

2013 **CT-13**

New York State Department of Taxation and Finance

Unrelated Business Income Tax Return

Amended return

Tax Law - Article 13

All filers enter tax period:

beginning **04-01-13**

ending **03-31-14**

Employer identification number (EIN) 14-1776509		File number MM4	Business telephone number 518-473-7091	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation NEW YORK STATE ARCHIVES PARTNERSHIP TR			Trade name/DBA	
Mailing name (if different from legal name above) c/o Number and street or PO box CULTURAL EDUCATION CENTER, NO. 9C49			State or country of incorporation	Date received (for Tax Department use only)
City ALBANY, NY 12230			Date of incorporation	
NAICS business code number (from federal return) 541800	If address/phone above is new, mark an X in the box <input type="checkbox"/>		Foreign corporations: date began business in NYS	
Principal unrelated business activity (see instructions) ADVERTISING		If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.		Audit (for Tax Department use only)

Have you filed New York State Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization? Yes No

Mark an **X** in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a)

Mark an **X** in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions)

A. Pay amount shown on line 22. Make payable to: <i>New York State Corporation Tax</i>	Payment enclosed
◀ Attach your payment here. Detach all check stubs. (See instructions for details.)	A

Computation of income and tax

1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	0.
2 New York State Article 13 and Article 23 tax deducted on federal return	2	
3 Additions required for shareholders of federal S corporations (see instructions)	3	
4 Grossed-up taxes for shareholders of New York S corporations (see instructions)	4	
5 Other additions (see instructions) • IRC section 199 deduction:	5	
6 Add lines 1 through 5	6	
7 Other income (see instructions)	7	
8 Federal S corporation shareholder subtractions (see instructions)	8	
9 Other subtractions (see instructions)	9	
10 Total subtractions (add lines 7, 8, and 9)	10	
11 Taxable income before net operating loss deduction (subtract line 10 from line 6)	11	0.
12 New York net operating loss deduction (attach federal and NYS computations; see instructions)	12	
13 Taxable income (subtract line 12 from line 11)	13	0.
14 Allocated taxable income (multiply line 13 by _____ % from line 42; or enter amount from line 13 if allocation is not claimed) •	14	
15 Tax based on income (multiply line 14 by 9% (.09))	15	0.
16 Minimum tax	16	250.00
17 Tax (line 15 or line 16, whichever is larger)	17	250.
18 Total prepayments from line 46 •	18	250.
19 Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19	
20 Interest on late payment (see instructions) •	20	
21 Late filing and late payment penalties (see instructions) •	21	
22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22	
23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23	
24 Amount of overpayment on line 23 to be credited to next year	24	
25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25	

See page 3 for third-party designee, certification, and signature entry areas.

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Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: _____

Federal return was filed on: 990-T Other: Attach a complete copy of your federal return.

Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:		A New York State	B Everywhere
26	Real estate owned	26	
27	Gross rents (attach list)	27	
28	Inventories owned	28	
29	Other tangible personal property owned	29	
30	Total (add lines 26 through 29)	30	
31	Percentage in New York State (divide line 30, column A, by line 30, column B)	31	%

Receipts in the regular course of business from:

32	Sales of tangible personal property shipped to points within New York State	32	
33	All sales of tangible personal property	33	
34	Services performed	34	
35	Rentals of property	35	
36	Other business receipts	36	
37	Total (add lines 32 through 36)	37	
38	Percentage in New York State (divide line 37, column A, by line 37, column B)	38	%
39	Wages, salaries, and other compensation of employees (except general executive officers)	39	
40	Percentage in New York State (divide line 39, column A, by line 39, column B)	40	%
41	Total of New York State percentages (add lines 31, 38, and 40)	41	%
42	Business allocation percentage (divide line 41 by three or by the number of percentages)	42	%

Composition of prepayments claimed on line 18*

	Date paid	Amount
43	08-15-14	250.
44a		
44b		
44c		
45		
46		250.

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

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 If marked, enter date of determination: ... • _____

Net operating loss (NOL) carryback ... Capital loss carryback •

Federal return filed Form 1139 • Amended Form 990-T •

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Third-party designee (see instructions)	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.

Authorized person	Printed name of authorized person STEPHEN PAGANO	Signature of authorized person	Official title BOARD CHAIR	
	E-mail address of authorized person		Telephone number	Date

Paid preparer use only	Firm's name (<i>or yours if self-employed</i>) UHY ADVISORS NY, INC.		Firm's EIN 14-1555429	Preparer's PTIN or SSN P01577994	
	Signature of individual preparing this return	Address 66 SOUTH PEARL STREET, SUITE 400 ALBANY, NY 12207			
	E-mail address of individual preparing this return AZHANG@UHY-US.COM		Preparer's NYTPRIN	Date	

See instructions for where to file.

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