

## New York State Department of Taxation and Finance

## **New York S Corporation**

2001 calendar-yr. filers, check box:	Ī
Other filers, enter tax period:	-

<u> </u>	200	Final return		se Tax Re				enter tax period:	
		(see procedure in instr.)	Tax Law – Article	or Small Bus	inesses		inning 	_	
Emp	oyer i	dentification number	Tax Law - Article	File number	Check box if overpayment claimed		ending office use	only	
					overpayment claimed				
Mailing name		egal name of corporation		Trade name/DBA		D-	(a a. b a)		
	g M	Mailing name (if different from legal name) and address  State or country of incorporation					te received		
	5 C	C/o							
	N N	umber and street or PO box			Date of incorporation	1			
	С	ty	State	ZIP code	Foreign corporations: date begat business in NYS	-			
If a da		anus is now. If your name, ampleyer identification	number address or owner/officer	information has abanged Bus	siness telephone number	Aud	dit use		
check	box (		our address has changed, you may	file Form DTF-96. You	)				
	ctions) S bus	can get these forms by fax, phone, o iness code number (see instructions)	ncipal business activity	7? III the instructions.	, , , , , , , , , , , , , , , , , , ,	Νι	ımber of	shareholders	
		nent — pay amount shown on Attach your payment here.	line 17. Make check <sub>l</sub>	payable to: <b>New Y</b>	ork State Corporation Tax			Payment enclosed	
•		Federal taxable income before	e net operating loss a	nd special deducti	ons		1 •		
ē		Interest income on federal, sta		•			2 •		
Computation of entire	3	New York State and other stat	e and local taxes dec	ducted on your fede	eral return (see instructions)		3 ●		
9	4	4 ACRS and MACRS deductions used in the computation of line 1 (see instructions)					4 •		
ion	5	<ul> <li>5 Add lines 1 through 4</li> <li>6 Allowable New York depreciation (see instructions)</li> <li>7 Refund or credit of certain franchise taxes imposed by New York State (see instructions)</li> <li>8 Total subtractions (add lines 6 and 7)</li> </ul>							
ıtat	<u>6</u>								
ng t	[ (								-
ဂ္ဂ	9	<ul> <li>8 Total subtractions (add lines 6 and 7)</li> <li>9 Entire net income base (Subtract line 8 from line 5. For tax years beginning after June 30, 1999: if line 9 is over \$200,000, do not continue; you must file Form CT-3-S.)</li> </ul>					8		
	_						9		
_	10	Fixed dollar minimum tax (see		Gross payroll (not over \$25	0,000)		10		
	11	Total prepayments (attach work					11		
	12	Balance (subtract line 11 from lin					12		
_	13	Interest on late payment (comp					13		
putation	14	Late filing and late payment p			•		14 <b>1</b>		
rtat			alance (add lines 12, 13, and 14)				16a <b>■</b>		00
E E		(see instructions)			ducation		16b		00
Tax com	17	Balance due (if line 11 is less than the total of lines 10, 13, 14, 16a, and 16b, the difference is amount due; enter payment on line A above)  18 Overpayment (if line 11 is more than the total of lines 10, 13, 14, 16a, and 16b, the difference is amount overpaid)					17		
_â	18						18		
	19	19 Amount of overpayment to be credited to next period					19		
	20	,					20 <b>1</b>		
	21 Cha	•	,	nstructions)tify the Tax Department that a qualified sub-chapter S subsidiary (C				dod in this return	
		ck box and attach Form C1-60-QS3 ou use a paid preparer or for ar	-	·					
	ıı yı	ou use a paiu preparei oi ioi ai	iy other reason do no	A HEED INGW TOIK C	nate tax forms mailed to you	u 11 <del>0</del>	λι y <del>c</del> ai,	OHEGIN DUX	. 💻
Cer	tific	ation. I certify that this return a	nd any attachments a			e, co	rrect, ar	nd complete.	
Cian	oturs	of alastad officer or authorized person		04	inial titla		Do	4-	

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				Date					
eparer only	Firm's name (or yours if self-employed)		ID number	Date					
Paid pre use c	Address		Signature of individual preparing the	his return					

Attach a copy of your pro forma federal Form 1120 and a copy of your actual federal Form 1120S filed (see instructions for line 1). Attach Form CT-34-SH, New York S Corporation Shareholders' Information Schedule.

If you filed a return other than federal Form 1120S, enter form number here: \_

Mail your return to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 1909, ALBANY NY 12201-1909. **Private delivery services:** see page 3 in the instructions.