



CT-3

New York State Department of Taxation and Finance
General Business Corporation
Franchise Tax Return

 Final
 Form 1091998893787

 Amended
 Form 109199889428
Law — Article 9-A2003 calendar-year filers check box: FIELD_109199889416

Other filers enter tax period:

beginning FIELD_1091998893801 ending FIELD_1091998894816

Employer identification number FIELD_1091998894700	File number FIELD_109199889485	Business telephone number 091998894700998894140	If you have any subsidiaries incorporated outside NYS, check box • <input type="checkbox"/> FIELD_1091998894719	If you claim an overpayment, check box • <input type="checkbox"/> FIELD_1091998894719
Legal name of corporation FIELD_1091998894463		Trade name/DBA FIELD_1091998893893		
Mailing name (if different from legal name above) c/o FIELD_1091998894117		State or country of incorporation FIELD_1091998894440		
Number and street or PO box FIELD_1091998894313		Date of incorporation FIELD_1091998894767		
City FIELD_1091998893796	State FIELD_1091998894409	ZIP code 199889423	Foreign corporations: date began business in NYS FIELD_1091998894243	
NAICS business code number (see instructions) FIELD_1091998894836	If address above is new, check box <input type="checkbox"/> FIELD_1091998894646	If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-96. You can get these forms by fax, phone, or from our Web site. See the <i>Need help?</i> section of the instructions.		
Principal business activity FIELD_1091998894320		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? If Yes, you must file Form CT-3M/4M (see instructions) FIELD_109199889458091998

A. Payment — pay amount shown on line 93. Make check payable to: New York State Corporation Tax	Payment enclosed <input type="checkbox"/> FIELD_1091998893881	FIELD_1091998893881
◀ Attach your payment here.		
Computation of entire net income base (see Form CT-3/4-I, Instructions for Forms CT-4, CT-3, and CT-3-ATT)		
1 Federal taxable income before net operating loss and special deductions	• 1. <input type="checkbox"/> FIELD_1091998893929	FIELD_1091998893929
2 Interest on federal, state, municipal, and other obligations not included on line 1	• 2. <input type="checkbox"/> FIELD_1091998894303	FIELD_1091998894303
3 Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock	• 3. <input type="checkbox"/> FIELD_1091998894452	FIELD_1091998894452
4a Interest deductions directly attributable to subsidiary capital	• 4a. <input type="checkbox"/> FIELD_1091998894529	FIELD_1091998894529
4b Noninterest deductions directly attributable to subsidiary capital	• 4b. <input type="checkbox"/> FIELD_1091998894084	FIELD_1091998894084
5a Interest deductions indirectly attributable to subsidiary capital	• 5a. <input type="checkbox"/> FIELD_1091998894493	FIELD_1091998894493
5b Noninterest deductions indirectly attributable to subsidiary capital	• 5b. <input type="checkbox"/> FIELD_1091998894185	FIELD_1091998894185
6 New York State and other state and local taxes deducted on your federal return (see instructions)	• 6. <input type="checkbox"/> FIELD_1091998894710	FIELD_1091998894710
7 ACRS/MACRS deduction and the 30%/50% federal special depreciation deduction (see instructions) ...	• 7. <input type="checkbox"/> FIELD_1091998893779	FIELD_1091998893779
8 Other additions (attach list; see instructions)	• 8. <input type="checkbox"/> FIELD_1091998894238	FIELD_1091998894238
9 Add lines 1 through 8	• 9. <input type="checkbox"/> FIELD_1091998894471	FIELD_1091998894471
10 Income from subsidiary capital (from Form CT-3-ATT, line 52)	• 10. <input type="checkbox"/> FIELD_1091998894484	FIELD_1091998893903
11 50% of dividends from nonsubsidiary corporations (see instructions) ...	• 11. <input type="checkbox"/> FIELD_1091998894724	FIELD_1091998893820
12 Foreign dividends gross-up not included on lines 10 and 11	• 12. <input type="checkbox"/> FIELD_1091998894571	FIELD_1091998893885
13 New York net operating loss deduction (attach federal and New York State computations)	• 13. <input type="checkbox"/> FIELD_1091998894779	FIELD_1091998894279
14 Allowable New York depreciation (see instructions)	• 14. <input type="checkbox"/> FIELD_1091998893905	FIELD_1091998893834
15 Other subtractions (attach list; see instructions)	• 15. <input type="checkbox"/> FIELD_1091998894730	FIELD_1091998893993
16 Total subtractions (add lines 10 through 15)	• 16. <input type="checkbox"/> FIELD_1091998893690	FIELD_1091998893690
17 Entire net income (subtract line 16 from line 9; show loss in parentheses; enter here and on line 42)	• 17. <input type="checkbox"/> FIELD_1091998894532	FIELD_1091998894532
18 Investment income before allocation (from Form CT-3-ATT, line 48, but not more than line 17 above)	• 18. <input type="checkbox"/> FIELD_1091998894297	FIELD_1091998894297
19 Business income before allocation (subtract line 18 from line 17)	• 19. <input type="checkbox"/> FIELD_1091998893917	FIELD_1091998893917
20 Allocated investment income (multiply line 18 by FIELD_1091998894144 from Form CT-3-ATT, line 31)	• 20. <input type="checkbox"/> FIELD_1091998894200	FIELD_1091998894200
21 Allocated business income (multiply line 19 by FIELD_1091998894250 from line 119, 121, or 141)	• 21. <input type="checkbox"/> FIELD_1091998894491	FIELD_1091998894491
22 Total allocated income (add lines 20 and 21)	• 22. <input type="checkbox"/> FIELD_1091998894656	FIELD_1091998894656
23 Optional depreciation adjustments (attach Form CT-324; enter here and on line 69)	• 23. <input type="checkbox"/> FIELD_1091998893703	FIELD_1091998893703
24 Entire net income base (line 22 plus or minus line 23)	• 24. <input type="checkbox"/> FIELD_1091998894266	FIELD_1091998894266
25 Entire net income base tax (multiply line 24 by the appropriate rate from the Tax rates schedule on page 5 of Form CT-3/4-I; enter here and on line 72)	• 25. <input type="checkbox"/> FIELD_1091998894155	FIELD_1091998894155

Mail your return with **payment** to:

NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 1909,
 ALBANY NY 12201-1909

Mail your return **without** payment to:

NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22095,
 ALBANY NY 12201-2095

Computation of capital base (enter whole dollars for lines 26 through 31; see instructions)		A Beginning of year	B End of year	C Average value
26	Total assets from federal return	• 26. FIELD_109199889456	FIELD_109199889477	FIELD_1091998894466
27	Real property and marketable securities included on line 26	27. FIELD_109199889457	FIELD_109199889458	FIELD_1091998894126
28	Subtract line 27 from line 26	28. FIELD_109199889458	FIELD_109199889459	FIELD_1091998894192
29	Real property and marketable securities at fair market value	29. FIELD_109199889457	FIELD_109199889458	FIELD_1091998894721
30	Adjusted total assets (add lines 28 and 29)	30. FIELD_109199889456	FIELD_109199889457	FIELD_1091998893951
31	Total liabilities	31. FIELD_109199889456	FIELD_109199889478	FIELD_1091998894295
32	Total capital (subtract line 31, column C, from line 30, column C)			32. FIELD_1091998893792
33	Subsidiary capital (from Form CT-3-ATT, Schedule D, Part II, line 54; if none, enter "0")			33. FIELD_1091998894076
34	Business and investment capital (subtract line 33 from line 32)			34. FIELD_1091998894804
35	Investment capital (from Form CT-3-ATT, Schedule C, Part I, line 33, column E; if none, enter "0")			35. FIELD_1091998894675
36	Business capital (subtract line 35 from line 34)			36. FIELD_1091998894281
37	Allocated investment capital (multiply line 35 by .394519 from Form CT-3-ATT, line 31)	• FIELD_1091998894519		37. FIELD_1091998894502
38	Allocated business capital (multiply line 36 by .894060 from line 119, 121, or 141)	• FIELD_1091998894060		38. FIELD_1091998894853
39	Capital base (add lines 37 and 38)			39. FIELD_1091998894527
40	Capital base tax (multiply line 39 by .00178; enter here and on line 73)			40. FIELD_1091998894182
41	Issuer's allocation percentage (see instructions)		41. FIELD_1091998894095	
Computation of minimum taxable income base				
Adjustments <i>(see instructions)</i>	42	Entire net income from line 17		42. FIELD_1091998893760
	43	Depreciation of tangible property placed in service after 1986 (see instructions)		43. FIELD_1091998894184
	44	Amortization of mining exploration and development costs paid or incurred after 1986		44. FIELD_1091998894542
	45	Amortization of circulation expenditures paid or incurred after 1986 (personal holding companies only)		45. FIELD_1091998894854
	46	Basis adjustments in determining gain or loss from sale or exchange of property		46. FIELD_1091998894312
	47	Long term contracts entered into after February 28, 1986		47. FIELD_1091998893957
	48	Installment sales of certain property		48. FIELD_1091998894604
	49	Merchant marine capital construction funds		49. FIELD_1091998894901
	50	Passive activity loss (closely held and personal service corporations only)		50. FIELD_1091998894157
	51	Add lines 42 through 50		51. FIELD_1091998894272
Tax preference items <i>(see instructions)</i>	52	Depletion		52. FIELD_1091998893810
	53	Appreciated property charitable deduction		53. FIELD_1091998894458
	54	Intangible drilling costs		54. FIELD_1091998894573
	55	Add lines 51 through 54		55. FIELD_1091998894898
	56	Net operating loss deduction from line 13		56. FIELD_1091998893860
	57	Add lines 55 and 56		57. FIELD_1091998894137
	58	Alternative net operating loss deduction (see instructions)		58. FIELD_1091998894793
	59	Minimum taxable income (subtract line 58 from line 57)		59. FIELD_1091998893679
	60	Investment income before apportioned net operating loss deduction (add line 18 and Form CT-3-ATT, line 47)		60. FIELD_1091998893889
	61	Investment income not included in entire net income but included in minimum taxable income		61. FIELD_1091998894350
	62	Investment income before apportioned alternative net operating loss deduction (add line 60 and line 61)		62. FIELD_1091998893949
	63	Apportioned New York alternative net operating loss deduction (see instructions)		63. FIELD_1091998894765
	64	Alternative investment income before allocation (subtract line 63 from line 62)		64. FIELD_1091998894208
	65	Alternative business income before allocation (subtract line 64 from line 59)		65. FIELD_1091998894160
	66	Allocated alternative business income (multiply line 65 by .393820 from line 119, 121, or 161)		66. FIELD_1091998893844
	67	Allocated alternative investment income (multiply line 64 by .394519 from Form CT-3-ATT, line 31)		67. FIELD_1091998894805
	68	Allocated minimum taxable income (add lines 66 and 67)		68. FIELD_1091998894236
	69	Optional depreciation adjustments from line 23		69. FIELD_1091998894691
	70	Minimum taxable income base (line 68 plus or minus line 69)		70. FIELD_1091998894839
	71	Tax on minimum taxable income base (multiply line 70 by 2.5%)		71. FIELD_1091998894124

Computation of tax

72 Tax on entire net income base from line 25	72. FIELD_1091998893708 FIELD_1091998893708	
73 Tax on capital base from line 40 (New small business: <input checked="" type="checkbox"/> FIELD_1091998893881 FIELD_1091998893881)	73. FIELD_1091998894797 FIELD_1091998894797	
74 Fixed dollar minimum tax (see Table VI in the Tax rates schedule on page 5 of Form CT-3/4-I)	74. FIELD_1091998894530 FIELD_1091998894530	
You must enter an amount in each of the boxes below; if none, enter "0."		
Gross payroll	Total receipts	Average value of gross assets
<input type="text"/> FIELD_1091998893653	<input type="text"/> FIELD_1091998894751	<input type="text"/> FIELD_1091998893766
75 Amount from line 71, 72, 73, or 74, whichever is largest (see instructions for exception)	75. FIELD_1091998894392 FIELD_1091998894392	
76 Subsidiary capital base from Form CT-3-ATT, line 57	76. FIELD_1091998894715 FIELD_1091998894715	
77 Subsidiary capital base tax from Form CT-3-ATT, line 58	77. FIELD_1091998894768 FIELD_1091998894768	
78 Tax due before credits (see instructions)	78. FIELD_1091998894554 FIELD_1091998894554	
79 Tax credits (from line 100a; attach appropriate form for each credit claimed)	79. FIELD_1091998894488 FIELD_1091998894488	
80 Balance (subtract line 79 from line 78; if line 79 is more than line 78, enter "0")	80. FIELD_1091998893911 FIELD_1091998893911	
81 Amount from line 71 or 74, whichever is larger	81. FIELD_1091998894667 FIELD_1091998894667	
82 Tax due (see instructions)	82. FIELD_1091998894323 FIELD_1091998894323	
83a If you filed a request for extension, enter amount from Form CT-5, line 2	83a. FIELD_1091998893816 FIELD_1091998893816	
83b If you did not file Form CT-5 and line 82 is over \$1,000, see instructions for entry amount	83b. FIELD_1091998893901 FIELD_1091998893901	
84 Add line 82 and line 83a or 83b	84. FIELD_1091998894778 FIELD_1091998894778	
85 Total prepayments from line 106	85. FIELD_1091998894232 FIELD_1091998894232	
86 Balance (subtract line 85 from line 84; if line 85 is more than line 84, enter "0")	86. FIELD_1091998894904 FIELD_1091998894904	
87 Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input checked="" type="checkbox"/> FIELD_1091998894581 FIELD_1091998894581)	87. FIELD_1091998894104 FIELD_1091998894104	
88 Interest on late payment (see instructions)	88. FIELD_1091998894316 FIELD_1091998894316	
89 Late filing and late payment penalties (see instructions)	89. FIELD_1091998894687 FIELD_1091998894687	
90 Balance (add lines 86 through 89)	90. FIELD_1091998894468 FIELD_1091998894468	
91 Amount for Return a Gift to Wildlife (see instructions)	91. FIELD_1091998894559 00	
92 Amount for Breast Cancer Research and Education Fund (see instr.)	92. FIELD_1091998893665 00	
93 Balance due (if line 85 is less than the total of lines 84, 87, 88, 89, 91, and 92, the difference is the amount due; enter payment on line A on the front page)	93. FIELD_1091998893941 FIELD_1091998893941	
94 Overpayment (if line 85 is more than the total of lines 84, 87, 88, 89, 91, and 92, the difference is the amount you overpaid)	94. FIELD_1091998894683 FIELD_1091998894683	
95 Amount of overpayment to be credited to next period	95. FIELD_1091998893768 FIELD_1091998893768	
96 Balance of overpayment (subtract line 95 from line 94)	96. FIELD_1091998894498 FIELD_1091998894498	
97 Amount of overpayment to be credited to Form CT-3M/4M	97. FIELD_1091998894524 FIELD_1091998894524	
98 Refund of overpayment (subtract line 97 from line 96)	98. FIELD_1091998894347 FIELD_1091998894347	
99 Refund of unused tax credits (see instructions and attach appropriate forms)	99. FIELD_1091998894703 FIELD_1091998894703	

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

Form CT-40	• <input type="text"/> FIELD_1091998894715 FIELD_1091998893913	• <input type="text"/> FIELD_1091998894715 FIELD_1091998894627	• <input type="text"/> FIELD_1091998894801 FIELD_1091998894801
Form CT-41	• <input type="text"/> FIELD_1091998894715 FIELD_1091998894748	• <input type="text"/> FIELD_1091998894715 FIELD_1091998894602	• <input type="text"/> FIELD_1091998894215 FIELD_1091998894215
Form CT-43	• <input type="text"/> FIELD_1091998894056 FIELD_1091998894187	• <input type="text"/> FIELD_1091998894056 FIELD_1091998894603	• <input type="text"/> FIELD_1091998894801 FIELD_1091998894801
Form CT-44	• <input type="text"/> FIELD_1091998894490 FIELD_1091998894558	• <input type="text"/> FIELD_1091998894490 FIELD_1091998894624	• <input type="text"/> FIELD_1091998894901 FIELD_1091998894901
Form CT-46	• <input type="text"/> FIELD_1091998894151 FIELD_1091998894444	• <input type="text"/> FIELD_1091998894151 FIELD_1091998894620	• <input type="text"/> FIELD_1091998894521 FIELD_1091998894521
Form CT-47	• <input type="text"/> FIELD_1091998893651 FIELD_1091998894836	• <input type="text"/> FIELD_1091998893651 FIELD_1091998894632	• <input type="text"/> FIELD_1091998894515 FIELD_1091998894515
Form CT-249	• <input type="text"/> FIELD_1091998893861 FIELD_1091998894155	• <input type="text"/> FIELD_1091998893861 FIELD_1091998894635	• <input type="text"/> FIELD_1091998894261 FIELD_1091998894261
Form CT-250	• <input type="text"/> FIELD_1091998894561 FIELD_1091998894173 Servicing mortgages credit	• <input type="text"/> FIELD_1091998894561 FIELD_1091998894741 Minimum tax credit from Form CT-3-ATT, line 25	• <input type="text"/> FIELD_1091998893914 FIELD_1091998893914

If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, check box	• <input type="checkbox"/> FIELD_1091998893867
100a Total tax credits claimed above (enter here and on line 79; attach appropriate form or statement for each tax credit claimed) ...	100a. FIELD_1091998894773 FIELD_1091998894773
100b Total tax credits above that are refund eligible (see instructions)	• 100b. FIELD_1091998893939 FIELD_1091998893939

Composition of prepayments on line 85 (see instructions)

		Date paid	Amount
101	Mandatory first installment	101. FIELD_1091998894794	FIELD_1091998894794
102a	Second installment from Form CT-400	102a. FIELD_1091998893935	FIELD_1091998893935
102b	Third installment from Form CT-400	102b. FIELD_1091998894300	FIELD_1091998894300
102c	Fourth installment from Form CT-400	102c. FIELD_1091998894261	FIELD_1091998894261
103	Payment with extension request from Form CT-5, line 5	103. FIELD_1091998894704	FIELD_1091998894704
104	Overpayment credited from prior years	Period FIELD_1091998894056	104. FIELD_1091998893677
105	Overpayment credited from Form CT-3M/4M	Period FIELD_1091998893658	105. FIELD_1091998893879
106	Total prepayments (add lines 101 through 105; enter here and on line 85)		106. FIELD_1091998894474
107	If you are a member of an affiliated federal group, enter primary corporation name and EIN: If you are more than 50% owned by another corporation, enter parent corporation name and EIN:	<ul style="list-style-type: none"> • Name FIELD_1091998894109 • EIN FIELD_1091998893856 • Name FIELD_1091998894603 • EIN FIELD_1091998894496 	

Interest paid to shareholders

108	Did this corporation make any payments treated as interest in the computation of entire net income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If Yes, complete the following and line 109 (attach additional sheets if necessary)	108.	• FIELD_Yes 1091998894109 1091998894476
	Shareholder's name FIELD_1091998894482	SSN or EIN FIELD_1091998894148	
	Interest paid to shareholder • FIELD_1091998894394	Total indebtedness to shareholder described above • FIELD_1091998894607	• Total interest paid FIELD_10919988943721
109	Is there written evidence of the indebtedness?	109.	• FIELD_Yes 1091998894109 1091998894476
110	Federal return filed (check one) • FIELD_109199889414100 A FIELD_1091998894202 C Consolidated basis Attach a complete copy of your federal return.		• FIELD_Other: FIELD_1091998894758
111	If you included a qualified subchapter S subsidiary (QSSS) in this return, check box and attach Form CT-60-QSSS.		• FIELD_109199889453

Schedule A, Part I — Computation of business allocation percentage for aviation corporations

	A New York State	B Everywhere
112a	Revenue aircraft arrivals and departures	• 112a. FIELD_1091998894831
112b	Adjustment per Tax Law section 210.3(a)(7)(A)	• 112b. .60
112c	Adjusted NYS revenue aircraft arrivals and departures (multiply line 112a, column A by line 112b)	• 112c. FIELD_1091998893774
113	New York State percentage (divide line 112c, by line 112a, column B)	• 113. FIELD_109199889453
114a	Revenue tons handled	• 114a. FIELD_1091998894178
114b	Adjustment per Tax Law section 210.3(a)(7)(A)	• 114b. .60
114c	Adjusted NYS revenue tons handled (multiply line 114a, column A by line 114b)	• 114c. FIELD_1091998894813
115	New York State percentage (divide line 114c, by line 114a, column B)	• 115. FIELD_109199889438
116a	Originating revenue	• 116a. FIELD_1091998894807
116b	Adjustment per Tax Law section 210.3(a)(7)(A)	• 116b. .60
116c	Adjusted NYS originating revenue (multiply line 116a, column A by line 116b)	• 116c. FIELD_1091998894830
117	New York State percentage (divide line 116c, by line 116a, column B)	• 117. FIELD_109199889444
118	Total (add lines 113, 115, and 117)	• 118. FIELD_109199889365
119	New York allocation percentage (divide line 118 by three; use to compute lines 21, 38, and 66, and Form CT-3-ATT, line 6)	• 119. FIELD_109199889459

Schedule A, Part II — Computation of business allocation percentage for trucking and railroad corporations

	A New York State	B Everywhere	
120 Revenue miles	• 120. FIELD_1091998894718	FIELD_1091998894196	
121 New York State allocation percentage (divide line 120, column A, by line 120, column B; use to compute lines 21, 38, and 66, and Form CT-3-ATT, line 6)	• 121.	FIELD_109199889478	

Schedule A, Part III — Computation of business allocation percentage

Did you make an election to use fair market value in your property factor? • FIELD_1091998894503109198
 If this is your first tax year, are you making the election to use fair market value in your property factor? • FIELD_1091998894505109198

Average value of property (see instructions)

	A New York State	B Everywhere	
122 Real estate owned	• 122. FIELD_1091998894753	FIELD_10919988940894681	FIELD_1091998894276
123 Real estate rented	• 123. FIELD_1091998893919	FIELD_10919988940894570	FIELD_1091998894501
124 Inventories owned	• 124. FIELD_1091998894340	FIELD_10919988940894843	FIELD_1091998893781
125 Tangible personal property owned	• 125. FIELD_1091998893959	FIELD_10919988940894585	FIELD_1091998894191
126 Tangible personal property rented	• 126. FIELD_1091998894694	FIELD_10919988940894267	FIELD_1091998894825
127 Total (add lines 122 through 126)	• 127. FIELD_1091998894549	FIELD_10919988940893862	FIELD_1091998894299
128 New York State property factor (divide line 127, column A, by line 127, column B)	• 128.	FIELD_109199889490	

Receipts in the regular course of business from:

129 Sales of tangible personal property allocated to New York State	• 129. FIELD_1091998893931	FIELD_1091998894547	
130 All sales of tangible personal property	• 130.	FIELD_1091998894738	FIELD_1091998894673
131 Services performed	• 131. FIELD_1091998894812	FIELD_10919988940894264	FIELD_1091998894684
132 Rentals of property	• 132. FIELD_1091998894130	FIELD_10919988940894729	FIELD_1091998894582
133 Royalties	• 133. FIELD_1091998894329	FIELD_10919988940894545	FIELD_1091998893981
134 Other business receipts	• 134. FIELD_1091998894096	FIELD_10919988940894672	FIELD_1091998894761
135 Total (add lines 129 through 134)	• 135. FIELD_1091998894402	FIELD_10919988940893662	FIELD_1091998894433
136 New York State receipts factor (divide line 135, column A, by line 135, column B)	• 136.	FIELD_109199889440	
137 Additional receipts factor (enter factor from line 136)	• 137.	FIELD_109199889392	

Payroll

138 Wages and other compensation of employees, except general executive officers	• 138. FIELD_1091998894504	FIELD_10919988940893891	FIELD_1091998894600
139 New York State payroll factor (divide line 138, column A, by line 138, column B)	• 139.	FIELD_109199889396	
140 Total New York State factors (add lines 128, 136, 137, and 139)	• 140.	FIELD_109199889485	
141 Business allocation percentage (divide line 140 by four or by the number of factors; enter here and in the boxes on line 21 and line 38; see example in instructions)	• 141.	FIELD_109199889407	

Schedule A, Part IV — Computation of alternative business allocation percentage for minimum taxable income base

	A New York State	B Everywhere	
Average value of property (see instructions)			
142 Real estate owned	142. FIELD_1091998894513	FIELD_10919988938793909	FIELD_1091998894716
143 Real estate rented	143. FIELD_1091998894290	FIELD_1091998898894820	FIELD_1091998894515
144 Inventories owned	144. FIELD_1091998894540	FIELD_10919988908804235	FIELD_1091998894799
145 Tangible personal property owned	145. FIELD_1091998894791	FIELD_10919988908804315	FIELD_1091998893649
146 Tangible personal property rented	146. FIELD_1091998894102	FIELD_10919988908824592	FIELD_1091998894286
147 Total (add lines 142 through 146)	147. FIELD_1091998893712	FIELD_10919988908894834	FIELD_1091998894739
148 New York State property factor (divide line 147, column A, by line 147, column B)	148.	FIELD_109199889405%	
Receipts in the regular course of business from:			
149 Sales of tangible personal property allocated to New York State	149. FIELD_1091998894742	FIELD_1091998894197	
150 All sales of tangible personal property	150.	FIELD_1091998894733	FIELD_1091998894310
151 Services performed	151. FIELD_1091998894521	FIELD_1091998898803869	FIELD_1091998894391
152 Rentals of property	152. FIELD_1091998894578	FIELD_10919988908873915	FIELD_1091998894590
153 Royalties	153. FIELD_1091998894302	FIELD_10919988908894833	FIELD_1091998894560
154 Other business receipts	154. FIELD_1091998894093	FIELD_10919988908894747	FIELD_1091998894601
155 Total (add lines 149 through 154)	155. FIELD_1091998894523	FIELD_10919988908823621	FIELD_1091998894089
156 New York State receipts factor (divide line 155, column A, by line 155, column B)	156.	FIELD_109199889394%	
157 Additional receipts factor (enter factor from line 156)	157.	FIELD_109199889434%	
Payroll			
158 Wages and other compensation of employees, except general executive officers	158. FIELD_1091998894652	FIELD_10919988908893842	FIELD_1091998893785
159 New York State payroll factor (divide line 158, column A, by line 158, column B)	159.	FIELD_109199889439%	
160 Total New York State factors (add lines 148, 156, 157, and 159)	160.	FIELD_109199889385%	
161 Alternative business allocation percentage (divide line 160 by four or by the number of factors; enter here and in the box on line 66 and on Form CT-3-ATT, line 6)	161.	FIELD_109199889447%	
162 Are you claiming small business taxpayer status for lower entire net income tax rates?	162.	Yes FIELD_1091998894103	No FIELD_1091998894099
163 If you checked Yes on line 162, enter total capital contributions (see worksheet in instructions)	163.	FIELD_1091998894837	FIELD_1091998894837
Interest deducted in computing federal taxable income on line 1 of this form	164.	FIELD_1091998894617	FIELD_1091998894617
If the IRS has completed an audit of any of your returns within the last five years, list years	165.	FIELD_1091998894448	FIELD_1091998894448
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
FIELD_1091998894647	\$ FIELD_109199889388	FIELD_1091998894465	\$ FIELD_109199889384
If you do not need forms mailed to you next year, check box. We will send you a postcard for the following year (see instructions)			
Certification. I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.			
Signature of authorized person		Official title	Date
		FIELD_1091998894430	FIELD_1091998893749
Paid preparer use only	Firm's name (or yours if self-employed) FIELD_1091998894899	ID number FIELD_1091998894158	Date FIELD_1091998894100
Address FIELD_1091998894287	Signature of individual preparing this return		