

# Important

For tax years **beginning in 2015**, including short periods, all New York C corporations subject to tax under Article 9-A (including former Article 32 taxpayers) **must** file using one of the following forms, as applicable:

- 2015 Form CT-3, *General Business Corporation Franchise Tax Return*
- 2015 Form CT-3-A, *General Business Corporation Combined Franchise Tax Return*
- 2015 Form CT-3-M, *General Business Corporation MTA Surcharge Return*

**Note:** Form CT-4, *General Business Corporation Franchise Tax Return Short Form*, is no longer available for any tax period beginning on or after January 1, 2015.

Any return filed on an incorrect form, or on a form for the wrong year, will **not** be processed. As a result, penalties and interest may be incurred.

[Click here](#) to open the corporate tax reform Web page



CT-3

New York State Department of Taxation and Finance

General Business Corporation Franchise Tax Return

Tax Law — Article 9-A

See Form CT-3/4-I before completing return.

All filers must enter tax period:

Final return [ ] Amended return [ ] beginning [ ] ending [ ]
Employer identification number (EIN) File number Business telephone number ( )
Legal name of corporation Trade name/DBA
Mailing name (if different from legal name above) State or country of incorporation Date received (for Tax Department 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 NYS Pub 910) If address/phone above is new, mark an X in the box [ ] If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business information in Form CT-1.
NYS principal business activity Audit (for Tax Department use only)

Metropolitan transportation business tax (MTA surcharge)

During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD)? If Yes, you must file Form CT-3M/4M. The MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester. (mark an X in the appropriate box) Yes [ ] No [ ]

A. Pay amount shown on line 93. Make payable to: New York State Corporation Tax
Attach your payment here. Detach all check stubs. (See instructions for details.)
Payment enclosed [ ]

B. Federal return filed (you must mark an X in one): Attach a complete copy of your federal return.
Form 1120..... [ ] Form 1120-H..... [ ] Form 1120-REIT or Form 1120-RIC [ ]
Consolidated basis [ ] Form 1120S ..... [ ] Other: \_\_\_\_\_ [ ]

C. If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS ..... [ ]

D. Have you underreported your tax due on past returns? To correct this without penalty, visit our Web site (see instructions).

E. Do you have an interest in, or have you rented, real property located in New York State? (mark an X in one box) Yes [ ] No [ ]
If Yes, enter the county \_\_\_\_\_ and the value of such property or rent [ ]

F. Has there been a transfer or acquisition of controlling interest in the entity during the last 3 years? (mark one box) Yes [ ] No [ ]

G. If you marked the Consolidated basis box in line B above, complete the following:
1. Number of corporations included in the federal consolidated group ..... [ ]
2. Total consolidated federal taxable income (FTI) before the net operating loss deduction (NOLD).... [ ]
3. If substantially all of the voting stock of this corporation is owned or controlled, directly or indirectly, by another corporation, give the name and EIN of that corporation below.

Legal name of corporation [ ] EIN [ ]

H. Do you have an interest in any partnerships? (mark an X in the appropriate box)..... Yes [ ] No [ ]
If Yes, enter the name(s) and EIN(s) on Form CT-60-QSSS and attach it to your return.

I. Did you include a disregarded entity in this return? (mark an X in the appropriate box) ..... Yes [ ] No [ ]
If Yes, enter the name(s) and EIN(s) on Form CT-60-QSSS and attach it to your return.

419001140094



**Computation of entire net income (ENI) base**

1	FTI before net operating loss (NOL) and special deductions (see instructions) .....	•	1		
2	Interest on federal, state, municipal, and other obligations not included on line 1 (see instructions) •	2			
3	Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock (see instr.) •	3			
4a	Interest deductions directly attributable to subsidiary capital (see instructions) .....	•	4a		
4b	Noninterest deductions directly attributable to subsidiary capital (see instructions) .....	•	4b		
5a	Interest deductions indirectly attributable to subsidiary capital (see instructions) .....	•	5a		
5b	Noninterest deductions indirectly attributable to subsidiary capital (see instructions) .....	•	5b		
6	New York State and other state and local taxes deducted on your federal return (see instructions) •	6			
7	Federal depreciation from Form CT-399, if applicable (see instructions) .....	•	7		
8	Other additions (see instructions) .....	•	8		
9	Add lines 1 through 8.....	•	9		
10	Income from subsidiary capital (from Form CT-3-ATT, line 26; see instr.) •	10			
11	Fifty percent of dividends from nonsubsidiary corporations (see instr.) •	11			
12	Foreign dividends gross-up not included on lines 10 and 11 (see instr.) •	12			
13	New York NOLD (attach federal and New York State computations; see instr.) •	13			
14	Allowable New York State depreciation from Form CT-399, if applicable (see instr.) •	14			
15	Other subtractions (see instructions) .....	•	15		
16	Total subtractions (add lines 10 through 15) .....	•	16		
17	ENI (subtract line 16 from line 9; show loss with a minus (-) sign; enter here and on line 42) .....	•	17		
18	Investment income before allocation (from Form CT-3-ATT, line 22, but not more than line 17 above; see instr.) •	18			
19	Business income before allocation (subtract line 18 from line 17) .....	•	19		
20	Allocated investment income (multiply line 18 by <input type="text"/> % from Form CT-3-ATT, line 5) .....	•	20		
21	Allocated business income (multiply line 19 by <input type="text"/> % line 119, 121, or 141; see instr.) ...	•	21		
22	Total allocated income (add lines 20 and 21) .....	•	22		
23	Optional depreciation adjustments (attach Form CT-324; enter here and on line 69; see instructions) ...	•	23		
24	ENI base (line 22 plus or minus line 23; see instructions) .....	•	24		
25	ENI base tax (see instructions; multiply line 24 by the appropriate rate from the Tax rates schedule in Form CT-3/4-I; enter here and on line 72) .....	•	25		

**Computation of capital base** (enter whole dollars for lines 26 through 31; see instructions)

		A	B	C
		Beginning of year	End of year	Average value
26	Total assets from federal return .....	00	00	00
27	Real property and marketable securities included on line 26 .....	00	00	00
28	Subtract line 27 from line 26.....	00	00	00
29	Real property and marketable securities at fair market value.....	00	00	00
30	Adjusted total assets (add lines 28 and 29) ..	00	00	00
31	Total liabilities.....	00	00	00
32	Total capital (subtract line 31, column C, from line 30, column C) .....			
33	Subsidiary capital (from Form CT-3-ATT, line 28; if none, enter 0) .....			
34	Business and investment capital (subtract line 33 from line 32) .....			
35	Investment capital (from Form CT-3-ATT, line 7, column E; if none, enter 0) .....			
36	Business capital (subtract line 35 from line 34) .....			
37	Allocated investment capital (multiply line 35 by <input type="text"/> % from Form CT-3-ATT, line 5) .....			
38	Allocated business capital (multiply line 36 by <input type="text"/> % from line 119, 121, or 141) .....			
39	Capital base (add lines 37 and 38) .....			
40	Capital base tax .....			
41	Issuer's allocation percentage .....		%	

419002140094



**Computation of minimum taxable income (MTI) base** (see instructions)

42	ENI from line 17 .....	42	
<b>Adjustments</b> (see instructions for lines 43 through 50)			
43	Depreciation of tangible property placed in service after 1986 .....	43	
44	Amortization of mining exploration and development costs paid or incurred after 1986.....	44	
45	Amortization of circulation expenditures paid or incurred after 1986 (personal holding companies only) .....	45	
46	Basis adjustments in determining gain or loss from sale or exchange of property.....	46	
47	Long term contracts entered into after February 28, 1986.....	47	
48	Installment sales of certain property.....	48	
49	Merchant marine capital construction funds .....	49	
50	Passive activity loss (closely held and personal service corporations only) .....	50	
51	Add lines 42 through 50 .....	51	
<b>Tax preference items</b>			
52	Depletion (see instructions).....	52	
53			
54	Intangible drilling costs (see instructions).....	54	
55	Add lines 51 through 54 .....	55	
56	New York NOLD from line 13 (see instructions).....	56	
57	Add lines 55 and 56.....	57	
58	Alternative net operating loss deduction (ANOLD) (see instructions) .....	58	
59	MTI (subtract line 58 from line 57) .....	59	
60	Investment income before apportioned NOLD (add line 18 and Form CT-3-ATT, line 21) .....	60	
61	Investment income not included in ENI but included in MTI (see instructions) .....	61	
62	Investment income before apportioned ANOLD (add lines 60 and 61) .....	62	
63	Apportioned New York ANOLD (see instructions) .....	63	
64	Alternative investment income before allocation (subtract line 63 from line 62; see instructions) .....	64	
65	Alternative business income before allocation (subtract line 64 from line 59) .....	65	
66	Allocated alternative business income (multiply line 65 by <input type="text"/> % from line 119, 121, or 161) .....	66	
67	Allocated alternative investment income (multiply line 64 by <input type="text"/> % from Form CT-3-ATT, line 5) .....	67	
68	Allocated MTI (add lines 66 and 67) .....	68	
69	Optional depreciation adjustments from line 23.....	69	
70	MTI base (line 68 plus or minus line 69) .....	70	
71	Tax on MTI base (multiply line 70 by appropriate rate; see instructions) .....	71	

(continued)



**Computation of tax**

72	Tax on ENI base from line 25 .....	•	72	
73	Tax on capital base from line 40 (see instructions)			
	New small business: First year • <input type="checkbox"/> Second year • <input type="checkbox"/>	•	73	
<b>You must enter an amount on line 74a below; if none, enter 0.</b>				
74a	New York receipts (see instructions) .....	•	74a	
74b	Fixed dollar minimum tax (see instructions) .....	•	74b	
75	Amount from line 71, 72, 73, or 74b, whichever is largest (see instructions for exception) .....	•	75	
76	Subsidiary capital base from Form CT-3-ATT, line 31 .....	•	76	
77	Subsidiary capital base tax from Form CT-3-ATT, line 32 .....	•	77	
78	Tax due before credits (add lines 75 and 77) .....	•	78	
79	Tax credits (see instructions) .....	•	79	
80	Balance (subtract line 79 from line 78; if line 79 is more than line 78, enter 0) .....	•	80	
81	Amount from line 71 or 74b, whichever is larger .....	•	81	
82	Tax due (see instructions) .....	•	82	
<b>First installment of estimated tax for next period:</b>				
83a	If you filed a request for extension, enter amount from Form CT-5, line 2 .....	•	83a	
83b	If you did not file Form CT-5 and line 82 is over \$1,000, see instructions .....	•	83b	
84	Add line 82 and line 83a or 83b .....	•	84	
85	Total prepayments from line 106 .....	•	85	
86	Balance (subtract line 85 from line 84; if line 85 is more than line 84, enter 0) .....	•	86	
87	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) • <input type="checkbox"/>	•	87	
88	Interest on late payment (see instructions) .....	•	88	
89	Late filing and late payment penalties (see instructions) .....	•	89	
90	Balance (add lines 86 through 89) .....	•	90	
<b>Voluntary gifts/contributions (see instructions):</b>				
91a	Return a Gift to Wildlife .....	•	91a	00
91b	Breast Cancer Research and Education Fund .....	•	91b	00
91c	Prostate and Testicular Cancer Research and Education Fund ...	•	91c	00
91d	9/11 Memorial .....	•	91d	00
91e	Volunteer Firefighting & EMS Recruitment Fund .....	•	91e	00
91f	Veterans Remembrance .....	•	91f	00
92	Total (add lines 84, 87, 88, 89, and 91a through 91f) .....	•	92	
93	Balance due (If line 85 is less than line 92, subtract line 85 from line 92 and enter here. This is the amount due; enter the payment amount on line A on page 1) .....	•	93	
94	Overpayment (If line 85 is more than line 92, subtract line 92 from line 85. This is your overpayment; enter here and see instructions) .....	•	94	
95	Amount of overpayment to be credited to next period (see instructions) .....	•	95	
96	Balance of overpayment (subtract line 95 from line 94; see instructions) .....	•	96	
97	Amount of overpayment to be credited to Form CT-3M/4M (see instructions) .....	•	97	
98	Refund of overpayment (subtract line 97 from line 96; see instructions) .....	•	98	
99a	Refund of unused tax credits (see instructions and attach appropriate forms) .....	•	99a	
99b	Tax credits to be credited as an overpayment to next year's return (see instructions and attach appropriate forms) .....	•	99b	

(continued)



**Summary of credits claimed on line 79 against current year's franchise tax** (see instructions for lines 79, 99a, 99b, 100a, and 100b)

Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1, mark an **X** in one box)..... Yes •  No •

Form CT-38, line 28.....	<input type="checkbox"/>	Form CT-259.....	<input type="checkbox"/>	Form CT-633.....	<input type="checkbox"/>
Form CT-40.....	<input type="checkbox"/>	Form CT-261.....	<input type="checkbox"/>	Form CT-634.....	<input type="checkbox"/>
Form CT-41.....	<input type="checkbox"/>	Form CT-501.....	<input type="checkbox"/>	Form CT-635.....	<input type="checkbox"/>
Form CT-43.....	<input type="checkbox"/>	Form CT-502.....	<input type="checkbox"/>	Form CT-636.....	<input type="checkbox"/>
Form CT-44.....	<input type="checkbox"/>	Form CT-601.....	<input type="checkbox"/>	Form CT-637.....	<input type="checkbox"/>
Form CT-46.....	<input type="checkbox"/>	Form CT-601.1.....	<input type="checkbox"/>	Form CT-638.....	<input type="checkbox"/>
Form CT-47.....	<input type="checkbox"/>	Form CT-602.....	<input type="checkbox"/>	Form CT-639.....	<input type="checkbox"/>
Form CT-236.....	<input type="checkbox"/>	Form CT-603.....	<input type="checkbox"/>	Form CT-640.....	<input type="checkbox"/>
Form CT-238.....	<input type="checkbox"/>	Form CT-604.....	<input type="checkbox"/>	Form CT-641.....	<input type="checkbox"/>
Form CT-239.....	<input type="checkbox"/>	Form CT-605.....	<input type="checkbox"/>	Form CT-641..... Servicing mortgages credit .....	<input type="checkbox"/>
Form CT-241.....	<input type="checkbox"/>	Form CT-606.....	<input type="checkbox"/>	Form DTF-621 .....	<input type="checkbox"/>
Form CT-242.....	<input type="checkbox"/>	Form CT-607.....	<input type="checkbox"/>	Form DTF-622 .....	<input type="checkbox"/>
Form CT-243.....	<input type="checkbox"/>	Form CT-611.....	<input type="checkbox"/>	Form DTF-624 .....	<input type="checkbox"/>
Form CT-246.....	<input type="checkbox"/>	Form CT-611.1.....	<input type="checkbox"/>	Form DTF-630 .....	<input type="checkbox"/>
Form CT-248.....	<input type="checkbox"/>	Form CT-612.....	<input type="checkbox"/>	Other credits.....	<input type="checkbox"/>
Form CT-249.....	<input type="checkbox"/>	Form CT-613.....	<input type="checkbox"/>		
Form CT-250.....	<input type="checkbox"/>	Form CT-631.....	<input type="checkbox"/>		

If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, mark an **X** in the box .....

If you claimed the tax-free NY area tax elimination credit and you had a 100% area allocation factor, mark an **X** in the box .....

If you claimed the tax-free NY area excise tax on telecommunications credit and you had a 100% area allocation factor, mark an **X** in the box .....

**100a** Total tax credits claimed above (enter here and on line 79; attach form or statement for each tax credit claimed) .... **100a**

**100b** Total tax credits above that are refund eligible (see instructions) ..... **100b**

**Composition of prepayments on line 85** (see instructions)

	Date paid	Amount
<b>101</b> Mandatory first installment.....	<b>101</b>	
<b>102a</b> Second installment from Form CT-400.....	<b>102a</b>	
<b>102b</b> Third installment from Form CT-400.....	<b>102b</b>	
<b>102c</b> Fourth installment from Form CT-400.....	<b>102c</b>	
<b>103</b> Payment with extension request from Form CT-5, line 5 .....	<b>103</b>	
<b>104</b> Overpayment credited from prior years (see instr.) <input type="text"/> Period <input type="text"/>	<b>104</b>	
<b>105</b> Overpayment credited from Form CT-3M/4M..... <input type="text"/> Period <input type="text"/>	<b>105</b>	
<b>106</b> Total prepayments (add lines 101 through 105; enter here and on line 85) .....	<b>106</b>	

**107** If you are a member of an affiliated federal group, enter primary corporation name and EIN:

•  Name  EIN

If you are more than 50% owned by another corporation, enter parent corporation name and EIN:

•  Name  EIN

419005140094



**Interest paid to shareholders** (see instructions)

<b>108</b> Did this corporation make any payments treated as interest in the computation of ENI to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? (mark an <b>X</b> in the appropriate box) If Yes, complete the following and line 109 (attach additional sheets if necessary)				<b>108</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shareholder's name	SSN or EIN				
Interest paid to shareholder	Total indebtedness to shareholder described above	Total interest paid			
<b>109</b> Is there written evidence of the indebtedness? (mark an <b>X</b> in the appropriate box)				<b>109</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>110</b> Interest deducted in computing FTI on line 1 of this form				<b>110</b>	
<b>111</b> If the Internal Revenue Service (IRS) has completed an audit of any of your returns within the last five years, list years				<b>111</b>	

**Schedule A, Part 1 – Computation of business allocation percentage for aviation corporations** (see instructions)

		A New York State	B Everywhere	
<b>112a</b> Revenue aircraft arrivals and departures (see instr.)	<b>112a</b>			
<b>112b</b> Adjustment per Tax Law, Article 9-A, section 210.3(a)(7)(A)	<b>112b</b>	.60		
<b>112c</b> Adjusted NYS revenue aircraft arrivals and departures (multiply line 112a, column A, by line 112b)	<b>112c</b>			
<b>113</b> New York State percentage (divide line 112c by line 112a, column B)	<b>113</b>			%
<b>114a</b> Revenue tons handled (see instructions)	<b>114a</b>			
<b>114b</b> Adjustment per Tax Law section 210.3(a)(7)(A)...	<b>114b</b>	.60		
<b>114c</b> Adjusted NYS revenue tons handled (multiply line 114a, column A, by line 114b)	<b>114c</b>			
<b>115</b> New York State percentage (divide line 114c by line 114a, column B)	<b>115</b>			%
<b>116a</b> Originating revenue (see instructions)	<b>116a</b>			
<b>116b</b> Adjustment per Tax Law section 210.3(a)(7)(A)...	<b>116b</b>	.60		
<b>116c</b> Adjusted NYS originating revenue (multiply line 116a, column A, by line 116b)	<b>116c</b>			
<b>117</b> New York State percentage (divide line 116c by line 116a, column B)	<b>117</b>			%
<b>118</b> Total (add lines 113, 115, and 117)	<b>118</b>			%
<b>119</b> New York business allocation percentage (divide line 118 by three; use to compute lines 21, 38, and 66, and Form CT-38, line 6)	<b>119</b>			%

**Schedule A, Part 2 – Computation of business allocation percentage for trucking and railroad corporations** (see instr.)

		A New York State	B Everywhere	
<b>120</b> Revenue miles	<b>120</b>			
<b>121</b> New York State business allocation percentage (divide line 120, column A, by line 120, column B; use to compute lines 21, 38, and 66, and Form CT-38, line 6)	<b>121</b>			%



**Schedule A, Part 3 – Computation of business allocation percentage** (see instructions)

Number of New York State employees ..... •

Wages paid to New York State employees (see line 138 instructions) ..... •

Are you principally engaged in the activity of an air freight forwarder acting as principal or like indirect air carrier, or are you a qualified foreign air carrier? (mark an X in the appropriate box) ..... Yes •  No •

If No, complete **only** lines 129 through 136 and enter on line 141 the receipts factor computed on line 136. The receipts factor is the business allocation percentage.

		A New York State	B Everywhere		
<b>Average value of property</b> (see instructions)					
<b>122</b>	Real estate owned .....	• <b>122</b>			
<b>123</b>	Real estate rented .....	• <b>123</b>			
<b>124</b>	Inventories owned .....	• <b>124</b>			
<b>125</b>	Tangible personal property owned .....	• <b>125</b>			
<b>126</b>	Tangible personal property rented .....	• <b>126</b>			
<b>127</b>	Total (add lines 122 through 126) .....	• <b>127</b>			
<b>128</b>	New York State property factor (divide line 127, column A, by line 127, column B) .....	• <b>128</b>			%

**Receipts in the regular course of business from:**

<b>129</b>	Sales of tangible personal property allocated to New York State (see instructions) .....	• <b>129</b>			
<b>130</b>	All sales of tangible personal property (see instr.) .....	• <b>130</b>			
<b>131</b>	Services performed (see instructions) .....	• <b>131</b>			
<b>132</b>	Rentals of property (see instructions) .....	• <b>132</b>			
<b>133</b>	Royalties (see instructions) .....	• <b>133</b>			
<b>134</b>	Other business receipts (see instructions) .....	• <b>134</b>			
<b>135</b>	Total (add lines 129 through 134) .....	• <b>135</b>			
<b>136</b>	New York State receipts factor (divide line 135, column A, by line 135, column B; see instructions) .....	• <b>136</b>			%
<b>137</b>	New York State additional receipts factor (see instructions) .....	• <b>137</b>			%

**Payroll**

<b>138</b>	Wages and other compensation of employees, except general executive officers (see instr.) .....	• <b>138</b>			
<b>139</b>	New York State payroll factor (divide line 138, column A, by line 138, column B) .....	• <b>139</b>			%
<b>140</b>	Total New York State factors (add lines 128, 136, 137, and 139) .....	• <b>140</b>			%
<b>141</b>	New York State business allocation percentage (see instructions) .....	• <b>141</b>			%

**Schedule A, Part 4 – Computation of alternative business allocation percentage for MTI base** (see instructions)

If you are **not** an air freight forwarder acting as principal or like indirect air carrier, or a qualified foreign air carrier, complete **only** lines 149 through 156 and enter on line 161 the receipts factor computed on line 156. The receipts factor is the alternative business allocation percentage.

		A – New York State	B – Everywhere		
<b>Average value of property</b> (see instructions)					
<b>142</b>	Real estate owned .....	• <b>142</b>			
<b>143</b>	Real estate rented .....	• <b>143</b>			
<b>144</b>	Inventories owned .....	• <b>144</b>			
<b>145</b>	Tangible personal property owned .....	• <b>145</b>			
<b>146</b>	Tangible personal property rented .....	• <b>146</b>			
<b>147</b>	Total (add lines 142 through 146) .....	• <b>147</b>			
<b>148</b>	New York State property factor (divide line 147, column A, by line 147, column B) .....	• <b>148</b>			%





**Receipts in the regular course of business from:**

<b>149</b> Sales of tangible personal property allocated to New York State (see instructions)	<b>149</b>			
<b>150</b> All sales of tangible personal property .....	<b>150</b>			
<b>151</b> Services performed (see instructions) .....	<b>151</b>			
<b>152</b> Rentals of property .....	<b>152</b>			
<b>153</b> Royalties .....	<b>153</b>			
<b>154</b> Other business receipts .....	<b>154</b>			
<b>155</b> Total (add lines 149 through 154) .....	<b>155</b>			
<b>156</b> New York State receipts factor (divide line 155, column A, by line 155, column B; see instructions) .....	<b>156</b>			%
<b>157</b> New York State additional receipts factor (see instructions) .....	<b>157</b>			%

**Payroll**

<b>158</b> Wages and other compensation of employees, except general executive officers .....	<b>158</b>			
<b>159</b> New York State payroll factor (divide line 158, column A, by line 158, column B) .....	<b>159</b>			%
<b>160</b> Total New York State factors (add lines 148, 156, 157, and 159) .....	<b>160</b>			%
<b>161</b> Alternative business allocation percentage (see instructions) .....	<b>161</b>			%

<b>162</b> Are you claiming small business taxpayer status for lower ENI tax rates? (see Small business taxpayer definition in the line 25 instructions of Form CT-3/4-I; mark an <b>X</b> in the appropriate box) .....	<b>162</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>163</b> If you marked Yes on line 162, enter total capital contributions (see worksheet in instructions) .....	<b>163</b>		
<b>164</b> Are you claiming qualified New York manufacturer status, which includes eligible qualified New York manufacturers and qualified emerging technology companies (QETCs), for a lower capital base tax rate and limitation? (see instructions; mark an <b>X</b> in the appropriate box) .....	<b>164</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>165</b> Are you claiming qualified New York manufacturer or eligible qualified New York manufacturer status for a lower ENI tax rate? (see instructions; mark an <b>X</b> in the appropriate box) .....	<b>165</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>166</b> Are you claiming eligible qualified New York manufacturer status for a lower MTI rate or fixed dollar minimum? (see instructions; mark an <b>X</b> in the appropriate box) .....	<b>166</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>167</b> Are you a qualified entity of a New York State innovation hot spot that operates solely within such New York State innovation hot spot and have elected to be subject only to the fixed dollar minimum tax base? (mark an <b>X</b> in the appropriate box) .....	<b>167</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>168</b> Are you claiming QETC status for a lower ENI rate? (see instructions; mark an <b>X</b> in the appropriate box) .....	<b>168</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>169</b> Are you claiming qualified New York manufacturer or QETC status for a lower MTI rate or fixed dollar minimum? (see instructions; mark an <b>X</b> in the appropriate box) .....	<b>169</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>170</b> Are you a residual interest holder in a real estate mortgage investment conduit (REMIC)? (mark an <b>X</b> in the appropriate box) .....	<b>170</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Amended return information** — If filing an amended return, mark an **X** in the box for any items that apply and attach documentation.

Final federal determination .....	<input type="checkbox"/>	If marked, enter date of determination: ● _____
Net operating loss (NOL) carryback ..	<input type="checkbox"/>	Capital loss carryback .....
Federal return filed .....	<input type="checkbox"/>	Form 1120X .....

**Net operating loss (NOL) information**

New York State NOL carryover total available for use this tax year from all prior tax years .....	●	
Federal NOL carryover total available for use this tax year from all prior tax years.....	●	
New York State NOL carryforward total for future tax years.....	●	
Federal NOL carryforward total for future tax years.....	●	

**Corporations organized outside New York State:** Complete the following for capital stock issued and outstanding.

Number of par shares	Value	Number of no-par shares	Value
\$		\$	



<b>Third – party designee</b> <i>(see instructions)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name <i>(print)</i>	Designee's phone number ( )
	Designee's e-mail address		PIN

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

<b>Authorized person</b>	Printed name of authorized person	Signature of authorized person	Official title	
	E-mail address of authorized person		Telephone number ( )	Date
<b>Paid preparer use only</b> <i>(see instr.)</i>	Firm's name <i>(or yours if self-employed)</i>		Firm's EIN	Preparer's PTIN or SSN
	Signature of individual preparing this return	Address	City	State ZIP code
	E-mail address of individual preparing this return		Preparer's NYTPRIN	Date

See instructions for where to file.

419009140094

