Department of Taxation and Finance

Unrelated Business Income Т

| ax I | Retu | rn |
|------|------|----|
|------|------|----|

| Amended | Iax R | eturn | All filers ente | er tax period | : | |
|--|--|--|--|------------------|----------------------|--|
| return | Tax Law – A | rticle 13 | beginning | | ending | |
| Employer identification number (EIN) | File number | Business telephone | e number | | | If you claim an overpayment, mark an X in the box |
| Legal name of corporation | | | Trade name/DBA | Ą | | |
| Mailing name (if different from legal name above) | | | State or country of | of incorporation | Date received (for T | ax Department use only) |
| c/o | | | | | | |
| Number and street or PO box | | | Date of incorpora | ation | | |
| City | State | ZIP code | Foreign corporatio business in NYS | ns: date began | | |
| NAICS business code number (from federal return) | If address/phone above is new, mark an X in the box | | update your addres or corporation tax, or | s or phone | Audit (for Tax Depar | tment use only) |
| Principal unrelated business activity (see instructions) | | types, you ca <i>information</i> ir | n do so online. See Form CT-1. | Business | | |

Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit No

| Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) | |
|---|--|
| Mark an $m{\chi}$ in this box if you ceased operating the unrelated business during the tax year covered by this return | |
| (see section Who must file Form CT-13 in the instructions) | |

| Α. | Pay amount shown on line 22. Make payable to: New York State Corporation Tax | | Payment enclosed | |
|----|---|---|------------------|--|
| • | Attach your payment here. Detach all check stubs. (See instructions for details.) | Α | | |

Computation of income and tax

| 1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction 1 2 0 3 Additions required for shareholders of federal S corporations (see instructions) 3 4 0 5 0 6 0 6 0 7 0 6 0 7 0 8 0 9 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 10 0 11 0 12 0 13 10 14 0 15 0 16 0 17 10 18 0 19 0 11 0 12 | | | | | |
|---|----|--|----|-------|----|
| 3 Additions required for shareholders of federal S corporations (see instructions) 3 4 Grossed-up taxes for shareholders of New York S corporations (see instructions) 4 5 Other additions (see instructions) • IRC section 199 deduction: 6 Add lines 1 through 5 6 7 Other income (see instructions) 7 8 9 - 10 - 11 Taxable income (see instructions) 12 13 13 14 14 - 15 Taxable income (subtract line 12 from line 1) 14 13 15 14 16 Allocated taxable income (multiply line 13 by% from line 42; or enter amount from line 13 if allocation is not claimed) 16 Minimum tax 17 14 18 - 19 14 19 10 11 14 12 15 13 14 14 - 15 16 16 250 00 17 18 18 19 19 10 11 19 12 11 13 14 14 - 15 16 16 250 00 17 18 18 19 19 10 11 19 12 18 13 14 14 15 <t< th=""><th>1</th><th>Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction</th><th>1</th><th></th><th></th></t<> | 1 | Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction | 1 | | |
| 4 Grossed-up taxes for shareholders of New York S corporations (see instructions) 4 5 Other additions (see instructions) IRC section 199 deduction: 5 6 Add lines 1 through 5 6 6 7 0 8 6 9 Other income (see instructions) 8 9 9 Other subtractions (see instructions) 8 9 9 Other subtractions (add lines 7, 8, and 9) 10 11 10 11 12 13 11 Taxable income before net operating loss deduction (subtract line 10 from line 6) 11 12 New York net operating loss deduction (attach federal and NYS computations; see instructions) 12 13 13 14 14 Allocated taxable income (multiply line 13 by?% from line 42; or enter amount from line 13 if allocation is not claimed) 14 15 Tax based on income (multiply line 14 by 9% (.09)) 15 15 14 15 16 250 00 17 17 18 18 19 20 18 19 20 12 12 19 | 2 | New York State Article 13 and Article 23 tax deducted on federal return | 2 | | |
| 5 Other additions (see instructions) IRC section 199 deduction: 5 6 Add lines 1 through 5 6 7 Other income (see instructions) 7 8 9 Other subtractions (see instructions) 8 9 Other subtractions (see instructions) 9 10 11 12 11 Taxable income before net operating loss deduction (subtract line 10 from line 6) 11 12 13 14 14 13 14 15 Tax based on income (multiply line 13 by% from line 42; or enter amount from line 13 if allocation is not claimed) 15 16 Minimum tax 16 250 00 17 Tax (line 15 or line 16, whichever is larger) 17 18 Total prepayments from line 46 18 19 Balance (if line 18 is less than line 17, subtract line 18 from line 17) 19 20 11 22 21 Late filing and late payment (see instructions) 21 22 23 24 | 3 | Additions required for shareholders of federal S corporations (see instructions) | 3 | | |
| 6 Add lines 1 through 5 7 0 8 9 9 0 10 10 11 Taxable income (see instructions) 12 11 13 12 14 13 15 14 16 250 000 17 18 18 19 19 11 10 11 11 12 12 13 13 14 14 15 15 16 16 250 000 17 18 18 19 19 11 10 17 18 16 19 11 10 11 11 17 12 18 13 14 14 14 15 14 16 250 000 17 18 18 19 19 11 10 17 11 17 12 18 13 14 14 16 15 16 16 250 000 17 18 18 19 19 11 10 17 11 18 12 18 13 17 14 16 15 20 16 250 000 17 18 18 19 19 | 4 | Grossed-up taxes for shareholders of New York S corporations (see instructions) | 4 | | |
| 7 Other income (see instructions) 8 Federal S corporation shareholder subtractions (see instructions) 9 9 10 Total subtractions (add lines 7, 8, and 9) 11 Taxable income before net operating loss deduction (subtract line 10 from line 6) 11 Taxable income (subtract line 12 from line 11) 13 Taxable income (subtract line 12 from line 13 by from line 13 if allocated taxable income (multiply line 13 by from line 13 if allocation is not claimed) 15 16 16 250 000 17 18 18 19 20 11 18 19 21 Late filing and late payment (see instructions) 22 24 | 5 | Other additions (see instructions) IRC section 199 deduction: | 5 | | |
| 8 Federal S corporation shareholder subtractions (see instructions) 8 9 Other subtractions (see instructions) 9 10 Total subtractions (add lines 7, 8, and 9) 10 11 Taxable income before net operating loss deduction (subtract line 10 from line 6) 11 12 New York net operating loss deduction (attach federal and NYS computations; see instructions) 12 13 Taxable income (subtract line 12 from line 11) 13 13 14 Allocated taxable income (multiply line 13 by% from line 42; or enter amount from line 13 if allocation is not claimed) 14 14 15 Tax based on income (multiply line 14 by 9% (.09)) 15 15 16 250 00 17 Tax (line 15 or line 16, whichever is larger) 18 19 19 Balance (if line 18 is less than line 17, subtract line 18 from line 17) 19 19 12 20 1 Late filing and late payment penalties (see instructions) 21 22 22 21 Late filing and late payment penalties (see instructions) 21 23 23 23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18) 23 24 | 6 | Add lines 1 through 5 | 6 | | |
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| 10 Total subtractions (add lines 7, 8, and 9) 11 Taxable income before net operating loss deduction (subtract line 10 from line 6) 12 New York net operating loss deduction (attach federal and NYS computations; see instructions) 13 Taxable income (subtract line 12 from line 11) 14 Allocated taxable income (multiply line 13 by% from line 42; or enter amount from line 13 if allocation is not claimed) 15 Tax based on income (multiply line 14 by 9% (.09)) 16 250 000 17 Tax (line 15 or line 16, whichever is larger) 18 Total prepayments from line 46 19 Balance (if line 18 is less than line 17, subtract line 18 from line 17) 10 11 11 13 12 14 14 14 15 14 16 250 000 17 Tax (line 15 or line 16, whichever is larger) 18 18 19 18 20 11 21 22 22 20 23 0verpayment (see instructions) 24 24 | 8 | | | | |
| 10 Total subtractions (add lines 7, 8, and 9) 11 Taxable income before net operating loss deduction (subtract line 10 from line 6) 12 New York net operating loss deduction (attach federal and NYS computations; see instructions) 13 Taxable income (subtract line 12 from line 11) 14 Allocated taxable income (multiply line 13 by% from line 42; or enter amount from line 13 if allocation is not claimed) 15 Tax based on income (multiply line 14 by 9% (.09)) 16 250 000 17 Tax (line 15 or line 16, whichever is larger) 18 Total prepayments from line 46 19 Balance (if line 18 is less than line 17, subtract line 18 from line 17) 10 11 11 13 12 14 14 14 15 14 16 250 000 17 Tax (line 15 or line 16, whichever is larger) 18 18 19 18 20 11 21 22 22 20 23 0verpayment (see instructions) 24 24 | 9 | Other subtractions (see instructions) | | | |
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| 14 Allocated taxable income (multiply line 13 by% from line 42; or enter amount from line 13 if allocation is not claimed) | 12 | New York net operating loss deduction (attach federal and NYS computations; see instructions) | 12 | | |
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| 16 250 00 17 Tax (line 15 or line 16, whichever is larger) 16 250 00 17 Tax (line 15 or line 16, whichever is larger) 17 17 18 18 19 18 19 19 19 19 19 19 19 19 11 19 11 19 11 <t< th=""><th></th><th></th><th>14</th><th></th><th></th></t<> | | | 14 | | |
| 17 Tax (line 15 or line 16, whichever is larger) 17 18 Total prepayments from line 46 18 19 Balance (if line 18 is less than line 17, subtract line 18 from line 17) 19 20 Interest on late payment (see instructions) 20 21 Late filing and late payment penalties (see instructions) 21 22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above) 22 23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18) 23 24 24 | 15 | Tax based on income (multiply line 14 by 9% (.09)) | 15 | | |
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| 19 Balance (if line 18 is less than line 17, subtract line 18 from line 17) 19 20 1 21 20 22 21 23 22 24 23 | 17 | Tax (line 15 or line 16, whichever is larger) | 17 | | |
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| 23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18) 23 24 24 | 21 | Late filing and late payment penalties (see instructions) | 21 | | |
| 24 Amount of overpayment on line 23 to be credited to next year | 22 | Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above) | 22 | | |
| | 23 | Overpayment (if line 17 is less than line 18, subtract line 17 from line 18) | 23 | | |
| 25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23) 25 | | | | | |
| | 25 | Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23) | 25 | | |

See page 3 for third-party designee, certification, and signature entry areas.



30 Total (add lines 26 through 29)

| Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: | | | | | | | | |
|---|----|----------------|------------|--|--|--|--|--|
| Federal return was filed on: 990-T Other: Attach a complete copy of your federal return. | | | | | | | | |
| Schedule A – Unrelated business allocation | | | | | | | | |
| If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees. | | | | | | | | |
| | | Α | В | | | | | |
| Average value of: | | New York State | Everywhere | | | | | |
| 26 Real estate owned (see instructions) | 26 | | | | | | | |
| 27 Gross rents (attach list; see instructions) | 27 | | | | | | | |
| 28 Inventories owned | 28 | | | | | | | |
| 29 Other tangible personal property owned (see instructions) | 29 | | | | | | | |

30

| | U | | | | | | | | |
|-----|--|--------|-------------------|-----|---------|------|------|-------|---|
| 31 | Percentage in New York State (divide line 30, column A, by line 30, | , colu | mn B) | | | | . 31 | | % |
| Rec | eipts in the regular course of business from: | | | | | | | | |
| 32 | Sales of tangible personal property shipped to points within | | | | | | | | |
| | New York State | 32 | | | | | | | |
| 33 | All sales of tangible personal property | 33 | | | | | | | |
| | Services performed | 34 | | | | | | | |
| 35 | | 35 | | | | | | | |
| 36 | Other business receipts | 36 | | | | | | | |
| 37 | Total (add lines 32 through 36) | 37 | | | | | | | |
| 38 | | | mn B) | | | | . 38 | ! | % |
| 39 | Wages, salaries, and other compensation of employees | | | | | | | | |
| | (except general executive officers; see instructions) | 39 | | | | | | | |
| 40 | Percentage in New York State (divide line 39, column A, by line 39, | | mn B) | | | | . 40 | | % |
| | Total of New York State percentages (add lines 31, 38, and 40) | | | | | | | | % |
| 42 | Business allocation percentage (divide line 41 by three or by the nu | umbe | r of percentages) |) | | | . 42 | | % |
| Con | nposition of prepayments claimed on line 18* | | | | Date pa | aid | A | mount | |
| 43 | Payment with extension request, Form CT-5, line 5 | | | 43 | | | | | |
| 44a | Second installment from Form CT-400 | | | 44a | | | | | |
| 44b | Third installment from Form CT-400 | | | 44b | | | | | |
| 44c | Fourth installment from Form CT-400 | | | 44c | | | | | |
| 45 | Amount of overpayment credited from prior years | | | | | . 45 | | | |
| 46 | Total prepayments (add lines 43 through 45; enter here and on line 1 | 18) | | | | . 46 | | | |
| | | | | | | | | | |

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

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: • |
|-------------------------------------|---|
| Net operating loss (NOL) carryback• | Capital loss carryback |
| Federal return filed Form 1139 • | Amended Form 990-T |



| Third – par designer (see instruction | Designee's e-mail address | | | | [(| Designee (| e's phon) PIN | e number |
|---|--|--------------------------------|---------|---------------------|----------------|---------------|----------------------|----------|
| Certificatio | n: I certify that this return and any attachme | ents are to the best of my l | knowle | dge and be | elief true, c | correct. | , and c | omplete. |
| Authorized | Printed name of authorized person | Signature of authorized person | | | Official title | | | |
| person | E-mail address of authorized person | | | Telephone nu () | umber | | Date | |
| Paid | Firm's name (or yours if self-employed) | | Firm's | EIN | | Prepar | er's PTII | N or SSN |
| preparer use | Signature of individual preparing this return | Address | | Ci | ty | Sta | ite | ZIP code |
| only (see instr.) | E-mail address of individual preparing this return | | Prepare | r's NYTPRIN | or Exc | cl. code | Date | |

See instructions for where to file.

