

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

incorporated outside NYS, overpa							
incorporated outside NYS, mark an X in the box or land X in the box or l							
mark an X in the box • an X in the box	If you claim an overpayment, mark						
Legal name of corporation Trade name/DBA	the box						
	Trade name/DBA						
Mailing name (if different from legal name above) State or country of incorporation Date received (for Tax Department)	rtment use only						
c/o							
Number and street or PO box Date of incorporation							
City State ZIP code Foreign corporations: date began business in NYS							
NAICS business code number (from federal return) If address above is new, mark an interpretable should business activity If your name, employer identification number, address, or owner/officer information has changed, you must fille Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, or by fax, or phone. See Need help? in the instructions.	se only)						
Number of shareholders New York assets Total assets everywhere ZIP code (U.S. headquarters) or Name of country (foreign he	adquarters)						
Type of Clearing house Savings Other commercial:							
bank	closed						
A. 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.)	cioseu						
omputation of tax and installment payments of estimated tax (see instructions, Form CT-32-S-I)							
1 Entire net income (ENI) from Form CT-32, Schedule B, line 59a (see instructions)							
2 ENI allocation percentage (see instructions)	9/						
4 Onting of degree sisting adjustments from Form OT 22 Onto dute F. line 77, and Onto dute F. line 22							
4 Optional depreciation adjustments from Form CT-32, Schedule E, line 77, and Schedule F, line 82 ● 4.							
5							
6 -							
7							
8							
9 Fixed dollar minimum	250 0						
Tranchise tax (enter amount from line 9) 10.							
1 Special additional mortgage recording tax credit from Form CT-43 • 11.							
2 Net franchise tax (subtract line 11 from line 10; see instructions)							
First installment of estimated tax for next period:							
b If you did not file Form CT-5.4, and line 12 is over \$1,000, see instructions							
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4 Total (add line 12 and line 13a or 13b)							
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Attach a complete copy of your federal returns.

Addition	al in	formation							
Mark an X	(in th	e box and attach Form CT-60-QSSS to notify the Tax Department that a	QSSS	is included	d in t	his re	turn		
		e boxes below to indicate the forms filed for any tax credits claimed by th A, Part 2, of Form CT-34-SH, New York S Corporation Shareholders' Infor			-	ation	or its sl	nareholo	lers.
CT-41 • CT-601 • CT-613 •		CT-43 • □ CT-44 • □ CT-249 • □ CT-602 • □ CT-604 • □ CT-606 • □ CT-631 • □ DTF-624 • □ DTF-630 • □		CT-25 CT-61					9 • <u> </u>
		f your pro forma federal Form 1120 and a copy of your actual federal For 20S, please indicate the form number and title here:			-		a returi	other t	han
If the Inter	nal R	evenue Service has completed an audit of any of your returns within the	last fi	ve years, lis	st ye	ars:			
If the corporation is a member of an affiliated federal group, give the name and EIN of the primary corporation:									
-	-	ation revoked its election to be treated as a New York S corporation?					Yes ●		lo • 🗌
short ye	ear (se	for a termination year, mark an X in the appropriate box to indicate the more instructions): Normal accounting rules of prepayments on line 15 (see instructions)		of account	-	_	_	New Yor	K S
Compos	1011	or propayments on line to (see mendenons)	Τ	Date pai	d		Ar	nount	
25 Man	ndator	y first installment	25.	•					
26a Second installment from Form CT-400									
26b Third installment from Form CT-400									
			26c. 27.						
-		with extension request from Form CT-5.4, line 5 nent credited from prior years			28.				_
		25 through 28 (enter here and on line 15)			29.				
11111				Designe	ee's phor	e number			
design (see instruct		Designee's e-mail address					PIN		
Certificat		certify that this return and any attachments are to the best of my knowled	edae	and belief t	rue.	corre		l comple	ete.
		Signature of authorized person Official title	0 -		,		,		
Authoriz perso	1	E-mail address of authorized person					Date		
Paid	Firm'	s name (or yours if self-employed)				ID nu	mber		
preparer	Signa	ature of individual preparing this return Address		City		S	tate	ZIP cod	de
use only	E-ma	il address of individual preparing this return					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).