



CT-4
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New York State Department of Taxation and Finance

General Business Corporation Franchise Tax Return Short Form

Tax Law — Article 9-A

All filers must enter tax period:

Final return Amended return
(see page 5 of the instructions)

beginning ending

Employer identification number <input type="text"/>	File number <input type="text"/>	Business telephone number (<input type="text"/>)	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 Number and street or PO box		State or country of incorporation	Date received (for Tax Department use only)	
City State ZIP code		Date of incorporation		
NAICS business code number (from federal return) <input type="text"/>	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 fax, or by phone. See <i>Need help?</i> in the instructions.		Audit (for Tax Department use only)
Principal business activity				

See Form CT-3/4-I, *Instructions for Forms CT-4, CT-3, and CT-3-ATT*, before completing this return.

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 (MCTD)? If **Yes**, you must file Form CT-3M/4M. The **MCTD includes** the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester. (mark an **X** in the appropriate box) Yes No

A. Pay amount shown on line 43. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed	
	A.	<input type="text"/>

B. Federal return filed (you must mark an **X** in one): **Attach a complete copy of your federal return.**

Form 1120..... Form 1120-H..... Other: _____
Consolidated basis..... Form 1120S *wrapped from adjacent column*

C. If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an **X** in the box and attach Form CT-60-QSSS.

D. Mark an **X** in the box **only if you need a tax packet** mailed to you next year (see instructions)

E. Did the entity have an interest in real property located in New York State during the last 3 years? (mark an **X** in the appropriate box)..... Yes No

F. Has there been a transfer or acquisition of controlling interest in the entity during the last 3 years? (mark an **X** in the appropriate box)..... Yes No

(continued)

Computation of entire net income (ENI) base (see instructions)

1	Federal taxable income (FTI) before net operating loss (NOL) and special deductions.....	•	1.		
2	Interest on federal, state, municipal, and other obligations not included on line 1 (see instructions) ...	•	2.		
3	Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock ...	•	3.		
4	New York State and other state and local taxes deducted on your federal return (see instructions) ...	•	4.		
5	Federal depreciation from Form CT-399, if applicable (see instructions)	•	5.		
6	Add lines 1 through 5	•	6.		
7	New York net operating loss deduction (NOLD) (attach federal and New York State computations)	•	7.		
8	Allowable New York State depreciation from Form CT-399, if applicable (see instructions)	•	8.		
9	Refund or credit of certain taxes (see instructions)	•	9.		
10	Total subtractions (add lines 7 through 9)	•	10.		
11	ENI base (subtract line 10 from line 6; show loss with a minus (-) sign; enter here and on line 21)	•	11.		
12	ENI base tax (multiply line 11 by the appropriate rate from the Tax rates schedule on page 6 of Form CT-3/4-I; enter here and on line 28)	•	12.		

Computation of capital base (enter whole dollars for lines 13 through 18; see instructions)

	A Beginning of year	B End of year	C Average value		
13	Total assets from federal return.....	•	•	•	
14	Real property and marketable securities included on line 13.....			•	
15	Subtract line 14 from line 13.....			•	
16	Real property and marketable securities at fair market value			•	
17	Adjusted total assets (add lines 15 and 16)			•	
18	Total liabilities			•	
19	Capital base (subtract line 18, column C, from line 17, column C)			•	19.
20	Capital base tax (see instructions)			•	20.

Computation of minimum taxable income (MTI) base

21	ENI base from line 11	•	21.		
22	Depreciation of tangible property placed in service after 1986 (see instructions)	•	22.		
23	New York NOLD from line 7	•	23.		
24	Total (add lines 21 through 23)	•	24.		
25	Alternative net operating loss deduction (ANOLD) (see instructions)	•	25.		
26	MTI base (subtract line 25 from line 24)	•	26.		
27	Tax on MTI base (multiply line 26 by 1.5% (.015); see instructions)	•	27.		

(continued)

Computation of tax

28 Tax on ENI base from line 12	•	28.	
29 Tax on capital base from line 20 (see instructions)			
New small business: First year • <input type="checkbox"/> Second year • <input type="checkbox"/>	•	29.	
30 Fixed dollar minimum tax (See Table 7 in the Tax rates schedule on page 6 of Form CT-3/4-I. You must enter an amount on line 31; see instructions)	•	30.	
31 New York receipts (see instructions)	•	31.	
32 Tax due (amount from line 27, 28, 29, or 30, whichever is largest; see instructions for exception)	■	32.	
First installment of estimated tax for next period:			
33a If you filed a request for extension, enter amount from Form CT-5, line 2	•	33a.	
33b If you did not file Form CT-5 and line 32 is over \$1,000, see instructions	■	33b.	
34 Add line 32 and line 33a or 33b	■	34.	
35 Total prepayments from line 54	•	35.	
36 Balance (subtract line 35 from line 34; if line 35 is more than line 34, enter 0)	■	36.	
37 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) • <input type="checkbox"/>	•	37.	
38 Interest on late payment (see instructions)	•	38.	
39 Late filing and late payment penalties (see instructions)	•	39.	
40 Balance (add lines 36 through 39)	■	40.	
Voluntary gifts/contributions (see instructions):			
41a Amount for Return a Gift to Wildlife	■	41a.	00
41b Amount for Breast Cancer Research and Education Fund	■	41b.	00
41c Amount for Prostate Cancer Research, Detection, and Education Fund	■	41c.	00
41d Amount for World Trade Center Memorial Foundation Fund	■	41d.	00
42 Total (add lines 34, 37, 38, 39, and 41a through 41d)	■	42.	
43 Balance due (If line 35 is less than line 42, subtract line 35 from line 42 and enter here. This is the amount due; enter the payment amount on line A on page 1)	■	43.	
44 Overpayment (If line 35 is more than line 42, subtract line 42 from line 35. This is your overpayment; enter here and see instructions)	■	44.	
45 Amount of overpayment to be credited to next period	■	45.	
46 Balance of overpayment (subtract line 45 from line 44)	•	46.	
47 Amount of overpayment to be credited to Form CT-3M/4M	•	47.	
48 Refund of overpayment (subtract line 47 from line 46)	■	48.	

Composition of prepayments on line 35 (see instructions)

	Date paid	Amount
49 Mandatory first installment	49.	- -
50a Second installment from Form CT-400	50a.	- -
50b Third installment from Form CT-400	50b.	- -
50c Fourth installment from Form CT-400	50c.	- -
51 Payment with extension request from Form CT-5, line 5	51.	- -
52 Overpayment credited from prior years <input type="text" value="Period"/>	52.	
53 Overpayment credited from Form CT-3M/4M <input type="text" value="Period"/>	53.	
54 Total prepayments (add lines 49 through 53; enter here and on line 35)	54.	

(continued)

Interest paid to shareholders

55 Did this corporation make any payments treated as interest in the computation of ENI to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? (mark an X in the appropriate box) If Yes, complete the following and lines **56** through **59** (attach additional sheets if necessary)

55. Yes No

Shareholder's name	SSN or EIN	
56: Interest paid to shareholder	56.	
57: Total indebtedness to shareholder described above	57.	
58: Total interest paid	58.	
59: Is there written evidence of the indebtedness? (mark an X in the appropriate box)	59.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Corporations organized outside New York State only

Capital stock issued and outstanding:

60: Number of par shares	<input type="text"/>	Value	\$ <input type="text"/>
61: Number of no-par shares	<input type="text"/>	Value	\$ <input type="text"/>

62: Total receipts entered on your federal return

63: Interest deducted in computing FTI (see instructions)

64: Depreciable assets and land entered on your federal return

65: If the Internal Revenue Service (IRS) has completed an audit of any of your returns within the last five years, list years: _____

66: If you are a member of an affiliated federal group, enter primary corporation name and EIN:

Name EIN

67: If you are more than 50% owned by another corporation, enter parent corporation name and EIN:

Name EIN

68: Are you claiming small business taxpayer status for lower ENI tax rates? (see Small business taxpayer definition on page 9 of Form CT-3/4-I; mark an X in the appropriate box)

68. Yes No

69: If you marked Yes on line **68**, enter total capital contributions (see worksheet in instructions)

69.

70: Are you claiming qualified New York manufacturer status for lower capital base tax limitation? (see instructions; mark an X in the appropriate box)

70. Yes No

71: Are you claiming qualified New York manufacturer status for lower ENI tax rates? (see instructions; mark an X in the appropriate box)

71. Yes No

Third - party designee (see instructions)

Yes No Designee's name (print) Designee's phone number ()

Designee's e-mail address PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Signature of authorized person		Official title	
	E-mail address of authorized person			Date
Paid preparer use only	Firm's name (or yours if self-employed)			
	Signature of individual preparing this return		Address	City State ZIP code
	E-mail address of individual preparing this return			Date

See instructions for where to file. *preapproved*