



CT-4

New York State Department of Taxation and Finance

General Business Corporation Franchise Tax Return Short Form

Final return checkbox

Amended return checkbox

Tax Law — Article 9-A

2003 calendar-year filers check box

Other filers enter tax period:

beginning ending

Main form with fields for Employer identification number, File number, Business telephone number, Legal name of corporation, Trade name/DBA, Mailing name, State or country of incorporation, Date received, Date of incorporation, Foreign corporations: date began business in NYS, NAICS business code number, Principal business activity, 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

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

Computation of entire net income base (see Form CT-3/4-I, Instructions for Forms CT-4, CT-3, and CT-3-ATT)

Table with 12 rows for computation of net income base, including Federal taxable income, interest on obligations, taxes deducted, depreciation, and net income base tax.

Computation of capital base (enter whole dollars for lines 13 through 18; see instructions)

Table with 7 columns for computation of capital base, including Total assets from federal return, Real property and marketable securities, Adjusted total assets, Total liabilities, Capital base, and Capital base tax.

Computation of minimum taxable income base

| | | | |
|--|-----|--|--|
| 21 Entire net income base from line 11 | 21. | | |
| 22 Depreciation of tangible property placed in service after 1986 (see instructions) | 22. | | |
| 23 New York 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 2.5%; see instructions) | 27. | | |

Computation of tax

| | | | |
|--|------|----|--|
| 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 Table VI in the Tax rates schedule on page 5 of Form CT-3/4-I. You must enter an amount on each of lines 31, 32, and 33; see instructions on page 9.) | 30. | | |
| 31 Gross payroll | 31. | | |
| 32 Total receipts | 32. | | |
| 33 Average value of gross assets | 33. | | |
| 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 you filed a request for extension, enter amount from Form CT-5, line 2 | 35a. | | |
| 35b If you did not file Form CT-5 and line 34 is over \$1,000, see instructions for entry amount | 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 Amount for Return a Gift to Wildlife (see instructions) | 43. | 00 | |
| 44 Amount for Breast Cancer Research and Education Fund (see instructions) | 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 the amount due; enter payment on line A on the front page) | 45. | | |
| 46 Overpayment (if line 37 is more than the total of lines 36, 39, 40, 41, 43, and 44, the difference is the amount you 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 | Amount |
|--|-----------|--------|
| 51 Mandatory first installment | 51. | |
| 52a Second installment from Form CT-400 | 52a. | |
| 52b Third installment from Form CT-400 | 52b. | |
| 52c Fourth installment from Form CT-400 | 52c. | |
| 53 Payment with extension request from Form CT-5, line 5 | 53. | |
| 54 Overpayment credited from prior years <input type="text" value="Period"/> | 54. | |
| 55 Overpayment credited 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 and lines 58 through 61 (attach additional sheets, if necessary) 57. Yes No

| | | |
|--|------------|--|
| Shareholder's name | SSN or EIN | |
| 58 Interest paid to shareholder..... | 58. | |
| 59 Total indebtedness to shareholder described above | 59. | |
| 60 Total interest paid | 60. | |
| 61 Is there written evidence of the indebtedness? | 61. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Corporations organized outside New York State only:

Capital stock issued and outstanding:

| | | | | | |
|--------------------------------|--|-------|--|----|--|
| 62 Number of par shares | | Value | | \$ | |
| 63 Number of no-par shares ... | | Value | | \$ | |

64 Federal return filed (check one) 1120 1120-A 1120S Consolidated basis Other: _____

Attach a complete copy of your federal return.

Check box if a qualified subchapter S subsidiary (QSSS) is included in this return (attach Form CT-60-QSSS)

| | | | |
|--|-----|--|--|
| 65 Total receipts entered on your federal return | 65. | | |
| 66 Interest deducted in computing federal taxable income (see instructions) | 66. | | |
| 67 Depreciable assets and land entered on your federal return | 67. | | |
| 68 If the IRS has completed an audit of any of your returns within the last five years, list years | 68. | | |

69 If you are a member of an affiliated federal group, enter primary corporation name and EIN: Name EIN

70 If you are more than 50% owned by another corporation, enter parent corporation name and EIN: Name EIN

71 Are you claiming small business taxpayer status for lower entire net income tax rates? 71. Yes No

72 If you checked Yes on line 71, enter total capital contributions (see worksheet in instructions) 72. _____

If you **do not** need forms mailed to you next year, check box. We will send you a postcard for the following year (see page 6 of the 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 authorized person | Official title | Date | |
| Paid preparer use only | Firm's name (or yours if self-employed) | ID number | Date |
| | Address | Signature of individual preparing this return | |

Use one of the following addresses to mail your **Form CT-4:**

With payment
**NYS CORPORATION TAX
 PROCESSING UNIT
 PO BOX 22093
 ALBANY NY 12201-2093**

Without payment
**NYS CORPORATION TAX
 PROCESSING UNIT
 PO BOX 22101
 ALBANY NY 12201-2101**

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