



CT-32-S

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New York State Department of Taxation and Finance

New York Bank S Corporation Franchise Tax Return

All filers must enter tax period:

Amended return

Tax Law – Articles 32 and 22

beginning ending

Employer identification number	File number	Business telephone number ()	If you have any subsidiaries incorporated outside NYS mark an X in the box <input type="checkbox"/>	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	Foreign corporations: date began business in NYS
NAICS business code number (see instructions)	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, or by fax, or phone. See the <i>Need help?</i> section of the instructions.		Audit (for Tax Department use only)
Principal business activity				
Number of shareholders	New York assets	Total assets everywhere	ZIP code (U.S. headquarters) or	Name of country (foreign headquarters)
Type of bank	Clearing house <input type="checkbox"/>	Savings <input type="checkbox"/>	Other commercial: <input type="checkbox"/>	County code

A. Pay amount shown on line 20. Make check payable to: New York State Corporation Tax	A.
Attach your payment here. Detach all check stubs.	Payment enclosed

Computation of tax and installment payments of estimated tax (see instructions, Form CT-32-S-1)

1	Entire net income (ENI) from Form CT-32, Schedule B, line 59a (see instructions)	•	1.	
2	ENI allocation percentage (see instructions)	•	2.	%
3				
4	Optional depreciation adjustments from Form CT-32, Schedule E, line 77, and Schedule F, line 82	•	4.	
5				
6				
7				
8				
9	Fixed dollar minimum		9.	250 00
10	Franchise tax (enter amount from line 9)	•	10.	
11	Special additional mortgage recording tax credit from Form CT-43	•	11.	
12	Net franchise tax (subtract line 11 from line 10; see instructions)	•	12.	
13a	First installment of estimated tax (if you filed an application for extension, enter amount from Form CT-5.4, line 2 ...)	•	13a.	
13b	for next period (if you did not file Form CT-5.4, and line 12 is over \$1,000, see instructions)	•	13b.	
14	Total (add line 12 and line 13a or 13b)	•	14.	
15	Total prepayments from line 29	•	15.	
16	Balance (if line 15 is less than line 14, subtract line 15 from line 14)	•	16.	
17	Penalty for underpayment of estimated tax (mark an X in the box if Form CT-222 is attached) • <input type="checkbox"/>	•	17.	
18	Interest on late payment	•	18.	
19	Late filing and late payment penalties	•	19.	
20	Balance due (add lines 16 through 19; enter payment on line A above)	•	20.	

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

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

Attach a complete copy of your federal returns.

Mail your return to:

NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038

Computation of tax and installment payments of estimated tax (see instructions, Form CT-32-S-1) (continued)

21 Overpayment (if line 14 is less than line 15, subtract line 14 from line 15)	21.		
22 Amount of overpayment to be credited to next period	22.		
23 Refund of overpayment (subtract line 22 from line 21)	23.		
24 Issuer's allocation percentage (see instructions on Form CT-32-I, page 15)	24.		%

Additional information

Mark an **X** in the box and attach Form CT-60-QSSS to notify the Tax Department that a QSSS is included in this return

Mark an **X** in the boxes below to indicate the forms filed for any tax credits claimed by the New York S corporation or its shareholders. See Schedule A, Part II, of Form CT-34-SH, *New York S Corporation Shareholders' Information Schedule*.

- | | | | | | |
|-------------------------------------|------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| CT-41 • <input type="checkbox"/> | CT-43 • <input type="checkbox"/> | CT-44 • <input type="checkbox"/> | CT-249 • <input type="checkbox"/> | CT-250 • <input type="checkbox"/> | CT-601 • <input type="checkbox"/> |
| CT-601.1 • <input type="checkbox"/> | CT-602 • <input type="checkbox"/> | CT-604 • <input type="checkbox"/> | CT-606 • <input type="checkbox"/> | CT-611 • <input type="checkbox"/> | CT-612 • <input type="checkbox"/> |
| CT-613 • <input type="checkbox"/> | DTF-624 • <input type="checkbox"/> | DTF-630 • <input type="checkbox"/> | | | |

Attach a copy of your pro forma federal Form 1120 and a copy of your actual federal Form 1120S filed. If you filed a return other than federal Form 1120S, please indicate the form number and title here: _____

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

If the corporation is a member of an affiliated federal group, give the name and EIN of the primary corporation:

• Name	• EIN
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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, mark an **X** in the appropriate box to indicate the method of accounting used for the New York S short year (see instructions):

- Normal accounting rules Daily pro rata allocation

Composition of prepayments on line 15 (see instructions)

		Date paid	Amount
25 Mandatory first installment.....	25.		
26a Second installment from Form CT-400	26a.		
26b Third installment from Form CT-400	26b.		
26c Fourth installment from Form CT-400	26c.		
27 Payment with extension request from Form CT-5.4, line 5.....	27.		
28 Overpayment credited from prior years	28.		
29 Add lines 25 through 28 (enter here and on line 15)	29.		

You must complete Form CT-34-SH, *New York S Corporation Shareholders' Information Schedule*, and attach it to this form, along with any applicable schedules from Form CT-32 (see instructions).



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.