New York State Department of Taxation and Finance

1988

CT-3 General Business Corporation Franchise Tax Return

For calendar year 1988 or taxable period:

beginning •

ending

Employer identification number —	File number *	If your name, EIN, address or owner/officer information has changed, file Form DTF-95 (see instructions).	For office use only
Name	PLACE LABEL HERE		Date received
Number and street / City or town / State / ZIP code			
Trade name	Business telephone number ( )	Business group code number (from federal return)	
Principal business activity	State or country of incorporation / date /	Foreign corporations: date began business in NY	Audit use

Is your tax liability $1,000 or more? ☐ Yes ☐ No Did you earn or utilize any tax credits? ☐ Yes ☐ No

If you answered no to both questions, you may be eligible to file Form CT-4, *Short Form for Small Businesses.*

1 Payment - pay amount shown on line 67. Make check payable to: **New York State Corporation Tax** — Payment enclosed

Computation of Entire Net Income Base

Federal taxable income before net operating loss and special deductions	2	•
Interest on federal, state, municipal and other obligations not included on line 2	3	•
Interest paid to stockholders: • less 10% or $10,000, whichever is larger	4	•
Deductions directly attributable to subsidiary capital *(attach list)*	5	•
Deductions indirectly attributable to subsidiary capital *(attach list)*	6	•
New York State, other state and local taxes deducted on your federal return *(see instructions)*	7	•
ACRS deduction used in the computation of line 2 *(attach Form CT-399)*	8	•
Other additions *(attach list — see instructions)*	9	•
Add lines 2 through 9	10	•

Income from subsidiary capital *(from Schedule C, line 24)*	11	•
50% of dividends from nonsubsidiary corporations	12	•
Foreign dividends gross-up not included on lines 11 and 12	13	•
New York net operating loss deduction *(attach federal and NYS computations)*	14	•
Allowable New York depreciation *(attach Form CT-399)*	15	•
Other subtractions *(attach list — see instructions)*	16	•

Total subtractions *(add lines 11 through 16)*	17	•
Entire net income *(subtract line 17 from line 10)*	18	
Investment income for allocation *(from Schedule E, line 42 but not more than line 18)*	19	•
Business income for allocation *(subtract line 19 from line 18)*	20	•
Allocated investment income *(multiply line 19 by • % from Schedule D, line 30)*	21	•
Allocated business income *(multiply line 20 by % from Schedule B, line 18)*	22	•
Total allocated income *(add lines 21 and 22)*	23	•
Optional depreciation adjustments *(attach Form CT-324)*	24	•
Entire net income base *(line 23 plus or minus line 24)*	25	
Entire net income base tax computation *(multiply line 25 by tax rate — see instructions — enter here and on line 42)*	26	•

Computation of Capital Base

(enter whole dollars for lines 27 through 32)		A Beginning of Year	B End of Year	C Average Value
Total assets from federal return	27	•	•	•
Real property and marketable securities included on line 27	28			•
Subtract line 28 from line 27	29			•
Real property and marketable securities at fair market value	30			•
Adjusted total assets *(add lines 29 and 30)*	31			•
Total liabilities	32			•

Total capital *(subtract Column C, line 32 from Column C, line 31)*	33	•
Subsidiary capital *(from Schedule C, line 26)*	34	•
Business and investment capital *(subtract line 34 from line 33)*	35	•
Investment capital *(from Schedule D, line 32)*	36	•
Business capital *(subtract line 36 from line 35)*	37	•
Allocated investment capital *(multiply line 36 by • % from Schedule D, line 30)*	38	•
Allocated business capital *(multiply line 37 by • % from Schedule B, line 18)*	39	•
Capital base *(add line 38 and line 39)*	40	
Issuer's allocation percentage *(see instructions)* 40a %		
Capital base tax computation *(multiply line 40 by .00178 — enter here and on line 43)*	41	•

Computation of Tax

Tax on entire net income base from line 26	42	
Tax on capital base from line 41 (New small business ☐ First year ☐ Second year)	43	
Tax on minimum taxable income base *(if all business is in New York State, multiply line 25 by 3.5%)*	44a	
All others enter amount from Schedule A, line 6 ☐ Tax from Schedule A, line 7	44b	
Fixed dollar minimum tax ($250 for full year)	45	
Amount from line 42, 43, 44a, 44b or 45, whichever is largest	46	
Subsidiary capital base from Schedule C, line 27 ☐ Tax from Schedule C, line 28	47	
Tax due before credits *(add lines 46 and 47)*	48	
Tax credits: Check forms filed ☐ CT-42 ☐ CT-43 ☐ CT-43.1 ☐ CT-45 and attach forms ☐ CT-46 ☐ CT-46.1 ☐ DTF-601 ☐ DTF-602 ☐ DTF-603	49	
Balance *(subtract line 49 from line 48)*	50	
Amount from line 44a, 44b or 45, whichever is larger	51	
Tax due — amount from line 50 or 51, whichever is larger	52	
First installment of estimated tax for next taxable period: If application for extension was filed, enter amount from Form CT-5, line 3	53a	
If Form CT-5 was not filed and line 52 is over $1,000, enter 25% of line 52	53b	
Add line 52 and line 53a or 53b	54	
Prepayments: First installment (date_____)	55	
Second installment (date_____)	56	
Third installment (date_____)	57	
Final installment (date_____)	58	
Payment with Form CT-5 (date_____)	59	
Credit from prior years	60	
Credit from Form CT-3M/4M, line 13	61	
Total prepayments *(add lines 55 through 61)*	62	
Balance *(if line 62 is smaller than line 54, subtract line 62 from line 54)*	63	
Interest on late payment *(compute on line 52 or line 63, whichever is smaller)*	64	
Late filing and late payment penalties *(compute on line 52 or line 63, whichever is smaller)*	65	
Penalty for underpayment of estimated tax — Form CT-222 attached ☐ *(if none, enter "0")*	66	
Balance due *(add lines 63, 64, 65 and 66 — enter payment on line 1)*	67	
Overpayment *(if line 54 is smaller than line 62, subtract line 54 from line 62)*	68	
Amount of overpayment to be credited to next period	69	
Balance of overpayment *(subtract line 69 from line 68)*	70	
Amount of overpayment to be credited to Form CT-3M/4M	71	
Refund *(subtract line 71 from line 70)*	72	
Refund of tax credits from Form CT-43.1 or CT-46.1	73	

Metropolitan Transportation Business Tax Surcharge

During the taxable year did you do business, employ capital, own or lease property or maintain an office in the Metropolitan Commuter Transportation District? 74 ☐ Yes ☐ No

If 'Yes', you must file Form CT-3M/4M. If 'No', you no longer need to file Form CT-3M/4M *(see instructions)*

Real Property Gains Tax

Does this corporation have an interest in real property located in New York State? 75 ☐ Yes ☐ No

Has controlling interest in this corporation's stock changed at any time during the last 3 years? 76 ☐ Yes ☐ No

If you answered 'Yes' to both questions, attach an explanation *(see instructions)*.

Interest Paid to Shareholders

Did the 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? 77 ☐ Yes ☐ No

If 'Yes', complete the following (if more than one, provide information on separate sheet):

Shareholder's name	Social security number or EIN	Interest paid to shareholder
Total indebtedness to shareholders described above	Total interest paid	Is there written evidence of the indebtedness? 78 ☐ Yes ☐ No

Small Business Taxpayer

Are you claiming small business taxpayer status for lower entire net income tax rates? 79 ☐ Yes ☐ No

If 'Yes', enter total capital contributions *(see worksheet instructions)* 80

Federal return filed: ☐ 1120 ☐ 1120-A ☐ 1120S ☐ Consolidated basis ☐ Other

Interest deducted in computing federal taxable income

Attach a complete copy of your federal return

If the IRS has completed an audit of any of your returns within the last five years, list years:_____

If a member of an affiliated federal group: primary corporation: Name EIN

If more than 50% owned by another corporation: parent corporation: Name EIN

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

Date	Signature of officer	Official title
Date	Signature of individual or name of firm preparing this return	Preparer's address

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Mail your return to: NYS Corporation Tax, Processing Unit, P.O. Box 1909, Albany, NY 12201-1909