

CT 22 C	New York State Department of Taxation and Finance					
CT-32-S	New York Bank S Corporation					

Franchise Tax Return Tax Law – Articles 32 and 22

	Amorada d				All filers must enter tax period:							
	Amended return					beginning			endir	۱g		
E	Employer identification number		File number Business telephone number			If you have any s incorporated out			If you claim an overpayment, ma	ark —		
					)		mark an X in the			an X in the box		
L	egal name of corporation					Trade name/DI	BA					
Ν	lailing name (if different from legal name abou	ve)				State or country	of incorporation	Date re	ceived (	for Ta	ax Department use	e only)
	/o											
N	lumber and street or PO box					Date of incorpo	oration					
С	iity		State	ZIP code		Foreign corporat business in NYS	tions: date began					
	IAICS business code number (from federal return	If address is new, ma X in the bo	rk an	or owner/ file Form you may from our	me, employer id officer informatic DTF-95. If only y file Form DTF-96 Web site, or by fa	on has change our address h S. You can get t	d, you must as changed, these forms	Audit (f	or Tax D	lepar	rtment use only)	
•	Number of shareholders New York asset	ts	<ul> <li>Total assets</li> </ul>		he instructions.	ode (U.S. headq	uarters) or PNa	ime of c	country	(for	reign headquarte	ers)
								_ • Co	ounty co	ode		
o b	f Clearing house	Savings		Other con	nmercial:							
Ą.	Pay amount shown on line 20	. Make payab	le to: New )	ork Stat	e Corporatio	on Tax			P	<b>'</b> aym	nent enclosed	
ŧ.	Attach your payment here. De	tach all chec	k stubs. (See	e instructio	ons for details.	)		A.				
on	nputation of tax and insta	Ilment payr	nents of e	stimate	d tax (see in	structions, F	orm CT-32-S-	<i>I)</i>				
1	Entire net income (ENI) from				•	,		1.				
2	ENI allocation percentage (see	e instructions)					•	2.				%
3								rr				
4	Optional depreciation adjustm	ents from For	rm CT-32, S	chedule I	E, line 77, an	d Schedule	F, line 82 •	4.		_		
5												
6												
7												
8	First de lle serie interne										01	
9	Fixed dollar minimum							9.			2	50 00
10	Franchise tax (enter amount fro.											
11	Special additional mortgage r									—		_
12	Net franchise tax (subtract line			ions)			••••••	12.				_
_	First installment of estimate		-	_								
	If you filed an application for ex											
	If you did not file Form CT-5.4											
14	Total (add line 12 and line 13a or							14.				
15	Total prepayments from line 2											
16	Balance (if line 15 is less than lin			,				16.				
7	Penalty for underpayment of e							17.				
8	Interest on late payment							18.				
9	Late filing and late payment p							19.				
20	Balance due (add lines 16 throu	-										
21	Overpayment (if line 14 is less t							21.				-+
22	Amount of overpayment to be						_	22.				
23	Refund of overpayment (subtra											
24	Issuer's allocation percentage	e (see instructio	ons for Form (	CT-32, For	rm CT-32-I, pa	ge 15)	•	24.				%

Attach a complete copy of your federal returns.

2007

## **Additional information**

Mark an X in the box and attach Form CT-60-QSSS to notify the Tax Department that a	QSS	S is included	l in this	return
Mark an <b>X</b> in the boxes below to indicate the forms filed for any tax credits claimed by the See Schedule A, Part 2, of Form CT-34-SH, <i>New York S Corporation Shareholders' Info</i>			-	on or its shareholders.
CT-41       CT-43       CT-44       CT-249       CT-249         CT-601       CT-602       CT-604       CT-606       CT-606         CT-613       CT-631       DTF-624       DTF-630       CT-630	]	CT-250 CT-61		CT-259 • CT-612 •
Attach a copy of your pro forma federal Form 1120 and a copy of your actual federal For federal Form 1120S, please indicate the form number and title here:			you file	ed a return other than
If the Internal Revenue Service has completed an audit of any of your returns within the	e last f	ive years, lis	st years	S
If the corporation is a member of an affiliated federal group, give the name and EIN of the primary corporation:		• EIN		
Has the corporation revoked its election to be treated as a New York S corporation?				Yes ● 📃 No ● 🗌
If Yes, give effective date:				
If this return is for a termination year, mark an <b>X</b> in the appropriate box to indicate the r short year (see instructions): Normal accounting rules		l of accounti pro rata allo	-	_
Composition of prepayments on line 15 (see instructions)				
25 Mandatory first installment	25.	Date paid		Amount
26a Second installment from Form CT-400				
26b Third installment from Form CT-400				
26c Fourth installment from Form CT-400				
27 Payment with extension request from Form CT-5.4, line 5	27.			
28 Overpayment credited from prior years			00	
20 Add lines 25 through 29 (onter here and on line 15)			28.	
29 Add lines 25 through 28 (enter here and on line 15)			28. 29.	
29 Add lines 25 through 28 (enter here and on line 15)         Third –       Do you want to allow another person to discuss this return with the Tax Dept? (see line)		[	29.	nplete the following) No
		[	29.	
Third – Do you want to allow another person to discuss this return with the Tax Dept? (see )	instructio	ons) Yes   Personal i number (F	29. (con dentifica PIN)	tion
Third – party designee       Do you want to allow another person to discuss this return with the Tax Dept? (see a Designee's phone number ( )	instructio	ons) Yes   Personal i number (F	29. (con dentifica PIN)	tion
Third – party designee       Do you want to allow another person to discuss this return with the Tax Dept? (see a Designee's name         Designee's name       Designee's phone number ()         Certification: I certify that this return and any attachments are to the best of my knowledge	instructio	ons) Yes   Personal i number (F	29. (con dentifica PIN)	tion

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).