



New York S Corporation Franchise Tax Return Tax Law - Articles 9-A and 22

CT-3-S

				All filers must enter tax period:							
	Final return (see instr., page 5)	mended return		beginning		ending					
	Employer identification number (EIN)	File number	Business telephone number	er	If you have any s incorporated outs mark an X in the	side NYS,	If you claim ar overpayment, an X in the bo	, mark			
Ī	Legal name of corporation	•		Trade name/DB	SA		1				
	Mailing name (if different from legal name above)			State or country of incorporation Date of incorporation		Date received (for 7	Tax Department	use only)			
	C/O Number and street or PO box										
	City	ity State				_					
	NAICS business code number (from NYS Pub 910)	If address/phone above is new, mark an X in the box	If you need to update your address or phone information	New York S election	ction effective date	Audit (for Tax Depa	rtment use only)			
	NYS principal business activity for corporation tax, or o			other tax types, you can do ess <i>information</i> in Form CT-1.							
	Has the corporation revoked its election to b Yes ● No ● If Yes, e	Number of sha	reholders								
A	Pay amount shown on line 46. Mak Attach your payment here. Detach					Payr A	ment enclosed	t L			
	ou must attach a copy of the follow equired; see instructions); (4) Form						-	me			
В			•	,							
С						orm CT-60-QS	SSS				
D	Have you underreported your tax d	ue on past returns?	To correct this withou	ut penalty, vi	isit our Web	site (see instru	uctions).				
Ε	Enter your business allocation percen	tage (if you did not comp	plete Form CT-3-S-ATT,	Schedule A, yo	ou must enter e	either 0 or 100)	•	%			
F	Enter your investment allocation perce	ntage (if you did not com	nplete Form CT-3-S-ATT,	Schedule B, yo	ou must enter e	either 0 or 100)	•	%			
G	Did the S corporation make an IRC section 338 or 453 election?						10 • <u> </u>				
Н	Did this entity have an interest in re	eal property located in	n New York State du	iring the last	three years	? Ye	es • 🗌 N	No •			
I	Has there been a transfer or acquis	sition of a controlling	interest in this entity	during the I	ast three ye	ars?Ye	es • 🗌 N	No •			
J	If the IRS has completed an audit of	any of your returns w	vithin the last five yea	ars, list years	S						
K		If this return is for a New York S termination year, mark an X in the appropriate box to indicate which method of accounting was used for the New York S short year (see instructions, page 5) Normal accounting rules Daily pro rata allocation									
L	Issuer's allocation percentage (see	instructions)					. •	%			
M	Mark an X in the box if you are filing For	rm CT-3-S as a result o	of the mandatory New `	York S election	n of Tax Law,	Article 22, sect	ion 660(i)	•			
N	Eligible qualified New York manufac	cturers mark an X in th	nis box (see instructions))				•			
0	Did you include any disregarded er If Yes, enter the name(s) and EIN					Ye	es • 🗌 N	1o •			



	ide the information for lines 1 through 10 funt column. (Show any negative amounts with a					n 112	0S, Schedule K, total
	Ordinary business income or loss					• 1	
2	Net rental real estate income or loss						
3	Other net rental income or loss						
4	Interest income						
5	Ordinary dividends						
6	Royalties						
7							
8	Net long-term capital gain or loss						
9	Net section 1231 gain or loss						
10	Other income or loss						
11	Loans to shareholders (from federal Form 1120	S, Sc	hedule L, line 7, columns i	b ar	nd d)		
	Beginning of tax year		End of tax year ●		,		
12	Total assets (from federal Form 1120S, Schedule L, line 15, columns b and d)						
	Beginning of tax year		7 –				
13a	Loans from shareholders (from federal Form 1			nns	b and d)		
	Beginning of tax year		End of tax year ●				
13b	If any portion of such loans was used as basis to		t current or suspended lo	SS,	enter the amount used	• 13b	
	ide the information for lines 14 through 21				on your federal Fo	rm 11	20S, Schedule M-2.
Shov	v any negative amounts with a minus (-) sign; do no	t use	·				_
		Ac	A cumulated adjustments		B Other adjustments		C Shareholders' undistributed
		/ (0	account		account		taxable income previously
							taxed
	Balance at beginning of tax year						
15	Ordinary income from federal Form 1120S,						
	page 1, line 21						
	Other additions						
17	Loss from federal Form 1120S, page 1,						
	line 21						
18							•
	Add lines 14 through 18	•					
20	Distributions other than dividend distributions.						
21	Balance at end of tax year. Subtract line 20 from line 19						
	Hom line 19	Ш					
Con	nputation of tax (see instructions)						
	must enter an amount on line 22; if none, e	nter	0				
	New York receipts (see instructions)				,	• 22	
	Fixed dollar minimum tax (see instructions)						
24	Recapture of tax credits (see instructions)						
25	Total tax after recapture of tax credits (add lir						
26							
	Special additional mortgage recording tax credit (current year or deferred; see instructions)						
	installment of estimated tax for the nex		•			1	
	Enter amount from line 27		•			. 28	
29							
_	If you did not file Form CT-5.4 and line 28 is						
	Otherwise enter 0			-		30	
24	Add line 29 and line 20 or 20					24	



Com	nputation of tax (continued)								
Com	position of prepayments (see instructions):	Date p	aid	Amo	unt				
32	Mandatory first installment	32							
33	Second installment from Form CT-400	33							
34	Third installment from Form CT-400	34							
35	Fourth installment from Form CT-400	35							
36	Payment with extension request from								
	Form CT-5.4	36							
37	Overpayment credited from prior years (see inst	ructions)	37						
38	Total prepayments (add lines 32 through 37)					38			
39	Balance (subtract line 38 from line 31; if line 38 is la	rger than line 31	, enter 0)			39			
40	Estimated tax penalty (see instructions; mark an X	in the box if For	m CT-222 is a	nttached) •]•	40			
41	Interest on late payment (see instructions)					41			
42	Late filing and late payment penalties (see instru	ctions)				42			
43	Balance (add lines 39 through 42)					43			
Volu	ntary gifts/contributions (see instructions):								
44a	Return a Gift to Wildlife		■ 44a		00	1			
44b	Breast Cancer Research & Education Fund		■ 44b		00	<u>)</u>			
44c	Prostate Cancer Research, Detection, and Edu	cation Fund	■ 44c		00	1			
44d	9/11 Memorial		■ 44d		00	1			
44e	Volunteer Firefighting & EMS Recruitment Fund	I	■ 44e		00	1			
44f	Veterans Remembrance		44f		00				
	Add lines 31, 40, 41, 42, and 44a through 44f					45			
46	Balance due (If line 38 is less than line 45, subtract	line 38 from line	45 and enter	here. This is	the amount				
	due; enter your payment amount on line A on pa	age 1.)				46			
47	Overpayment (If line 38 is more than line 45, subtra	ct line 45 from li	ne 38 and ent	er here. This	is the				
	amount of your overpayment; see instructions.)					47			
48	Amount of overpayment to be credited to next p	eriod (see instr	ructions)			48			
	Refund of overpayment (subtract line 48 from line					49			
50 Refund of unused special additional mortgage recording tax credit									
	(current year or deferred; see instructions)								
51	51 Amount of special additional mortgage recording tax credit to be applied as an overpayment								
	to next period					51			
Ame	nded return information								
If filin	g an amended return, mark an X in the box for a	ny items that a	apply and att	ach docume	entation.				
<u>-</u>		. 6. 1. 1							
Final	federal determination • If marked, enter date	of determination	1: •		_				
	Designed's marge (wint)					l r)aalana	مام مام م	a mumah au
	d – party Yes No Designee's name (print)					(Jesigne))	e number
	Designee's e-mail address								
	<u> </u>							PIN	
certi	fication: I certify that this return and any attached Printed name of authorized person				e and belief Officia		correc	از, and	complete.
Auth	orized rson Printed name of authorized person Signature of authorized person Off rson E-mail address of authorized person Telephone number				Officia	u uue			
1					phone number			Date	
						1	Drone	or'o DTI	l or CCN
l .	aid Firm's name (or yours if self-employed)			Firm's EIN			repar	ersPIII	N or SSN
	Signature of individual preparing this return	Address		_	City		Sta	ate	ZIP code
1	nly E-mail address of individual preparing this return	1			Preparer's NYTI	PRIN		Date	
	instr.)	:) Preparer's NY							

See instructions for where to file.

