

Address

Report by an S Corporation New York State Department of Taxation and Finance Report by an S Corporation

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

	<u></u>		Include	d in a	Com	hined		Other file	ers enter tax period:	
								hoginni	ina	
			Franch		x Keti	arn		beginn	ing	
<u> </u>			Tax Law — Ar			Ta		end		
Emplo	yer identification number			File number	r	Check box if overpayment cla	imed	For office	use only	
	Legal name of corporation			Trade name	e/DBA	•				
a								Date rece	eived	
ng name	Mailing name (if different from legal na	ame) and ac	ddress	·		State of incorpor	ation			
	c/o									
ling	Number and street or PO box					Date of incorpora	ation			
Mailing name and address										
	City		State	ZIP code		Foreign corporation business in NYS	ns: date bega	n Audit use		
If addre	ess above is new, If your name, employer in	lentification nu	umber, address, or owner/officer	information has change	ed, Business tel	ephone number		-		
check	box you must file Form DTF-	-95. Obtain fo	rms through fax-on-demand, In See the <i>Need help?</i> section of	nternet access, or one		•				
NAICS	business code number (see instructions)		cipal business activity	i tile iristi uctions.	,					
Has tl	ne corporation revoked its election	to be treate	ed as a New York S corp	oration?	Combined gro	oup payer corpor	ation's nan	ne		
	Yes No	If Yes. air	ve effective date							
		, co, g.								
Comb	oined group payer corporation's em	ployer ider	ntification number							
You	must complete Form CT-3	34-SH, 5	Shareholder Infori	mation Sche	dule, and a	tach it to th	is form.			
Total	number of shareholders									
G	ross payroll		Fixed dollar mini	imum tax (onl	y for the corp	oration filing				
1			this form; see instr	ructions)						
2 C	orporations organized outsi	de New	York, complete the	e following for	capital stoc	k issued and	loutstan	ding.		
Numbe	er of par shares	Value			Number of no-par	shares	Value	1		
		\$					\$			
Com	position of prepayments	S								
Mem	ber's prepayments to be cr	edited a	nd included in Forr	m CT-3-S-A,	New York S	Corporation	Combine	ed Franch	ise Tax Return.	
							_			
								Date paid	Amoun	t
	Mandatory first installment.						3			
4a (CT-400 installments – Seco	ond insta	allment				4a			
	Third installment									
	Fourth installment									
	Payment with extension									
	Credit from prior years (see									
7	Add amount column (enter t	nere and	include on Form CT-3	3-S-A, line 71)				7		
	fication. Under penalties o									
	o liable for the group tax lia	ability, ar	nd I certify that this	report and a	ny attachme	nts are to the	e best of	my know	ledge and belief tr	ue,
	ct, and complete.				000000	I-			Dete	
Signa	ture of elected officer or authorized	person			Official tit	ie			Date	
sparer only	Firm's name (or yours if self-employed	a)				ID number	•		Date	
1 AT 5									1	

Signature of individual preparing this return

Instructions

Filing requirements

Form CT-3-S-A/C is an individual certification that must be filed by each member of the New York State combined group except a foreign corporation that is not taxable in New York State.

Form CT-3-S-A/C is required to be filed annually and must be attached to the payer corporation's Form CT-3-S-A.

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

Reporting period

If you are a calendar-year filer, check the box in the upper right corner on the front of the form.

If you are a fiscal-year filer, complete the beginning and ending tax period boxes in the upper right corner on the front of the form.

NAICS business code number

Enter the six-digit NAICS business activity code number from your federal return.

Fixed dollar minimum tax

Line 1 — Each corporation (except the payer corporation or a foreign corporation that is not taxable in New York State) must compute its own fixed dollar minimum tax on this form. Enter your gross payroll in the box.

Do not remit the tax with this form. Enter the fixed dollar minimum tax on line 1 of this form and also include it on Form CT-3-S-A, line 50a or line 50b, whichever is applicable.

Fixed dollar minimum tax for New York S corporations applies to both:

- New York S corporations that do not qualify as a small business taxpayer; and
- New York S corporations that do qualify as a small business taxpayer.

For a New York S corporation with a gross payroll of:	Tax amounts for tax years beginning after June 30, 1999
\$250,000 or less	100*
\$500,000 or less but more than \$250,000	225*
\$1,000,000 or less but more than \$500,000	325
Less than \$6,250,000 but more than \$1,000,000	425
\$6,250,000 or more	\$1,500

^{*} Foreign authorized corporations: If your tax is less than \$300, you must increase your payment accordingly to satisfy the \$300 maintenance fee requirement.

Short periods - Fixed dollar minimum tax

Annualize the gross payroll for tax periods of less than 12 months by dividing the amount of gross payroll by the number of months in the short period and multiplying the result by 12.

The fixed dollar minimum tax may be reduced for short periods:

Pe	eriod	Reduction		
-	A period of not more than 6 months	50%		
-	A period of more than 6 months but not more than 9 months	25%		
_	A period over 9 months	None		

See Form CT-3-S-A-I, *Instructions for Forms CT-3-S-A, CT-3-S-A/ATT and CT-3-S-A/B*, line 40 instructions for computation of the fixed dollar minimum tax.

Composition of prepayments

Complete this schedule only if the corporation filing this Form CT-3-S-A/C made separate payments or has separate credits.

Line 6 — Include franchise tax payments credited from prior years.

Line 7 — The total will be carried to Form CT-3-S-A, line 71.

Privacy notification

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 8, 9, 9-A, 13, 19, 27, 32, 33, and 33-A of the Tax Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department uses this information primarily to determine and administer corporate tax liabilities under the Tax Law, for certain tax refund offsets, and for any other purpose authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 338, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.

Need help?



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

For business tax information, call the New York State Business Tax	
Information Center:	1 800 972-1233
For general information:	1 800 225-5829
To order forms and publications:	1 800 462-8100
From areas outside the U.S. and	
outside Canada:	(518) 485-6800



Fax-on-demand forms: Forms are available 24 hours a day, 1 800 748-3676 7 days a week.



Internet access: http://www.tax.state.ny.us



Hotline for the hearing and speech impaired:
1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time),
Monday through Friday. If you do not own a
telecommunications device for the deaf (TDD), check with
independent living centers or community action programs
to find out where machines are available for public use.



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

NYS TAX DEPARTMENT
TAXPAYER ASSISTANCE BUREAU
W A HARRIMAN CAMPUS
ALBANY NY 12227