

New York State Department of Taxation and Finance

New York S Corporation Franchise Tax Return

2002 calendar-yr. filers, check box: Other filers, enter tax period:

Short Form for Small Businesse	S
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		Amended return Short Form for	Small Busines	sses b	eginning	•	
		Tax Law – Articles 9	-A and 22		ending	-	
Emp	oloyer	identification number	File number	Check box if overpayment claimed	For office u		
Mailing name		egal name of corporation	Trade name/DBA		Date receiv	rad	
		lailing name (if different from legal name above) and address		Chate or country of incomparation		eu	
		/o		State or country of incorporation			
	N a	umber and street or PO box		Date of incorporation			
Ξ	D D	City State ZIP code Foreign corporations: date began business in NYS			Audit use		
check	box (		DTF-96. You can	lephone number	-		
-	<sup>ctions)</sup> ICS b	Usiness code number (see instructions). Principal business activity	uctions.	·	Numbe	r of shareholders	
		ment — pay amount shown on line 17. Make check paya . Attach your payment here.	able to: <i>New York St</i>	ate Corporation Tax	┛	Payment enclosed	
		· · · · ·					
-		Federal taxable income before net operating loss and s					
Computation of entire	2						
en	S S	<ul> <li>3 New York State and other state and local taxes deducted on your federal return (see instructions)</li> <li>4 ACRS and MACRS deductions used in the computation of line 1 (see instructions)</li> </ul>					
jo	4	-					
ion	5		• 5.				
intat	6						
pt	5 7				<u>/////////////////////////////////////</u>		
no.	8	Total subtractions (add lines 6 and 7)	● <b>8.</b>				
0	9						
_		you must file Form CT-3-S)			9.		
	10	Fixed dollar minimum tax (see instructions)	ayroll (not over \$250,000)		10.		
	11	Total prepayments (attach worksheet)			📕 11.		
	12	Balance (subtract line 11 from line 10; if line 11 is more than	12.				
Ľ	13	Interest on late payment (compute on line 12 amount; see	instructions)		🛯 13.		
	14	Late filing and late payment penalties (compute on line 1	12 amount; see instruct	tions)	🛯 14.		
atic	15	Balance (add lines 12, 13, and 14)			15.		
out	16	Voluntary gifts/contributions: Return a Gift to Wildlife.			<b>1</b> 6a.		00
computation		(see instructions) Gift for Breast Cancer Re	esearch and Educat	ion	16b.		00
	17	Balance due (if line 11 is less than the total of lines 10, 13, 14, 16a, and 16b,	e 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)				
Тах	18	<ul> <li>18 Overpayment (if line 11 is more than the total of lines 10, 13, 14, 16a, and 16b, the difference is amount overpaid)</li> <li>19 Amount of overpayment to be credited to next period</li> </ul>					
•	19						
	20						
	21						
	Check box and attach Form CT-60-QSSS to notify the Tax Department that a qualified sub-chapter S subsidiary (QS					luded in this return	
		ou use a paid preparer or for any other reason do not ne			,		
Cer	-	ation. I certify that this return and any attachments are		<b>_</b>	-		
		e of elected officer or authorized person	Official tit			Date	]

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:

ID number

Signature of individual preparing this return

Date

For new mailing address information, see Where to file in the instructions.

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

aid prepare use only

Address

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