2	200	CT-13	New York State Department of T Unrelated E Tax Return Tax Law – Article 13				alendar-y check bo filers ent		٦
Em	ployer	identification number		File number		eck box if prpayment claimed	For office	use only	
		egal name of corporation			Date rece	ived			
Mailing name	Ma Ma	Mailing name (if different from legal name) and address				e or country of incorporation	1		
	DE C/C	umber and street or PO box	Date	Date of incorporation					
Mail	a la	City State ZIP code				eign corporations: date began	_		
		.,	State 2	code		ness in NYS	Audit use		
file F fax, p	orm Diphone,		may file Form DTF-96. You can get thes tion on the back of this form. ncipal unrelated business activity	se forms by)		-		
	-	u been audited by the Internal lefternal lefte		ast 5 years?	Yes	No If Yes, list	-	py of your federal	return
Hav	e you	u filed New York State Form CT	-247, Application for Exer					py or your rederain	retuin.
		pration Franchise Taxes by a No							
-		e an employee trust, as defined his box if you ceased operating							
		section Who must file Form CT-13 in				•			L
A. ∮	Paym	nent – pay amount shown on lir Attach your payment here.	ne 20. Make check payable	e to: <i>New Yor</i>	k State C	orporation Tax		Payment enclosed	
Computation of income and tax	3 4 5 6 7 8 9 10 11 12 13 14 15 16	New York State Article 13 tax of Additions required for sharehold Grossed-up taxes for sharehold Add lines 1 through 4	olders of federal S corporal lders of New York S corporal lders of New York S corporations (see insert of federal S corporations (see and 7)	tions (see inst rations (see ir structions) instructions) otract line 8 from New York State from line 40; or	6. 7. m line 5) e computa	tions)	3. 4. 5. 8. 9. 10. 11. 12. 13. 14. 15. 16.		250 00
	18 19 20 21 22	Balance (if line 16 is less than lin Interest on late payment (see it Late filing and late payment per Balance due (add lines 17, 18, a Overpayment (if line 15 is less the Amount of overpayment on line Amount of overpayment on line		■ 18. ■ 19. ■ 20. ■ 21. ■ 22.					
Cer								h and asmedata	
	unca	ation. I certify that this return a	nd any attachments are to	the best of n	ny knowle	dge and belief true	, correc	i, and complete.	
Sigr		ation. I certify that this return a of elected officer or authorized person	nd any attachments are to		ny knowle ficial title	dge and belief true	, correc	Date	
Sigr						dge and belief true	, correc		

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.

Ave	rage value of:		A New York Stat	e	Everv				
24	Real estate owned	24.					\Box		
25	Gross rents (attach list)	25.							
26	Inventories owned								
27	Other tangible personal property owned	27.							
28	Total (add lines 24 through 27)								
29	Percentage in New York State (divide line 28, column A, by line 28, column B)							%	
Receipts in the regular course of business from:									
30	Sales of tangible personal property shipped to points within								
	New York State	30.							
31	All sales of tangible personal property	31.							
32	Services performed	32.							
33	Rentals of property	33.							
34	Other business receipts	34.							
35	Total (add lines 30 through 34)	35.							
36	Percentage in New York State (divide line 35, column A, by line 35, column	n B) .				36.		%	
37	Wages, salaries and other compensation of employees (except								
	general executive officers)	37.							
38	Percentage in New York State (divide line 37, column A, by line 37, column B)							%	
39	Total of New York State percentages (add lines 29, 36, and 38)							%	
	Business allocation percentage (divide line 39 by three or by the number of percentages)							%	
Cor	nposition of prepayments claimed on line 16*	Date	Pate paid Amount						
41	Payment with extension request, Form CT-5, line 5		41.						
42a	Second installment from Form CT-400	42a.							
42b	Third installment from Form CT-400	42b.							
42c	Fourth installment from Form CT-400	42c.							
43	Amount of overpayment credited from prior years				43.				
44	Total prepayments (add lines 41 through 43; enter here and on line 16)				44.				

^{*}Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, please report them on lines 42a, 42b, and 42c.

Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return and pay tax. However, if, at a later date, you need to establish the date you filed your return or paid your tax, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need help?* for information on ordering forms and publications.) If you use **any** private delivery service, whether it is a designated service or not, address your return to: **State Processing Center**, **431C Broadway**, **Albany NY 12204-4836**.

Need help?

Telephone assistance is available from 8 a.m. to 5:55 p.m. (eastern time), Monday through Friday.

Business tax information: 1 800 972-1233 Forms and publications: 1 800 462-8100

From areas outside the U.S. and outside Canada: (518) 485-6800

Fax-on-demand forms: 1 800 748-3676

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110 (8 a.m. to 5:55 p.m., eastern time).



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

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 Contact Center, W A Harriman Campus, Albany NY 12227.

40002020094