5	NEW YORK STATE	Unrelated E Tax Return	_	iness Inc	ome		
2(Amended _			All filers enter tax	period:	7	
Г	return Employer identification number (EIN)	Tax Law – Article 13 File number Business tele	shone num	beginning		ending	10.
	Employer identification number (EIN)	L Business tele	onone num	pei			If you claim an overpayment, mark
	Legal name of corporation	()		Trade name/DBA			an X in the box
	Legal name of corporation			Trade Traine/DBA			
H	Mailing address			State or country of incorp	noration		
	·			State of Sound y of mostly			
ŀ	Care of (c/o) Number and street or PO box			Date of incorporation	Foreig	ın corporations:	: date began business in NYS
				'		, ,	3
ŀ	City U.S. state/Canadian	province ZIP/Postal code Countr	y (if not Un	ited States)	For or	ffice use only	
ł	NAICS business code number (from federal return)	If you need to update your a	address	s or phone inform	nation		
		for corporation tax, or other					
7	Principal unrelated business activity (see instructions)			ness information			
		Form CT-	1.				
Mai Mai	Organization – Have you filed this Ne rk an X in this box if you are an employ rk an X in this box if you ceased opera (see section Who must file Form CT-13 in the	yee trust as defined in Internal ting the unrelated business du	Revenu	ue Code (IRC) sect tax year covered b	ion 401(a). by this retui	rn	
	•	<u> </u>					nent enclosed
A.	 Pay amount shown on line 22. Make Attach your payment here. Detach a 	e payable to: New York State (Il check stubs. <i>(See instructions</i>	corpora for detail	ation lax (ls.)	■ A	Гауп	lent enclosed
_	, maen year payment nere zeraen a	orroom oranger (ooo men deneme		,			
Со	mputation of income and tax						
1	Federal unrelated business taxable income	before net operating loss deductio	n and aft	er \$1,000 specific ded	luction 1		
	New York State Article 13 and Article			•			
3	Additions required for shareholders of	f federal S corporations (see in	struction	s)	3		
4	Grossed-up taxes for shareholders o	f New York S corporations (see	instructi	ions)	4		
5	Other additions (see instructions)				5		
6	Add lines 1 through 5		. <u></u>		6		
7	Other income (see instructions)		7				
	Federal S corporation shareholder subtr						
	Other subtractions (see instructions)					Г	
	Total subtractions (add lines 7, 8, and 9						
	Taxable income before net operating						
	New York net operating loss deduction						
	Taxable income (subtract line 12 from li	•			13		
14	Allocated taxable income (multiply line						
4-	from line 13 if allocation is not claimed)						
	Tax based on income (multiply line 14						050 00
	Minimum tax						250 00
	Tax (line 15 or line 16, whichever is large	•					
	Total prepayments from line 46						
	Balance (if line 18 is less than line 17, su						
	Interest on late payment (see instruction						
	Late filing and late payment penalties Balance due (add lines 19, 20, and 21 a						
	Overpayment (if line 17 is less than line						
	Amount of overpayment on line 23 to	· ·			23		

See page 3 for third-party designee, certification, and signature entry areas.



Hav	e you been audited by the Internal Revenue Service in the pas	t 5 years	s? Yes	No [If Yes	list yea	rs:	
Fed	eral return was filed on: 990-T Other:			Attach a	complete	copy of	your federa	ıl return.
Scl	nedule A – Unrelated business allocation							
If yo busi	u did not maintain a regular place of business outside New Yor ness is any office, factory, warehouse, or other space regularly n this allocation, attach a list of each place of business, the loca	used by	the taxpa	ayer in its	unrelated	busines	s. If you	yees.
Average value of:			New Y	A ∕ork State	Ever		B ywhere	
	Real estate owned (see instructions)	26						
	Gross rents (attach list; see instructions)							
28	Inventories owned	28						
29	Other tangible personal property owned (see instructions)	29						
30	Total (add lines 26 through 29)	30						
31	Percentage in New York State (divide line 30, column A, by line 3	0, columi	n B)				31	%
Rec	eipts in the regular course of business from:							_
32	Sales of tangible personal property shipped to points within New York State	32						
33	All sales of tangible personal property							
	Services performed							
35	Rentals of property	35						
36	Other business receipts	36						
37	Total (add lines 32 through 36)	37						
38	Percentage in New York State (divide line 37, column A, by line 3	7, columi	n B)				38	%
39	Wages, salaries, and other compensation of employees							
	(except general executive officers; see instructions)	39						
	Percentage in New York State (divide line 39, column A, by line 3							%
	Total of New York State percentages (add lines 31, 38, and 40							%
	Business allocation percentage (divide line 41 by three or by the	number o	of percentag	ges)				%
Composition of prepayments claimed on line 18*					Date pa	ıid	Amo	unt
	Payment with extension request, Form CT-5, line 5							
	Second installment from Form CT-400							
	Third installment from Form CT-400							
		ourth installment from Form CT-400						
	Amount of overpayment credited from prior years							
46	Total prepayments (add lines 43 through 45; enter here and on line	18)		•••••	•••••	46		
	* Taxpayers subject to the unrelated business income tax a If you did make these unrequired payments, report them of	re not re on lines	equired to 44a, 44b,	make est and 44c.	imated tax	paymer	nts.	
Am	ended return information							
If fili	ng an amended return, mark an $m{x}$ in the box for any items that	apply a	nd attach	document	tation.			
Fina	I federal determination	ate of de	terminatio	on: •		-		
Сар	ital loss carryback Federal return filed	l			For	m 1139 ⁽	•	
Ame	ended Form 990-T							



Third – par designed (see instruction	Designee's email address				1	Designee (e's phone) PIN	e number	
Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.									
Authorized	Printed name of authorized person Signature of authorized person			Official title					
person	Email address of authorized person			Telephone nu	umber		Date		
Paid	Firm's name (or yours if self-employed)		Firm's	EIN		Prepare	er's PTIN	N or SSN	
preparer use	Signature of individual preparing this return	Address		Ci	ty	Sta	te	ZIP code	
only (see instr.)	Email address of individual preparing this return	L	Prepare	r's NYTPRIN	or Exc	cl. code	Date		

See instructions for where to file.

