CT-32-S

2013

New York State Department of Taxation and Finance

New York Bank S Corporation Franchise Tax Return

Tax Law – Articles 32 and 22

Amended return ☐

All filers must enter tax period:

beginning [ ] ending [ ]

Employer identification number (EIN)	File number	Business telephone number ( )	If you have any subsidiaries incorporated outside NYS, mark an **X** in the box ☐	If you claim an overpayment, mark an **X** in the box ☐

Legal name of corporation

Trade name/DBA

Mailing name *(if different from legal name above)*
c/o

State or country of incorporation

Date received *(for Tax Department use only)*

Number and street or PO box

Date of incorporation

City   State   ZIP code

Foreign corporations: date began business in NYS

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 for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.

Audit *(for Tax Department use only)*

NYS principal business activity

Number of shareholders	New York assets	Total assets everywhere	ZIP code (U.S. headquarters) or	Name of country (foreign headquarters)

Type of bank   Clearing house ☐   Savings ☐   Other commercial: _____

County code

A. Pay amount shown on line 20. Make payable to: ***New York State Corporation Tax***
Attach your payment here. Detach all check stubs. *(See instructions for details.)*   **A**

Payment enclosed

Computation of tax and installment payments of estimated tax

1	Entire net income (ENI) from Form CT-32, Schedule B, line 59a *(see instructions)* ●	**1**	
2	ENI allocation percentage *(see instructions)* ●	**2**	%
3			
4	Optional depreciation adjustments from Form CT-32, Schedule E, line 77, and Schedule F, line 82 ●	**4**	
5			
6			
7			
8			
9	Fixed dollar minimum	**9**	250 00
10	Franchise tax *(enter amount from line 9)* ●	**10**	
11	Special additional mortgage recording tax credit from Form CT-43	**11**	
12	Net franchise tax *(subtract line 11 from line 10; see instructions)*	**12**	
	First installment of estimated tax for next period:		
13a	If you filed an application for extension, enter amount from Form CT-5.4, line 2 ●	**13a**	
13b	If you did not file Form CT-5.4, and line 12 is over $1,000, see instructions	**13b**	
14	Total *(add line 12 and line 13a or 13b)*	**14**	
15	Total prepayments from line 29 ●	**15**	
16	Balance *(if line 15 is less than line 14, subtract line 15 from line 14)*	**16**	
17	Estimated tax penalty *(see instructions; mark an **X** in the box if Form CT-222 is attached)* ● ☐ ●	**17**	
18	Interest on late payment ●	**18**	
19	Late filing and late payment penalties ●	**19**	
20	Balance due *(add lines 16 through 19 and enter here; enter payment amount on line A above)*	**20**	
21	Overpayment *(if line 14 is less than line 15, subtract line 14 from line 15)*	**21**	
22	Amount of overpayment to be credited to next period	**22**	
23	Refund of overpayment *(subtract line 22 from line 21)*	**23**	
24	Issuer's allocation percentage *(see instructions for Form CT-32, Form CT-32-I)* ●	**24**	%

Attach a complete copy of your federal returns, Form CT-34-SH, and any applicable schedules from Form CT-32 *(see instr)*.

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Additional information

Mark an **X** in the box and attach Form CT-60-QSSS to notify the Tax Department that a QSSS is included in this return .... ◼ ☐

Mark an **X** in the boxes below to indicate the forms filed for any tax credits claimed by the New York S corporation or its shareholders. See Schedule A, Part 2, of Form CT-34-SH, *New York S Corporation Shareholders' Information Schedule* (see instructions for *Other credits).*

CT-41 • ☐	CT-43 • ☐	CT-44 • ☐	CT-238 • ☐	CT-249 • ☐	CT-250 • ☐
CT-501 • ☐	CT-502 • ☐	CT-601 • ☐	CT-602 • ☐	CT-604 • ☐	CT-606 • ☐
CT-607 • ☐	CT-611 • ☐	CT-611.1 • ☐	CT-612 • ☐	CT-613 • ☐	CT-631 • ☐
CT-633 • ☐	CT-634 • ☐	DTF-624 • ☐	DTF-630 • ☐	Other credits • ☐	

Attach a copy of your pro forma federal Form 1120 and a copy of your actual federal Form 1120S filed. If you filed a return other than federal Form 1120S, please indicate the form number and title here: _____

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

If the corporation is a member of an affiliated federal group, give the name and EIN of the primary corporation:

• Name	• EIN

Has the corporation revoked its election to be treated as a New York S corporation? .... Yes • ☐   No • ☐

If *Yes*, give effective date: _____

If this return is for a termination year, mark an **X** in the appropriate box to indicate the method of accounting used for the New York S short year *(see instructions)*:   Normal accounting rules ☐   Daily pro rata allocation ☐

Did you include any disregarded entities in this return? *(mark an X in the appropriate box)* .... Yes • ☐   No • ☐

If *Yes,* enter the name(s) and EIN(s) on Form CT-60-QSSS and attach it to your return.

Composition of prepayments on line 15 *(see instructions)*		**Date paid**	**Amount**	
25 Mandatory first installment	**25**			
26a Second installment from Form CT-400	**26a**			
26b Third installment from Form CT-400	**26b**			
26c Fourth installment from Form CT-400	**26c**			
27 Payment with extension request from Form CT-5.4, line 5	**27**			
28 Overpayment credited from prior years			**28**	
29 Add lines 25 through 28 *(enter here and on line 15)*			**29**	

Amended return information

If filing an amended return, mark an **X** in the box for any items that apply and attach documentation.

Final federal determination .... • ☐   If marked, enter date of determination: • ___ ___ _____

Capital loss carryback .... • ☐

Third – party designee *(see instructions)*	Yes ☐ No ☐	Designee's name *(print)*		Designee's phone number ( )
	Designee's e-mail address			PIN

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

Authorized person	Printed name of authorized person	Signature of authorized person		Official title	
	E-mail address of authorized person		Telephone number ( )		Date
Paid preparer use only *(see instr.)*	Firm's name *(or yours if self-employed)*		Firm's EIN ◼	Preparer's PTIN or SSN	
	Signature of individual preparing this return	Address	City	State	ZIP code
	E-mail address of individual preparing this return		Preparer's NYTPRIN		Date

See instructions for where to file.

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