT-222 is attached) <input type="checkbox"/> | 45. | | |
| 46 | Interest on late payment (see instructions) | 46. | | |
| 47 | Late filing and late payment penalties (see instructions) | 47. | | |
| 48 | Balance (add lines 44 through 47) | 48. | | |
| Voluntary gifts/contributions (see instructions) | | | | |
| 49a | Return a Gift to Wildlife | 49a. | | 00 |
| 49b | Breast Cancer Research & Education Fund | 49b. | | 00 |
| 49c | Prostate Cancer Research, Detection, and Education Fund | 49c. | | 00 |
| 50 | Balance due (if line 43 is less than the total of lines 36, 45, 46, 47, 49a, 49b, and 49c, the difference is the amount due; enter payment here and on line A on the front page) | 50. | | |
| 51 | Overpayment (if line 43 is more than the total of lines 36, 45, 46, 47, 49a, 49b, and 49c, the difference is the amount overpaid) | 51. | | |
| 52 | Amount of overpayment to be credited to next period | 52. | | |
| 53 | Refund of overpayment (subtract line 52 from line 51) | 53. | | |
| 54 | If you claim a refund of unused special additional mortgage recording tax credit, enter the amount from Form CT-43, line 13 (see instructions) | 54. | | |
| 55 | Amount of special additional mortgage recording tax credit to be applied as an overpayment to next period | 55. | | |



Additional information — Mark an **X** in the boxes for any tax credits claimed by the New York S corporation or its shareholders (see Form CT-34-SH-I, Instructions for Form CT-34-SH) and attach forms.

| | | | |
|---|--|--|--|
| CT-40 • <input type="checkbox"/> | CT-41 <input checked="" type="checkbox"/> | CT-43 • <input type="checkbox"/> | CT-44 • <input type="checkbox"/> |
| CT-46 • <input type="checkbox"/> | CT-248 • <input type="checkbox"/> | CT-249 • <input type="checkbox"/> | CT-250 • <input type="checkbox"/> |
| CT-601 <input checked="" type="checkbox"/> | CT-601.1 <input checked="" type="checkbox"/> | CT-602 <input checked="" type="checkbox"/> | CT-603 <input checked="" type="checkbox"/> |
| CT-604 • <input type="checkbox"/> | CT-605 <input checked="" type="checkbox"/> | DTF-621 • <input type="checkbox"/> | DTF-622 • <input type="checkbox"/> |
| DTF-623 <input checked="" type="checkbox"/> | DTF-624 • <input type="checkbox"/> | DTF-630 • <input type="checkbox"/> | Other credits • <input type="checkbox"/> |

Interest deducted in computing FTI •

If the IRS has completed an audit of any of your returns within the last five years, list years: _____

If this return is for a New York S termination year, mark an **X** in the appropriate box to indicate which method of accounting was used for the New York S short year (see page 4 of Form CT-3-S/4-S-I, Instructions for Forms CT-3-S, CT-4-S, and CT-3-S-ATT).

Normal accounting rules Daily pro rata allocation

NOL carryback election

If line 16 is a loss (**without** regard to the deduction on line 12), mark an **X** in the appropriate box below to indicate whether or not you elect to carry back the first \$10,000 of the loss.

Yes I elect to carry back the first \$10,000.
No I do **not** elect to carry back the first \$10,000.

If the first \$10,000 of the loss is not carried back, it is carried forward. Once made, this election is irrevocable for the loss year.

Issuer's allocation percentage

If you completed Form CT-3-S-ATT, enter percentage from Form CT-3-S-ATT, line 44. If you did not complete Form CT-3-S-ATT, enter **100** %

Note: Tax Law Article 27, section 1085, provides for a \$500 penalty for failure to provide this information.

