

New York State Department of Taxation and Finance

Unrelated Business Income Tax Return Tax Law - Article 13

2000 calendar-yr. filers, check box Other filers enter tax period:

beginning	
ending	

Emplo	oyer identification number	File number	Ch	eck box if erpayment claimed	For office	use only	
	Legal name of corporation	Trade name/DBA					
		Trade flame/DDA			Date recei	ived	
Mailing name	Mailing name (if different from legal name) and address						
na dr	5 c/o						
ng	Number and street or PO box		Da	ite of incorporation			
aii							
5 "	City State	ZIP code		reign corporations; date began			
			bus	siness in NYS	Audit use		
	r name, employer identification number, address, or owner/officer information has changer DTF-95. Obtain forms through fax-on-demand, Internet access, or one of the teleph		ness telepho	one number			
	ers. See the <i>Need help?</i> section of the form or instructions.	()				
NAICS	S business code number (see instructions) Principal unrelated business activity						
Have	e you been audited by the Internal Revenue Service in the	past 5 years?	L	Yes No			
	Yes, list years:						
	eral return was filed on: 990T Other:			Attach a comp	lete co	py of your federal return.	
	e you filed New York State Form CT-247, Application for Ex			ı			
	prporation Franchise Taxes by a Not-For-Profit Organization						
	u are an employee trust, as defined in IRC section 401(a),						
	ck this box if you ceased operating the unrelated business						
	ree section Who must file Form CT-13 in the instructions)						
	Payment – pay amount shown on line 20. Make check paya	able to: New Yor	k State	Corporation Tax		Payment enclosed	
4	Attach your payment here.						
Cor	nputation of income and tax (to complete this fo	rm, see Form C	CT-13-I,	, Instructions for Fo	orm CT	-13)	
1 F	ederal unrelated business taxable income before net operating los	ss deduction and af	fter \$1,00	00 specific deduction	1		
2 1	New York State Article 13 tax deducted on federal return				2		
3 /	Additions required for shareholders of federal S corporation	ns (see instructions	s)				
4 (Grossed-up taxes for shareholders of New York S corporat	ions <i>(see instructio</i>	ons)				
	Add lines 1 through 4				5		
	ncome from games of chance and other income (see instru				-////		
	Subtractions required for shareholders of federal S corporations (see						
	Force les incomes le force pet energière le ce deduction (eu tre						
	Taxable income before net operating loss deduction (subtra						
	New York net operating loss deduction (attach federal and New York State computations)						
	Allocated taxable income (multiply line 11 by% from						
	allocation is not claimed)				12		
13	Tax based on income (multiply line 12 by 9% (.09))						
	Minimum tax					250 00	
15	Tax (line 13 or line 14, whichever is larger)				15		
16	Total prepayments from line 44				16		
17 E	Balance (if line 16 is less than line 15, subtract line 16 from line 1	15)			17		
18 I	nterest on late payment (see instructions)				18		
	_ate filing and late payment penalties (see instructions)						
	Balance due (add lines 17, 18, and 19; enter payment on line A a						
	Overpayment (if line 15 is less than line 16, subtract line 15 from	,				_	
	Amount of overpayment on line 21 to be credited to next						
	Amount of overpayment on line 21 to be refunded (subtraction I costify that this return and any attachments are						
	ification. I certify that this return and any attachments are ature of elected officer or authorized person		y KNOWIE	euge and belief true,	correct,	and complete.	
Sign	ature or elected officer or authorized person	Office	ciai iiii U			Daio	
eparer	Firm's name (or yours if self-employed)			ID number		Date	
Paid preparer use only	Address			Signature of individual pr	eparing th	is return	
	Mail varie rations to NVC CORRORATION TAY DRO	OFOODIO LINUT	- DO DO	NY 00000 ALDANIY	111/ 400/	04 0000 CT 40	

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 business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:		A New York Sta	ate	Eve	B rywhere	
24 Real estate owned	24					
25 Gross rents (attach list)						
26 Inventories owned						
27 Other tangible personal property owned						
28 Total (add lines 24 through 27)						
29 Percentage in New York State (divide line 28, column A, by line 28, colu					29	%
Receipts in the regular course of business from:	,					
30 Sales of tangible personal property shipped to points within						
New York State	30					
31 All sales of tangible personal property						
32 Services performed						
33 Rentals of property						
34 Other business receipts						
35 Total (add lines 30 through 34)	_					
36 Percentage in New York State (divide line 35, column A, by line 35, colu					36	%
37 Wages, salaries and other compensation of employees (except general executive officers)	37					
38 Percentage in New York State (divide line 37, column A, by line 37, colu					38	%
39 Total of New York State percentages (add lines 29, 36 and 38)	,					%
40 Business allocation percentage (divide line 39 by three or by the number						%
Composition of prepayments claimed on line 16*	•	,	Date I		Amount	ī
41 Payment with extension request, Form CT-5, line 5		41				
42a Second prepayment						
42b Third prepayment						
42c Fourth prepayment						
43 Credit from prior years				43		
44 Total (add lines 41 through 43; enter here and on line 16)						

^{*} Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, please report them on lines 42a, 42b, and 42c.

T Need help?

Telephone assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.

Tax information: 1 800 972-1233

Forms and publications: 1 800 462-8100

From outside the U.S. and outside Canada: (518) 485-6800

Fax-on-demand forms: 1 800 748-3676 Internet access: http://www.tax.state.ny.us

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110 (8:30 a.m. to 4:25 p.m.,

eastern time)

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.

If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.

Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return. However, if, at a later date, you need to establish the date you filed your return, you cannot use the date recorded by a private delivery service unless you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, Designated Private Delivery Services. See Need help? for information on ordering forms and publications.) If you use any private delivery service, whether it is a designated service or not, address your return to: State Processing Center, 431C Broadway, Albany NY 12204-4836.