

Paid preparer use only

Address

Firm's name (or yours if self-employed)

New York State Department of Taxation and Finance

Report by an S Corporation

| 1 | Other filers | enter tax | period: |
|---|--------------|-----------|---------|
| A | | | |

1999 calendar-yr. filers, check box

| | | | Included | in a | Comb | oined | | | Ü | uici iii | ers eriter ta | ix periou. | |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------|-----------------------------|-----------------|------------|-------|------------|---------------|------------|--|
| | | | Franchis | | | | | | b | eginni | ng | | |
| | | | Tax Law — Article | | · IVELU | | | | | endi | | | |
| Employ | ver identification number | | Tax Law — Article | File number | • | Check box if overpayment cl | laim | ed | | | use only | | |
| | Legal name of corporation | | | Trade name | /DBA | | | | | Date rece | eived | | |
| ng name address | Mailing name (if different from legal | name) and ad | dress | | | State of incorpo | oratio | on | | | | | |
| Mailing name (if different from legal name) and address c/o Number and street or PO box City State | | | | Date of in | | | f incorporation | | | | | | |
| City State | | | State | ZIP code Foreign corpusiness in | | | | | | Audit use | | | |
| check binstructi | pox (see you must file Form DTF | F-95 (see instruction reas outside the | umber, address, or owner/officer informans). If you need Form DTF-95, call 1 8 b U.S. and outside Canada, call (518) ipal business activity | 300 462-8100 to | | ephone number | | | | | | | |
| Has th | ne corporation revoked its election | | ed as a New York S corporation | in? | Combined gro | up payer corpo | orati | on's n | ame | | | | |
| Comb | ined group payer corporation's en | nployer ident | ification number | | | | | | | | | | |
| Gr 1 ■ | number of shareholders . ross payroll orporations organized outs | | Fixed dollar minimum this form; see instruction | ons) | | | | | |] . | | | |
| Numbe | or of par shares | Value | | 1 | Number of no-par | nber of no-par shares Value | | | alue | | | | |
| C | nacition of Dranguman | 1\$ | - | | | | | \$ | | | | | |
| | position of Prepaymen per's prepayments to be o | | nd included in Form C7 | T-3-S-A, <i>N</i> | New York S (| Corporation | Co | ombi | ned F | ranchi | ise Tax R | eturn. | |
| 3 Ma | andatory first installment. | | | | | | 3 | | Date | Paid | | Amount | |
| 4 CT | -400 installments | | | | | | 4 | (1) (2) | | | | | |
| 5 Pa | yment with extension | | | | | Г | 5 | (3) | | | | | |
| | edit from prior years (see | | | | | | | | | . 6 | | | |
| | ld amount column (enter h | | | | | | | | | | | | |
| is also | fication. Under penalties o liable for the group tax lot, and complete. | | | | | | | | | | | | |
| Signat | ture of elected officer or authorize | d person | | | Official titl | е | | | | | Date | | |

ID number

Signature of individual preparing this return

Date

Instructions

Filing requirements

Form CT-3-S-A/C is an individual certification that must be filed by each member of the New York State combined group except a foreign corporation that is not taxable in New York State.

Form CT-3-S-A/C is required to be filed annually and must be attached to the payer corporation's Form CT-3-S-A.

You must complete Form CT-34-SH, Shareholder Information Schedule, and attach it to this form.

Reporting period

If you are a calendar year filer, check the box in the upper right corner on the front of the form.

If you are a fiscal year filer, complete the beginning and ending tax period boxes in the upper right corner on the front of the form.

NAICS business code number

Enter the six-digit NAICS business activity code number from your federal return.

Fixed dollar minimum tax

Line 1 — Each corporation (except the payer corporation or a foreign corporation that is not taxable in New York State) must compute its own fixed dollar minimum tax on this form. Enter your gross payroll in the box.

Do not remit the tax with this form. Enter the fixed dollar minimum tax on line 1 of this form and also include it on Form CT-3-S-A, line 50a or line 50b, whichever is applicable.

Fixed dollar minimum tax for New York S corporations applies to both:

- New York S corporations that do not qualify as a small business taxpayer; and
- New York S corporations that do qualify as a small business taxpayer.

| For a New York S corporation with a gross payroll of: | Tax amounts for tax years beginning after June 30, 1998, and before July 1, 1999 | Tax amounts for tax years beginning after June 30, 1999 |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------|
| \$250,000 or less | 100* | 100* |
| \$500,000 or less but more than \$250,000 | | 225* |
| \$1,000,000 or less but more than \$500,000 | | 325 |
| \$1,000,000 or less but more than \$250,000 | 325 | |
| Less than \$6,250,000 but more than \$1,000,000 | 425 | 425 |
| \$6,250,000 or more | \$1,500 | \$1,500 |

^{*} Foreign authorized corporations: If your tax is less than \$300, you must increase your payment accordingly to satisfy the \$300 maintenance fee requirement.

Short periods - Fixed dollar minimum tax

Annualize the gross payroll for tax periods of less than 12 months by dividing the amount of gross payroll by the number of months in the short period and multiplying the result by 12.

The fixed dollar minimum tax may be reduced for short periods:

| Period | Reduction |
|--------------------------------------------------------------|-----------|
| A period of not more than 6 months | 50% |
| A period of more than 6 months but not more than 9 months | 25% |
| A period over 9 months | None |

See Form CT-3-S-A-I, *Instructions for Forms CT-3-S-A, CT-3-S-A/ATT and CT-3-S-A/B*, line 40 instructions for computation of the fixed dollar minimum tax.

Composition of prepayments

Complete this schedule only if the corporation filing this Form CT-3-S-A/C made separate payments or has separate credits.

Line 6 — Include franchise tax payments credited from prior years.

Line 7 — The total will be carried to Form CT-3-S-A, line 71.

Privacy notification

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 8, 9, 9-A, 13, 19, 27, 32, 33, and 33-A of the Tax Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department uses this information primarily to determine and administer corporate tax liabilities under the Tax Law, for certain tax refund offsets, and for any other purpose authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 924, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.

Need help?



Telephone assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.

| Eav-on-domand forms: Forms are | |
|----------------------------------------------------------------------------------------|----------------|
| From areas outside the U.S. and outside Canada: | (518) 485-6800 |
| To order forms and publications: | 1 800 462-8100 |
| For general information: | 1 800 225-5829 |
| For business tax information, call the New York State Business Tax Information Center: | 1 800 972-1233 |
| - /, | |



Fax-on-demand forms: Forms are available 24 hours a day, 1 800 748-3676 7 days a week.



Internet access: http://www.tax.state.ny.us



Hotline for the hearing and speech impaired:

1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.



If you need to write, address your letter to:

NYS TAX DEPARTMENT TAXPAYER ASSISTANCE BUREAU TAXPAYER CORRESPONDENCE W A HARRIMAN CAMPUS ALBANY NY 12227