



**CT-8**  
(6/98)

New York State Department of Taxation and Finance

# Claim for Credit or Refund of Corporation Tax Paid

Tax Law - Articles 9, 9-A, 13, 27, 32, 33, and 33-A

Employer identification number		File number	For office use only
Legal name of corporation		Trade name/DBA	
Mailing name and address	Mailing name (if different from legal name) and address c/o		Date received
	Number and street or PO box		Date of incorporation
	City	State ZIP code	Foreign corporations: date began business in NYS
	If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95 (see instructions). If you need Form DTF-95, call 1 800 462-8100 to request one. From areas outside the U.S. and outside Canada, call (518) 485-6800.		
Business activity code number (from federal return; see instructions)		Business telephone number ( )	
<input type="checkbox"/> NAICS <input type="checkbox"/> Other		Principal business activity	

Federal return was filed on:  1120  1120-A  1120-S  Consolidated  Other: \_\_\_\_\_

In accordance with Article 27, section 1087, of the Tax Law, claim is made for credit or refund of tax paid.

Tax period ending \_\_\_\_\_, 19 \_\_\_\_\_

Amount of claim ..... \$ \_\_\_\_\_

Reason for claim \_\_\_\_\_

If this claim is based on a net operating loss carryback or a capital loss carryback, complete the following section:

Loss year ending \_\_\_\_\_, 19 \_\_\_\_\_

1	Amount of federal loss.....	1	
2	Amount of New York State loss.....	2	

**Attach a copy of your federal claim and proof of refund of the federal tax to this claim.**

Indicate below which forms are attached:

Federal claim forms:  1139  1120X  Other (please list): \_\_\_\_\_

Federal proof of refund - statement of adjustment to your account:

4188  4428B  8488  Other (please list): \_\_\_\_\_

**Show your revised tax computation and computation of refund on the back of this form.**

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

Signature of elected officer or authorized person		Official title	Date
Paid Preparer Use Only	Firm's name (or yours if self-employed)	ID number	Date
	Address	Telephone number	Signature of individual preparing this claim

Mail claim to: **NYS TAX DEPARTMENT  
CORPORATION TAX - DESK AUDIT  
BUILDING 9 ROOM 350  
W A HARRIMAN CAMPUS  
ALBANY NY 12227**

<b>For office use only</b>	
X Number	Approved, denied, adjusted by
Reason code	Date completed

Revised Tax Computation and Computation of Refund

*(Give all facts. Attach additional sheets if necessary.)*