2006 Amended return Employer identification numbe

## **Unrelated Business Income**

Tax Return All filers enter tax period: Tax Law - Article 13 ending beginning | File number Business telephone number If you claim an overpayment, mark an X in the hox Legal name of corporation Trade name/DBA State or country of incorporation Mailing name (if different from legal name above, Date received (for Tax Department use only) c/o Number and street or PO box Date of incorporation City ZIP code Foreign corporations: date began NAICS business code number (from federal return) If your name, employer identification number, address, If address above Audit (for Tax Department use only) or owner/officer information has changed, you must an X in the box file Form DTF-95. If only your address has changed, Principal unrelated business activity you may file Form DTF-96. You can get these forms from our Web site, by phone, or by fax. See the Need help? section of the instructions. Have you filed New York State Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization? .... Yes Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) ..... Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions) Pay amount shown on line 22. Make payable to: New York State Corporation Tax Payment enclosed Attach your payment here. Detach all check stubs. (See instructions for details.) Α. Computation of income and tax 1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction 1. 2. 2 New York State Article 13 tax deducted on federal return ..... 3 Additions required for shareholders of federal S corporations (see instructions)..... 3. Grossed-up taxes for shareholders of New York S corporations (see instructions) ..... 4. 5. 5 Other additions (see instructions) 6 Add lines 1 through 5 ..... 6. 7 Other income (see instructions) ..... 7. **8** Federal S corporation shareholder subtractions (see instructions)...... 10 Total subtractions (add lines 7, 8, and 9) 10. Taxable income before net operating loss deduction (subtract line 10 from line 6) ..... 11. 12 New York net operating loss deduction (attach federal and NYS computations; see instructions) ...... 12. 13 Taxable income (subtract line 12 from line 11)..... 13. Allocated taxable income (multiply line 13 by % from line 42; or enter amount Tax based on income (multiply line 14 by 9% (.09))..... 15. 15 250 00 16. 17 Tax (line 15 or line 16, whichever is larger) ..... 17. Total prepayments from line 46 ..... 18. 19 Balance (if line 18 is less than line 17, subtract line 18 from line 17)..... 19. 20 Interest on late payment (see instructions) Amount of overpayment on line 23 to be **credited to next year** 

Amount of overpayment on line 23 to be **refunded** (subtract line 24 from line 23)

| Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years:   |   |  |        |                |                    |                         |           |        |               |  |
|---|---|--|--------|----------------|--------------------|-------------------------|-----------|--------|---------------|--|
| Federal return was filed on: 990T Other: Attach a complete copy of your federal return.   |   |  |        |                |                    |                         |           |        |               |  |
| Schedule A – Unrelated business allocation  If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of |   |  |        |                |                    |                         |           |        |               |  |
|   |   |  |        |                |                    |                         |           |        |               |  |
|   |   | ocation, attach a list of each place of business, the loc    |        |                |                    |                         |           |        | yees.         |  |
|   |   |  |        | Δ              |                    |                         | В         |        |               |  |
| Ave   | verage value of:  |  |        | New York       | New York State Eve |                         | verywhe   | re     |               |  |
|   | Real estate owned (see instructions)  |  |        |                |                    |                         |           |        |               |  |
|   |   | rents (attach list; see instructions)                        |        |                |                    |                         |           |        |               |  |
|   |   | pries owned  |        |                |                    |                         |           |        |               |  |
|   |   | angible personal property owned (see instructions)           |        |                |                    |                         |           |        |               |  |
| 30  |   | add lines 26 through 29)                                     |        |                |                    |                         |           |        | $\dashv$      |  |
|   |   | tage in New York State (divide line 30, column A, by line 30 |        | mn B)          |                    |                         | 31        | _      | %             |  |
| Receipts in the regular course of business from:  |   |  |        |                |                    |                         |           |        |               |  |
|   | -   | of tangible personal property shipped to points within       |        |                |                    |                         |           |        |               |  |
| _   |   | York State   | 32.    |                |                    |                         |           |        |               |  |
| 33  |   | es of tangible personal property                             |        |                |                    |                         |           |        |               |  |
| 34  |   | es performed   |        |                |                    |                         |           |        |               |  |
|   |   | s of property  |        |                |                    |                         |           |        |               |  |
|   |   | pusiness receipts  |        |                |                    |                         |           |        |               |  |
| 37  |   | add lines 32 through 36)                                     |        |                |                    |                         |           |        |               |  |
|   |   | tage in New York State (divide line 37, column A, by line 33 |        | mn B)          |                    |                         | 38        | 3.     | %             |  |
|   |   | , salaries, and other compensation of employees              |        | ,              |                    |                         |           |        |               |  |
|   | _   | ept general executive officers; see instructions)            | 39.    |                |                    |                         |           |        |               |  |
| 40  | -   | tage in New York State (divide line 39, column A, by line 3  |        | mn B)          |                    |                         | 40        | )_     | %             |  |
| 41  | Total of New York State percentages (add lines 31, 38, and 40)                              |  |        |                |                    |                         |           |        | %             |  |
| 42  | 42 Business allocation percentage (divide line 41 by three or by the number of percentages) |  |        |                |                    |                         |           |        |               |  |
| Composition of prepayments claimed on line 18*  |   |  |        |                | Date paid          |                         |           | Amount |               |  |
| 43  | Payme   | nt with extension request, Form CT-5, line 5                 |        |                | 43.                |                         |           |        |               |  |
| 44a   | Secon   | d installment from Form CT-400                               |        |                | 44a.               |                         |           |        |               |  |
| 44b   | Third in  | nstallment from Form CT-400                                  |        |                | 44b.               |                         |           |        |               |  |
| 44c   | Fourth  | installment from Form CT-400                                 |        |                | 44c.               |                         |           |        |               |  |
| 45  | Amour   | t of overpayment credited from prior years                   |        |                |                    | 45                      | j.        |        |               |  |
| 46  | Total p   | repayments (add lines 43 through 45; enter here and on line  | 18)    |                |                    | 46                      | <b>6.</b> |        |               |  |
|   | * Tav   | payers subject to the unrelated business income tax a        | ra nat | required to ma | ka ast             | imated tax navr         | monte     |        |               |  |
|   |   |  |        |                |                    |                         | nenis.    |        |               |  |
| If you did make these unrequired payments, please report them on lines 44a, 44b, and 44c.   |   |  |        |                |                    |                         |           |        |               |  |
| Third – Do you want to allow another person to discuss this return with the Tax Dept? (see instructions)  Yes (complete the following)                                |   |  |        |                |                    |                         |           |        | ng) <b>No</b> |  |
| party designee  |   | Designee's name Designee's phone number                      |        |                |                    | Personal identification |           |        |               |  |
| ( ) number (PIN)  |   |  |        |                |                    |                         |           |        |               |  |
| 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  |   |  | 068    | Official title | aye a              | na boller true, C       | Da        |        | Piolo.        |  |
| - 3   |   | ·  |        |                |                    |                         |           |        |               |  |
| Signature of individual preparing this return  Firm's name (or yours if self-employed)  |   |  |        |                |                    |                         |           |        |               |  |
| Signature of individual preparing this return Firm's name (or yours if self-employed)  Address City State ZIP code ID number  |   |  |        |                |                    | Da                      | te        |        |               |  |
| Paic  |   |  |        |                |                    |                         |           |        |               |  |

See instructions for where to file.