



CT-4 Final Return (see procedure in instr.)

New York State Department of Taxation and Finance General Business Corporation Franchise Tax Return Short Form Tax Law — Article 9-A

1997 calendar yr. filers, check box Other filers enter tax period:

beginning ending

Employer identification number, File number, Mailing Name and Address, Trade name, Business telephone number, Business activity code number, etc.

Metropolitan Transportation Business Tax (MTA Surcharge)

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).

A. Payment — pay amount shown on line 45. Make check payable to: New York State Corporation Tax

Computation of Entire Net Income Base

Table with 12 rows for computation of net income base, columns for Dollars and Cents.

Computation of Capital Base

Table with 7 rows for computation of capital base, columns A (Beginning of Year), B (End of Year), C (Average Value), and rows 13-20.

### Computation of Minimum Taxable Income Base

		Dollars				Cents	
21 Entire net income from line 11 .....	21						
22 Depreciation of tangible property placed in service after 1986 (see instructions).....	22						
23 Net operating loss deduction from line 7 .....	23						
24 Total (add lines 21 through 23) .....	24						
25 Alternative net operating loss deduction (see instructions).....	25						
26 Minimum taxable income base (subtract line 25 from line 24).....	26						
27 Tax on minimum taxable income base (multiply line 26 by 3½% (.035)) .....	27						

### Computation of Tax

		Dollars				Cents	
28 Tax on entire net income base from line 12 .....	28						
29 Tax on capital base from line 20 (New small business: <input type="checkbox"/> First year <input type="checkbox"/> Second year) ...	29						
30 Fixed dollar minimum tax (see instructions; an amount must be entered in each of the boxes below).....	30						
31 Gross payroll .....							
32 Total receipts .....							
33 Gross assets .....							
34 Tax due (amount from line 27, 28, 29 or 30 whichever is largest) .....	34						
First installment of estimated tax for next period							
35a If a request for extension was filed, enter amount from Form CT-5, line 2 .....	35a						
35b If Form CT-5 was not filed and line 34 is over \$1,000, enter 25% of line 34 .....	35b						
36 Add line 34 and line 35a or 35b .....	36						
37 Total prepayments from line 56 .....	37						
38 Balance (subtract line 37 from line 36; if line 37 is more than line 36, enter "0") .....	38						
39 Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> if none, enter "0").....	39						
40 Interest on late payment (see instructions) .....	40						
41 Late filing and late payment penalties (see instructions).....	41						
42 Balance (add lines 38 through 41) .....	42						
43 Voluntary gifts/contributions: Return a Gift to Wildlife .....	43					00	
44 Breast Cancer Research & Education Fund .....	44					00	
45 Balance due (if line 37 is less than the total of lines 36, 39, 40, 41, 43, and 44, the difference is amount due; enter payment on line A on page 1) .....	45						
46 Overpayment (if line 37 is more than the total of lines 36, 39, 40, 41, 43, and 44, the difference is amount overpaid) .....	46						
47 Amount of overpayment to be credited to next period .....	47						
48 Balance of overpayment (subtract line 47 from line 46) .....	48						
49 Amount of overpayment to be credited to Form CT-3M/4M .....	49						
50 Refund of overpayment (subtract line 49 from line 48) .....	50						

### Composition of Prepayments on line 37

		Date Paid	Dollars				Cents	
51 Mandatory first installment .....	51	/ /						
52a Second installment .....	52a	/ /						
52b Third installment .....	52b	/ /						
52c Fourth installment .....	52c	/ /						
53 Payment with extension request, Form CT-5, line 5 .....	53	/ /						
54 Credit from prior years .....	54							
55 Credit from Form CT-3M/4M <input type="text" value="Period"/> .....	55							
56 Total prepayments (add lines 51 through 55 - enter here and on line 37).....	56							

**Interest Paid to Shareholders**

57 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 the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If Yes, complete the following (if more than one, attach separate sheet) ..... 57  Yes  No

Shareholder's name	Social security number or EIN     -
--------------------	--

	<b>Dollars</b>	<b>Cents</b>
58 Interest paid to shareholder.....		
59 Total indebtedness to shareholder described above.....		
60 Total interest paid .....		

61 Is there written evidence of the indebtedness?..... 61  Yes  No

62 Are you claiming small business taxpayer status for lower entire net income tax rates? ..... 62  Yes  No

63 Enter total capital contributions (see worksheet in instructions)..... 63 | | | | | | | | | | | | | | | |

64 Federal return filed  1120  1120-A  1120-S  Consolidated basis  Other: \_\_\_\_\_

**Attach a complete copy of your federal return.**

Check box and attach Form CT-60-QSSS to notify the department that a qualified subchapter S subsidiary (QSSS) is included in this return

	<b>Dollars</b>	<b>Cents</b>
65 Total receipts entered on your federal return .....		
66 Interest deducted in computing federal taxable income .....		
67 Depreciable assets and land entered on your federal return .....		
68 If the IRS has completed an audit of any of your returns within the last five years, list years ....	68	

69 If a member of an affiliated federal group - primary corporation:  Name: \_\_\_\_\_  EIN: | | - | | | | | | | |

70 If more than 50% owned by another corporation - parent corporation:  Name: \_\_\_\_\_  EIN: | | - | | | | | | | |

71 Was the corporation involved in a merger, acquisition or consolidation on or after April 19, 1989? .....  Yes  No

Corporations organized outside New York State complete the following for capital stock issued and outstanding.

72 Number of par shares....  Value \$ | | | | | | | | | | | | | |

73 Number of no par shares ...  Value \$ | | | | | | | | | | | | | |

If you do not need forms mailed to you next year, check box. We will send you a label for use on next year's return (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
---	----------------	------

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