



CT-4 General Business Corporation Franchise Tax Return

Short Form for Small Businesses, Tax Law — Article 9-A

For calendar year 1994 or tax period:

beginning ending

Employer identification number		File number		If address on return is new, check box (see instructions). <input type="checkbox"/>	For office use only
Taxpayer's business name		Business name at location below (if different from business name above)			
Mailing Name and Address	C/o		PO BOX: 1111111111111111		If your name, employer identification number, address or owner/officer information has changed, you must file Form DTF-95 (see instructions).
	Street or P O Box		City		
	State		ZIP code		
Trade name		Business telephone number ()		Business activity code number (from federal return)	
<input type="checkbox"/> Check box if refund claimed	Principal business activity		State or country of incorporation		date
				Foreign corporations: date began business in NYS	
A. Payment — pay amount shown on line 30c. Make check payable to: New York State Corporation Tax Attach your payment here.					Payment enclosed

Computation of Entire Net Income Base

1 Federal taxable income before net operating loss and special deductions	1	•
2 Interest on federal, state, municipal and other obligations not included in line 1	2	•
3 New York State, other state and local taxes deducted on your federal return (see instructions)	3	•
4 Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock	4	•
5 MACRS/ACRS deduction used in the computation of line 1, from Form CT-399 (attach form)	5	•
6 Add lines 1 through 5	6	
7a Allowable New York depreciation from Form CT-399 (attach form)	7a	•
7b Refund or credit of certain franchise taxes imposed by New York State (see instructions)	7b	
7c Total subtractions (add lines 7a and 7b)	7c	
8 Entire net income base (subtract line 7c from line 6; enter here and on line 18)	8	
9 Tax on entire net income base (multiply line 8 by 8% (.08))	9	•

Computation of Capital Base — Enter whole dollars for lines 10 through 16

	A. Beginning of Year	B. End of Year	C. Average Value
10 Total assets from federal return	•	•	
11 Real property and marketable securities included on line 10			
12 Subtract line 11 from line 10			
13 Real property and marketable securities at fair market value			
14 Adjusted total assets (add lines 12 and 13)			
15 Total liabilities			•
16 Total capital (subtract line 15, column C, from line 14, column C)			
17 Tax on capital base (multiply line 16 by .00178)			•

Computation of Minimum Taxable Income Base

18 Entire net income base from line 8	18	
19 Depreciation of tangible property placed in service after 1986 (see instructions)	19	•
20 Minimum taxable income base (add lines 18 and 19)	20	
21 Tax on minimum taxable income base (see instructions)	21	•

Computation of Tax — If you are claiming tax credits or line 25 is more than \$1,000, you cannot use this form; use Form CT-3.

22 Fixed dollar minimum tax (see instructions)	22	•
Gross payroll <input type="checkbox"/> Total receipts <input type="checkbox"/> Gross assets <input type="checkbox"/>		
23 Franchise tax due (see instructions)	23	
24 State tax surcharge rate <input type="checkbox"/> % (see instructions; multiply line 23 by surcharge rate)	24	
25 Total franchise tax and state tax surcharge (add lines 23 and 24)	25	
26 Total prepayments from line 53	26	
27 Balance (subtract line 26 from line 25; if line 26 is more than line 25, enter "0")	27	
28 Interest on late payment: compute on line 27 amount (see instructions)	28	
29 Late filing and late payment penalties: compute on line 27 amount (see instructions)	29	
30a Balance (add lines 27, 28 and 29)	30a	
30b If you want to Return a Gift to Wildlife, enter amount (see instructions)	30b	00
30c Balance due (if line 26 is less than the total of lines 25, 28, 29 and 30b, the difference is amount due; enter payment on Line A above)	30c	

Overpayment

31 Overpayment (if line 26 is more than the total of lines 25, 28, 29 and 30b, the difference is amount overpaid)	31	
32 Amount of overpayment to be credited to next period	32	
33 Balance of overpayment (subtract line 32 from line 31)	33	
34 Amount of overpayment to be credited to Form CT-3M/4M (MTA surcharge)	34	
35 Refund (subtract line 34 from line 33; check refund box on front page)	35	

Metropolitan Transportation Business Tax (MTA Surcharge)

- 36 During the tax year did you do business, employ capital, own or lease property or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-3M/4M (see instructions) **36** Yes No
- 37 If you are incorporated in another state or country, are you authorized to do business in New York State by the Department of State? Yes No
- 38 Provide the following information pertaining to your issued and outstanding stock and paid-in surplus as of the last day of your reporting period.

	Number of shares	Amount
Par value stock		
No par value stock		
Contributions to capital and paid-in surplus		
Total capital contributions		

If total capital contributions are over \$1,000,000, you cannot claim small business taxpayer status, and you must use Form CT-3.

- 39 Does this corporation have an interest in real property located in New York State? Yes No
- 40 Has the controlling interest in this corporation's stock changed at any time during the last three years? Yes No
If you answered Yes to both questions, attach an explanation (see instructions).
- 41 Total receipts entered on your federal return **41**
- 42 Interest deducted on your federal return **42**
- 43 Depreciable assets and land entered on your federal return **43**

- 44 Federal return was filed on Form:
 1120 1120-A 1120S Consolidated basis Other: _____
- 45 Have you been audited by the Internal Revenue Service during the past 5 years? Yes No
If Yes, list years _____

- 46 Did this corporation make any payments treated as interest in the computation of entire net income to shareholders owning directly or indirectly, individually or in aggregate more than 50% of the corporation's issued and outstanding capital stock? Yes No
If Yes, complete the following (if more than one, provide information on separate sheet):

Shareholder's name		Social security number	
Amount of interest paid to shareholder	Total indebtedness to shareholders described above	Total interest paid to shareholders	

- Is there written evidence of the indebtedness? Yes No
- 47 Was the corporation involved in a merger, acquisition or consolidation on or after April 19, 1989? Yes No
If Yes, see instructions.

Composition of Prepayments on Line 26

	Date Paid	Amount
48 Mandatory first installment		
49 CT-400 installments (1)		
50 Payment with extension application, Form CT-5, line 7		
51 Credit from prior years		
52 Credit from Form CT-3M/4M	Period	
53 Total prepayments (add lines 48 through 52; enter here and on line 26)		

If you do not need forms mailed to you next year, check box (see instructions)

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	Date
Paid Preparer Use Only	Firm's name (or yours if self-employed)		ID number
	Address		Date
			Signature of individual preparing this return