

New York State Department of Taxation and Finance
Now York Book & Corner

New York Bank S Corporation

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

		Franchise 7			beginnir endir			
Employer identification number			File number	Check box if	For office t			
•	,			overpayment claimed		,		
	Legal name of corporation		Trade name/DBA					
σ.,					Date recei	Date received		
Mailing name	Mailing name (if different from legal name	ne) and address		State or country of incorporati	on			
ביב	c/o							
i c	Number and street or PO box			Date of incorporation				
Mai	<u></u>							
_	City State ZIP code			Foreign corporations: date be business in NYS	` —			
الا مماماء	If your name, employer iden	ntification number, address, or owner/officer informa	ation has changed Dusiness to	Nanhana ausahas	Audit use			
check	box (see you must file Form DTF-95.	Obtain forms through fax-on-demand, Internet acc	cess, or one of the	elephone number				
	ctions) L telephone assistance number (see instructions)	ers. See the <i>Need help?</i> section of the form or inst Principal business activity		r of shareholders				
	,							
New	York assets	Total assets everywhere	ZIP code (U.S. h	eadquarters)	or Name o	of country (foreign headq	uarters)	
•		•	•	oudquario.o/	•	oouy (.o.o.gouuq	uu. 10.0)	
Туре					County	code		
of bank	• Commercial •	Savings & Loan •	Savings • U Ot	ther:	_ •			
A. F	ayment – pay amount show	n on line 20. Make check paya	able to: New York St	ate Corporation Tax	r	Payment enclosed		
_ \	Attach your payment he							
Sch	edule A - Computation o	f tax and installment pay	ments of estimate	d tax (see instruc	tions, Fori	m CT-32-S-I)		
1	Entire net income from Forn	n CT-32, Schedule B, line 58	(see instructions)					
2	Entire net income allocation	percentage (see instructions) .				•	%	
3 Allocated entire net income (multiply line 1 by the percentage on line 2)								
	•	ments from Form CT-32, Sch						
		income (line 3 plus or minus line						
		income multiplied by corporat						
		income multiplied by Article 2	•		<i>'</i>	•		
	Tax on allocated taxable entire net income (subtract line 7 from line 6)						250 00	
			rger)			•	200 00	
		recording tax credit from For						
		_	ons)					
	First installment of estimated							
13a	If you filed an application for	r extension, enter amount fron	n Form CT-5.4, line 2		13a			
13b	If you did not file Form CT-5	5.4, and line 12 is over \$1,000	00, enter 25% of line 12					
		or 13b)				_		
	Balance (if line 15 is less than line 14, subtract line 15 from line 14)					•		
	Interest on late payment (see instructions)							
	*							
	 Balance due (add lines 16 through 19; enter payment on line A above) Overpayment (if line 14 is less than line 15, subtract line 14 from line 15) 							
	· ·	be credited to next period				1		
	• •	line 21)				_		
		ge (see instructions on Form CT-					%	
		turn and any attachments are						
	ature of elected officer or authorized p		Official tit		45, 50H60L	Date		
	·							
ē	Firm's name (or yours if self-employed)		<u> </u>	ID number		Date		
repar only								
Paid preparer use only	Address			Signature of individu	al preparing th	nis return		
_				i i				

Additional Information	n	
Check box and attach Form CT-60-QSSS to notify the Tax Department that a QSSS	S is included in this return	
Check boxes below to indicate the forms filed for any tax credits claimed by the Ne CT-34-SH instructions for shareholder information.	w York S corporation or its	shareholders. See Part II of the
• ☐ CT-41 • ☐ CT-43 • ☐ CT-44 ■ DTF-	601 DTF-601.1	■ DTF-602
Attach a copy of your pro forma federal Form 1120 and a copy of your actual federal federal Form 1120S, please indicate the form number and name here:	al Form 1120S filed. If you f	iled a return other than
If the Internal Revenue Service has completed an audit of any of your returns within	n the last five years, list yea	ars:
If the corporation is a member of an affiliated federal group, give the name and EIN of the primary corporation:		
Has the corporation revoked its election to be treated as a New York S corporation	? ■ Yes	■ No
If Yes, give effective date		
If this return is for a termination year, check the appropriate box to indicate the met year (see instructions). Normal accounting rules Daily pro rata a	-	the New York S short
Composition of prepayments on line 15, Schedule A		
	Date paid	Amount
25 Mandatory first installment		
26a CT-400 second installment		
26c CT-400 fourth installment		
27 Payment with extension from Form CT-5.4, line 5		
28 Credit from prior years		. 28
29 Add lines 25 through 28 (enter here and on Schedule A, line 15)		. 29

You must complete Form CT-34-SH, Shareholder Information Schedule, and attach it to this form.



Change in Mailing Address and Assistance Information for Prior Year Corporation Tax Forms

Beginning on January 2, 2015, we changed processing centers.

Any corporation tax form for tax years 2014 or before that instructs you to mail the form to: NYS Tax Department – IT-2659, PO Box 397, Albany NY 12201-0397, must be mailed to this address instead (see *Private delivery services* below):

NYS TAX DEPARTMENT PO BOX 15179 ALBANY NY 12212-5179

Any corporation tax filing extension request form for tax years 2014 or before that instructs you to mail the form to: NYS Tax Corporation Tax, Processing Unit, PO Box 22094, Albany NY 12201-2094, or NYS Tax Corporation Tax, Processing Unit, PO Box 22102, Albany NY 12201-2102, must be mailed to this address instead (see *Private delivery services* below):

NYS CORPORATION TAX PO BOX 15180 ALBANY NY 12212-5180

Any C corporation, banking corporation, insurance corporation, Article 9 corporation, and Article 13 corporation tax form for tax years 2014 or before that instructs you to mail the form to: NYS Tax Corporation Tax, Processing Unit, PO Box 1909, Albany NY 12201-1909; NYS Tax Corporation Tax, Processing Unit, PO Box 22038, Albany NY 12201-2038; NYS Tax Corporation Tax, Processing Unit, PO Box 22095, Albany NY 12201-2095; NYS Tax Corporation Tax, Processing Unit, PO Box 22093, Albany NY 12201-2093; or NYS Tax Corporation Tax, Processing Unit, PO Box 22101, Albany NY 12201-2101, must be mailed to this address instead (see *Private delivery services* below):

NYS TAX DEPARTMENT PO BOX 15181 ALBANY NY 12212-5181

Any S corporation tax form for tax years 2014 or before that instructs you to mail the form to: NYS Tax Corporation Tax, Processing Unit, PO Box 22092, Albany NY 12201-2092, or NYS Tax Corporation Tax, Processing Unit, PO Box 22096, Albany NY 12201-2096, must be mailed to this address instead (see *Private delivery services* below):

NYS TAX DEPARTMENT PO BOX 15182 ALBANY NY 12212-5182

Note: Forms mailed to the old addresses may be delayed in processing.

Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to mail in your form and tax payment. However, if, at a later date, you need to establish the date you filed or paid your tax, 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? below for information on obtaining forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your form, contact that private delivery service for instructions on how to obtain written proof of the date your form was given to the delivery service for delivery.

For all the forms referenced above, if you are using a private delivery service, send to:

NYS TAX DEPARTMENT CORP TAX PROCESSING 90 COHOES AVE GREEN ISLAND NY 12183

Need help?



Visit our website at www.tax.ny.gov

- · get information and manage your taxes online
- · check for new online services and features



Telephone assistance

Corporation Tax Information Center: (518) 485-6027
To order forms and publications: (518) 457-5431

Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): (518) 485-5082

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, call the information center.