



CT-13 Unrelated Business Income Tax Return

Tax Law — Article 13

For calendar year 1993 or tax period:

beginning _____
ending _____

Employer identification number		File number		If your name, employer identification number, address or owner/officer information has changed, file Form DTF-95 (see instructions).	For office use only
Name PLACE LABEL HERE					
Number and street		City or town	State		
Trade name		Business telephone number ()		Business activity code number (from federal return)	
Principal unrelated business activity		State or country of incorporation		Date began unrelated business in NYS	

Have you been audited by the Internal Revenue Service in the past 5 years? ... Yes No
If Yes, list years _____

Federal return was filed on: 990T Other _____

Attach a complete copy of your federal return.

Have you filed New York State Form CT-247, *Application for Exemption from Corporate Franchise Taxes by a Not-for-Profit Organization?* ... Yes No

If you are an Employee Trust, as defined in IRC section 401(a), check this box

A. Payment - pay amount shown on line 18 — Make check payable to: New York State Corporation Tax	Payment enclosed
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Computation of Income and Tax

1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	
2 New York State Article 13 tax deducted on federal return	2	
3 Add lines 1 and 2	3	
4 Income from games of chance and/or income included pursuant to section 501(m)(2)(A) of the IRC	4	
5 Taxable income before net operating loss deduction (subtract line 4 from line 3)	5	
6 New York net operating loss deduction (attach federal and New York State computation)	6	
7 Taxable income (subtract line 6 from line 5)	7	
8 Allocated taxable income - multiply line 7 by _____% from line 38; enter amount from line 7 if allocation is not claimed	8	
9 Tax based on income - multiply line 8 by 9% (.09)	9	
10 Minimum tax	10	250 00
11 Tax (line 9 or line 10, whichever is larger)	11	
12 State tax surcharge - see instruction for <input type="checkbox"/> % rate. (Multiply line 11 by the rate entered in the box.)	12	
13 Tax and state tax surcharge due (add lines 11 and 12)	13	
14 Total prepayments	14	
15 Balance (if line 14 is less than line 13, subtract line 14 from line 13)	15	
16 Interest on late payment (see instructions)	16	
17 Late filing and late payment penalties (see instructions)	17	
18 Balance due (add lines 15, 16 and 17; enter payment on line A above)	18	
19 Overpayment (if line 13 is less than line 14, subtract line 13 from line 14)	19	
20 Amount of overpayment on line 19 to be credited to next year	20	
21 Amount of overpayment on line 19 to be refunded (subtract line 20 from line 19)	21	

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

Date	Signature of elected officer or authorized person	Official title
Date	Print or type name of paid individual or firm preparing this return	Signature of individual preparing this return
Paid preparer's ID number	Paid preparer's address	

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.

		A New York State		B Everywhere	
Average value of:					
22	Real estate owned	22			
23	Gross rents (attach list)	23			
24	Inventories owned	24			
25	Other tangible personal property owned	25			
26	Total (add lines 22 through 25)	26			
27	Percentage in New York State (divide line 26, column A, by line 26, column B)			27	%
Receipts in the regular course of business from:					
28	Sales of tangible personal property shipped to points within New York State	28			
29	All sales of tangible personal property	29			
30	Services performed	30			
31	Rentals of property	31			
32	Other business receipts	32			
33	Total (add lines 28 through 32)	33			
34	Percentage in New York State (divide line 33, column A, by line 33, column B)			34	%
35	Wages, salaries and other compensation of employees (except general executive officers)	35			
36	Percentage in New York State (divide line 35, column A by line 35, column B)			36	%
37	Total of New York State percentages (add lines 27, 34 and 36)			37	%
38	Business allocation percentage (divide line 37 by three or by the number of percentages)			38	%

Refer to Form CT-13-I for instructions on how to complete this return.

If you need a form or instructions, call toll free (from New York State only)

1 800 462-8100.

From areas outside New York State, call (518) 438-1073.