

New York S Corporation Franchise Tax Return CT-3-S Tax Law – Articles 9-A and 22

٠.	017 😕			All filers must enter tax period:				
F	Final return (see instructions)	ded return		beginning		ending		
	Employer identification number (EIN)	File number	Business telephone number	er		an overpaymen the box	ent,	
Ī	Legal name of corporation	-		Trade name/DI	BA			
Ī	Mailing name (if different from legal name above)			State or country	of incorporation	Date received (for	r Tax Department use only,	
- 1-	C/O Number and street or PO box			Date of incorpo	pration			
	City	State	ZIP code	Foreign corporat business in NYS	ions: date began			
	abo mar	ddress/phone ve is new, k an X in the box	If you need to update your address or phone information	New York S ele	ection effective date	Audit (for Tax Dep	partment use only)	
	NYS principal business activity		for corporation tax, or so online. See <i>Busine</i>	ss information	in Form CT-1.			
	Has the corporation revoked its election to be true Yes ● No ● If Yes, ente	r effective date:	S corporation?	Number of sha	arenolders			
Ā	Pay amount shown on Part 2, line 46. Attach your payment here. Detach all of	Make payable to:	New York State C	orporation	I	A Pay	yment enclosed	
B C D	If you filed a return(s) other than federal Enter your business apportionment factorized bid the S corporation make an IRC se	ctor (from Part 3, lin	e 55)					
Ε	Did this entity have an interest in real p	property located in	n New York State du	uring the las	t three years	s?\	∕es • No •	
F	Has there been a transfer or acquisition	n of a controlling i	interest in this entity	y during the	last three ye	ears? \	∕es • No •	
G	If the IRS has completed an audit of any	y of your returns w	ithin the last five yea	ars, list year	S			
Н	If this return is for a New York S terminused for the New York S short year	,	rporation termination y		ctions)		accounting was	
	Mark an X in the box if you are filing Form	CT-3-S as a result	of the mandatory Nev	w York S elec	tion of Tax La	aw, Article 22,	section 660(i) ●	
J	If you are one of the following, mark ar	n X in one box:	QETC •		Qualifie	ed New York I	manufacturer •	
K	If you filed as a New York C corporation	n in previous year	rs, enter the last yea	ar filed as su	uch		•	
L	Are you a residual interest holder in a	real estate mortga	age investment con	duit (REMIC	;)?	\	∕es • No • □	
M	Enter the amount, if any, of tax paid from	om federal Form 1	120S, line 22c			•		
N	If you include the activities of a qualifier company (SMLLC), or DISC in this r	-		-	-		-	

0	Were you required to report, under P.L. 110-343, Div. C, §801(d)(2), any nonqualified deferred on your 2017 federal return? (see instructions)			
Р	If you are a foreign corporation computing your tax taking into account only your distributive partnerships, mark an X in the box			
Part	t 1 – Federal Form 1120S information			
	vide the information for lines 1 through 10 from the corresponding lines on your federa ount column. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)	I Form	1120S,	Schedule K, total
1	Ordinary business income or loss		1	
2	Net rental real estate income or loss		2	
3	Other net rental income or loss		3	
4	Interest income		4	
5	Ordinary dividends		5	
6	Royalties		6	
7	Net short-term capital gain or loss			
8	Net long-term capital gain or loss			
9	Net section 1231 gain or loss	•	9	
_	Other income or loss		10	
11	Loans to shareholders (from federal Form 1120S, Schedule L, line 7, columns b and d)			
	Beginning of tax year ● End of tax year ●			
12	Total assets (from federal Form 1120S, Schedule L, line 15, columns b and d)			
	Beginning of tax year ● End of tax year ●			
13	Loans from shareholders (from federal Form 1120S, Schedule L, line 19, columns b and d)			
	Beginning of tax year ● End of tax year ●			
	vide the information for lines 14 through 21 from the corresponding lines on your feder w any negative amounts with a minus (-) sign; do not use parentheses or brackets.)	al Fori	n 1120S	, Schedule M-2.
	A B Accumulated adjustments account Other adjustments account	nents		careholders' undistributed cable income previously taxed
14	Balance at beginning of tax year		•	
15	Ordinary income from federal Form 1120S,			
	page 1, line 21			
	Other additions			
17	′ Loss from federal Form 1120S, page 1,			
	line 21			
	Other reductions			
19	Combine lines 14 through 18			
	Distributions other than dividend distributions .		•	
21	Balance at end of tax year. Subtract line 20			



Part	2 - Computation of tax (see instructions)						
Have	you been convicted of an offense, or are you an ov	wner of an	entity convict	ed of an offense, de	fined in		\square
	w York State Penal Law Article 200 or 496, or section		? (see Form CT	-1, mark an X in one b	oox)	. Yes L	No 📖
	nust enter an amount on line 22; if none, enter						
	New York receipts (from Part 3, line 54, column A (New York receipts)		* *				
	Fixed dollar minimum tax (see instructions)						
	Recapture of tax credits (see instructions)						
	Total tax after recapture of tax credits (add lines 23						
	Special additional mortgage recording tax credit (c	-					
	Tax due after tax credits (subtract line 26 from line 25				27		
First	installment of estimated tax for the next tax	period:					
28	Enter amount from line 27				28		
29	If you filed a request for extension, enter amount f	rom Form	CT-5.4, line 2		• 29		
30	If you did not file Form CT-5.4 and line 28 is over \$	\$1,000, en	iter 25% (.25)	of line 28.			
	Otherwise enter 0				30		
31	Add line 28 and line 29 or 30				31		
Com	position of prepayments (see instructions):	Date	paid	Amount			
32	Mandatory first installment	32					
	-	33					
34	Third installment from Form CT-400	34					
		35					
36	Payment with extension request from						
	Form CT-5.4	36					
37	Overpayment credited from prior years (see instruc		37				
	Total prepayments (add lines 32 through 37)				• 38		
	Balance (subtract line 38 from line 31; if line 38 is large						$\overline{}$
	Estimated tax penalty (see instructions; mark an X in						
41	Interest on late payment (see instructions)						-
	Late filing and late payment penalties (see instruction						-
	Balance (add lines 39 through 42)						
	ntary gifts/contributions (see instructions):						
	Return a Gift to Wildlife		■ 44a				
	Breast Cancer Research & Education Fund						
	Prostate and Testicular Cancer Research and Edu						
	9/11 Memorial		7 -				
	Volunteer Firefighting & EMS Recruitment Fund		_				
	Veterans Remembrance						
			_				
	Women's Cancers Education and Prevention Fund						
	New York State Veterans' HomesAdd lines 31, 40, 41, 42, and 44a through 44h				45		
	· · · · · · · · · · · · · · · · · · ·						
40	Balance due (If line 38 is less than line 45, subtract line						
47	due; enter your payment amount on line A on page				46		-+
4/	Overpayment (If line 38 is more than line 45, subtract I				47		
40	amount of your overpayment; see instructions.)						
	Amount of overpayment to be credited to next period (see instructions)						
49	, , , , , , , , , , , , , , , , , , , ,						
	 Refund of unused special additional mortgage recording tax credit (see instructions) Amount of special additional mortgage recording tax credit to be applied as an overpayment to 						
51							
	next period				🛮 51		



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Part	3 - Computation of business apportionment factor (see	instrud	ctions)			
Mark	an ${\it X}$ in this box only if you have no receipts required to be included in t	the de	nominator of the apportion	men'	t factor (see instr.)	
			A – New York State		B – Everywhere	
Sect	tion 210-A.2					_
	Sales of tangible personal property	• 1				
	Sales of electricity			•		-
	Net gains from sales of real property			•		_
	tion 210-A.3			•		_
	Rentals of real and tangible personal property	• 4				
	Royalties from patents, copyrights, trademarks, and similar intangible			•		_
	personal property	• 5				
6	Sales of rights for certain closed-circuit and cable TV transmissions			•		_
	of an event	• 6				
Sect	tion 210-A.4			•		
7	Sale, licensing, or granting access to digital products	• 7				
Sect	tion 210-A.5(a)(1) - Fixed percentage method for qualified finan	icial ir	nstruments (QFIs)			
8	To make this irrevocable election, mark an X in the box (see instructions	s)			8	
Sect	tion 210-A.5(a)(2) – Mark an X in each box that is applicable (se	e line	8 instructions)			
Sec	etion 210-A.5(a)(2)(A)			•		-
	Interest from loans secured by real property	9				
	Net gains from sales of loans secured by real property			•		_
	Interest from loans not secured by real property (QFI •)			•		_
	Net gains from sales of loans not secured by real property (QFI ● □) of			•		
	ction 210-A.5(a)(2)(B) (QFI ● □)			•		
	Interest from federal debt	13				
14						
15	Interest from NYS and its political subdivisions debt	15		•		
16	Net gains from federal, NYS, and NYS political subdivisions debt	1 6		•		
17	Interest from other states and their political subdivisions debt	• 17		•		
18	Net gains from other states and their political subdivisions debt	18		•		
Sec	ction 210-A.5(a)(2)(C) (QFI ●)					
19	Interest from asset-backed securities and other government agency debt	• 19		Ш		
20	Net gains from government agency debt or asset-backed securities					
	sold through an exchange			4		
	Net gains from all other asset-backed securities	• 21				_
	ction 210-A.5(a)(2)(D) (QFI • □)					
	Interest from corporate bonds	22				_
23	Net gains from corporate bonds sold through broker/dealer or					
	licensed exchange			\bot		_
	Net gains from other corporate bonds	• 24				_
	ction 210-A.5(a)(2)(E)	_				
	Net interest from reverse repurchase and securities borrowing agreements	25				_
	ction 210-A.5(a)(2)(F)					
	Net interest from federal funds	• 26				_
	ction 210-A.5(a)(2)(I) (QFI ● □)	0.7				
	Net income from sales of physical commodities	• 27				_
	ction 210-A.5(a)(2)(J) (QFI •)					
	Marked to market net gains	28				_
5 e0	ction 210-A.5(a)(2)(H) (QFI •)					
20	210-A.5(a)(2)(G) (QFI •) Interest from other financial instruments	20				
	Net gains and other income from other financial instruments	29				-



Part 3 – Computation of business apportionment factor (continued)

		A – New York State	B – Everywhere
Section 210-A.5(b)		•	
31 Brokerage commissions	31		
32 Margin interest earned on behalf of brokerage accounts	32		
33 Fees for advisory services for underwriting or management of underwriting •	33		
34 Receipts from primary spread of selling concessions	34		
35 Receipts from account maintenance fees	35		
36 Fees for management or advisory services	36		
37 Interest from an affiliated corporation	37	•	
Section 210-A.5(c)		•	
38 Interest, fees, and penalties from credit cards	38		
39 Service charges and fees from credit cards	39		
40 Receipts from merchant discounts	40		
41 Receipts from credit card authorizations and settlement processing •	41		
42 Other credit card processing receipts	42	•	
Section 210-A.5(d)			
43 Receipts from certain services to investment companies	43		
Section 210-A.6		•	
44 Receipts from railroad and trucking business	44		
Section 210-A.6-a		•	
45 Receipts from the operation of vessels	45		
Section 210-A.7		•	
46 Receipts from air freight forwarding	46		
47 Receipts from other aviation services	47	•	
Section 210-A.8		•	
48 Advertising in newspapers or periodicals	48		
49 Advertising on television or radio	49	•	
	50	•	
Section 210-A.9		•	
51 Transportation or transmission of gas through pipes	51		
Section 210-A.10		•	
52 Receipts from other services/activities not specified	52		
Section 210-A.11		•	
53 Discretionary adjustments	53		
Total receipts		•	
•	54		
Calculation of business apportionment factor			

Calculation of business apportionment factor

55	New York State business apportionment factor (divide line 54, column A by line 54, column B and enter the result		
	here; round to the fourth decimal place; if 100% in New York State, enter as 1.0000)	55	



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Amended	return information					
If filing an a	mended return, mark an X in the box for any	y items that apply and att	ach documentat	ion.		
Final federal	determination • If marked, enter date of	determination: •				
Third – pa					Designe (e's phone number)
designed (see instructio	I Designee s e-mail aggress			·		PIN
Certificatio	n: I certify that this return and any attachme	ents are to the best of my	knowledge and	belief true,	correct	, and complete.
Authorized	Printed name of authorized person	Signature of authorized person	1	Official title		
person	E-mail address of authorized person		Telephone ()	number		Date
Paid	Firm's name (or yours if self-employed)		Firm's EIN		Prepar	rer's PTIN or SSN
preparer use	Signature of individual preparing this return	Address		City	Sta	ate ZIP code
only (see instr.)	E-mail address of individual preparing this return		Preparer's NYTPR	N or Ex	cl. code	Date

See instructions for where to file.

