



CT-13

New York State Department of Taxation and Finance

Unrelated Business Income

Tax Return

Tax Law — Article 13

1998 calendar-yr. filers, check box
Other filers enter tax period:

beginning ending

Employer identification number, File number, Check box if overpayment claimed, Legal name of corporation, Trade name/DBA, Mailing name and address, State or country of incorporation, Date received, Date of incorporation, Foreign corporations: date began business in NYS, Audit use, Business telephone number, Business activity code number, Principal unrelated business activity

Have you been audited by the Internal Revenue Service in the past 5 years?
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 Corporation Franchise Taxes by a Not-For-Profit Organization?
If you are an employee trust, as defined in IRC section 401(a), check this box
Check this box if you ceased operating the unrelated business during the tax year covered by this return

A. Payment — pay amount shown on line 20. Make check payable to: New York State Corporation Tax
Attach your payment here.

Computation of Income and Tax (to complete this form, see Form CT-13-I, Instructions for Form CT-13)

Table with 23 rows for computation of income and tax, including lines for federal taxable income, state tax deductions, additions, grossed-up taxes, subtractions, taxable income, allocated taxable income, tax based on income, minimum tax, total prepayments, balance, interest on late payment, late filing penalties, balance due, overpayment, and amount of overpayment.

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, Firm's name, ID number, Date, Address, Signature of individual preparing this return

### 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		
<b>Average value of:</b>					
24 Real estate owned .....	24				
25 Gross rents ( <i>attach list</i> ) .....	25				
26 Inventories owned .....	26				
27 Other tangible personal property owned .....	27				
28 <b>Total</b> ( <i>add lines 24 through 27</i> ) .....	28				
29 Percentage in New York State ( <i>divide line 28, column A, by line 28, column B</i> ) .....				29	%
<b>Receipts in the regular course of business from:</b>					
30 Sales of tangible personal property shipped to points within New York State .....	30				
31 All sales of tangible personal property .....	31				
32 Services performed .....	32				
33 Rentals of property .....	33				
34 Other business receipts .....	34				
35 <b>Total</b> ( <i>add lines 30 through 34</i> ) .....	35				
36 Percentage in New York State ( <i>divide line 35, column A, by line 35, column B</i> ) .....				36	%
37 Wages, salaries and other compensation of employees ( <i>except general executive officers</i> ) .....	37				
38 Percentage in New York State ( <i>divide line 37, column A, by line 37, column B</i> ) .....				38	%
39 <b>Total of New York State percentages</b> ( <i>add lines 29, 36 and 38</i> ) .....				39	%
40 <b>Business allocation percentage</b> ( <i>divide line 39 by three or by the number of percentages</i> ) .....				40	%

#### Composition of Prepayments Claimed on Line 16\*

		Date Paid	Amount
41 Payment with extension request, Form CT-5, line 5 .....	41	/ /	
42a Second prepayment .....	42a	/ /	
42b Third prepayment .....	42b	/ /	
42c Fourth prepayment .....	42c	/ /	
43 Credit from prior years .....			43
44 <b>Total</b> ( <i>add lines 41 through 43; enter here and on line 16</i> ) .....			44

\* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, please report them above.

### Need Help?

**Telephone Assistance** is available from 8:30 a.m. to 4:25 p.m., Monday through Friday. **For business tax information and forms**, call the Business Tax Information Center at 1 800 972-1233. **For general information**, call toll free 1 800 225-5829. **To order forms and publications**, call toll free 1 800 462-8100. **From areas outside the U.S. and outside Canada**, call (518) 485-6800.

**Fax-on-Demand Forms Ordering System** - Most forms are available by fax 24 hours a day, 7 days a week. Call toll free from the U.S. and Canada 1 800 748-3676. You must use a Touch Tone phone to order by fax. A fax code is used to identify each form.

**Internet Access** - <http://www.tax.state.ny.us>  
Access our website for forms, publications, and information.

**Hotline for the Hearing and Speech Impaired** - If you have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Assistance is available from 8:30 a.m. to 4:15 p.m., Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

**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, please call the information numbers listed above.

**Mailing Address** - If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.