CT-32-S

New York State Department of Taxation and Finance

New York Bank S Corporation Franchise Tax Return

Tax Law - Articles 32 and 22

All filers must enter tax period: Amended beginning | ending return Employer identification number File number Business telephone number If you have any subsidiaries If you claim an incorporated outside NYS, overpayment, mark mark an X in the box an X in the box Legal name of corporation Trade name/DBA State or country of incorporation Date received (for Tax Department use only) Mailing name (if different from legal name above) Number and street or PO box Date of incorporation Foreign corporations: date began business in NYS City State ZIP code NAICS business code number (from federal return, If address above If your name, employer identification number, address, Audit (for Tax Department use only) is new, mark an or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms X in the box Principal business activity from our Web site, or by fax, or phone. See Need help? in the instructions. Number of shareholders New York assets Total assets everywhere ZIP code (U.S. headquarters) or Name of country (foreign headquarters) County code Type Clearing house Savings Other commercial: Payment enclosed Pay amount shown on line 20. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.) Computation of tax and installment payments of estimated tax (see instructions, Form CT-32-S-I) 1. 2. ENI allocation percentage (see instructions) % 3 Optional depreciation adjustments from Form CT-32, Schedule E, line 77, and Schedule F, line 82 • 5 6 7 8 250 00 Fixed dollar minimum 10 Franchise tax (enter amount from line 9)..... 10. 11 Special additional mortgage recording tax credit from Form CT-43...... 11. 12 Net franchise tax (subtract line 11 from line 10; see instructions) First installment of estimated tax for next period: 14 Total (add line 12 and line 13a or 13b) 14. 15 Total prepayments from line 29 15. **16** Balance (if line 15 is less than line 14, subtract line 15 from line 14) 16. 17 Penalty for underpayment of estimated tax (mark an X in the box if Form CT-222 is attached) • 17. 18 Interest on late payment..... 18. 19 Late filing and late payment penalties..... 19 20 Balance due (add lines 16 through 19 and enter here; enter payment amount on line A above) 20. 21 Overpayment (if line 14 is less than line 15, subtract line 14 from line 15) 21 22 Amount of overpayment to be credited to next period 22 23 Refund of overpayment (subtract line 22 from line 21) 23. %

Attach a complete copy of your federal returns.

Additional	information								
Mark an X ir	n the box and attach Form CT-60-Q	SSS to notify	the Tax Dep	artment that a	QSSS	is include	d in this	return	
	n the boxes below to indicate the fo le A, Part 2, of Form CT-34-SH, <i>Ne</i>		-	-			-	n or its sharehold	ders.
CT-41 • [CT-601 • [CT-613 • [CT-44 • CT-604 • DTF-624 •		CT-249 • CT-606 • CT-630 • CT-630]		0 • 🗌		9 • <u> </u>
-	by of your pro forma federal Form 1 n 1120S, please indicate the form n						-	d a return other t	han
If the Interna	al Revenue Service has completed	an audit of a	ny of your ret	turns within the	e last fiv	/e years, li	st years:		
If the corporation is a member of an affiliated federal group, give the name and EIN of the primary corporation:									
Has the corp	poration revoked its election to be t	reated as a N	lew York S co	orporation?				Yes ● 🗌 🕒 N	No • □
If Ves nive	effective date:								
short year		al accounting	rules	indicate the m		of account oro rata allo	-		k S
Compositi	on of prepayments on line 15	(see instruc	tions)			Date pai	Ь	Amount	
25 Manda	atory first installment				25.	Bato pai		, in odin	
26a Secon	d installment from Form CT-400				26a.				
	nstallment from Form CT-400								
	installment from Form CT-400								
-	ent with extension request from For ayment credited from prior years						28.		
-	nes 25 through 28 (enter here and or						29.		
	D	P Al-1		T D10 / /		. V			. 🗀
Third – party	Do you want to allow another person to				nstruction	_		plete the following)	vо Ш
designee	Designee's name	Desig	nee's phone nu)	imber		Personal number (identification PIN)	on	
Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct,								ect, and complete	э.
Signature of authorized person Official title						Date			
Signatur	e of individual preparing this return	Firm's n	name (or yours if so	elf-employed)					
Paid prepared only Address Signature		City	State	ZIP code	ID num	ber		Date	

See instructions for where to file.

You must complete Form CT-34-SH, *New York S Corporation Shareholders' Information Schedule*, and attach it to this form, along with any applicable schedules from Form CT-32 (see instructions).