

New York State Department of Taxation and Finance

New York S Corporation Franchise Tax Return

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

beginning

		131
Tax Law	A and 22	

		Tax Law – Articles	9-A and 22		ending
Empl	oyer i	dentification number	File number	Check box if overpayment claimed	For office use only
				overpayment claimed	
Mailing name and address	Le	egal name of corporation			
					Date received
	β M	ailing name (if different from legal name) and address			
	N	umber and street or PO box			
	C	ty State			
16		bove is new, If your name, employer identification number, address, or owner/officer infor	Audit use		
check	box (see you must file Form DTF-95. Obtain forms through fax-on-demand, Internet a	ccess, or one of the		
instru NAIC		telephone assistance numbers. See the Need help? section of the form or in siness code number (see instructions) Principal business activity	nstructions.		
	0 540				
/////	////				Number of shareholders
Δ	Pavi	ment — pay amount shown on line 17. Make check pay	vable to: New York S	tate Corporation Tax	Payment enclosed
4.		. Attach your payment here.			
		Federal taxable income before net operating loss and	special deductions .		1
re		Interest income on federal, state, municipal, and othe			
s nti	3	New York State and other state and local taxes deduc			
ofe	3 4	ACRS and MACRS deductions used in the computation			
	5	Add lines 1 through 4	5 •		
atio	6	Allowable New York depreciation (see instructions)	6 •		
Computation of entire net income tax	5 7	Refund or credit of certain franchise taxes imposed by	7 •		
le r	8	Total subtractions (add lines 6 and 7)	8		
0	9	Entire net income base (Subtract line 8 from line 5. For ta			
_		if line 9 is over \$200,000, do not continue; you must file F	orm CT-3-S.)		
	10	Fixed dollar minimum tax (see instructions)			
	11	Total prepayments (attach worksheet)			
		Balance (subtract line 11 from line 10; if line 11 is more that			
	13	Interest on late payment (compute on line 12 amount; se			
computatio	14				
	1 <u>5</u>	· ·			
	10		its/contributions: Return a Gift to Wildlife istructions) Gift for Breast Cancer Research and Education		
	17	Balance due (if line 11 is less than the total of lines 10, 13, 14, 16a, and 16			
Тах		Overpayment (if line 11 is more than the total of lines 10, 13, 14, 10a, and 10			
		Amount of overpayment to be credited to next period			
	20	Refund (subtract line 19 from line 18)			
	21	Enter total capital contributions (see instructions)			
	Check box and attach Form CT-60-QSSS to notify the department that a qualified sub-chapter S subsidiary (QS				
		bu use a paid preparer or for any other reason do not n	-		
				····· /··	

Certification. I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.								
Signature of elected officer or authorized person Official title		Official title		Date				
reparer only	Firm's name (or yours if self-employed)		ID number	Date				
Paid pr use (Address		Signature of individual preparing this return					

Attach a copy of your pro forma federal Form 1120 and a copy of your actual federal Form 1120S filed (see instructions for line 1). Attach Form CT-34-SH, New York S Corporation Shareholders' Information Schedule. If you filed a return other than federal Form 1120S, enter form number here:

Mail your return to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 1909, ALBANY NY 12201-1909. Private delivery services: See page 3 in the instructions.