New York State Department of Taxation and Finance

1994

CT-3-S New York S Corporation Franchise Tax Return

Tax Law — Articles 9-A and 22

For calendar year 1994 or tax period:
beginning
ending

Employer identification number	File number	If address on return is new, check box *(see instructions)*. ☐	*For office use only*
Mailing Name and Address: Taxpayer's business name		If your name, employer identification number, address or owner/officer information has changed, you must file Form DTF-95 *(see instructions)*.	*Date received*
Business name at location below *(if different from business name above)*			
c/o			
Street or P O Box			
City	State ZIP code		
Trade name	Business telephone number ( )	Business activity code number (from federal return)	
☐ Check box if refund claimed	Principal business activity	State or country of incorporation / date	Foreign corporations: date began business in NYS
Has the corporation revoked its election to be treated as a New York S corporation? ☐ Yes ☐ No If *Yes*, give effective date		Number of shareholders	*Audit use*

A. Payment — pay amount shown on line 52. 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 on line 1		2	•
3	Deductions directly attributable to subsidiary capital *(attach list)*		3	•
4	Deductions indirectly attributable to subsidiary capital *(attach list)*		4	•
5	New York State, other state and local taxes deducted on your federal return *(see instructions)*		5	•
6	ACRS and MACRS deductions used in the computation of line 1 *(attach Form CT-399)*		6	•
7	Other additions *(attach list — see instructions)*		7	•
8	Add lines 1 through 7		8	•
9	Income from subsidiary capital *(from Form CT-3-S-ATT, line 49)*	9 •		
10	50% of dividends from nonsubsidiary corporations *(see instructions)*	10 •		
11	Foreign dividends gross-up not included on lines 9 and 10	11 •		
12	New York net operating loss deduction *(attach federal and NYS computations)*	12 •		
13	Allowable New York depreciation *(attach Form CT-399)*	13 •		
14	Other subtractions *(attach list — see instructions)*	14 •		
15	Total subtractions *(add lines 9 through 14)*		15	•
16	Entire net income *(subtract line 15 from line 8)*		16	
17	Investment income for allocation *(from Form CT-3-S-ATT, line 64 but not more than line 16)*		17	•
18	Business income for allocation *(subtract line 17 from line 16)*		18	•
19	Allocated investment income *(multiply line 17 by • % from Form CT-3-S-ATT, line 51)*		19	•
20	Allocated business income *(multiply line 18 by % from Form CT-3-S-ATT, line 19 or line 27)*		20	•
21	Entire net income base *(add lines 19 and 20)*		21	

Tax Computation

22	Entire net income base multiplied by corporate tax rate *(see instructions)*	22	•
23	Entire net income base multiplied by Article 22 tax rate *(see instructions)*	23	
24	Tax on entire net income base *(subtract line 23 from line 22)*	24	•
25	Fixed dollar minimum tax before Article 22 tax equivalent reduction *(see instructions)* Gross payroll	25	
26	Article 22 tax equivalent reduction *(enter amount from line 23)*	26	
27	Fixed dollar minimum tax *(subtract line 26 from line 25 - see instructions for limitation)*	27	
28	Tax *(enter amount from line 24 or 27, whichever is larger)*	28	
29	Special additional mortgage recording tax credit *(from Form CT-43 or Form CT-43.1)*	29	
30	Balance *(subtract line 29 from line 28)*	30	
31	Tax due *(amount from line 27 or 30, whichever is larger)*	31	
32	State tax surcharge rate, if applicable • % *(see instructions)*	32	
33	Tax and state tax surcharge *(add lines 31 and 32)*	33	
34	Recapture of tax credits *(see instructions)*	34	
35	Total tax *(add lines 33 and 34; enter here and on line 36 on page 2)*	35	

First installment of estimated tax for next tax period:

36	Enter amount from line 35 on page 1	36	
37a	If application for extension was filed, enter amount from Form CT-5.4, line 4	37a	
37b	If Form CT-5.4 was not filed and line 36 is over $1,000, enter 25% of line 36	37b	
38	Add line 36 and line 37a or 37b	38	
39	Prepayments: First installment (date_____)	39	
40	Second installment (date_____)	40	
41	Third installment (date_____)	41	
42	Final installment (date_____)	42	
43	Payment with extension Form CT-5.4 (date_____)	43	
44	Credit from prior years	44	
45	Total prepayments *(add lines 39 through 44)*	45	
46	Balance *(subtract line 45 from line 38; if line 45 is larger than line 38, enter "0")*	46	
47	Interest on late payment *(see instructions)*	47	
48	Late filing and late payment penalties *(see instructions)*	48	
49	Penalty for underpayment of estimated tax *(check box if Form CT-222 is attached ☐ if none, enter "0")*	49	
50	Balance *(add lines 46 through 49)*	50	
51	If you want to **Return a Gift to Wildlife**, enter amount *(see instructions)*	51	00
52	Balance due *(if line 45 is less than the total of lines 38, 47, 48, 49 and 51, the difference is amount due; enter payment on line A on page 1)*	52	
53	Overpayment *(if line 45 is more than the total of lines 38, 47, 48, 49 and 51, the difference is amount overpaid)*	53	
54	Amount of overpayment to be credited to next period	54	
55	Balance of overpayment to be refunded *(subtract line 54 from line 53; check refund box on page 1)*	55	
56	If you claim a refund of unused special additional mortgage recording tax credit, enter the amount from Form CT-43.1, line 5 or line 9 *(check refund box on page 1)*; see instructions	56	
57	Does this corporation have an interest in **real property** located in New York State?	57	• ☐ Yes • ☐ No
58	Has controlling interest in this corporation's stock changed at any time during the last 3 years? If you answered *Yes* to both questions 57 and 58, attach an explanation *(see instructions)*.	58	• ☐ Yes • ☐ No
59	Are you claiming small business taxpayer status to lower the tax rate on the entire net income base (line 22)?	59	☐ Yes ☐ No
60	If *Yes*, enter total capital contributions *(see worksheet instructions)*	60	

Shareholder Information — All New York S corporations must complete Part I, Part II and Part III. Only New York S corporations with tax credits or recaptures that flow through to their shareholders should complete Part IV.

Shareholder Information, Part I *(attach separate sheet if necessary; check here ☐ if separate sheet is attached)*
Enter total number of shareholders in box on Page 1.

Name and Address of Shareholder Check box if **any** shareholders are nonresidents: • ☐	Check box below if nonresident	Social Security Number	Stock Ownership: Number of Shares	Period Held: From	Period Held: To
A •	• ☐	•			
B •	• ☐	•			
C •	• ☐	•			
D •	• ☐	•			

Shareholder Information, Part II — Shareholders' Shares of Income, Credit, Deductions, etc. Instead of entering shareholders' pro rata shares below, you may attach a copy of federal Schedule K-1 for each shareholder. However, you must complete the ***Total*** column for each applicable item below.

	A	B	C	D	Total
61 Ordinary income (loss) from trade or business activities					•
62 Net income (loss) from rental real estate activities					•
63 Net income (loss) from other rental activities					•
64 Portfolio income (loss)					•
65 Net gain (loss) under section 1231 (other than due to casualty or theft)					•
66 Other income (loss) *(attach schedule)*					•
67 Total income (loss) *(add lines 61 through 66)*					•

	A	B	C	D	Total
68 Charitable contributions					
69 Section 179 expense deduction					
70 Expenses related to portfolio income (loss)					•
71 Other deductions					
72 Total deductions *(add lines 68 through 71)*					•
73 Federal tax preference items for minimum tax					
74 Interest expense on investment debts paid or accrued in 1994					
75 Total foreign taxes *(check one)* ☐ Paid ☐ Accrued					
76 Reduction in foreign taxes					
77 Total property distributions (including cash) other than dividend distributions reported on line 79					•
78 Other items and amounts not included above that are required to be reported separately to shareholders for federal purposes *(attach schedule)*					
79 Total dividend distributions paid from accumulated earnings and profits contained in other retained earnings					

Shareholder Information, Part III — Shareholders' Shares of Changes from Federal Items

	A	B	C	D	Total
Additions					
80 New York franchise tax imposed under Article 9-A					
81 Accelerated cost recovery system (ACRS) and modified accelerated cost recovery system (MACRS) deductions *(from Form CT-399)*					
82 Other additions *(see instructions, attach explanation)*					
Subtractions					
83 New York depreciation *(from Form CT-399)*					
84 Other subtractions *(see instructions, attach explanation)*					
Other Items *(see instructions, attach explanation)*					
85 Additions to federal itemized deductions					
86 Subtractions from federal itemized deductions					
87 New York adjustments to federal tax preference items					

Shareholder Information, Part IV — Shareholders' Shares of New York S Corporation's New York Tax Credits and Taxes on Early Dispositions

	A	B	C	D	Total
88 Investment tax credit and/or retail enterprise tax credit *(attach Form CT-46)*					•
89 Investment tax credit on research and development property at the optional rate *(attach Form CT-46)*					•
90 Tax on early dispositions — investment tax credit, research and development tax credit and/or retail enterprise tax credit *(attach Form CT-46 and/or CT-42)*					
91 EDZ wage tax credit *(attach Form DTF-601)*					
92 ZEA wage tax credit *(attach Form DTF-601.1)*					
93 EDZ investment tax credit *(attach Form DTF-603)*					
94 EDZ capital tax credit *(attach Form DTF-602)*					
95 Tax on early dispositions — EDZ investment tax credit *(attach Form DTF-603)*					

Additional Information

Check boxes for any tax credits claimed by the New York S corporation or its shareholders. See instructions for *Shareholder Information, Part IV.*

Tax credits: Check forms filed and attach forms ☐ CT-42 ☐ CT-43 ☐ CT-43.1 ☐ CT-45 ☐ CT-46 ☐ DTF-601 ☐ DTF-601.1 ☐ DTF-602 ☐ DTF-603

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

Attach a complete copy of your federal return.

Interest deducted in computing federal taxable income

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

	Name	EIN
If a member of an affiliated federal group, primary corporation:		
If more than 50% owned by another corporation, parent corporation:		

Was the corporation involved in a corporate merger, consolidation or acquisition on or after April 19, 1989? . . Yes ☐ No ☐
If *Yes*, complete and attach Form CT-244.

If this return is for a termination year, check the appropriate box to indicate which method of accounting was used for the New York S short year *(see instructions for Form CT-3-S)*.

☐ Normal accounting rules ☐ Daily pro rata allocation

Net Operating Loss Carryback Election

If line 16 is a loss (without regard to the deduction on line 12) check the appropriate box to indicate whether or not you elect to carryback the first $10,000 of the loss.

Yes ☐ I elect to carryback the first $10,000.

No ☐ I do not elect to carryback the first $10,000.

If the first $10,000 of the loss is not carried back, it is carried forward 15 years. Once made, this election is irrevocable for the loss year.

Issuer's allocation percentage

If you completed Form CT-3-S-ATT, enter percentage from Form CT-3-S-ATT, line 42. If you did not complete Form CT-3-S-ATT, enter 100% . . . . . %

Article 27, section 1085 of the Tax Law provides for a $500 penalty for failure to provide this information.

If you use a paid preparer or for any other reason do not need New York State forms mailed to you next year, check box . . . . . ☐

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	Date
	Address	Signature of individual preparing this return	

Mail your return to: **NYS CORPORATION TAX PROCESSING UNIT P O BOX 1909 ALBANY NY 12201-1909**

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