

New York State Department of Taxation and Finance

## **CT-3-S**

All filers must enter tax period:

## New York S Corporation Franchise Tax Return Tax Law - Articles 9-A and 22

ı	Final return (see instr., page 5) Am	nended return		beginning		ending			
	Employer identification number (EIN)	incorp		If you have any s incorporated outs mark an <b>X</b> in the					
	Legal name of corporation	Trade name/DBA							
	Mailing name (if different from legal name above)			State or country	of incorporation	Date received (for Tax Department use only)			
	C/O Number and street or PO box				ration				
	City State ZIP code			Foreign corporati	ons: date began				
				business in NYS					
		If address/phone above is new, mark an <b>X</b> in the box	If you need to update your address	New York S ele	ction effective date	Audit (for Tax Depai	rtment use only)		
	NYS principal business activity	or principal business activity or prone information for corporation tax, or							
	Has the corporation revoked its election to be treated as a New York S corporation?				reholders				
^	Yes ● No ● If Yes, e Pay amount shown on line 46. Make	enter effective date:	ork State Cornerati	on Toy		Pavn	nent enclosed		
4	Attach your payment here. Detach a	all check stubs. (See i	instructions for details.	)		A			
	ou must attach a copy of the follow	•		•			•		
	required; see instructions); (4) Form CT-60-QSSS (if required; see instructions); and (5) any applicable credit claim forms.								
В	If you filed a return(s) other than fed	derai Form 11205, en	iter the form number	(s) nere	●				
С	If you included a qualified subchapter	S subsidiary (QSSS) ir	n this return, mark an	X in the box	and attach F	orm CT-60-QS	SSS		
D	Have you underreported your tax du	ue on past returns? T	o correct this withou	it penalty, vi	isit our Web	site (see instru	uctions).		
E	Enter your business allocation percent	tage (if you did not comp	lete Form CT-3-S-ATT, S	Schedule A, yo	ou must enter e	either <b>0</b> or <b>100</b> )	• %		
F	Enter your investment allocation percer	ntage (if you did not comp	olete Form CT-3-S-ATT, S	Schedule B, yo	ou must enter e	either <b>0</b> or <b>100</b> )	• %		
G	Did the S corporation make an IRC	section 338 or 453 e	lection?			Ye	es • No •		
Н	Did this entity have an interest in rea	al property located in	New York State dur	ring the last	three years	? Ye	es • No •		
I	Has there been a transfer or acquis	ition of a controlling in	nterest in this entity	during the I	ast three ye	ars? Ye	es • No •		
J	If the IRS has completed an audit of	any of your returns wi	ithin the last five year	rs, list years	i				
K	If this return is for a New York S terr used for the New York S short year	•					ccounting was rata allocation		
L	Issuer's allocation percentage (see in	nstructions)					. ● %		
M	Mark an <b>X</b> in the box if you are filing For	rm CT-3-S as a result of	the mandatory New Y	ork S election	n of Tax Law,	Article 22, secti	ion 660(i) ●		
N	Eligible qualified New York manufac	cturers mark an <b>X</b> in thi	s box (see instructions).				•		
0	Did you include any disregarded en If Yes, enter the name(s) and EIN(					Ye	es • No •		



P If you filed as a New York C corporation in previous years, enter the last year filed as such

	ide the information for lines 1 through 10 unt column. (Show any negative amounts with a			112	0S, Schedule K, total
1	Ordinary business income or loss		•	1	
2	Net rental real estate income or loss	•	2		
3	Other net rental income or loss				
4					
5	Ordinary dividends				
6	Royalties		•	6	
7	Net short-term capital gain or loss		•	7	
8	Net long-term capital gain or loss		•	8	
9	Net section 1231 gain or loss		•	9	
	Other income or loss			10	
11	Loans to shareholders (from federal Form 1120S, Schedule L, line 7, columns b and d)				
	Beginning of tax year ●	End of tax year ●			
12	Total assets (from federal Form 1120S, Schedu				
	Beginning of tax year ●				
13a	Loans from shareholders (from federal Form 1		nns b and d)		
	Beginning of tax year				
13b	If any portion of such loans was used as basis to	o deduct current or suspended lo	ss, enter the amount used •	13b	
	ide the information for lines 14 through 2°		nes on your federal Forr	n 11	20S, Schedule M-2.
(Shov	v any negative amounts with a minus (-) sign; do n	not use parentheses or brackets.)			
		A Accumulated adjustments	B Other adjustments		Charabaldara' undistributed
		Accumulated adjustments account	Other adjustments account		Shareholders' undistributed taxable income previously
					taxed
	Balance at beginning of tax year		•		
15	Ordinary income from federal Form 1120S,				
	page 1, line 21	1			
	Other additions		•		
17	Loss from federal Form 1120S, page 1,				
	line 21				
18	Other reductions	+			
	Add lines 14 through 18	1-1	•		
	Distributions other than dividend distributions.		-		
21	Balance at end of tax year. Subtract line 20	1.1		•	
	from line 19				
Con	nputation of tax (see instructions)				
	must enter an amount on line 22; if none,	enter 0.			
	New York receipts (see instructions)		•	22	
23	Fixed dollar minimum tax (see instructions)		•	23	
24	Recapture of tax credits (see instructions)		•	24	
25				25	
26	Special additional mortgage recording tax credit (current year or deferred; see instructions)			26	
27	Tax due after tax credits (subtract line 26 from	27			
First	installment of estimated tax for the nex	xt tax period:			
28	Enter amount from line 27		28		
29	If you filed a request for extension, enter amount from Form CT-5.4, line 2			29	
30	If you did not file Form CT-5.4 and line 28 is over \$1,000, enter 25% (.25) of line 28.				
	Otherwise enter 0		_	30	
31	Add line 28 and line 29 or 30			31	



Com	putation of tax (continued)						
	position of prepayments (see instructions):	Date paid	Amount				
	Mandatory first installment	32					
	Second installment from Form CT-400	33					
	Third installment from Form CT-400	34					
	Fourth installment from Form CT-400	35					
	Payment with extension request from						
	Form CT-5.4	36					
37	Overpayment credited from prior years (see instru						
	Total prepayments (add lines 32 through 37)				38		
	Balance (subtract line 38 from line 31; if line 38 is large				39		
	Estimated tax penalty (see instructions; mark an X	<u> </u>			40		
	Interest on late payment (see instructions)		· —		41		
	Late filing and late payment penalties (see instruc						
	Balance (add lines 39 through 42)				43		
	ntary gifts/contributions (see instructions):						,
	Return a Gift to Wildlife	∎ 44a		00			
	Breast Cancer Research & Education Fund			00			
	Prostate Cancer Research, Detection, and Educ			00			
	9/11 Memorial			00			
	Volunteer Firefighting & EMS Recruitment Fund			00			
	Veterans Remembrance			00			
	Add lines 31, 40, 41, 42, and 44a through 44f				45		
	Balance due (If line 38 is less than line 45, subtract l			mount			
	due; enter your payment amount on line A on pa				46		
47	Overpayment (If line 38 is more than line 45, subtract line 45 from line 38 and enter here. This is the						
	amount of your overpayment; see instructions.)				47		
48	Amount of overpayment to be credited to next period (see instructions)				48		
49	9 Refund of overpayment (subtract line 48 from line 47; see instructions)				49		
50	Refund of unused special additional mortgage re	ecording tax credit		7			
(current year or deferred; see instructions)					50		
51 Amount of special additional mortgage recording tax credit to be applied as an overpayment							
	to next period				51		
Ame	nded return information						
	g an amended return, mark an <b>X</b> in the box for a	ny items that apply and	Lattach documentat	ion.			
Final f	ederal determination • If marked, enter date of	of determination: •					
					T = .		
	d – party Yes No Designee's name (print)				Designee	e's phone )	number
	Signee Designee's e-mail address						
,	nstructions)					PIN	
Certi	fication: I certify that this return and any attachn		<u> </u>			t, and o	complete.
Auth	Printed name of authorized person	Signature of authorized p	erson	Official ti	itie		
	E-mail address of authorized person		Telephone	number		Date	
						1 570:	0001
	Firm's name (or yours if self-employed)		Firm's EIN		Prepare	er's PTIN	or SSN
1	Signature of individual preparing this return	Address		City	Sta	te	ZIP code
	nly E-mail address of individual preparing this return		Drono	rer's NYTPR	INI I	Date	
	instr.)		гера	ici ə ivi IPK	II N	Date	

See instructions for where to file.

