



CT-4-S

New York State Department of Taxation and Finance

New York S Corporation Franchise Tax Return Short Form for Small Businesses Tax Law — Articles 9-A and 22

1996 calendar yr. filers, check box [ ] Other filers enter tax period:

[ ] Final Return (see procedure in instr.)

beginning [ ] ending [ ]

Employer identification number, File number, Mailing Name and Address, Trade name, Business telephone number, Business activity code number, Principal business activity, State or country of incorporation, Date of incorporation, Foreign corporations: date began business in NYS, Was this corporation involved in a merger, acquisition or consolidation on or after April 19, 1989? Yes [ ] No [ ], A. Payment — pay amount shown on line 17. Make check payable to: New York State Corporation Tax

Computation of Entire Net Income Tax

Table with 9 rows for computation of net income tax, including Federal taxable income, interest income, state and local taxes, and net income base.

Tax Computation

Table with 15 rows for tax computation, including fixed dollar minimum tax, total prepayments, interest on late payment, and total capital contributions.

Shareholder Information, Part I (attach separate sheet if necessary; check here [ ] if separate sheet is attached).

Table for Shareholder Information with columns for Name and Address of Shareholder, Check box below if nonresident, Social Security Number, Number of Shares, and Period Held (From, To).

Enter total number of shareholders in box above line A

**Shareholder Information, Part II - Shareholders' Shares of Income, Credits, 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
24 Ordinary income (loss) from trade or business activities .....					•
25 Net income (loss) from rental real estate activities .....					•
26 Net income (loss) from other rental activities .....					•
27 Portfolio income (loss) .....					•
28 Net gain (loss) under section 1231 (other than due to casualty or theft) .....					•
29 Other income (loss) (attach schedule) .....					•
30 Total income (loss) (add lines 24 through 29) .....					•
31 Charitable contributions .....					
32 Section 179 expense deduction .....					
33 Expenses related to portfolio income (loss) .....					•
34 Other deductions (attach schedule) .....					
35 Total deductions (add lines 31 through 34) .....					•
36 Federal tax preference items for minimum tax .....					
37 Interest expense on investment debts paid or accrued in 1996 .....					
38 Total foreign taxes (check one) <input type="checkbox"/> Paid <input type="checkbox"/> Accrued .....					
39 Reduction in foreign taxes .....					
40 Total property distributions (including cash) other than dividend distributions reported on line 42 ...					•
41 Other items and amounts not included above that are required to be reported separately to shareholders for federal purposes (attach schedule) .....					
42 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
<b>Additions</b>					
43 New York franchise tax imposed under Article 9-A .....					
44 Accelerated cost recovery system (ACRS) and modified accelerated cost recovery system (MACRS) deductions (from Form CT-399) .....					
45 Other additions (see instructions, attach explanation) .....					
<b>Subtractions</b>					
46 New York depreciation (from Form CT-399) .....					
47 Other subtractions (see instructions, attach explanation) .....					
<b>Other Items (see instructions, attach explanation)</b>					
48 Additions to federal itemized deductions .....					
49 Subtractions from federal itemized deductions .....					
50 New York adjustments to federal tax preference items .....					

If you use a paid preparer or for any other reason do not need New York State tax 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
	Address		Signature of individual preparing this return

Mail your return to: **NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 1909, ALBANY NY 12201-1909.**