

Department of Taxation and Finance

YORK New York S Corporation Franchise Tax Return CT-3-S

20	Tax Law - Articles	9-A and 22			All filers mu	st enter tax	perio	d:	
F	inal return (see instructions)	mended return			beginning			ending	
	Employer identification number (EIN)	File number	Busi	ness telephone number		If you claim mark an X in		erpayment, pox	 [
1	egal name of corporation			,	Trade name/DB	A			
ı	Nailing address				State or country	of incorporation			
- ⊢	Care of (c/o)						- ·		
	lumber and street or PO Box				Date of incorpora	ation	Foreigr	n corporations: date began business	IN NY
(City U.S. state/Canadia	an province ZIP/Postal co	ode	Country (if not United	l States)		For off	ice use only	
-	NAICS business code number (from NYS Pub 910)	If you need to update phone information			New York S elec	ction effective date			
•	IYS principal business activity	, , , , , , , , , , , , , , , , , , , ,	or ot	her tax types, y Business inforn	ou can do s nation in Fo	o online. rm CT-1.			
Ī	Has the corporation revoked its election to		k S cor	poration?	lumber of shar	reholders			
\perp	Yes ● No ● If Yes, Pay amount shown on Part 2, line	enter effective date:	. Mou	· Vork State Co	rnorotion 7	Fox		Payment enclosed	
4	Attach your payment here. Detach	all check stubs. (See	e instru	ctions for details.,	rporauon i)		A	r dymont onolood	
С	If you filed a return(s) other than fe Enter your business apportionmen	it factor <i>(from Part 3, li</i>	ne 56)						
D	Did the S corporation make an IRC	C section 338 or 453	electi	on?				Yes • No	•
Е	Did this entity have an interest in re	eal property located	in Ne	w York State dur	ring the last	three years	s?	Yes • No	•
F	Has there been a transfer or acqui	sition of a controlling	inter	est in this entity	during the la	ast three ye	ears?	Yes • No	•
G	If the IRS has completed an audit o	f any of your returns	within	the last five year	rs, list years				
Н	If this return is for a New York S te used for the New York S short yo	-		tion termination ye		ions)		thod of accounting wa	
I	Mark an X in the box if you are filing F	Form CT-3-S as a resul	t of the	e mandatory New	York S elect	ion of Tax La	ıw, Art	icle 22, section 660(i)	•
J	If you are one of the following, man	rk an X in one box:		QETC •		Qualifie	d Ne	w York manufacturer	•
K	If you filed as a New York C corpor	ration in previous yea	ars, ei	nter the last yea	r filed as su	ch		•	_
L	Are you a residual interest holder i	n a real estate morto	jage ii	nvestment cond	uit (REMIC)	?		Yes • No	•
м	Enter the amount if any of tax pai	d from federal Form	11209	S line 23c			•		Т

N If you include the activities of a qualified subchapter S subsidiary (QSSS), partnership, single member limited liability company

(SMLLC), or DISC in this return, or have other affiliated entities, mark an **X** in the box and file Form CT-60 with your return ... •

0	If you are a foreign corporation capartnerships, mark an X in the				-						
Р	If you made a voluntary contribution to any available funds, mark an X in the box and file Form CT-227 with your return ●										
Part	Part 1 – Federal Form 1120S information										
	ide the information for lines 1 to unt column. (Show any negative an				, Schedule K, total						
	Ordinary business income or los										
	Net rental real estate income or										
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 los	ss		• 7							
	Net long-term capital gain or loss										
	Net section 1231 gain or loss										
	Other income or loss										
11	Loans to shareholders (from feder										
40	Beginning of tax year •	_	of tax year •								
12	Total assets (from federal Form 112										
42	Beginning of tax year ● Loans from shareholders (from fe	•	of tax year •	1.41							
13	· ·		of tax year ●	(a)							
	beginning of tax year	Liid	or tax year •								
Prov	ide the information for lines 14	through 21 from the co	orresponding lines on v	our federal Form 1120	S, Schedule M-2.						
	v any negative amounts with a minus										
		A Accumulated adjustments account	B Shareholders' undistributed taxable income previously taxed	C Accumulated earnings and profits	D Other adjustments account						
14	Balance at beginning of tax year		•								
15	Ordinary income from federal Form 1120S, page 1, line 22										
16	Other additions				•						
17	Loss from federal Form 1120S, page 1, line 22										
18	Other reductions	•			•						
19	Combine lines 14 through 18		•		•						
20	Distributions										
21	Balance at end of tax year. Subtract line 20 from line 19		•								



Part	2 - Calculation of tax (see instructions)								
	you been convicted of an offense, or are you an								[
	w York State Penal Law Article 200 or 496, or sec		20? (see F	orm	CT-1, mark an X in one b	ox)		Yes 🖳	No
	must enter an amount on line 22; if none, ente								
	22 New York receipts (from Part 3, line 55, column A (New York State))						22		
	ion: Do not enter 0 on line 23 or leave it blank.								
	Fixed dollar minimum tax (see instructions)								
	Recapture of tax credits (see instructions)								
	Total tax after recapture of tax credits (add lines 2								
	Special additional mortgage recording tax credit								
	Tax due after tax credits (subtract line 26 from line						27		
First	installment of estimated tax for the next tax	x period:	:						
	Enter amount from line 27						28		
29	If you filed a request for extension, enter amount	t from For	m CT-5.4	, line	2	•	29		
30	If you did not file Form CT-5.4 and line 28 is ove	r \$1,000,	enter 25%	6 (0.	25) of line 28.				
	Otherwise enter 0						30		
31	Add line 28 and line 29 or 30						31		
Com	position of prepayments (see instructions):	Da	te paid		Amount				
32	Mandatory first installment	32							
33	Second installment from Form CT-400	33							
34	Third installment from Form CT-400	34							
35	Fourth installment from Form CT-400	35							
36	Payment with extension request from								
	Form CT-5.4	36							
37	Overpayment credited from prior years (see instru			37					
	Total prepayments (add lines 32 through 37)						38		
	Balance (subtract line 38 from line 31; if line 38 is large						39		
40	Estimated tax penalty (see instr.; mark an X in the box								
	Interest on late payment (see instructions)								
	Late filing and late payment penalties (see instruc								
	Balance (add lines 39 through 42)						43		
	ntary gifts/contributions	•••••	•••••				70		
	Total voluntary gifts/contributions (from Form CT-2	007 Part 2	line 1)				44		
	Add lines 31, 40, 41, 42, and 44						45		
	Balance due (If line 38 is less than line 45, subtract li						75		
40	due; enter your payment amount on line A on page						16		
47	Overpayment (If line 38 is more than line 45, subtract						40		
41							47		
40	amount of your overpayment; see instructions.)						47		
	Amount of overpayment to be credited to next period (see instructions)								
	9 Refund of overpayment (subtract line 48 from line 47; see instructions)								
	Refund of unused special additional mortgage re	U	,		,	_	50		
51	Amount of special additional mortgage recording	y tax credi	ii io be ap	piie	as an overpayment to	, <u> </u>	E4		



Part	3 – Calculation of business apportionment factor (see i	instructio	ons)	
Mark	an X in this box only if you have no receipts required to be included in	n the der	nominator of the apportionm	nent factor (see instr.) •
			A - New York State	B – Everywhere
Sect	ion 210-A.2			•
	Sales of tangible personal property	• 1		
	Sales of electricity			•
	Net gains from sales of real property			•
	ion 210-A.3			•
	Rentals of real and tangible personal property	• 4		
	Royalties from patents, copyrights, trademarks, and similar intangible			•
3	personal property	1 1		
6	Sales of rights for certain closed-circuit and cable TV transmissions	•		•
·	of an event	• 6		
Sact	ion 210-A.4			•
	Sale, licensing, rental, or granting access to digital products and digital services			
	ion 210-A.5(a)(1) – Fixed percentage method for qualified fina		etrumente (OFIe)	
			,	
- 8	To make this irrevocable election, mark an X in the box (see instruction	ons)		● 8
Sect	$oxed{ iny 10-A.5(a)(2)}$ – Mark an $oldsymbol{\mathit{X}}$ in each box that is applicable (see line	8 instructions)	
Sec	ction 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 ●			•
	ction 210-A.5(a)(2)(B) (QFI ● □)			•
	Interest from federal debt	• 13		
14				
	Interest from NYS and its political subdivisions debt	• 15		•
	Net gains from federal, NYS, and NYS political subdivisions debt			•
	Interest from other states and their political subdivisions debt			•
	Net gains from other states and their political subdivisions debt			•
	etion 210-A.5(a)(2)(C) (QFI •)	0		•
	Interest from asset-backed securities and other government agency deb	t • 19		
	Net gains from government agency debt or asset-backed securities	10		•
	sold through an exchange	• 20		
21	Net gains from all other asset-backed securities			•
	etion 210-A.5(a)(2)(D) (QFI •)	• 21		•
	Interest from corporate bonds	• 22		
	Net gains from corporate bonds sold through broker/dealer or	• 22		•
23	licensed exchange	• 23		
24	Net gains from other corporate bonds			•
	-	• 24		•
	ction 210-A.5(a)(2)(E)	25		
	Net interest from reverse repurchase and securities borrowing agreement	s • 25		•
	ction 210-A.5(a)(2)(F)	20		
	Net interest from federal funds	● 26		•
	ction 210-A.5(a)(2)(I) (QFI ●)	0.7		
	Net income from sales of commodities	• 27		
	ction 210-A.5(a)(2)(J) (QFI ●)			
	Marked to market net gains	● 28		
Sec	ction 210-A.5(a)(2)(H) (QFI •)			
	210-A.5(a)(2)(G) (QFI • □)			
	Interest from other financial instruments			•
30	Net gains and other income from other financial instruments	● 30		



Part 3 – Calculation of business apportionment factor (continued)

		A – New York State	B – Everywhere
Section 210-A.5(b)		1 1.1	
31 Brokerage commissions	31		
32 Margin interest earned on behalf of brokerage accounts		•	
33 Fees for advisory services for underwriting or management of underwriting		•	
34 Receipts from primary spread of selling concessions		•	
35 Receipts from account maintenance fees		•	
36 Fees for management or advisory services		•	
37 Interest from an affiliated corporation		•	
Section 210-A.5(c)		•	
38 Interest, fees, and penalties from credit cards	38		
39 Service charges and fees from credit cards		•	
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 regulated investment companies	43		
Section 210-A.5-a			
44 Global intangible low-taxed income	44	0 00	
Section 210-A.6			
45 Receipts from railroad, trucking, and omnibus business	45		
Section 210-A.6-a			
46 Receipts from the operation of vessels	46		
Section 210-A.7			
47 Receipts from air freight forwarding	47		
48 Receipts from other aviation services			
Section 210-A.8			
49 Advertising in newspapers or periodicals	49		
50 Advertising on television or radio	50		
51 Advertising via other means			
Section 210-A.9			
52 Receipts from transportation or transmission of gas through pipes	52		
Section 210-A.10		•	
53 Receipts from other services/activities not specified	53		
Section 210-A.11			
54 Discretionary adjustments	54		
Total receipts			
55 Add lines 1 through 54 in columns A and B	55		

Calculation of business apportionment factor

56	New York State business apportionment factor (divide line 55, column A by line 55, column B and enter		
	the resulting decimal here; round to the sixth decimal place after the decimal point; see instructions)	56	



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Amended	return information							
If filing an a	mended return, mark an X in the box for a	ny items that apply and atta	ach documentatio	n.				
Final federal	determination ● ☐ If marked, enter date of	of determination: •						
Third – pa	163 146			Desi	ignee's phone number)			
designee (see instructions) Designee's email address PIN								
Certificatio	n: I certify that this return and any attachm	nents are to the best of my	knowledge and be	elief true, corr	rect, and complete.			
Authorized	Printed name of authorized person	Signature of authorized persor	ו	Official title				
person	Email address of authorized person		Telephone n	umber	Date			
Paid	Firm's name (or yours if self-employed)		Firm's EIN		eparer's PTIN or SSN			
preparer use	Signature of individual preparing this return	Address	С	ity	State ZIP code			
only (see instr.)	Email address of individual preparing this return		Preparer's NYTPRIN	ode Date				

See instructions for where to file.

