

ARTHUR DIMARSKY
32 ERIC LN
STATEN ISLAND NY 10308-
(646)637-3269

08-02-2011

CAPE CRUSADERS

11-1111111

INSTRUCTIONS FOR FILING 2010 FEDERAL FORM 1120S

- Sample Return**
- .YOUR TAX OBLIGATION IS EXACTLY MET. NO ADDITIONAL TAX IS DUE.
 - .AN OFFICER MUST SIGN THE RETURN.
 - .MAIL YOUR RETURN ON OR BEFORE 09-15-2011 TO:

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
CINCINNATI, OH 45999-0013

INSTRUCTIONS FOR FILING 2010 GEORGIA FORM 600S

- .YOUR RETURN HAS A BALANCE DUE OF \$10.00.
- .AN OFFICER MUST SIGN THE RETURN.
- .MAKE A CHECK FOR \$10.00 PAYABLE TO: TAXPAYER SERVICES DIVISION
- .WRITE YOUR EMPLOYER IDENTIFICATION NUMBER ON THE CHECK.
- .THE PAYMENT IS DUE IMMEDIATELY AND SHOULD BE MAILED AS SOON AS POSSIBLE.
- .FORM 600 S-CA MUST BE SIGNED AND DATED BY EACH NONRESIDENT SHAREHOLDER.
- .MAIL YOUR RETURN ON OR BEFORE 09-15-2011 TO:

GA DEPARTMENT OF REVENUE
PROCESSING CENTER
PO BOX 740391
ATLANTA, GA 30374-0391

INSTRUCTIONS FOR FILING 2010 KANSAS FORM K-120S

- .YOUR TAX OBLIGATION IS EXACTLY MET. NO ADDITIONAL TAX IS DUE.
- .AN OFFICER MUST SIGN THE RETURN.
- .MAIL YOUR RETURN ON OR BEFORE 10-18-2011 TO:

PARTNERSHIP OR SMALL BUSINESS TAX
KANSAS DEPARTMENT OF REVENUE
915 SW HARRISON STREET
TOPEKA KS 66699-4000

INSTRUCTIONS FOR FILING 2010 LOUISIANA FORM CIFT-620

- .YOUR RETURN HAS A BALANCE DUE OF \$185.00.
- .AN OFFICER MUST SIGN THE RETURN.
- .MAKE A CHECK FOR \$185.00 PAYABLE TO: LOUISIANA DEPT OF REVENUE
- .WRITE YOUR EMPLOYER IDENTIFICATION NUMBER ON THE CHECK.
- .THE PAYMENT IS DUE IMMEDIATELY AND SHOULD BE MAILED AS SOON AS POSSIBLE.
- .MAIL YOUR RETURN ON OR BEFORE 11-15-2011 TO:

LOUISIANA DEPARTMENT OF REVENUE
PO BOX 91011
BATON ROUGE, LA 70821-9011

ARTHUR DIMARSKY
32 ERIC LN
STATEN ISLAND NY 10308-
(646)637-3269

08-02-2011

CAPE CRUSADERS

11-1111111

INSTRUCTIONS FOR FILING 2010 NEW MEXICO FORM PTE

.YOUR RETURN HAS A BALANCE DUE OF \$1,262.00.

.AN OFFICER MUST SIGN THE RETURN.

.MAKE A CHECK FOR \$1,262.00 PAYABLE TO: NM TAXATION & REVENUE DEPT

.WRITE YOUR EMPLOYER IDENTIFICATION NUMBER ON THE CHECK.

.THE PAYMENT IS DUE IMMEDIATELY AND SHOULD BE MAILED AS SOON AS POSSIBLE.

.MAIL RETURN ON OR BEFORE 09-15-2011 TO:

NM TAXATION & REVENUE DEPT

P.O. BOX 25127

SANTA FE, NM 87504-5127

INSTRUCTIONS FOR FILING 2010 NEW YORK FORM CT-3-S

.YOUR RETURN HAS A BALANCE DUE OF \$300.00.

.AN OFFICER MUST SIGN THE RETURN.

.MAKE A CHECK FOR \$300.00 PAYABLE TO: NY STATE CORPORATION TAX

.WRITE YOUR EMPLOYER IDENTIFICATION NUMBER ON THE CHECK.

.THE PAYMENT IS DUE IMMEDIATELY AND SHOULD BE MAILED AS SOON AS POSSIBLE.

.MAIL YOUR RETURN ON OR BEFORE 03-15-2011 TO:

NYS CORPORATION TAX

PROCESSING UNIT

PO BOX 22092

ALBANY, NY 12201-2092

U.S. Income Tax Return for an S Corporation

Department of the Treasury
Internal Revenue Service

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
▶ See separate instructions.

2010

For calendar year 2010 or tax year beginning _____, 2010, ending _____, 20

A S election effective date 05-01-2001 B Business activity code number (see instructions) 999999 C Check if Sch. M-3 attached <input type="checkbox"/>	TYPE OR PRINT	Name Number, street, room/suite no. City/town, state, & Zip code CAPE CRUSADERS 567 WAYNE LANE MANHATTAN NY 10001	D Employer ID no. 11-1111111 E Date incorporated 05-01-2002 F Total assets (see inst.) \$ 898,322
---	------------------------------	--	---

Sample Return

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed

H Check if: (1) Final return (2) Name change (3) Address change
 (4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year ▶ **3**

Caution. Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

I N C O M E	1a	Gross receipts or sales 600,000	b	Less returns and allowances	1c	600,000
	2	Cost of goods sold (Schedule A, line 8)			2	59,000
	3	Gross profit. Subtract line 2 from line 1c			3	541,000
	4	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			4	
	5	Other income (loss) (see instructions -- attach statement)			5	
	6	Total income (loss). Add lines 3 through 5			6	541,000
S E E F O R I N S T R U C T I O N S	7	Compensation of officers			7	250,000
	8	Salaries and wages (less employment credits)			8	55,000
	9	Repairs and maintenance			9	100
	10	Bad debts			10	
	11	Rents			11	
	12	Taxes and licenses			12	60,000 #1
	13	Interest			13	
	14	Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)			14	
	15	Depletion (Do not deduct oil and gas depletion.)			15	
	16	Advertising			16	
	17	Pension, profit-sharing, etc., plans			17	
	18	Employee benefit programs			18	
	19	Other deductions (attach statement)			19	6,100 #2
	20	Total deductions. Add lines 7 through 19			20	371,200
	21	Ordinary business income (loss). Subtract line 20 from line 6			21	169,800
T A X A N D P A Y M E N T S	22a	Excess net passive income or LIFO recapture tax (see instructions)	22a			
	22b	Tax from Schedule D (Form 1120S)	22b			
	22c	Add lines 22a and 22b (see instructions for additional taxes)	22c			0
	23a	2010 estimated tax payments and 2009 overpayment credited to 2010	23a			
	23b	Tax deposited with Form 7004	23b			
	23c	Credit for federal tax paid on fuels (attach Form 4136)	23c			
	23d	Add lines 23a through 23c	23d			0
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached	24			
	25	Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25			0
	26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26			
27	Enter amount from line 26 Credited to 2011 estimated tax ▶ 0 Refunded ▶	27			0	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	VICE PRESIDENT	Title	May the IRS discuss this return with the preparer shown below (see inst.?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name A	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00011111
	Firm's name ▶ ARTHUR DIMARSKY	Firm's EIN ▶			
	Firm's address ▶ 32 ERIC LN STATEN ISLAND NY 10308	Phone no. (646) 637-3269			

For Paperwork Reduction Act Notice, see separate instructions. Form **1120S** (2010)

Schedule A		Cost of Goods Sold (see instructions)	
1	Inventory at beginning of year	1	95,000
2	Purchases	2	30,000
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	125,000
7	Inventory at end of year	7	66,000
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	59,000

9a Check all methods used for valuing closing inventory: (i) Cost as described in Regulations section 1.471-3
(ii) Lower of cost or market as determined in Regulations section 1.471-3
(iii) Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c) ▶

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO **9d** _____

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? Yes No
If "Yes," attach explanation.

Sample Return

Schedule B		Other Information (see instructions)		Yes	No				
1	Check accounting method:	a	<input checked="" type="checkbox"/> Cash	b	<input type="checkbox"/> Accrual	c	<input type="checkbox"/> Other (specify) ▶ _____		
2	See the instructions and enter the:	a	Business activity ▶ UNCLASSIFIED	b	Product or service ▶ FIGHTING CRIME				
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a qualified subchapter S subsidiary election made?								<input checked="" type="checkbox"/>
4	Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?								<input checked="" type="checkbox"/>
5	Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corp. may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.								<input type="checkbox"/>
6	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$ _____								
7	Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____								
8	Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L and M-1								<input checked="" type="checkbox"/>
9	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions								<input checked="" type="checkbox"/>

Schedule K		Shareholders' Pro Rata Share Items		Total amount	
INCOME LOSS	1	Ordinary business income (loss) (page 1, line 21)	1	169,800	
	2	Net rental real estate income (loss) (attach Form 8825)	2		
	3a	Other gross rental income (loss)	3a		
	b	Expenses from other rental activities (attach statement)	3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c		
	4	Interest income	4	3,000	
	5	Dividends: a Ordinary dividends	5a	1,000	
	b	Qualified dividends	5b	1,000	
	6	Royalties	6		
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	30,000	
8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	15,000		
b	Collectibles (28%) gain (loss)	8b			
c	Unrecaptured section 1250 gain (attach statement)	8c			
9	Net section 1231 gain (loss) (attach Form 4797)	9			
10	Other income (loss) (see instructions) Type ▶	10			

		Shareholders' Pro Rata Share Items (continued)	Total amount	
Deductions	11	Section 179 deduction (attach Form 4562)	11	125,000
	12a	Contributions	12a	1,500 #3
	b	Investment interest expense	12b	
	c	Section 59(e)(2) expenditures (1) Type ▶ _____ (2) Amount ▶ _____	12c(2)	
	d	Other deductions (see instructions) Type ▶ _____	12d	
Credits	13a	Low-income housing credit (section 42(j)(5))	13a	
	b	Low-income housing credit (other)	13b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c	
	d	Other rental real estate credits (see instructions) Type ▶ _____	13d	
	e	Other rental credits (see instructions) Type ▶ _____	13e	
	f	Alcohol and cellulosic biofuel fuels credit (attach Form 6478)	13f	
	g	Other credits (see instructions) Type ▶ _____	13g	
Foreign Transactions	14a	Name of country or U.S. possession ▶ _____		
	b	Gross income from all sources	14b	
	c	Gross income sourced at shareholder level	14c	
		Foreign gross income sourced at corporate level		
	d	Passive category	14d	
	e	General category	14e	
	f	Other (attach statement)	14f	
		Deductions allocated and apportioned at shareholder level		
	g	Interest expense	14g	
	h	Other	14h	
		Deductions allocated and apportioned at corporate level to foreign source income		
	i	Passive category	14i	
	j	General category	14j	
	k	Other (attach statement)	14k	
	Other information			
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
	m Reduction in taxes available for credit (attach statement)	14m		
	n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a	
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties--gross income	15d	
	e	Oil, gas, and geothermal properties--deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	5,000 #4
	d	Distributions (attach statement if required) (see instructions)	16d	40,000
	e	Repayment of loans from shareholders	16e	
Other Information	17a	Investment income	17a	4,000
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	
	d	Other items and amounts (attach statement)		
Reconciliation	18	Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	92,300

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		199,039		807,022
2a	Trade notes and accounts receivable	2,500		3,300	
b	Less allowance for bad debts	()	2,500	()	3,300
3	Inventories		95,000		66,000
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)		11,000		12,000 #7
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets			125,000	
b	Less accumulated depreciation	()		(125,000)	
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)		10,000		10,000
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		317,539		898,322
Liabilities and Shareholders' Equity					
16	Accounts payable		155,456		8,000
17	Mortgages, notes, bonds payable in less than 1 yr				
18	Other current liabilities (attach statement)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				680,939
21	Other liabilities (attach statement)				
22	Capital stock		5,000		5,000
23	Additional paid-in capital				
24	Retained earnings		157,083		204,383
25	Adjustments to shareholders' equity (attach stmt.)				
26	Less cost of treasury stock	()		()	
27	Total liabilities and shareholders' equity		317,539		898,322

Sample Return

Schedule M-1		Reconciliation of Income (Loss) per Books With Income (Loss) per Return	
Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more -- see instructions			
1	Net income (loss) per books	87,300	5
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):		a Tax-exempt interest \$ _____
a	Depreciation \$ _____		6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):
b	Travel and entertainment \$ 5,000		a Depreciation \$ _____
		5,000	7 Add lines 5 and 6
4	Add lines 1 through 3	92,300	8
			Income (loss) (Schedule K, line 18). Line 4 less line 7
			92,300

Schedule M-2		Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)		
		(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	157,083		
2	Ordinary income from page 1, line 21	169,800		
3	Other additions	49,000#5		
4	Loss from page 1, line 21	()		
5	Other reductions	(131,500#6)	()	
6	Combine lines 1 through 5	244,383		
7	Distributions other than dividend distributions	40,000		
8	Balance at end of tax year. Subtract line 7 from line 6	204,383		

**SCHEDULE D
(Form 1120S)**

Capital Gains and Losses and Built-in Gains

OMB No. 1545-0130

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1120S.
▶ See separate instructions.

2010

Name
CAPE CRUSADERS

Employer identification number
11-1111111

Part I Short-Term Capital Gains and Losses -- Assets Held One Year or Less

(a) Description of property 1 (Example: 100 shares of Z Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see inst.)	(f) Gain or (loss) (Subtract (e) from (d))
FROM SCH K-1 REC'D J AND M PARTNERSHIP	VARIOUS	VARIOUS	30000		30000
2 Short-term capital gain from installment sales from Form 6252, line 26 or 37					2
3 Short-term capital gain or (loss) from like-kind exchanges from Form 8824					3
4 Combine lines 1 through 3 in column (f)					4 30000
5 Tax on short-term capital gain included on line 21 below					5 ()
6 Net short-term capital gain or (loss). Combine lines 4 and 5. Enter here and on Form 1120S, Schedule K, line 7 or 10					6 30000

Part II Long-Term Capital Gains and Losses -- Assets Held More Than One Year

(a) Description of property 7 (Example: 100 shares of Z Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see inst.)	(f) Gain or (loss) (Subtract (e) from (d))
100SHRS INTEL STOCK	04-01-2003	06-01-2008	30000	5000	25000
FROM SCH K-1 REC'D J AND M PARTNERSHIP	VARIOUS	VARIOUS	-10000		-10000
8 Long-term capital gain from installment sales from Form 6252, line 26 or 37					8
9 Long-term capital gain or (loss) from like-kind exchanges from Form 8824					9
10 Capital gain distributions					10
11 Combine lines 7 through 10 in column (f)					11 15000
12 Tax on long-term capital gain included on line 21 below					12 ()
13 Net long-term capital gain or (loss). Combine lines 11 and 12. Enter here and on Form 1120S, Schedule K, line 8a or 10					13 15000

Part III Built-in Gains Tax (See instructions **before** completing this part.)

14 Excess of recognized built-in gains over recognized built-in losses (attach computation schedule)	14
15 Taxable income (attach computation schedule)	15
16 Net recognized built-in gain. Enter the smallest of line 14, line 15, or line 6 of Schedule B	16
17 Section 1374(b)(2) deduction	17
18 Subtract line 17 from line 16. If zero or less, enter -0- here and on line 21	18
19 Enter 35% of line 18	19
20 Section 1374(b)(3) business credit and minimum tax credit carryforwards from C corporation years	20
21 Tax. Subtract line 20 from line 19 (if zero or less, enter -0-). Enter here and on Form 1120S, page 1, line 22b	21

For Paperwork Reduction Act Notice, see the Instructions for Form 1120S.

Schedule D (Form 1120S) 2010

Depreciation and Amortization (Including Information on Listed Property)

2010

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Attachment Sequence No. 67

Table with 3 columns: Name(s) shown on return (CAPE CRUSADERS), Business or activity to which this form relates (FOR FORM 1120S), Identifying number (11-1111111)

Part I Election To Expense Certain Property Under Section 179. Note: If you have any listed property, complete Part V before you complete Part I.

Table for Part I with rows 1-13. Includes fields for maximum amount, total cost, threshold cost, reduction in limitation, dollar limitation, and elected cost. Total elected cost is 125,000.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

Table for Part II with rows 14-16. Includes fields for special depreciation allowance, property subject to section 168(f)(1) election, and other depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table for Section A with rows 17-18. Includes fields for MACRS deductions for assets placed in service before 2010 and general asset accounts.

Section B -- Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table for Section B with columns (a) through (g) and rows 19a through i. Lists property types and their depreciation details.

Section C -- Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table for Section C with columns (a) through (g) and rows 20a through c. Lists class life and depreciation details.

Part IV Summary (See instructions.)

Table for Part IV with rows 21-23. Includes fields for listed property amount, total depreciation, and basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

**Schedule K-1
(Form 1120S)**

2010

Department of the Treasury
Internal Revenue Service

For calendar year 2010, or tax
year beginning _____, 2010
ending _____, 20__

**Shareholder's Share of Income, Deductions,
Credits, etc.** ▶ See page 2 and separate instructions.

Part III Shareholder's Share of Current Year Inc., Deductions, Credits, and Other Items	
1 Ordinary business inc. (loss) 56,611	13 Credits
2 Net rental real estate inc. (loss)	
3 Other net rental income (loss)	
4 Interest income 1,000	14 Foreign transactions
5a Ordinary dividends 333	
5b Qualified dividends 333	
6 Royalties	
7 Net short-term cap. gain (loss) 10,002	
8a Net long-term cap. gain (loss) 5,001	15 Alternative min. tax (AMT) items
8b Collectibles (28%) gain (loss)	
8c Unrecaptured sec. 1250 gain	
9 Net section 1231 gain (loss)	16 Items affecting shareholder basis
10 Other income (loss)	
11 Section 179 deduction 41,675	C* 1,667
12 Other deductions A* 500	D 13,336
17 Other information A 1,334	

Part I Information About the Corporation

A Corporation's employer identification number 11-1111111
B Corporation's name, address, city, state, and ZIP code CAPE CRUSADERS 567 WAYNE LANE MANHATTAN NY 10001
C IRS Center where corporation filed return CINCINNATI

Part II Information About the Shareholder

D Shareholder's identifying number 111-11-1111
E Shareholder's name, address, city, state, and ZIP code BATMAN 567 WAYNE LANE MANHATTAN NY 10001
F Shareholder's percentage of stock ownership for tax year..... 33.340000%

For IRS Use Only	
-------------------------	--

* See attached statement for additional information.

**Schedule K-1
(Form 1120S)**

2010

Department of the Treasury
Internal Revenue Service

For calendar year 2010, or tax
year beginning _____, 2010
ending _____, 20__

**Shareholder's Share of Income, Deductions,
Credits, etc.**

▶ See page 2 and separate instructions.

**Part III Shareholder's Share of Current Year Inc.,
Deductions, Credits, and Other Items**

1 Ordinary business inc. (loss) 56,594	13 Credits
2 Net rental real estate inc. (loss)	
3 Other net rental income (loss)	
4 Interest income 1,000	14 Foreign transactions
5a Ordinary dividends 333	
5b Qualified dividends 333	
6 Royalties	
7 Net short-term cap. gain (loss) 9,999	15 Alternative min. tax (AMT) items
8a Net long-term cap. gain (loss) 5,000	
8b Collectibles (28%) gain (loss)	
8c Unrecaptured sec. 1250 gain	16 Items affecting shareholder basis
9 Net section 1231 gain (loss)	
10 Other income (loss)	C* 1,667
11 Section 179 deduction 41,663	D 13,332
12 Other deductions A* 500	17 Other information
	A 1,333

Part I Information About the Corporation

A Corporation's employer identification number 11-1111111
B Corporation's name, address, city, state, and ZIP code CAPE CRUSADERS 567 WAYNE LANE MANHATTAN NY 10001
C IRS Center where corporation filed return CINCINNATI

Part II Information About the Shareholder

D Shareholder's identifying number 222-22-2222
E Shareholder's name, address, city, state, and ZIP code ROBIN 44 BAT CAVE ROAD MANHATTAN NY 10001
F Shareholder's percentage of stock ownership for tax year. 33.330000%

For IRS Use Only

* See attached statement for additional information.

**Schedule K-1
(Form 1120S)**

2010

Department of the Treasury
Internal Revenue Service

For calendar year 2010, or tax
year beginning _____, 2010
ending _____, 20__

**Shareholder's Share of Income, Deductions,
Credits, etc.** ▶ See page 2 and separate instructions.

**Part III Shareholder's Share of Current Year Inc.,
Deductions, Credits, and Other Items**

1 Ordinary business inc. (loss) 56,595	13 Credits
2 Net rental real estate inc. (loss)	
3 Other net rental income (loss)	
4 Interest income 1,000	14 Foreign transactions
5a Ordinary dividends 334	
5b Qualified dividends 334	
6 Royalties	
7 Net short-term cap. gain (loss) 9,999	
8a Net long-term cap. gain (loss) 4,999	15 Alternative min. tax (AMT) items
8b Collectibles (28%) gain (loss)	
8c Unrecaptured sec. 1250 gain	
9 Net section 1231 gain (loss)	16 Items affecting shareholder basis C* 1,666 D 13,332
10 Other income (loss)	
11 Section 179 deduction 41,662	17 Other information A 1,333
12 Other deductions A* 500	

Part I Information About the Corporation

A Corporation's employer identification number
11-1111111

B Corporation's name, address, city, state, and ZIP code
CAPE CRUSADERS
567 WAYNE LANE
MANHATTAN NY 10001

C IRS Center where corporation filed return
CINCINNATI

Part II Information About the Shareholder

D Shareholder's identifying number
333-33-3333

E Shareholder's name, address, city, state, and ZIP code
BATWOMAN
55 TOUGHER THAN BATMAN AVENUE
MANHATTAN NY 10001

F Shareholder's percentage of stock
ownership for tax year. 33.330000%

For IRS Use Only

* See attached statement for additional information.

2010 SCHEDULE M-1 EXPLANATION ATTACHMENT

CAPE CRUSADERS
11-1111111

Computation of Net Income (Loss) Per Books
Form 1120, Schedule M-1, Line 1

Income (loss) (Schedule M-1, line 8) carries from Form 1120S, page 3, line 18.	<u>92,300</u>
Increases:	
Deductions on return not charged against book income (Schedule M-1, line 6)	<u> </u>
Income recorded on books not included on return (Schedule M-1, line 5)	<u> </u>
Decreases:	
Expenses recorded on books not included on return (Schedule M-1, line 3)	<u>5,000</u>
Income subject to tax not recorded on books (Schedule M-1, line 2)	<u> </u>
Computed net income (loss) per books (Schedule M-1, line 1)	<u>87,300</u>

Sample Return

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

2010
Attachment
Sequence No. **67**

Name(s) shown on return CAPE CRUSADERS	Business or activity to which this form relates FOR SECTION 179 SUMMARY	Identifying number 11-1111111
--	---	---

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	125,000
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 0	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6 (a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
SEE STATEMENT BELOW		125,000
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	125,000
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	125,000
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	419,800
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	125,000
13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 ... ▶	13	

For Paperwork Reduction Act Notice, see page 1 of the separate Instructions.

Section 179 Summary (from Asset Manager)

Schedule or Form	Multiple	Description	Cost	Elected Cost	Comment
K	1	EQUIPMENT 100	115000	115000	
K	1	MACHINE 101	10000	10000	
TOTAL TO SEC 179 SUMMARY LINE 6:				125000	

2010 DETAIL STATEMENTS

CAPE CRUSADERS
11-1111111

STATEMENT #1 - TAXES AND LICENSES (1120S PG1 - DED LINE 12)

STATE INCOME TAXES..... 60,000

TOTAL CARRIED TO 1120S PG1 - DED LINE 12..... 60,000

Sample Return

STATEMENT #2 - OTHER DEDUCTIONS (1120S PG1 LINE 19)

OTHER DEDUCTIONS:

ACCOUNTING..... 1,000

MEALS & ENTERTAINMENT 50%..... 5,000

OTHER BUSINESS DEDUCTIONS..... 100

TOTAL OTHER DEDUCTIONS..... 6,100

TOTAL CARRIED TO 1120S PG1 LINE 19..... 6,100

STATEMENT #3 - CONTRIBUTIONS (1120S PG 3 LINE 12A)

CODE A - CASH CONTRIBUTIONS (50%) 1,500

TOTAL CARRIED TO 1120S PG 3 LINE 12A..... 1,500

STATEMENT #4 - NONDEDUCTIBLE EXPENSES (1120S PG 3 LINE 16C)

CODE C - DISALLOWED MEALS/ENTERTAINMENT 5,000

TOTAL CARRIED TO 1120S PG 3 LINE 16C..... 5,000

STATEMENT #5 - OTHER ADDITIONS (1120S PG 4 M-2 LINE 3(A))

INTEREST INCOME..... 3,000

DIVIDEND INCOME..... 1,000

NET SHORT TERM CAPITAL GAIN..... 30,000

NET LONG TERM CAPITAL GAIN..... 15,000

TOTAL CARRIED TO 1120S PG 4 M-2 LINE 3(A)..... 49,000

STATEMENT #6 - OTHER REDUCTIONS (1120S PG 4 M-2 LINE 5(A))

CHARITABLE CONTRIBUTIONS..... 1,500

SECTION 179 DEDUCTION..... 125,000

DISALLOWED MEALS & ENTERTAINMENT..... 5,000

TOTAL CARRIED TO 1120S PG 4 M-2 LINE 5(A)..... 131,500

2010 DETAIL STATEMENTS

CAPE CRUSADERS
11-1111111

PAGE 2

STATEMENT #7 - TAX EXEMPT SECURITIES (1120S PG4 SCH L LINE 5)	BEGINNING	ENDING
NEW YORK MUNICIPAL BONDS.....	11,000	12,000
TOTAL CARRIED TO 1120S PG4 SCH L LINE 5.....	11,000	12,000

Sample Return

2010 Federal Depreciation Schedule

Cape Crusaders
11-1111111

08-02-2011

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current	
Form 1120S											
EQUIPMENT 100	07-06-10	200DBHY	7	115,000	0	115,000	0	0	0	0	
MACHINE 101	06-01-10	200DBHY	7	10,000	0	10,000	0	0	0	0	
2 Assets		Totals:		125,000	0	125,000	0	0	0	0	
2 Assets		Grand Totals:		125,000	0	125,000	0	0	0	0	
Balance Sheet Reconciliation											
Grand Totals:				125,000	0	125,000	0	0	0	0	
Less Future Purchases:				0	0	0	0	0	0	0	
Less Current Year Disposals:				0	0	0	0	0	0	0	
End of Year Totals:				125,000	0	125,000	0	0	0	0	
Buildings and Other Depreciable Assets:				125,000						Prior Depreciation:	0
									Current Depreciation:	0	
									179:	125,000	
									Special Depreciation Allowance:	0	
									<u>Ending Accumulated Depreciation (Per Balance Sheet):</u>	<u>125,000</u>	
Land:				0							
Intangible Assets (Amortizable Only):				0						Prior Amortization:	0
									Current Amortization:	0	
									179:	0	
									Special Depreciation Allowance:	0	
									<u>Ending Accumulated Amortization (Per Balance Sheet):</u>	<u>0</u>	

* Asset disposed this year
 -C Carryover basis in like-kind exchange transaction
 -B Excess basis in like-kind exchange transaction

2010 SCHEDULE K-1 SUMMARY ATTACHMENT

CAPE CRUSADERS
EIN 11-1111111

2010 SYSTEM 1120S

SCHEDULE D - SHORT-TERM GAIN (LOSS) AND LOSS CARRYOVER

J AND M PARTNERSHIP..... 30,000

TOTAL TO SCHEDULE D, LINE 1..... 30,000

Sample Return

SCHEDULE D - LONG-TERM GAIN (LOSS) AND LOSS CARRYOVER

J AND M PARTNERSHIP..... -10,000

TOTAL TO SCHEDULE D, LINE 7, COL (F)..... -10,000



1101500711

Georgia Form 600S (Rev. 11/10)
Corporation Tax Return
Georgia Department of Revenue (Approved booklet version)

2010 Income Tax Return

Beginning 01-01-2010
Ending 12-31-2010

2011 Net Worth Tax Return

Beginning 01-01-2011
Ending 12-31-2011

Original Return, Amended Return, Final Return, JET Annualization Exception attached, C Corp Last Year, Extension Composite Return Filed, Address Change, Name Change

Sample Return

(attach explanation)

Form with sections A through K: Federal Employer I.D. Number, GA. Withholding Tax Acct. Number, GA. Sales Tax Reg. Number, NAICS Code, Total Shareholders, etc.

COMPUTATION OF GEORGIA TAXABLE INCOME AND TAX (ROUND TO NEAREST DOLLAR) SCHEDULE 1

Table with 2 columns: Description (Georgia Taxable Income, Tax -- 6% x Line 1) and Amount

COMPUTATION OF NET WORTH RATIO (to be used by Foreign Corporations only) (ROUND TO NEAREST DOLLAR) SCHEDULE 2

Table with 4 columns: Description (Total value of property owned, Gross receipts from business, Totals, Georgia ratio) and Amounts

COMPUTATION OF NET WORTH TAX (ROUND TO NEAREST DOLLAR) SCHEDULE 3

Table with 7 rows: Total Capital stock issued, Paid in or Capital surplus, Total Retained earnings, Net Worth, Ratio, Net Worth Taxable by Georgia, Net Worth Tax

COMPUTATION OF TAX DUE OR OVERPAYMENT (ROUND TO NEAREST DOLLAR) SCHEDULE 4

Table with 10 rows: Total Tax, Less: Credits and payments of estimated tax, Less: Credits from Schedule 10, Withholding Credits, Balance of tax due, Amount of overpayment, Interest due, Penalty due, Balance of Tax, Interest and Penalty due with return, Amount of Line 6 to be credited to 2011 estimated tax

*NOTE: Any tax credits from Schedule 10 may be applied against income tax liability only, not net worth tax liability.



1101500721

Georgia Form 600S/2010 (Corporation) Name CAPE CRUSADERS

FEIN 11-1111111

Table with 3 columns: Description, Line Number, and Amount. Section: ADDITIONS TO FEDERAL TAXABLE INCOME (ROUND TO NEAREST DOLLAR) SCHEDULE 5. Total amount: 0.00

Table with 3 columns: Description, Line Number, and Amount. Section: SUBTRACTIONS FROM FEDERAL TAXABLE INCOME (ROUND TO NEAREST DOLLAR) SCHEDULE 6. Total amount: 0.00

Table with 4 columns: Description, A. WITHIN GEORGIA, B. EVERYWHERE, and C. DO NOT ROUND. Section: APPORTIONMENT OF INCOME SCHEDULE 7. Georgia Ratio: 1.000000

Table with 3 columns: Description, Line Number, and Amount. Section: COMPUTATION OF TOTAL INCOME FOR GEORGIA PURPOSES (ROUND TO NEAREST DOLLAR) SCHEDULE 8. Total Income for Georgia purposes: 218800.00

A Copy of the Federal Return and supporting Schedules must be attached, otherwise this return shall be deemed incomplete. No extension of time for filing will be allowed unless a copy of the request for a Federal extension or Form IT-303 is attached to this return.

Make check payable to: Georgia Department of Revenue

Mail to: Georgia Department of Revenue, Processing Center, P.O. Box 740391, Atlanta, Georgia 30374-0391

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Declaration: I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, their declaration is based on all information of which they have any knowledge.

Email Address: _____

Check the box to authorize the Georgia Department of Revenue to discuss the contents of this tax return with the named preparer.

SIGNATURE OF OFFICER: _____ DATE: _____ VICE PRESIDENT

SIGNATURE OF INDIVIDUAL OR FIRM PREPARING THE RETURN: P00011111 IDENTIFICATION OR SOCIAL SECURITY NUMBER



1101500731

COMPUTATION OF GEORGIA NET INCOME

(ROUND TO NEAREST DOLLAR)

SCHEDULE 9

Table with 7 rows and 2 columns. Row 1: 1. Total Income for Georgia purposes (Line 11, Schedule 8) 218800.00. Row 2: 2. Income allocated everywhere (Must Attach Schedule). Row 3: 3. Business Income subject to apportionment (Line 1 less Line 2) 218800.00. Row 4: 4. Georgia Ratio (Schedule 7, Column C). Row 5: 5. Net business income apportioned to Georgia (Line 3 x Line 4) 218800.00. Row 6: 6. Net income allocated to Georgia (Attach Schedule). Row 7: 7. Total Georgia net income (Add Line 5 and Line 6) 218800.00.

Sample Return

CLAIMED TAX CREDITS

(ROUND TO NEAREST DOLLAR)

SCHEDULE 10

See instructions for a list of available credits and their applicable codes. You must list the appropriate credit type code in the space provided. If you claim more than four credits, attach a schedule. Enter the total of the additional schedule on Line 5. If the tax credit is flowing or being assigned into this corporation from another corporation, please enter the name and FEIN of the corporation where the tax credit originated. If the credit originated with the corporation filing this return, enter "Same" in the spaces for corporation and FEIN.

Table with 5 columns: Credit Type Code, Corporation Name, FEIN, Amount of Credit. Rows 1-4 are empty. Row 5: 5. Enter the total from attached schedule(s). Row 6: 6. Enter the total of Lines 1 through 5 here and on Schedule 4, Line 3, Page 1.

ASSIGNED TAX CREDITS

(ROUND TO NEAREST DOLLAR)

SCHEDULE 11

Georgia Code Section 48-7-42 provides that in lieu of claiming any Georgia income tax credit for which a taxpayer otherwise is eligible for the taxable year, the taxpayer may elect to assign credits in whole or in part to one or more "affiliated entities". The term "affiliated entities" is defined as:

- 1) A corporation that is a member of the taxpayer's affiliated group within the meaning of Section 1504(a) of the Internal Revenue Code; or
2) An entity affiliated with a corporation, business, partnership, or limited liability company taxpayer, which entity:
(a) Owns or leases the land on which a project is constructed;
(b) Provides capital for construction of the project; and
(c) Is the grantor or owner under a management agreement with a managing company for the project.

No carryover attributable to the unused portion of any previously claimed or assigned credit may be assigned or reassigned, except if the assignor and the recipient of an assigned tax credit cease to be affiliated entities, then any carryover attributable to the unused portion of the credit is transferred back to the assignor of the credit. The assignor is permitted to use any such carryover and also shall be permitted to assign the carryover to one or more affiliated entities, as if such carryover were an income tax credit for which the assignor became eligible in the taxable year in which the carryover was transferred back to the assignor. In the case of any credit that must be claimed in installments in more than one taxable year, the election under this subsection may be made on an annual basis with respect to each such installment. For additional information, please refer to Georgia Code Section 48-7-42.

If the corporation filing this return is assigning tax credits to other affiliates, please provide detail below specifying where the tax credits are being assigned.

All assignments of credits must be made before the statutory due date (including extensions) per O.C.G.A. § 48-7-42 (b).

Table with 5 columns: Credit Type Code, Corporation Name, FEIN, Amount of Credit. Rows 1-4 are empty.

2010 GEORGIA SHAREHOLDER SUMMARY

CAPE CRUSADERS
11-1111111

Name and Address		5. Profit Sharing %	6. Georgia Source Income
A.	1BATMAN 2567 WAYNE LANE 3MANHATTAN NY 10001 4111-11-1111	33.340	72947.00
B.	1ROBIN 244 BAT CAVE ROAD 3MANHATTAN NY 10001 422-22-2222	33.330	72926.00
C.	1BATWOMAN 255 TOUGHER THAN BATMAN AVENUE 3MANHATTAN NY 10001 4333-33-3333	33.330	72927.00
D.	1 2 3 4		
E.	1 2 3 4		
F.	1 2 3 4		
G.	1 2 3 4		
H.	1 2 3 4		
I.	1 2 3 4		
J.	1 2 3 4		
K.	1 2 3 4		
L.	1 2 3 4		
M.	1 2 3 4		
N.	1 2 3 4		
O.	1 2 3 4		
P.	1 2 3 4		
Q.	1 2 3 4		
Total			218800.00

CONSENT AGREEMENT OF NONRESIDENT SHAREHOLDERS OF S CORPORATIONS

Under Sections 48-7-21 and 48-7-27 of the Georgia Income Tax Act and Regulations thereunder, all nonresident shareholders must execute an agreement wherein said shareholders agree to pay Georgia income tax on their proportionate part of the corporation's Georgia taxable income or the S Corporation election will be terminated by the Commissioner. **To ensure Georgia's recognition of your S Corporation election, attach a properly completed Form 600S-CA for each nonresident shareholder to Form 600S when filed as specified below, even when a composite return has been filed.**

Sample Return

For Tax year's beginning on or after January 1, 2008, nonresident shareholders of 'S' corporations will only need to file a single consent agreement in the year in which the Subchapter 'S' corporation is first required to file a Georgia income tax return. For a Subchapter 'S' corporation in existence prior to January 1, 2008, the consent agreement must be filed for each shareholder in the first Georgia tax return filed for a year beginning on or after January 1, 2008. A consent agreement will also need to be filed in any subsequent year for any additional nonresident who first becomes a shareholder of the Subchapter 'S' corporation in that year.

IF ANY ONE OR MORE NONRESIDENT SHARHOLDERS FAILS OR REFUSES TO FILE THE CONSENT AGREEMENT HEREIN, DO NOT USE FORM 600S. FILE ON FORM 600.

CORPORATE NAME		FEIN	
CAPE CRUSADERS		11-1111111	
BUSINESS ADDRESS			
567 WAYNE LANE			
CITY	STATE	Country	ZIP CODE
MANHATTAN	NY		10001

NONRESIDENT SHAREHOLDER

NAME		SOCIAL SECURITY NUMBER	
BATMAN		111-11-1111	
ADDRESS			
567 WAYNE LANE			
CITY	STATE	Country	ZIP CODE
MANHATTAN	NY		10001
NUMBER OF SHARES OWNED			
E-MAIL ADDRESS		TELEPHONE NUMBER	

As a nonresident shareholder in the above-captioned corporation, I hereby agree to:

File a Georgia Individual Tax Return, Form 500, and report my pro rata share of income and pay any tax due on the return for each tax year; or

Be included in a composite tax return, Form IT CR, filed by the above corporation for each tax year.

Taxpayer's Signature _____ Date _____

Create as many copies as needed.

CONSENT AGREEMENT OF NONRESIDENT SHAREHOLDERS OF S CORPORATIONS

Under Sections 48-7-21 and 48-7-27 of the Georgia Income Tax Act and Regulations thereunder, all nonresident shareholders must execute an agreement wherein said shareholders agree to pay Georgia income tax on their proportionate part of the corporation's Georgia taxable income or the S Corporation election will be terminated by the Commissioner. **To ensure Georgia's recognition of your S Corporation election, attach a properly completed Form 600S-CA for each nonresident shareholder to Form 600S when filed as specified below, even when a composite return has been filed.**

Sample Return

For Tax year's beginning on or after January 1, 2008, nonresident shareholders of 'S' corporations will only need to file a single consent agreement in the year in which the Subchapter 'S' corporation is first required to file a Georgia income tax return. For a Subchapter 'S' corporation in existence prior to January 1, 2008, the consent agreement must be filed for each shareholder in the first Georgia tax return filed for a year beginning on or after January 1, 2008. A consent agreement will also need to be filed in any subsequent year for any additional nonresident who first becomes a shareholder of the Subchapter 'S' corporation in that year.

IF ANY ONE OR MORE NONRESIDENT SHARHOLDERS FAILS OR REFUSES TO FILE THE CONSENT AGREEMENT HEREIN, DO NOT USE FORM 600S. FILE ON FORM 600.

CORPORATE NAME		FEIN	
CAPE CRUSADERS		11-1111111	
BUSINESS ADDRESS			
567 WAYNE LANE			
CITY	STATE	Country	ZIP CODE
MANHATTAN	NY		10001

NONRESIDENT SHAREHOLDER

NAME		SOCIAL SECURITY NUMBER	
ROBIN		222-22-2222	
ADDRESS			
44 BAT CAVE ROAD			
CITY	STATE	Country	ZIP CODE
MANHATTAN	NY		10001
NUMBER OF SHARES OWNED			
E-MAIL ADDRESS		TELEPHONE NUMBER	

As a nonresident shareholder in the above-captioned corporation, I hereby agree to:

File a Georgia Individual Tax Return, Form 500, and report my pro rata share of income and pay any tax due on the return for each tax year; or

Be included in a composite tax return, Form IT CR, filed by the above corporation for each tax year.

Taxpayer's Signature _____ Date _____

Create as many copies as needed.

CONSENT AGREEMENT OF NONRESIDENT SHAREHOLDERS OF S CORPORATIONS

Under Sections 48-7-21 and 48-7-27 of the Georgia Income Tax Act and Regulations thereunder, all nonresident shareholders must execute an agreement wherein said shareholders agree to pay Georgia income tax on their proportionate part of the corporation's Georgia taxable income or the S Corporation election will be terminated by the Commissioner. **To ensure Georgia's recognition of your S Corporation election, attach a properly completed Form 600S-CA for each nonresident shareholder to Form 600S when filed as specified below, even when a composite return has been filed.**

Sample Return

For Tax year's beginning on or after January 1, 2008, nonresident shareholders of 'S' corporations will only need to file a single consent agreement in the year in which the Subchapter 'S' corporation is first required to file a Georgia income tax return. For a Subchapter 'S' corporation in existence prior to January 1, 2008, the consent agreement must be filed for each shareholder in the first Georgia tax return filed for a year beginning on or after January 1, 2008. A consent agreement will also need to be filed in any subsequent year for any additional nonresident who first becomes a shareholder of the Subchapter 'S' corporation in that year.

IF ANY ONE OR MORE NONRESIDENT SHARHOLDERS FAILS OR REFUSES TO FILE THE CONSENT AGREEMENT HEREIN, DO NOT USE FORM 600S. FILE ON FORM 600.

CORPORATE NAME		FEIN	
CAPE CRUSADERS		11-1111111	
BUSINESS ADDRESS			
567 WAYNE LANE			
CITY	STATE	Country	ZIP CODE
MANHATTAN	NY		10001

NONRESIDENT SHAREHOLDER

NAME		SOCIAL SECURITY NUMBER	
BATWOMAN		333-33-3333	
ADDRESS			
55 TOUGHER THAN BATMAN AVENUE			
CITY	STATE	Country	ZIP CODE
MANHATTAN	NY		10001
NUMBER OF SHARES OWNED			
E-MAIL ADDRESS		TELEPHONE NUMBER	

As a nonresident shareholder in the above-captioned corporation, I hereby agree to:

File a Georgia Individual Tax Return, Form 500, and report my pro rata share of income and pay any tax due on the return for each tax year; or

Be included in a composite tax return, Form IT CR, filed by the above corporation for each tax year.

Taxpayer's Signature _____ Date _____

Create as many copies as needed.

For income year beginning 01-01-2010, and ending 12-31-2010

S Corporation Name CAPE CRUSADERS	Employer Identification Number 11-1111111
--------------------------------------	--

Shareholder's Information Relating to S Corporation Income

Information Applicable to All Shareholders

Name and Address of Shareholder BATMAN 567 WAYNE LANE MANHATTAN NY 10001	Shareholder's Identifying Number ▶ 111-11-1111
	Shareholder's Profit Sharing % ▶ 33.340
	Nonresident shareholder <input checked="" type="checkbox"/> Yes
	Apportionment % ▶ 100.0000
	Final K-1 <input type="checkbox"/> Yes

Sample Return

Computation of total income for Georgia purposes:

1. Ordinary income (loss)	1	56611.00
2. Net income (loss) from rental real estate activities	2	
3. Net business income from other rental activities	3	
4. Portfolio income (loss):		
a. Interest income	4a	1000.00
b. Dividend income	4b	333.00
c. Royalty income	4c	
d. Net short-term capital gain (loss)	4d	10002.00
e. Net long-term capital gain (loss)	4e	5001.00
f. Other portfolio income (loss)	4f	
5. Net gain (loss) under section 1231	5	
6. Other income (loss)	6	
7. Total federal income (add lines 1 through 6)	7	72947.00
8. Additions to federal income (Schedule 5)	8	
9. Total (add lines 7 and 8)	9	72947.00
10. Subtractions from federal income (Schedule 6)	10	
11. Total income for Georgia purposes (subtract line 10 from line 9)	11	72947.00

Computation of Georgia net income for nonresident shareholders:

1. Total income for Georgia purposes	1	72947.00
2. Income allocated everywhere	2	
3. Business income subject to apportionment (line 1 less line 2)	3	72947.00
4. Georgia ratio (line 4, Part 2, Schedule 7)	4	1.000000
5. Net business income apportioned to Georgia (line 3 x line 4)	5	72947.00
6. Net income allocated to Georgia	6	
7. Total Georgia net income (line 5 plus line 6)	7	72947.00

GEORGIA SECTION 179 EXPENSE 41675.00

For income year beginning 01-01-2010, and ending 12-31-2010

S Corporation Name CAPE CRUSADERS	Employer Identification Number 11-1111111
--------------------------------------	--

Shareholder's Information Relating to S Corporation Income

Information Applicable to All Shareholders

Name and Address of Shareholder ROBIN 44 BAT CAVE ROAD MANHATTAN NY 10001	Shareholder's Identifying Number ▶ 222-22-2222
	Shareholder's Profit Sharing % ▶ 33.330
	Nonresident shareholder <input checked="" type="checkbox"/> Yes
	Apportionment % ▶ 100.0000
	Final K-1 <input type="checkbox"/> Yes

Sample Return

Computation of total income for Georgia purposes:

1. Ordinary income (loss)	1	56594.00
2. Net income (loss) from rental real estate activities	2	
3. Net business income from other rental activities	3	
4. Portfolio income (loss):		
a. Interest income	4a	1000.00
b. Dividend income	4b	333.00
c. Royalty income	4c	
d. Net short-term capital gain (loss)	4d	9999.00
e. Net long-term capital gain (loss)	4e	5000.00
f. Other portfolio income (loss)	4f	
5. Net gain (loss) under section 1231	5	
6. Other income (loss)	6	
7. Total federal income (add lines 1 through 6)	7	72926.00
8. Additions to federal income (Schedule 5)	8	
9. Total (add lines 7 and 8)	9	72926.00
10. Subtractions from federal income (Schedule 6)	10	
11. Total income for Georgia purposes (subtract line 10 from line 9)	11	72926.00

Computation of Georgia net income for nonresident shareholders:

1. Total income for Georgia purposes	1	72926.00
2. Income allocated everywhere	2	
3. Business income subject to apportionment (line 1 less line 2)	3	72926.00
4. Georgia ratio (line 4, Part 2, Schedule 7)	4	1.000000
5. Net business income apportioned to Georgia (line 3 x line 4)	5	72926.00
6. Net income allocated to Georgia	6	
7. Total Georgia net income (line 5 plus line 6)	7	72926.00

GEORGIA SECTION 179 EXPENSE 41663.00

For income year beginning 01-01-2010, and ending 12-31-2010

S Corporation Name CAPE CRUSADERS	Employer Identification Number 11-1111111
--------------------------------------	--

Shareholder's Information Relating to S Corporation Income

Information Applicable to All Shareholders

Name and Address of Shareholder BATWOMAN 55 TOUGHER THAN BATMAN AVENUE MANHATTAN NY 10001	Shareholder's Identifying Number ▶ 333-33-3333
	Shareholder's Profit Sharing % ▶ 33.330
	Nonresident shareholder <input checked="" type="checkbox"/> Yes
	Apportionment % ▶ 100.0000
	Final K-1 <input type="checkbox"/> Yes

Sample Return

Computation of total income for Georgia purposes:

1. Ordinary income (loss)	1	56595.00
2. Net income (loss) from rental real estate activities	2	
3. Net business income from other rental activities	3	
4. Portfolio income (loss):		
a. Interest income	4a	1000.00
b. Dividend income	4b	334.00
c. Royalty income	4c	
d. Net short-term capital gain (loss)	4d	9999.00
e. Net long-term capital gain (loss)	4e	4999.00
f. Other portfolio income (loss)	4f	
5. Net gain (loss) under section 1231	5	
6. Other income (loss)	6	
7. Total federal income (add lines 1 through 6)	7	72927.00
8. Additions to federal income (Schedule 5)	8	
9. Total (add lines 7 and 8)	9	72927.00
10. Subtractions from federal income (Schedule 6)	10	
11. Total income for Georgia purposes (subtract line 10 from line 9)	11	72927.00

Computation of Georgia net income for nonresident shareholders:

1. Total income for Georgia purposes	1	72927.00
2. Income allocated everywhere	2	
3. Business income subject to apportionment (line 1 less line 2)	3	72927.00
4. Georgia ratio (line 4, Part 2, Schedule 7)	4	1.000000
5. Net business income apportioned to Georgia (line 3 x line 4)	5	72927.00
6. Net income allocated to Georgia	6	
7. Total Georgia net income (line 5 plus line 6)	7	72927.00

GEORGIA SECTION 179 EXPENSE 41662.00

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return CAPE CRUSADERS	Business or activity to which this form relates FOR SECTION 179 SUMMARY	Identifying number 11-1111111
--	---	---

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	125,000
3 Threshold cost of section 179 property before reduction in limitation	3	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 0	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000
6 (a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
SEE STATEMENT BELOW		125,000
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	125,000
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	125,000
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	125,000
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ... ▶	13	

For Paperwork Reduction Act Notice, see page 1 of the separate Instructions.

Section 179 Summary (from Asset Manager)

Schedule or Form	Multiple	Description	Cost	Elected Cost	Comment
K	1	EQUIPMENT 100	115000	115000	
K	1	MACHINE 101	10000	10000	
TOTAL TO SEC 179 SUMMARY LINE 6:				125000	

Georgia Depreciation and Amortization
(Including Information on Listed Property)

Note: Georgia does not allow any additional depreciation benefits provided by I.R.C. Section 168(k), 1400L, and 1400N(d)(1), and certain other provisions.

2010

▶ See separate instructions.

▶ Attach to your return.

Name(s) shown on return CAPE CRUSADERS	Business or activity to which this form relates FOR FORM 1120S	Identification number 11-1111111
---	---	-------------------------------------

Part I Election To Expense Certain Tangible Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See IRS instructions for a higher limit for certain businesses	1	\$250,000
2	Total cost of IRC Section 179 property placed in service (See IRS instructions)	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see IRS instructions	5	0
6	(a) Description of property SEE SECTION 179 WRKSHT	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	0
12	IRC Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	125,000
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (see instructions) (other than listed property) placed in service during the tax year	14	Not allowed for Georgia purposes
15	Property subject to IRC Section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.)

10 GA45621 TWF 43485A

Section A

Copyright Forms (Software Only) - 2010 TW

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing under IRC Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B -- Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only.) See IRS inst.	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Part IV Section C -- Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20 a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Summary (See IRS instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to IRC Section 263A costs	23	

2010 KANSAS PARTNERSHIP OR
S CORPORATION INCOME TAX RETURN

201

154010

For the taxable year beginning 01012010, ending 12312010

CAPE CRUSADERS
567 WAYNE LANE
MANHATTAN

NY 10001

Filing an AMENDED return?

EIN 111111111

A. This return is being filed for 1. Partnership 2. S Corporation D. Date Business Began in KS

I. Tax credits schedules are enclosed?

B. Method Used to Determine Income of Corporation in Kansas

05012002

J. Original federal due date if other than 15th day of 3rd month after the end of the tax year.

X 1. Activity wholly within Kansas or single entity apportionment method

E. Date Business Discontinued in KS

2. Combined income method (Enclose Sch K-121S)

K. Name or address has changed?

3. Common carrier mileage (Enclose mileage apportionment schedule)

F. State and Date of Incorporation

L. Are you filing Form K-40C?

4. Alternative or separate accounting (See instructions under "Definitions" and enclose letter of authorization & schedule)

NY 05012002

M. Have you submitted Form K-120EL?

5. Qualified elective two-factor (Part I) Year qualified

G. State of Commercial Domicile NY

C. Business Activity Code (NAICS) 999999

H. Enter number of shareholders/partners included in Part II 3

1. Ordinary income from federal Schedule K 169800.00

11. Total subtractions from federal income (Add lines 8, 9 & 10)

2a. Total of all other income from federal Sch. K. 49000.00

12. Net income before apportionment (Add line 3 to line 7 and subtract line 11) 153800.00

2b. Total of allowable deductions from federal Schedule K 125000.00

13. Nonbusiness income -- Total company (Sch. Req.)

3. Total federal income (Add lines 1 to line 2a and subtract line 2b) 93800.00

14. Apportionable business income (Subtract line 13 from line 12) 153800.00

4. Total state and municipal interest (Sch. Req.)

15. Average percent to Kansas (Part III, lines A, B, C & E)
A. 5.7190 B. 0.6557
C. 1.1556 E. 2.5101

5. Taxes on or measured by income or fees or payments in lieu of income taxes (Sch. Req.) 60000.00

16. Amount to Kansas (Multiply line 14 by line 15) 3861.00

6. Other additions to federal income (Sch. Req.)

17. Nonbusiness income -- Kansas (Sch. Req.)

7. Total additions to federal income (Add lines 4, 5 & 6) 60000.00

18. Total Kansas income (Add lines 16 & 17) 3861.00

8. Interest on U.S. government obligations (Sch. Req.)

19. Estimated tax paid and amount credited forward (Sep. Sch.)

9. IRC Sec. 78 and 80% of foreign dividends (Sch. Req.)

20. Other tax payments (Sep. Sch.)

10. Other subtractions from federal income (Sch. Req.)

21. Refund (Add lines 19 & 20)

X I authorize the Director of Taxation or the Director's designee to discuss my K-120S and any enclosures with my preparer.

I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct and complete return.

ARTHUR DIMARSKY

32 ERIC LN

STATEN ISLAND NY 10308

Signature

Title VICE PRESIDENT

Date

Preparer

Preparer

Preparer SSN

Signature

Phone Number 6466373269

or EIN/PTIN 00011111

Date

PART I -- ADDITIONAL INFORMATION

1. Did the corporation file a Kansas income return under the same name for the preceding year? Yes No If "no", enter previous name and EIN.

2. Enter the address of the corporation's principal location in Kansas.
 567 WAYNE LANE
 MANHATTAN NY 10001

3. The corporation's books are in care of:
 Name _____
 Address _____
 Telephone _____

4. Has your corporation been involved in any reorganization during the period covered by this return? Yes No If "yes", enclose a detailed explanation.

5. If your federal taxable income has been redetermined for any prior years that have not previously been reported to Kansas, check the applicable box(es) below and state the calendar, fiscal, or short period year ending date. You are required to submit, **under separate cover**, the federal forms or Revenue Agent's Report along with the Kansas amended return (Form K-120S).
 Revenue Agent's Report Net Operating Loss
 Amended Return Years ended _____

Sample Return

PART II -- PARTNER'S OR SHAREHOLDER'S DISTRIBUTION OF INCOME

This schedule is to be completed for all partners or shareholders. If you have nonresident partners or shareholders, complete Form KW-7S. If there are more than 8 partners or shareholders, you must complete a schedule similar to the schedule below and submit it with your return. Individual partners or shareholders complete columns 1 through 8. All other partners and shareholders complete columns 1 through 5.

(1) Name and address of partner or shareholder	Check box if nonresident	(2) Social Security Number or Employee identification Number (EIN)	(3) Partner's or shareholder's percent of ownership	(4) Partner's profit percent or shareholder's applicable percentage
(a) BATMAN 567 WAYNE LANE MANHATTAN NY	<input checked="" type="checkbox"/>	111111111	33.34	33.34
(b) ROBIN 44 BAT CAVE ROAD MANHATTAN NY	<input checked="" type="checkbox"/>	222222222	33.33	33.33
(c) BATWOMAN 55 TOUGHER THAN BATMAN AVE	<input checked="" type="checkbox"/>	333333333	33.33	33.33
(d) _____	<input type="checkbox"/>			
(e) _____	<input type="checkbox"/>			
(f) _____	<input type="checkbox"/>			
(g) _____	<input type="checkbox"/>			
(h) _____	<input type="checkbox"/>			
(i) _____	<input type="checkbox"/>			
(j) _____	<input type="checkbox"/>			
(k) _____	<input type="checkbox"/>			
(l) _____	<input type="checkbox"/>			

See instructions for Nonresident Partner's or Shareholder's Computation of Columns 6, 7 and 8.

(5) Income from Kansas sources. Kansas resident individuals: Multiply column 4 by line 12, page 1. Nonresident individuals: If income is earned only from Kansas sources multiply column 4 by line 12, page 1. If earned from inside and outside of Kansas, multiply column 4 by line 18, page 1. All other partners or shareholders: Multiply column 4 by line 18.	(6) Partner's or shareholder's portion of federal ordinary and other income (losses) and deductions. Multiply the percentage in column 4 by line 3, page 1.	(7) Partner's or shareholder's portion of total Kansas income. Multiply the percentage in column 4 by line 12, page 1.	(8) Partner's or Shareholder's modification. See instructions. Enter result in Part A of Schedule S, Form K-40.
(a) 1287.00	31273.00	51277.00	-20004.00
(b) 1287.00	31264.00	51262.00	-19998.00
(c) 1287.00	31264.00	51262.00	-19998.00
(d) _____			
(e) _____			
(f) _____			
(g) _____			
(h) _____			
(i) _____			
(j) _____			
(k) _____			
(l) _____			

KANSAS
Corporation Apportionment Schedule

FOR USE BY CORPORATIONS APPORTIONING INCOME
(Corporations using the combined income method must use Schedule K-121S)

For the taxable year beginning 01012010 , ending 12312010

Name as shown on Form K-120S CAPE CRUSADERS	Employer Identification Number (EIN) 111111111
---	--

PART III -- APPORTIONMENT FORMULA

Sample Return

A. Property	WITHIN KANSAS		TOTAL COMPANY		PERCENT WITHIN KANSAS
	Beginning of Year	End of Year	Beginning of Year	End of Year	
(1) Value of owned real and tangible personal property used in the business at original cost					
Inventory	10000	7500	95000	66000	
Depreciable assets				125000	
Land			10000	10000	
Other tangible assets (Enclose schedule) ...					
Less: Construction in progress					
Total property to be averaged	10000	7500	105000	201000	
Average owned property (Beg. + End ÷ 2)		8750		153000	
(2) Net annual rented property. Multiplied by 8					
TOTAL PROPERTY (Enter on line 15, Block A, page 1)		8750		153000	A 5.7190 %

B. Payroll (Those corporations qualified and utilizing the elective two-factor formula must complete this area only during the first year of qualifying)	Within Kansas	Total Company	PERCENT WITHIN KANSAS
(1) Compensation of officers	2000	250000	
(2) Wages, salaries and commissions		55000	
(3) Payroll expense included in cost of goods sold			
(4) Payroll expense included in repairs			
(5) Other wages and salaries			
TOTAL PAYROLL (Enter on line 15, Block B, page 1) (if qualified and utilizing the elective two-factor formula, do not carry this percentage to page 1)	2000	305000	B 0.6557 %

C. Sales (Gross receipts, less returns and allowances)	Within Kansas	Total Company	PERCENT WITHIN KANSAS
(1) Sales delivered or shipped to purchasers in Kansas:	7500	600000	
(a) Shipped from outside Kansas			
(b) Shipped from within Kansas			
(2) Sales shipped from Kansas to:			
(a) The United States Government			
(b) Purchasers in a state where the taxpayer would not be taxable (e.g., under federal Public Law 86-272)			
(3) Dividends		1000	
Interest		3000	
Rents			
Royalties			
Gains/losses from intangible asset sales			
Gross proceeds from tangible asset sales		45000	
Other income (Enclose schedule)			
TOTAL SALES (Enter on line 15, Block C, page 1)	7500	649000	C 1.1556 %

D(1). Total percent (Sum of lines A, B & C if utilizing three-factor formula)	D(1) 7.5303 %
D(2). Total percent (Sum of lines A & C if qualified and utilizing two-factor formula)	D(2) 0.0000 %
E. Average percent of either D(1) or D(2), whichever is applicable (Enter on line 15, page 1)	E 2.5101 %

PART IV -- KANSAS PASS-THROUGH SCHEDULE

The distributions from the entities listed below have been passed-through and are included in your entity.

Entity Name	Entity Address (Number and Street, City, State, Zip)	EIN	Principal Product or Services	Kansas Operations (Y / N)
1.	Sample Return			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PART V -- KANSAS QSUB / DISREGARDED ENTITY SCHEDULE

The QSub or Disregarded entities listed below are included in this return.

QSub or Disregarded Entity Name	Entity Address (Number and Street, City, State, Zip)	EIN	Principal Product or Services	Kansas Operations (Y / N)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2010 PARTNER'S/SHAREHOLDERS SHARE OF INCOME DEDUCTIONS, CREDITS, ETC.

2010

Calendar year 2010 or fiscal year beg. _____, and ending _____

Partner's/Shareholders Identifying Number 111-11-1111

Partnership's/Shareholders FEIN 11-1111111

Partner's/Shareholders Name, Address and ZIP code

Partnership's/Shareholders Name, Address, and ZIP code

BATMAN
567 WAYNE LANE
MANHATTAN NY 10001

CAPE CRUSADERS
567 WAYNE LANE
MANHATTAN NY 10001

Sample Return

MODIFICATIONS

Table with 14 rows of modifications. Row 1: Partner's/Shareholders taxable percentage 33.3400%. Row 2: Apportionment percentage 2.5101%. Row 3: Total state and municipal interest not specifically exempt from Kansas tax 1. Row 4: Taxes on or measured by income or fees or payments in lieu of income taxes 2. 502. Row 5: Other additions to federal income 3. Row 6: Interest on obligations of the United States 4. Row 7: IRC Section 78 and 80% of foreign dividends 5. Row 8: Other subtractions from federal ordinary income 6. Row 9: Nonbusiness Income - Total company 7. Row 10: Kansas community service contribution credit 8. Row 11: Kansas disabled access credit 9. Row 12: Kansas habitat management credit 10. Row 13: Kansas regional foundation contribution credit 11. Row 14: Kansas small employer healthcare credit 12. Row 15: Kansas swine facility improvement credit 13. Row 16: Other credits 14.

2010 PARTNER'S/SHAREHOLDERS SHARE OF INCOME DEDUCTIONS, CREDITS, ETC.

2010

Calendar year 2010 or fiscal year beg. _____, and ending _____

Partner's/Shareholders Identifying Number 222-22-2222

Partnership's/Shareholders FEIN 11-1111111

Partner's/Shareholders Name, Address and ZIP code

Partnership's/Shareholders Name, Address, and ZIP code

ROBIN
44 BAT CAVE ROAD
MANHATTAN NY 10001

CAPE CRUSADERS
567 WAYNE LANE
MANHATTAN NY 10001

Sample Return

MODIFICATIONS

Table with 14 rows for modifications. Includes Partner's/Shareholders taxable percentage (33.3300%), Apportionment percentage (2.5101%), and items 1-14 for state and municipal interest, taxes, and various credits.

2010 PARTNER'S/SHAREHOLDERS SHARE OF INCOME DEDUCTIONS, CREDITS, ETC.

2010

Calendar year 2010 or fiscal year beg. _____, and ending _____

Partner's/Shareholders Identifying Number 333-33-3333

Partnership's/Shareholders FEIN 11-1111111

Partner's/Shareholders Name, Address and ZIP code

Partnership's/Shareholders Name, Address, and ZIP code

BATWOMAN
55 TOUGHER THAN BATMAN AVENUE
MANHATTAN NY 10001

CAPE CRUSADERS
567 WAYNE LANE
MANHATTAN NY 10001

Sample Return

MODIFICATIONS

Table with 14 rows of modifications. Includes Partner's/Shareholders taxable percentage (33.3300%), Apportionment percentage (2.5101%), and various state and federal adjustments.

U.S. Income Tax Return for an S Corporation

Department of the Treasury
Internal Revenue Service

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
▶ See separate instructions.

2010

For calendar year 2010 or tax year beginning _____, 2010, ending _____, 20

A S election effective date 05-01-2001 B Business activity code number (see instructions) 999999 C Check if Sch. M-3 attached <input type="checkbox"/>	TYPE OR PRINT	Name Number, street, room/suite no. City/town, state, & Zip code CAPE CRUSADERS 567 WAYNE LANE MANHATTAN NY 10001	D Employer ID no. 11-1111111 E Date incorporated 05-01-2002 F Total assets (see inst.) \$ 898,322
---	----------------------	--	---

Sample Return

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed

H Check if: (1) Final return (2) Name change (3) Address change
 (4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year ▶ 3

Caution. Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

I N C O M E	1a	Gross receipts or sales 600,000	b	Less returns and allowances	1c	600,000
	2	Cost of goods sold (Schedule A, line 8)			2	59,000
	3	Gross profit. Subtract line 2 from line 1c			3	541,000
	4	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			4	
	5	Other income (loss) (see instructions -- attach statement)			5	
	6	Total income (loss). Add lines 3 through 5			6	541,000
S E E F O R I N S T R U C T I O N S	7	Compensation of officers			7	250,000
	8	Salaries and wages (less employment credits)			8	55,000
	9	Repairs and maintenance			9	100
	10	Bad debts			10	
	11	Rents			11	
	12	Taxes and licenses			12	60,000 #1
	13	Interest			13	
	14	Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)			14	
	15	Depletion (Do not deduct oil and gas depletion.)			15	
	16	Advertising			16	
	17	Pension, profit-sharing, etc., plans			17	
	18	Employee benefit programs			18	
	19	Other deductions (attach statement)			19	6,100 #2
	20	Total deductions. Add lines 7 through 19			20	371,200
	21	Ordinary business income (loss). Subtract line 20 from line 6			21	169,800
T A X A N D P A Y M E N T S	22a	Excess net passive income or LIFO recapture tax (see instructions)	22a			
	22b	Tax from Schedule D (Form 1120S)	22b			
	22c	Add lines 22a and 22b (see instructions for additional taxes)			22c	0
	23a	2010 estimated tax payments and 2009 overpayment credited to 2010	23a			
	23b	Tax deposited with Form 7004	23b			
	23c	Credit for federal tax paid on fuels (attach Form 4136)	23c			
	23d	Add lines 23a through 23c			23d	0
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached			24	
	25	Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25	0
	26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26	
27	Enter amount from line 26 Credited to 2011 estimated tax ▶ 0 Refunded ▶			27	0	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	VICE PRESIDENT	Title May the IRS discuss this return with the preparer shown below (see inst.?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------	----------------------	------	----------------	---

Paid Preparer Use Only	Print/Type preparer's name A	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00011111
	Firm's name ▶ ARTHUR DIMARSKY			Firm's EIN ▶	
	Firm's address ▶ 32 ERIC LN STATEN ISLAND NY 10308			Phone no. (646) 637-3269	

Schedule A		Cost of Goods Sold (see instructions)	
1	Inventory at beginning of year	1	95,000
2	Purchases	2	30,000
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	125,000
7	Inventory at end of year	7	66,000
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	59,000

9a Check all methods used for valuing closing inventory: (i) Cost as described in Regulations section 1.471-3
(ii) Lower of cost or market as determined in Regulations section 1.471-2
(iii) Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c) ▶

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO **9d** _____

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? Yes No
If "Yes," attach explanation.

Sample Return

Schedule B		Other Information (see instructions)		Yes	No				
1	Check accounting method:	a	<input checked="" type="checkbox"/> Cash	b	<input type="checkbox"/> Accrual	c	<input type="checkbox"/> Other (specify) ▶ _____		
2	See the instructions and enter the:	a	Business activity ▶ UNCLASSIFIED	b	Product or service ▶ FIGHTING CRIME				
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a qualified subchapter S subsidiary election made?								<input checked="" type="checkbox"/>
4	Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?								<input checked="" type="checkbox"/>
5	Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corp. may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.								<input type="checkbox"/>
6	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$ _____								
7	Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____								
8	Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L and M-1								<input checked="" type="checkbox"/>
9	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions								<input checked="" type="checkbox"/>

Schedule K		Shareholders' Pro Rata Share Items		Total amount	
INCOME LOSS	1	Ordinary business income (loss) (page 1, line 21)	1	169,800	
	2	Net rental real estate income (loss) (attach Form 8825)	2		
	3a	Other gross rental income (loss)	3a		
	b	Expenses from other rental activities (attach statement)	3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c		
	4	Interest income	4	3,000	
	5	Dividends: a Ordinary dividends	5a	1,000	
	b	Qualified dividends	5b	1,000	
	6	Royalties	6		
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	30,000	
8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	15,000		
b	Collectibles (28%) gain (loss)	8b			
c	Unrecaptured section 1250 gain (attach statement)	8c			
9	Net section 1231 gain (loss) (attach Form 4797)	9			
10	Other income (loss) (see instructions) Type ▶ _____	10			

		Shareholders' Pro Rata Share Items (continued)	Total amount	
Deductions	11	Section 179 deduction (attach Form 4562)	11	125,000
	12a	Contributions	12a	1,500 #3
	b	Investment interest expense	12b	
	c	Section 59(e)(2) expenditures (1) Type ▶ _____ (2) Amount ▶ _____	12c(2)	
	d	Other deductions (see instructions) Type ▶ _____	12d	
Credits	13a	Low-income housing credit (section 42(j)(5))	13a	
	b	Low-income housing credit (other)	13b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c	
	d	Other rental real estate credits (see instructions) Type ▶ _____	13d	
	e	Other rental credits (see instructions) Type ▶ _____	13e	
	f	Alcohol and cellulosic biofuel fuels credit (attach Form 6478)	13f	
	g	Other credits (see instructions) Type ▶ _____	13g	
Foreign Transactions	14a	Name of country or U.S. possession ▶ _____		
	b	Gross income from all sources	14b	
	c	Gross income sourced at shareholder level	14c	
		Foreign gross income sourced at corporate level		
	d	Passive category	14d	
	e	General category	14e	
	f	Other (attach statement)	14f	
		Deductions allocated and apportioned at shareholder level		
	g	Interest expense	14g	
	h	Other	14h	
		Deductions allocated and apportioned at corporate level to foreign source income		
	i	Passive category	14i	
	j	General category	14j	
	k	Other (attach statement)	14k	
	Other information			
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
	m Reduction in taxes available for credit (attach statement)	14m		
	n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a	
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties--gross income	15d	
	e	Oil, gas, and geothermal properties--deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	5,000 #4
	d	Distributions (attach statement if required) (see instructions)	16d	40,000
	e	Repayment of loans from shareholders	16e	
Other Information	17a	Investment income	17a	4,000
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	
	d	Other items and amounts (attach statement)		
Reconciliation	18	Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	92,300

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		199,039		807,022
2a	Trade notes and accounts receivable	2,500		3,300	
b	Less allowance for bad debts	()	2,500	()	3,300
3	Inventories		95,000		66,000
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)		11,000		12,000 #7
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets			125,000	
b	Less accumulated depreciation	()		(125,000)	
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)		10,000		10,000
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		317,539		898,322
Liabilities and Shareholders' Equity					
16	Accounts payable		155,456		8,000
17	Mortgages, notes, bonds payable in less than 1 yr				
18	Other current liabilities (attach statement)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				680,939
21	Other liabilities (attach statement)				
22	Capital stock		5,000		5,000
23	Additional paid-in capital				
24	Retained earnings		157,083		204,383
25	Adjustments to shareholders' equity (attach stmt.)				
26	Less cost of treasury stock	()		()	
27	Total liabilities and shareholders' equity		317,539		898,322

Sample Return

Schedule M-1		Reconciliation of Income (Loss) per Books With Income (Loss) per Return	
Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more -- see instructions			
1	Net income (loss) per books	87,300	5
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):		a Tax-exempt interest \$ _____
a	Depreciation \$ _____		6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):
b	Travel and entertainment \$ 5,000		a Depreciation \$ _____
		5,000	7 Add lines 5 and 6
4	Add lines 1 through 3	92,300	8
			Income (loss) (Schedule K, line 18). Line 4 less line 7
			92,300

Schedule M-2			
Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)			
	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	157,083	
2	Ordinary income from page 1, line 21	169,800	
3	Other additions	49,000#5	
4	Loss from page 1, line 21	()	
5	Other reductions	(131,500#6)	
6	Combine lines 1 through 5	244,383	
7	Distributions other than dividend distributions	40,000	
8	Balance at end of tax year. Subtract line 7 from line 6	204,383	

**SCHEDULE D
(Form 1120S)**

Capital Gains and Losses and Built-in Gains

OMB No. 1545-0130

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1120S.
▶ See separate instructions.

2010

Name
CAPE CRUSADERS

Employer identification number
11-1111111

Part I Short-Term Capital Gains and Losses -- Assets Held One Year or Less

(a) Description of property 1 (Example: 100 shares of Z Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see inst.)	(f) Gain or (loss) (Subtract (e) from (d))
FROM SCH K-1 REC'D J AND M PARTNERSHIP	VARIOUS	VARIOUS	30000		30000
2 Short-term capital gain from installment sales from Form 6252, line 26 or 37					2
3 Short-term capital gain or (loss) from like-kind exchanges from Form 8824					3
4 Combine lines 1 through 3 in column (f)					4 30000
5 Tax on short-term capital gain included on line 21 below					5 ()
6 Net short-term capital gain or (loss). Combine lines 4 and 5. Enter here and on Form 1120S, Schedule K, line 7 or 10					6 30000

Part II Long-Term Capital Gains and Losses -- Assets Held More Than One Year

(a) Description of property 7 (Example: 100 shares of Z Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see inst.)	(f) Gain or (loss) (Subtract (e) from (d))
100SHRS INTEL STOCK	04-01-2003	06-01-2008	30000	5000	25000
FROM SCH K-1 REC'D J AND M PARTNERSHIP	VARIOUS	VARIOUS	-10000		-10000
8 Long-term capital gain from installment sales from Form 6252, line 26 or 37					8
9 Long-term capital gain or (loss) from like-kind exchanges from Form 8824					9
10 Capital gain distributions					10
11 Combine lines 7 through 10 in column (f)					11 15000
12 Tax on long-term capital gain included on line 21 below					12 ()
13 Net long-term capital gain or (loss). Combine lines 11 and 12. Enter here and on Form 1120S, Schedule K, line 8a or 10					13 15000

Part III Built-in Gains Tax (See instructions **before** completing this part.)

14 Excess of recognized built-in gains over recognized built-in losses (attach computation schedule)	14
15 Taxable income (attach computation schedule)	15
16 Net recognized built-in gain. Enter the smallest of line 14, line 15, or line 6 of Schedule B	16
17 Section 1374(b)(2) deduction	17
18 Subtract line 17 from line 16. If zero or less, enter -0- here and on line 21	18
19 Enter 35% of line 18	19
20 Section 1374(b)(3) business credit and minimum tax credit carryforwards from C corporation years	20
21 Tax. Subtract line 20 from line 19 (if zero or less, enter -0-). Enter here and on Form 1120S, page 1, line 22b	21

For Paperwork Reduction Act Notice, see the Instructions for Form 1120S.

Schedule D (Form 1120S) 2010

U.S. Corporation Income Tax Return
For calendar year 2010 or tax year beginning _____, 2010, end. _____, 20____
▶ See separate instructions.

- A Check if:**
- 1a Consolidated return (attach Form 851)
 - b Life/nonlife consolidated return
 - 2 Personal holding co. (attach Sch. PH)
 - 3 Personal service corp. (see instructions)
 - 4 Schedule M-3 attached

Name No., street, and room or suite no. City/town, state, and ZIP code
INCOME CALCULATION FOR LOUISIANA USE
CAPE CRUSADERS

567 WAYNE LANE
MANHATTAN NY 10001

B Employer identification no.
11-1111111
C Date incorporated

D Total assets (see instructions)
\$

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

INCOME	1a	Gross receipts/sales	600,000	b Less returns and allowances		c Bal ▶	1c	600,000
	2	Cost of goods sold (Schedule A, line 1)					2	59,000
	3	Gross profit. Subtract line 2 from line 1c					3	541,000
	4	Dividends (Schedule C, line 19)					4	1,000
	5	Interest					5	3,000
	6	Gross rents					6	
	7	Gross royalties					7	
	8	Capital gain net income (attach Schedule D (Form 1120))					8	45,000
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)					9	
	10	Other income (see instructions -- attach schedule)					10	
	11	Total income. Add lines 3 through 10					11	590,000

DEDUCTIONS	12	Compensation of officers (Schedule E, line 4)				▶	12	250,000	
	13	Salaries and wages (less employment credits)					13	55,000	
	14	Repairs and maintenance					14	100	
	15	Bad debts					15		
	16	Rents					16		
	17	Taxes and licenses					17	60,000	
	18	Interest					18		
	19	Charitable contributions					19	1,500	
	20	Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)					20	125,000	
	21	Depletion					21		
	22	Advertising					22		
	23	Pension, profit-sharing, etc., plans					23		
	24	Employee benefit programs					24		
	25	Domestic production activities deduction (attach Form 8903)					25		
	26	Other deductions (attach schedule)					26	6,100	
	27	Total deductions. Add lines 12 through 26					▶	27	497,700
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11						28	92,300
29	Less: a Net operating loss deduction (see instructions)		29a						
	b Special deductions (Schedule C, line 20)		29b				29c		

CREDITS AND REFUNDABLE PAYMENTS	30	Taxable income. Subtract line 29c from line 28 (see instructions)					30	
	31	Total tax (Schedule J, line 10)					31	
	32a	2009 overpayment credited to 2010	32a					
	b	2010 estimated tax payments	32b					
	c	2010 refund applied for on Form 4466	32c	()		d Bal ▶	32d	
	e	Tax deposited with Form 7004					32e	
	f	Credits: (1) Form 2439 (2) Form 4136					32f	
	g	Refundable credits from Form 3800, line 19c, and Form 8827, line 8c					32g	32h
	33	Estimated tax penalty (see instructions). Check if Form 2220 is attached						33
	34	Amount owed. If line 32h is smaller than the total of lines 31 and 33, enter amount owed						34
35	Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid						35	
36	Enter amt. from line 35 you want: Credited to 2011 estimated tax ▶ Refunded ▶						36	

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules & statements, & to the best of my knowledge & belief, it is true, correct, & complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with preparer shown below (see inst.?) Yes No

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if PTIN self-employed

Firm's name ▶ _____ Firm's EIN ▶ _____
Firm's address ▶ _____ Phone no. _____

Enter your LA Revenue Account
 Number here (Not FEIN): ▶ _____

For office
 use only.

Louisiana Corporation Income Tax Return for 2010 or Fiscal Year	Louisiana Corporation Franchise Tax Return for 2011 or Fiscal Year
Begun _____, 2010 Ended _____, 2011	Begun _____, 2011 Ended _____, 2012
Cal. yr. returns are due April 15 . See inst. for fiscal years.	
<input type="checkbox"/> Final return	Mark the appropriate box for Short period or Final return.
<input type="checkbox"/> Short period return	

- Check box if:**
- ▶ Name change.
 - ▶ Amended return.
 - ▶ Entity is not required to file franchise tax.

Legal Name CAPE CRUSADERS		
Trade Name		
Address 567 WAYNE LANE		
City MANHATTAN	State NY	ZIP 10001

Sample Return

Enter the corporation's name and complete mailing address above.

A. Federal Employer Identification Number	A. ▶	11-1111111
B. Federal taxable income	B. ▶	92,300
C. Federal income tax	C. ▶	
D. Income tax apportionment percentage (two decimal places)	D. ▶	4.43%
E. Gross revenues	E. ▶	600,000
F. Total assets	F. ▶	898,322
G. NAICS code	G. ▶	999999
H. Was the income of this corporation included in a consolidated federal income tax return?	H. ▶	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
I. Is CIFT-620A, Apportionment and Allocation Schedules included with this return?	I. ▶	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
J. Do the books of the corporation contain intercompany debt?	J. ▶	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Computation of Income Tax		
1A. Louisiana net income before loss adjustments and federal income tax deduction -- From either CIFT-620 Schedule D, Line 13 OR from CIFT-620A Schedule P, Line 31	1A. ▶	4,620
1B. Subchapter S corporation exclusion -- Attach schedule.	1B. ▶	
1C. Loss carryforward [\$] less federal tax refund applicable to loss [\$] Attach schedule.	1C. ▶	
1D. Loss carryback [\$] less federal tax refund applicable to loss [\$] Attach schedule.	1D. ▶	
1E. Federal income tax deduction	1E. ▶	
1E1. Federal Disaster Relief Credits	1E1. ▶	
1F. Louisiana taxable income -- Subtract Lines 1B, 1C, 1D, and 1E from Line 1A.	1F. ▶	4,620
2. Louisiana income tax -- From CIFT-620 Schedule E, Line 4	2. ▶	185
3. Total nonrefundable income tax credits -- From CIFT-620 Schedule NRC, Line 10	3. ▶	
4. Income tax after nonrefundable credits -- Subtract Line 3 from Line 2.	4. ▶	185
5. Estimated tax payments -- From CIFT-620 Schedule I, Line 7	5. ▶	
6. Amount of income tax due or overpayment -- Subtract Line 5 from Line 4.	6. ▶	185

Vendor Code:

2121

*** Complete the following page, sign and date return and remit
 any amount due shown on Line 25. Do not send cash.**

10 LA6201 TWF 42462
 Copyright Forms
 (Software Only) - 2010 TW

FOR OFFICE USE ONLY.

SPEC CODE

Field flag				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2118



www.revenue.louisiana.gov

20404 243 12312010 00000000 00000185009 8

Computation of Franchise Tax		
7A. Total capital stock, surplus, & undivided profits -- From CIFT-620 Schedule A-1, Line 25, Column 2.	7A. ▶	
7B. Franchise tax apportionment percentage -- From CIFT-620A Schedule N, either Line 1D OR Line 4 -- Percentage must be carried out to 2 decimal places. Do not exceed 100.00%.	7B. ▶	3.72 %
7C. Franchise taxable base -- Multiply Line 7A by Line 7B.	7C. ▶	
8. Amount of assessed value of real and personal property in Louisiana in 2010	8. ▶	
9. Louisiana franchise tax -- From CIFT-620 Schedule F, Line 6	9. ▶	
10. Total nonrefundable franchise tax credits -- From CIFT-620 Schedule NR, Line 41	10. ▶	
11. Franchise tax after nonrefundable credits -- Subtract Line 10 from Line 9.	11. ▶	
12. Previous payments	12. ▶	
13. Amount of franchise tax due or overpayment -- Subtract Line 12 from Line 11.	13. ▶	
Net Amount Due		
14. Total income and franchise tax due or overpayment -- Add Lines 6 and 13.	14. ▶	185
15. Louisiana Citizens Insurance Credit	15. ▶	
15A. Other refundable credits -- From CIFT-620 Schedule RC, Line 6	15A. ▶	
15B. Subtotal -- Add Lines 15 and 15A and enter the result.	15B. ▶	
16. Net income and franchise taxes overpayment .	16. ▶	
17. Amount of overpayment you want to donate to The Military Family Assistance Fund	17. ▶	
18. Amount of overpayment you want Refunded	18. ▶	
19. Amount of overpayment you want Credited to 2011	19. ▶	
20. Amount due -- If Line 14 is greater than Line 15B, subtract Line 15B from Line 14 and enter the result.	20. ▶	185
21. Delinquent filing penalty	21. ▶	
22. Delinquent payment penalty	22. ▶	
23. Interest	23. ▶	
24. Additional donation to The Military Family Assistance Fund	24. ▶	
25. Total amount due -- Add Lines 20 through 24.	25. ▶	185

Make payment to Louisiana Department of Revenue. DO NOT SEND CASH.

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge.

BATWOMAN
 Enter name of officer

 Signature of officer
VICE PRESIDENT
 Title of officer

 Telephone _____ Date _____

 Signature of preparer
ARTHUR DIMARSKY
 Firm name
(646) 637-3269
 Telephone _____ Date _____



Schedule NRC -- Nonrefundable Tax Credits, Exemptions, and Rebates			
Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.	►		
2.	►		
3.	►		
4.	►		
5.	Sample Return		
6.	►		
7.	►		
8.	►		
9.	►		
10. Total Income Tax Credits: Add credit amounts in Column A. Enter here and on CIFT-620, Line 3.	►		
11. Total Franchise Tax Credits: Add credit amounts in Column B. Enter here and on CIFT-620, Line 10.	►		

Description	Code
Premium Tax	100
Bone Marrow	120
Nonviolent Offenders	140
Qualified Playgrounds	150
Debt Issuance	155
Contributions to Educational Institutions	160
Donations to Public Schools	170

Description	Code
Donations of Materials, Equipment, Advisors, Instructors	175
Other	199
Atchafalaya Trace	200
Previously Unemployed	208
Recycling Credit	210
Basic Skills Training	212
Dedicated Research	220
New Jobs Credit	224
Refunds by Utilities	226
Eligible Re-entrants	228

Description	Code
Neighborhood Assistance	230
Cane River Heritage Area	232
La Community Economic Dev	234
Apprenticeship	236
Ports of Louisiana Investor	238
Ports of Louisiana Import Export Cargo	240
Motion Picture Investment	251
Research & Development	252
Historic Structures	253
Digital Interactive Media	254

Description	Code
Motion Picture Resident	256
Capital Company	257
LCDFI Credit	258
New Markets	259
Brownfields Investor	260
Motion Picture Infrastructure	261
Other	299
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310
Enterprise Zone	315
Other	399

Schedule RC -- Refundable Tax Credits and Rebates			
Description	Code	Amount of Credit Claimed	
1.	► □ □	F	
2.	►	F	
3.	►	F	
4.	►	F	
5.	►	F	
6. Total: Add lines 1 through 5. Enter the result here and on Line 15A.	►		

Description	Code
Inventory Tax	50F
Ad Valorem Natural Gas	51F
Ad Valorem Offshore Vessels	52F
Telephone Company Property	54F
Prison Industry Enhancement	55F
Urban Revitalization	56F

Description	Code
Mentor-Protege	57F
Milk Producers	58F
Technology Commercialization	59F
Angel Investor	61F
Musical and Theatrical Production	62F

Description	Code
Wind and Solar Energy Systems	64F
School Readiness Child Care Provider	65F
School Readiness Business -- Supported Child Care	67F
School Readiness Fees and Grants to Resource and Referral Agencies	68F

Description	Code
Sugarcane Trailer Conversion	69F
Retention and Modernization	70F
Conversion of Vehicle to Alternative Fuel	71F
Research and Development	72F
Other Refundable	80F



Enter your LA Revenue Account Number here.▶ _____

For Schedule A-1 see Revenue Information Bulletin (RIB) 05-026 and Revenue Ruling (RR) 06-010.

All applicable schedules must be completed. Complete lines 1 through 11 only if there is an end of year balance in the "Due to Subsidiaries and Affiliates" account or an equivalent account on the books of the corporation.

Schedule A-1 Computation of Franchise Tax Base		
Sample Return		
1. Capital Stock:		
1A. Common Stock -- Include paid-in or Capital Surplus		
1B. Preferred Stock -- Include paid-in or Capital Surplus		
2. Total Capital stock -- Add Lines 1A and 1B.		
3. Surplus and undivided profits		
4. Surplus reserves -- Include any excessive reserves or undervalued assets.		
5. Total -- Add Lines 2, 3, and 4.		
6. Due to subsidiaries and affiliates		
7. Deposit liabilities to affiliates -- Included in the amount on Line 6		
8. Accounts payable less than 180 days old -- Included in the amount on Line 6		
9. Adjusted debt to affiliates -- Subtract Lines 7 and 8 from Line 6.		
10A. If Line 9 is greater than zero, AND Line 5 is greater than or equal to zero, subtract Line 5 from Line 9. If both conditions of this line do not apply, skip to Line 10B.		
10A1. If Line 10A is less than zero, enter zero on Line 11 and Line 24, column 2. If Line 10A is greater than zero, multiply Line 10A by 50 percent and enter this amount on Line 11 and Line 24, column 2.		
10B. If Line 9 is greater than zero, AND Line 5 is less than or equal to zero, subtract Line 5 from Line 9. Multiply the difference by 50 percent and enter the result here.		
10B1. Enter the lesser of Line 9 or Line 10B on Line 11 and Line 24, column 2. If Line 9 equals Line 10B, enter that amount on Line 11 and on Line 24, column 2.		
11. Enter the amount from either Line 10A1 or 10B1.		0
	1 End of year	2 Amounts in Col 1 that are included in the franchise taxable base.
12. Accounts payable		
13. Mortgages, notes and bonds payable one year old or less at balance sheet date and having a maturity of one year or less from original date incurred.		
14. Other current liabilities -- Attach Schedule.		
15. Loans from stockholders -- Attach Schedule.		
16. End of year balance due to subsidiaries and affiliates.		
17. Mortgages, notes and bonds payable more than one year old at balance sheet date or having a maturity of more than one year from original date incurred.		
18. Other liabilities -- Attach schedule.		
19. Capital Stock: Common Stock		
Preferred Stock		
20. Paid-in or capital surplus -- Include items of paid-in capital in excess of par value.		
21. Surplus reserves -- Attach schedule.		
22. Earned surplus and undivided profits		
23. Excess reserves or undervalued assets		
24. Additional surplus and undivided profits -- From Line 11 above		0
25. Total -- Add the amounts on Lines 12 through 24 in each column. Enter the total of Column 2 on CIFT-620, Line 7A. Round to the nearest dollar.		

Note: All items of capital, surplus and undivided profits must be included in the franchise taxable base. Column 1 should reflect the values of any liabilities and capital as shown on the books of the corporation. Enter in Column 2 those items of Column 1 that are included in the franchise taxable base.



Enter your LA Revenue Account Number here. ► _____

All applicable schedules must be completed.

Schedule C -- Analysis of Schedule A, Line 30, Column 2 -- Earned surplus and undivided profits per books			
1. Balance at beginning of year	157,083	5. Distributions: a. Cash	40,000
2. Net income per books	39,300	b. Stock	
3. Other increases -- Itemize.		c. Property	
		6. Other decreases -- Itemize.	
		7. Total -- Add Lines 5 and 6.	40,000
4. Total -- Add Lines 1, 2, and 3.	196,383	8. Balance at end of year -- Subtract Line 7 from Line 4.	156,383

Sample Return

Schedule D -- Computation of Louisiana Taxable Income	
Schedule D need not be completed if Form CIFT-620A, Schedule P is filed with this return.	
1. Federal taxable income	
Additions to Federal Taxable Income	
2. Net operating loss deduction claimed on federal return	
3. Dividends received deduction claimed on federal return	
4. Louisiana income tax deducted on federal return	
5. Other additions to federal taxable income -- Attach schedule.	
6. Total additions -- Add Lines 2 through 5.	
Subtractions from Federal Taxable Income	
7. Refunds of Louisiana income tax reported on federal return	
8. Louisiana depletion in excess of federal depletion -- Attach schedule.	
9. Expenses not deducted on the federal return due to Internal Revenue Code Section 280(C)	
10. Road Home -- The amount included in federal taxable income.	
11. Other subtractions -- Attach schedule.	
12. Total subtractions -- Add Lines 7 through 11.	
13. Louisiana net income before S corporation exclusion, loss adjustments, and federal income tax deduction -- Add the amount on Line 1 to the amount on Line 6, and subtract the amount on Line 12. Round to the nearest dollar. Enter here and on CIFT-620, Line 1A.	

Schedule B omitted on purpose.



Enter your LA Revenue Account Number here. ► _____

All applicable schedules must be completed.

Schedule E -- Calculation of Income Tax			
1. Enter the amount of net taxable income from CIFT-620, Line 1F.			4,620
2. Calculation of tax	Column 1 Net income in each bracket	RATE	Column 2 TAX
a. First \$25,000 of net income	4,620	x 4% =	185
b. Next \$25,000		x 5% =	
c. Next \$50,000		x 6% =	
d. Next \$100,000		x 7% =	
e. Over \$200,000		x 8% =	
3. Add the amounts in Column 1, Lines 2a through 2e and enter the result.			4,620
4. Add the amounts in Column 2, Lines 2a through 2e. Round to the nearest dollar. Enter in Column 2 and on CIFT-620, Line 2.			185
Schedule F -- Calculation of Franchise Tax			
1. Enter the amount from CIFT-620, Line 7C or Line 8, whichever is greater.			
2. Enter the amount of Line 1 or \$300,000, whichever is less.			
3. Multiply the amount on Line 2 by \$1.50 for each \$1,000 or major fraction and enter the result.			
4. Subtract Line 2 from Line 1 and enter the result.			
5. Multiply the amount on Line 4 by \$3.00 for each \$1,000 or major fraction and enter the result.			
6. Add Lines 3 and 5. Round to the nearest dollar. Enter the result here and on CIFT-620, Line 9.			
Schedule G -- Reconciliation of Federal and Louisiana Net Income			
Schedule G is required if Form CIFT-620A, Apportionment and Allocation Schedules are filed with this return.			
Important! See R.S. 47:287.71 and R.S. 47:287.73 for information.			
1. Enter the total net income calculated under federal law before special deductions.			92,300
2. Additions to federal net income:			
a. Louisiana income tax			60,000
b.			
c.			
d.			
e.			
f.			
Subtractions from federal net income:			
a. Dividends			
b. Interest			3,000
c. Road Home -- The amount included in federal taxable income			
d.			
e.			
f.			
3. Louisiana net income from all sources -- The amount should agree with Form CIFT-620A, Schedule P, Line 26.			149,300



All applicable schedules must be completed.

Enter your LA Revenue Account Number here. ▶

Schedule H -- Reconciliation of Income Per Books with Income Per Return			
1. Net income per books	39,300	7. Income recorded on books this year, but not included in this return -- Itemize.	
2. Louisiana income tax	60,000		
3. Excess of capital loss over capital gains			
4. Taxable income not recorded on books this year -- Itemize.		8. Deductions in this tax return not charged against book income this year:	
		a. Depreciation	
		b. Depletion	
		c. Other	
5. Expenses recorded on books this year, but not deducted in this return:			
a. Depreciation			
b. Depletion			
c. Other OTHER			
TRAVEL & ENTERTAINMENT	5,000	9. Total -- Add Lines 7 and 8.	
		10. Net income from all sources per return -- Subtract Line 9 from Line 6.	
6. Total -- Add Lines 1 through 5.	104,300		104,300

Sample Return

Schedule I -- Summary of Estimated Tax Payments			
	Check number	Date	Amount
1. Credit from prior year return			
2. First quarter estimated payment			
3. Second quarter estimated payment			
4. Third quarter estimated payment			
5. Fourth quarter estimated payment			
6. Payment made with extension request			
7. Total			

Additional Information Required	
<p>1. Indicate principal place of business. _____</p> <p>2. Describe the nature of your business activity and specify your principal product or service, both in Louisiana and elsewhere.</p> <p>Louisiana: UNCLASSIFIED</p> <p>Elsewhere:</p> <p>3. Indicate date & state of incorporation. <u>05-01-2002 LA</u></p> <p>4. Indicate parishes in which property is located.</p>	<p>5. At the end of the taxable year, did you directly or indirectly own 50% or more of the voting stock of any corporation or an interest of any partnership, including any entity treated as a corporation or partnership? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes," show name, address, and percentage owned.</p> <p>6. At the end of the tax year, did any corporation, individual, partnership, trust, or association directly or indirectly own 50% or more of your voting stock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes," show name, address, and percentage owned.</p>



Corporation Apportionment and Allocation Schedules

CIFT-620A-SD (1/11)

COMPLETE ALL APPLICABLE SCHEDULES.

2121

Enter your LA Revenue Account Number here. ▶

Name as shown on CIFT-620 CAPE CRUSADERS	Income taxable period covered 01-01-2010 TO 12-31-2010
--	--

Schedule M -- Computation of Corporate Franchise Tax and Income Tax Property Ratios

1. Items	Located everywhere		Located in Louisiana		
	2. Beginning of year	3. End of year	Franchise tax property factor 4. End of year	Income tax property factor	
				5. Beginning of year	6. End of year
Sample Return					
Intangible assets					
1. Cash					
2. Notes and accounts receivable	2500	3300			
3. Reserve for bad debts	()	()	()		
4. Investment in U.S. govt. obligations					
5. Stock and obligations of subsidiaries					
6. Other investments -- Attach schedule	11000	12000			
7. Loans to stockholders					
8. Other intangible assets -- Attach sch.					
9. Accumulated depreciation	()	()	()		
10. Total intangible assets -- Add Lines 1-9	212539	822322			
Real and tangible assets					
11. Inventories	95000	66000	4500	7000	4500
12. Bldgs. and other depreciable assets		125000			
13. Accumulated depreciation	()	(125000)	()	()	()
14. Depletable assets					
15. Accumulated depletion	()	()	()	()	()
16. Land	10000	10000			
17. Other real & tangible assets -- Attach schedule					
18. Excessive reserves, assets not reflected on books, or undervalued assets					
19. Total real and tangible assets -- Add Lines 11 through 18	105000	76000	4500	7000	4500
20. Total assets -- Add Lns. 10 & 19	317539	898322	4500		
21. Enter amt. from Line 19 above	105000	76000		7000	4500
22. Less real & tangible assets not used in production of net apportionable income -- Attach sch					
23. Balance	105000	76000		7000	4500
24. Beginning of year balance		105000			7000
25. Total -- Add Lines 23 and 24		181000			11500
26. Franchise tax property ratio (Line 20, Column 4 ÷ Line 20, Column 3)			0.50 %		
27. Income tax property ratio (Line 25, Column 6 ÷ Line 25, Column 3)					6.35 %

Schedule N -- Computation of Corporate Franchise Tax Apportionment Percentage

1. Description of items used as ratios	2. Total amount	3. Louisiana amount	4. Percent (Col. 3 ÷ Col. 2)
1. Net sales of merchandise, charges for services, and other revenues			
A. Sales	600000	45000	
B. Charges for services			
C. Other Revenues			
(i) Rents and royalties			
(ii) Dividends and interest from subsidiaries			
(iii) Other dividends and interest	4000		
(iv) All other revenues	45000		
D. Total -- Add the amounts in Cols. 2 & 3. Calculate the ratio and enter the result in Col. 4. For taxpayers whose primary business is manufacturing, use this apportionment ratio.	649000	45000	6.93 %
2. Franchise tax property ratio -- Enter in Column 4 the percentage from Schedule M, Line 26			0.50 %
3. Total of applicable percents in Column 4			7.43 %
4. Average of percents -- Divide Line 3 by applicable number of ratios. Enter here and on CIFT-620, Line 7B			3.72 %

For Manufacturers
This is your apportionment ratio.
Enter here & on Page 2, Line 7B of CIFT-620. Do NOT proceed further.



Schedule P -- Computation of Louisiana Net Income

Column 3 must be completed. Column 2 must also be completed if the separate accounting method is used. Those corporations employing the separate accounting method should review R.S. 47:287.94H for guidance.

1. Items	2. LA amounts (Lines 1 through 25)	3. Totals
1. Gross receipts 600000 Less returns and allowances		600000
2. Less: Cost of goods sold and/or operations -- Attach schedules.		59000
3. Gross profit		541000
4. Gross rents		
5. Gross royalties		
6. Income from estates, trusts, partnership		
7. Income from construction, repair, etc.		
8. Other income -- Attach schedule.		1000
9. Total income -- Add Lines 3 through 8.		542000
10. Compensation of officers		250000
11. Salaries and wages (not deducted elsewhere)		55000
12. Repairs -- Do not include cost of improvements or capital expenditures.		100
13. Bad debts		
14. Rent		
15. Taxes -- Attach schedule.		
16. Interest		
17. Contributions		1500
18. Depreciation -- Attach schedule.		125000
19. Depletion -- Attach schedule.		
20. Advertising		
21. Pension, profit sharing, stock bonus, and annuity plans		
22. Other employee benefit plans		
23. Other deductions -- Attach schedule.		6100
24. Total deductions -- Add Lines 10 through 23.		437700
25. Net income from LA sources -- If separate (direct) method of reporting is used, enter here and on Line 31.		
26. Net income from all sources -- Subtract Column 3, Line 24 from Column 3, Line 9.		104300
27. Allocable income from all sources -- Attach schedule supporting each amount.		
A. Net rents and royalties from immovable or corporeal movable property		
B. Royalties from the use of patents, trademarks, etc.		
C. Income from estates, trusts, and partnerships		
D. Income from construction, repair, etc.		
E. Other allocable income		
28. Net income subject to apportionment -- Subtract Line 27E, Column 3 from Line 26, Col. 3.		104300
29. Net income apportioned to Louisiana		4620
30. Allocable income from LA sources -- Attach schedule supporting each amount.		
A. Net rents and royalties from immovable or corporeal movable property		
B. Royalties from the use of patents, trademarks, etc.		
C. Income from estates, trusts, and partnerships		
D. Income from construction, repair, etc.		
E. Other allocable income		
31. Louisiana net income before loss adjustments and federal income tax deduction -- Add Column 3, Line 29 to Column 3, Line 30E. Enter the result or the amount on Line 25, whichever is applicable, here and on Form CIFT-620, Line 1A. Round to the nearest dollar.		4620

Sample Return

Schedule Q -- Computation of Income Tax Apportionment Percentage

1. Description of items used as ratios	2. Total amount	3. Louisiana amount	4. Percent (Col. 3 ÷ Col. 2)
1. Net sales of merchandise and/or charges for services			For Manufacturers / Merchandisers. This is your apportionment ratio. Use this result in determining inc. apportioned to LA. on Ln. 29, Sch. P above. Do NOT proceed further.
A. Sales	600000	45000	
B. Charges for services			
C. Other gross apportionable income	49,000		
D. Total -- Add the amounts in Columns 2 and 3. Calculate the ratio and enter the result in Column 4. For taxpayers whose primary business is manufacturing or merchandising, use this apportionment ratio.	649000	45000	6.93 %
2. Wages, salaries, & other personal service comp. pd. during year -- Enter amts. in Col. 2 & Col. 3. Calculate ratio & enter result in Col. 4.	305000		0.00 %
3. Income tax property ratio -- Enter percentage from Schedule M, Line 27			6.35 %
4. Total of percents in Column 4			13.28 %
5. Average of percents -- Multiply this result by the amount on Schedule P, Line 28 to determine the amount of Louisiana apportionable income			4.43 %

2129



LOUISIANA S CORPORATION
SHAREHOLDERS' INFORMATION

For income year beginning 01-01-2010 , and ending 12-31-2010

Corporation Name
CAPE CRUSADERS
Employer Identification Number
11-1111111

Name and address of shareholder

BATMAN
567 WAYNE LANE
MANHATTAN NY 10001

Federal Identifying Number or
Social Security Number ▶ 111-11-1111

Number of Shares at
end of S Corps Taxable year ▶ _____

Nonresident Yes No

Sample Return

Distribution share of S-Corp Net Income ▶

LOUISIANA S CORPORATION
SHAREHOLDERS' INFORMATION

For income year beginning 01-01-2010 , and ending 12-31-2010

Corporation Name

CAPE CRUSADERS

Employer Identification Number

11-1111111

Name and address of shareholder

ROBIN
44 BAT CAVE ROAD
MANHATTAN NY 10001

Federal Identifying Number or
Social Security Number ▶

222-22-2222

Number of Shares at
end of S Corps Taxable year ▶

Sample Return

Nonresident Yes No

Distribution share of S-Corp Net Income ▶

LOUISIANA S CORPORATION
SHAREHOLDERS' INFORMATION

For income year beginning 01-01-2010 , and ending 12-31-2010

Corporation Name CAPE CRUSADERS	Employer Identification Number 11-1111111
------------------------------------	--

Name and address of shareholder BATWOMAN 55 TOUGHER THAN BATMAN AVENUE MANHATTAN NY 10001	Federal Identifying Number or Social Security Number ▶ 333-33-3333
	Number of Shares at end of S Corps Taxable year ▶ _____ Nonresident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Sample Return

Distribution share of S-Corp Net Income ▶

2010 LA PARTNERS OR SHAREHOLDERS IDENTIFICATION OF S CORP EXCLUSION

Attach to your Form LA-1120S

Name as shown on Form LA ICFT-620 **CAPE CRUSADERS**
 Federal employer identification number (FEIN) **11-1111111**

Year ending
12 2010
 Month Year

Identify your shareholders or partners

Name	Address	Social Security Number or FEIN	Res	Shares	Distribution Share of S Corporation Net Income
1. BATMAN	567 WAYNE LANE MANHATTAN NY 10001	111-11-1111			
2. ROBIN	44 BAT CAVE ROAD MANHATTAN NY 10001	222-22-2222			
3. BATWOMAN	55 TOUGHER THAN BATMAN A MANHATTAN NY 10001	333-33-3333			
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

Sample Return

2010 LOUISIANA FEDERAL INCOME TAX DEDUCTION WORKSHEET

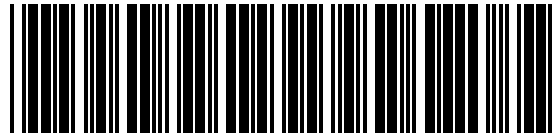
CAPE CRUSADERS
11-1111111

Sample Return

1A. Louisiana net income (Line 1A Form CIFT-620)		\$ 4,620
1B. Loss carryforward (Line 1C Form CIFT-620)		\$
1C. Loss carryback (Line 1D Form CIFT-620)		\$
1D. Louisiana net income before federal income tax deduction (Subtract Lines 1B and 1C from Line 1A)		\$ 4,620
2. Adjustments to convert Louisiana net income to a federal basis		
LOUISIANA INCOME TAX (REFUND)	\$	60,000
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Net adjustment	\$	60,000
3. Louisiana net income on a federal basis (Subtract Line 2 from Line 1D)		\$ -55,380
4. Federal net income		\$ 92,300
5. Less creditable expenses		\$
6. Federal net income (Subtract Line 5 from Line 4)		\$ 92,300
7. Ratio of Louisiana net income to federal net income (Divide Line 3 by Line 6)		%
8. Federal income tax liability		\$
9. Less alternative minimum tax		\$
10. Less environmental tax		\$
11. Federal income tax (Subtract Lines 9 and 10 from Line 8)		\$
12. Federal income tax attributable to Louisiana income (Multiply Line 7 by Line 11)		\$
13. Federal income tax disaster relief credits		\$
13a. Federal income tax disaster relief credit attributable to Louisiana (Multiply Line 13 by Line 7 and print the amount here and on Form CIFT-620, Line 1E1)		\$
14. Add lines 12 and 13a (Enter on Line 1E of CIFT -620)		\$

The amount of federal income tax to be deducted is that portion levied on the income derived from sources in this state. See R.S.47:287.83 and 85 and Louisiana Administrative Code 61:1.1122 and 1123 for specific information regarding the computation of the federal income tax deduction.

2010 PTE New Mexico Income and Information Return for Pass-Through Entities



Taxpayer's name
CAPE CRUSADERS

Mailing address
567 WAYNE LANE

City, state and ZIP code
MANHATTAN NY 10001
1043 04 1

CHECK ONE:
 Original Return
 Amended

TAXED FEDERALLY AS:
 Partnership
 S Corporation

Federal Employer Identification No. (Required)

New Mexico CRS Identification No.

NAICS Code (Required)

11-1111111

Sample Return

999999

Tax Year Beginning
[]

Tax Year Ending
[]

Extended Due Date
[]

DEPARTMENT USE ONLY

- A. State in which organized NEW YORK B. Date of organization 05/01/2002
 C. Date business began in New Mexico _____ D. Date terminated in New Mexico _____
 E. Name and address of registered agent in New Mexico _____

mailing address city state ZIP code

F. Check this box if federal Form(s) 8886, Reportable Transaction Disclosure Statement, is required to be attached.

S Corporation Filers Only: Complete lines 1 through 4

- Income taxable to corporation (Line 4, column 1 of PTE-C. See instructions)
- Tax on amount on line 1 (See Tax Rate Tables, page 2, in instructions)
- New Mexico percentage (Enter 100% OR percentage from line 5 of PTE-C)
- New Mexico income tax (Multiply line 2 by line 3)
- Withholding tax (Enter total of withholding from PTE-D)
- Total non-refundable credits (Attach PTE-CR, Non-refundable Credit Schedule)
- Net income and withholding tax (Subtract line 6 from the sum of lines 4 and 5)
- Franchise tax (\$50 per S corporation or entity taxed as S corporation)
- Total income, withholding and franchise tax (add lines 7 and 8)
- Amended returns only:** (Enter 2010 refunds received and overpayments applied to 2011)
- Subtotal (Add lines 9 and 10)
- Total payments: extension applied from prior year
- New Mexico income tax withheld (Attach all annual statements of withholding)
- New Mexico income tax withheld from oil and gas proceeds (Attach 1099, Forms WT or RPD-41285)
- Approved film production tax credit claimed
- Approved renewable energy production tax credit claimed (Attach Form RPD-41227)
- Total payments, tax withheld and credits (Add lines 12, 13, 14, 15 and 16)
- Overpayment (If line 17 is greater than line 11, enter the difference. This is your refund.)
- 18a. Amount of overpayment to be applied to 2011 liability (Not more than line 18)
- 18b. Net overpayment to be refunded (Subtract line 18a from line 18)
- Tax Due (If line 11 is greater than line 17, subtract line 17 from line 11)
- Penalty (See PTE Instructions)
- Interest (See PTE Instructions)
- Total amount due (Add lines 19, 20 and 21)

1	
2	
3	%
4	
5	1,212
6	
7	1,212
8	50
9	1,262
10	
11	1,262
12	
13	
14	
15	
16	
17	
18	
18a	
18b	
19	1,262
20	
21	
22	1,262

REFUND EXPRESS: HAVE YOUR REFUND DIRECTLY DEPOSITED. SEE INSTRUCTIONS AND FILL IN 1, 2, 3 AND 4.

1. Routing number: [] 3.Type: Checking Savings
 2. Account number: [] Enter "X" Enter "X"

4. REQUIRED: WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE UNITED STATES? If yes, you may not use this refund delivery option. See instructions. YES NO You must answer this question.

I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer or an employee of the taxpayer) is based on all information of which preparer has any knowledge.

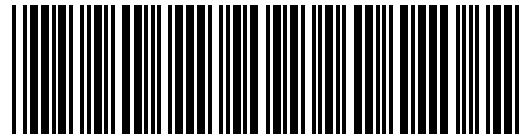
Signature of officer, member or partner _____ Date _____
VICE PRESIDENT
 Title _____ Contact phone number _____
 Taxpayer's E-mail address _____

Paid preparer's use only:

Signature of preparer if other than employee of the taxpayer _____ Date _____
ARTHUR DIMARSKY
 Print preparer's name
 NM CRS Identification no. P00011111
 FEIN _____
 SSN or PTIN P00011111
 Preparer's phone no. (646) 637-3269

2010 PTE-1 Income Taxable to Owners

1



Federal Employer Identification Number (FEIN)
11-1111111

COMPUTATION OF NET INCOME TAXABLE TO OWNERS

1. Ordinary income (loss) from Federal Form 1065 or 1120S, Schedule K
2. Other income (loss) from Federal Form 1065 or 1120S, Schedule K
3. Interest income from municipal bonds (Excluding New Mexico bonds)
4. Subtotal of lines 1 through 3
5. Interest from U.S. government obligations or federally taxed New Mexico bonds
6. Allowable deductions from Schedule K
7. Allocated income (From PTE-B, column 1, line 8)
8. Apportionable income (Subtract lines 5, 6 and 7 from line 4)
9. Average New Mexico percentage (From PTE-A, line 5)
10. New Mexico apportionable income (Multiply line 8 by line 9)
11. New Mexico allocated income (From PTE-B, column 2, line 9)
12. New Mexico taxable income (Add lines 10 and 11; enter on line 1, PTE-D)

Sample Return

1	169,800
2	49,000
3	
4	218,800
5	
6	126,500
7	
8	92,300
9	26.8267 %
10	24,761
11	
12	24,761

2010 PTE-A New Mexico Apportionment Factors

PROPERTY FACTOR

- Average annual value of inventory
- Average annual value of real property
- Average annual value of personal property
- Rented property (Annual rental value times 8)
- Total Property

	COLUMN 1 EVERYWHERE	COLUMN 2 WITHIN NEW MEXICO	PERCENT WITHIN NEW MEXICO
Average annual value of inventory	80,500	3,000	10 NMPTEA1 TWF 42619 Copyright Forms (Software Only) - 2010 TW
Average annual value of real property	72,500		
Average annual value of personal property			
Rented property (Annual rental value times 8)			
Total Property	153,000	3,000	

1. Property factor (Divide column 2 by column 1 and multiply by 100) 1 1.9608 %

PAYROLL FACTOR

Total compensation of employees

305,000	75,000
---------	--------

2. Payroll factor (Divide column 2 by column 1 and multiply by 100) 2 24.5902 %

SALES FACTOR

Gross receipts

649,000	350,000
---------	---------

3. Sales factor (Divide column 2 by column 1 and multiply by 100) 3 53.9291 %

4. TOTAL FACTORS (Add lines 1, 2 and 3) 4 80.4801 %

4a. The entity submitted written notification of its election to apportion business income utilizing the four-factor method for the tax year ending

Date election was made (See instructions)

5. AVERAGE PERCENT (Divide the factor on line 4 by the number of factors computed above; enter on PTE-1, line 9) 5 26.8267 %

2010 PTE-D Owner Information

(Duplicate page if additional page is needed.)

Do not attach Federal K-1 Schedules unless 100% New Mexico

Name CAPE CRUSADERS	Federal Employer ID Number (FEIN) 11-1111111
------------------------	---

1. New Mexico Taxable Income (from PTE-1, line 12) 24,761

COLUMN 1 Name & Address	COLUMN 2 Social Security Number/FEIN	COLUMN 3 Ownership Percentage	COLUMN 4 Owner's Taxable Income (Column 3 x line 1)	COL. 5 Resident	COLUMN 6 Withholding for Nonresidents	COLUMN 7 PTE-TA on File
BATMAN 567 WAYNE LANE MANHATTAN NY 10111-11-1111	111-11-1111	33.340	8,255	<input type="checkbox"/>	404	<input type="checkbox"/> YES
ROBIN 44 BAT CAVE ROA MANHATTAN NY 10222-22-2222	222-22-2222	33.330	8,253	<input type="checkbox"/>	404	<input type="checkbox"/> YES
BATWOMAN 55 TOUGHER THAN MANHATTAN NY 10333-33-3333	333-33-3333	33.330	8,253	<input type="checkbox"/>	404	<input type="checkbox"/> YES
				<input type="checkbox"/>		<input type="checkbox"/> YES
				<input type="checkbox"/>		<input type="checkbox"/> YES
				<input type="checkbox"/>		<input type="checkbox"/> YES
				<input type="checkbox"/>		<input type="checkbox"/> YES
				<input type="checkbox"/>		<input type="checkbox"/> YES
				<input type="checkbox"/>		<input type="checkbox"/> YES
				<input type="checkbox"/>		<input type="checkbox"/> YES

Total Withholding Tax for Page	1,212
Total Withholding Tax for All Pages	1,212

For income year beginning 01/01/2010 , and ending 12/31/2010

Name of Shareholder/Partner CAPE CRUSADERS	Employer Identification No. 11-1111111
---	---

Name and Address of Shareholder/Partner BATMAN 567 WAYNE LANE MANHATTAN NY 10001	Identifying number ▶ 111-11-1111		
	Distribution percentage ▶ 33.340		
	Residency Status	New Mexico resident	
		New Mexico nonresident	<input checked="" type="checkbox"/>

Sample Return

1. Share of total distribution to shareholder/partner	8,255
---	-------

	Share of Adjustments
2. Non New Mexico bond interest	
3. Income from federally taxed bonds	
4. Interest from U. S. government obligations	
Nonresident Owner's Only	
5. New Mexico tax withheld	404

For income year beginning 01/01/2010, and ending 12/31/2010

Name of Shareholder/Partner CAPE CRUSADERS	Employer Identification No. 11-1111111
---	---

Name and Address of Shareholder/Partner ROBIN 44 BAT CAVE ROAD MANHATTAN NY 10001	Identifying number ▶ 222-22-2222				
	Distribution percentage ▶ 33.330				
	Residency Status	<table border="1" style="width:100%"> <tr> <td style="width:50%">New Mexico resident</td> <td style="width:50%"><input type="checkbox"/></td> </tr> <tr> <td>New Mexico nonresident</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	New Mexico resident	<input type="checkbox"/>	New Mexico nonresident
New Mexico resident	<input type="checkbox"/>				
New Mexico nonresident	<input checked="" type="checkbox"/>				

Sample Return

1. Share of total distribution to shareholder/partner	8,253
---	-------

	Share of Adjustments
2. Non New Mexico bond interest	
3. Income from federally taxed bonds	
4. Interest from U. S. government obligations	
Nonresident Owner's Only	
5. New Mexico tax withheld	404

For income year beginning 01/01/2010 , and ending 12/31/2010

Name of Shareholder/Partner CAPE CRUSADERS		Employer Identification No. 11-1111111	
Name and Address of Shareholder/Partner BATWOMAN 55 TOUGHER THAN BATMAN AVENUE MANHATTAN NY 10001		Identifying number ▶ 333-33-3333	
		Distribution percentage ▶ 33.330	
		Residency Status	New Mexico resident
			New Mexico nonresident <input checked="" type="checkbox"/>

Sample Return

1. Share of total distribution to shareholder/partner	8,253
	Share of Adjustments
2. Non New Mexico bond interest	
3. Income from federally taxed bonds	
4. Interest from U. S. government obligations	
Nonresident Owner's Only	
5. New Mexico tax withheld	404

U.S. Income Tax Return for an S Corporation

Department of the Treasury
Internal Revenue Service

▶ **Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.**
▶ **See separate instructions.**

2010

For calendar year 2010 or tax year beginning _____, 2010, ending _____, 20

A S election effective date 05-01-2001 B Business activity code number (see instructions) 999999 C Check if Sch. M-3 attached <input type="checkbox"/>	TYPE OR PRINT	Name Number, street, room/suite no. City/town, state, & Zip code CAPE CRUSADERS 567 WAYNE LANE MANHATTAN NY 10001	D Employer ID no. 11-1111111 E Date incorporated 05-01-2002 F Total assets (see inst.) \$ 898,322
---	------------------------------	--	---

Sample Return

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed

H Check if: (1) Final return (2) Name change (3) Address change
 (4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year ▶ **3**

Caution. Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

I N C O M E	1a Gross receipts or sales	600,000	b Less returns and allowances		c Bal ▶	1c	600,000
	2 Cost of goods sold (Schedule A, line 8)					2	59,000
	3 Gross profit. Subtract line 2 from line 1c					3	541,000
	4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)					4	
	5 Other income (loss) (see instructions -- attach statement)					5	
	6 Total income (loss). Add lines 3 through 5						6
S E E F O R I N S T R U C T I O N S	7 Compensation of officers					7	250,000
	8 Salaries and wages (less employment credits)					8	55,000
	9 Repairs and maintenance					9	100
	10 Bad debts					10	
	11 Rents					11	
	12 Taxes and licenses					12	60,000 #1
	13 Interest					13	
	14 Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)					14	
	15 Depletion (Do not deduct oil and gas depletion.)					15	
	16 Advertising					16	
	17 Pension, profit-sharing, etc., plans					17	
	18 Employee benefit programs					18	
	19 Other deductions (attach statement)					19	6,100 #2
	20 Total deductions. Add lines 7 through 19					20	371,200
	21 Ordinary business income (loss). Subtract line 20 from line 6					21	169,800
T A X A N D P A Y M E N T S	22a Excess net passive income or LIFO recapture tax (see instructions)	22a					
	b Tax from Schedule D (Form 1120S)	22b					
	c Add lines 22a and 22b (see instructions for additional taxes)					22c	0
	23a 2010 estimated tax payments and 2009 overpayment credited to 2010	23a					
	b Tax deposited with Form 7004	23b					
	c Credit for federal tax paid on fuels (attach Form 4136)	23c					
	d Add lines 23a through 23c					23d	0
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached					24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed					25	0
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid					26	
27 Enter amount from line 26 Credited to 2011 estimated tax ▶ 0 Refunded ▶					27	0	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	VICE PRESIDENT	Title	May the IRS discuss this return with the preparer shown below (see inst.?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name A	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00011111
	Firm's name ▶ ARTHUR DIMARSKY			Firm's EIN ▶	
	Firm's address ▶ 32 ERIC LN STATEN ISLAND NY 10308			Phone no. (646) 637-3269	

Schedule A Cost of Goods Sold (see instructions)			
1	Inventory at beginning of year	1	95,000
2	Purchases	2	30,000
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	125,000
7	Inventory at end of year	7	66,000
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	59,000

9a Check all methods used for valuing closing inventory: (i) Cost as described in Regulations section 1.471-3
(ii) Lower of cost or market as determined in Regulations section 1.471-2
(iii) Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c) ▶

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO **9d** _____

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? Yes No
If "Yes," attach explanation.

Sample Return

Schedule B Other Information (see instructions)			Yes	No
1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____			
2	See the instructions and enter the: a Business activity ▶ <u>UNCLASSIFIED</u> b Product or service ▶ <u>FIGHTING CRIME</u>			
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a qualified subchapter S subsidiary election made? _____			<input checked="" type="checkbox"/>
4	Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction? _____			<input checked="" type="checkbox"/>
5	Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ <input type="checkbox"/> If checked, the corp. may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.			
6	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$ _____			
7	Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____			
8	Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L and M-1 _____			<input checked="" type="checkbox"/>
9	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions _____			<input checked="" type="checkbox"/>

Schedule K Shareholders' Pro Rata Share Items			Total amount	
INCOME LOSS	1	Ordinary business income (loss) (page 1, line 21)	1	169,800
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss)	3a	
	b	Expenses from other rental activities (attach statement)	3b	
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Interest income	4	3,000
	5	Dividends: a Ordinary dividends	5a	1,000
	b	Qualified dividends	5b	1,000
	6	Royalties	6	
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	30,000
8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	15,000	
b	Collectibles (28%) gain (loss)	8b		
c	Unrecaptured section 1250 gain (attach statement)	8c		
9	Net section 1231 gain (loss) (attach Form 4797)	9		
10	Other income (loss) (see instructions) Type ▶ _____	10		

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

All filers must enter tax period:

Final return (see instructions)

Amended return

beginning 01-01-10 ending 12-31-10

Employer identification number File number Business telephone number

11-1111111

If you have any subsidiaries incorporated outside NYS, mark an X in the box

If you claim an overpayment, mark an X in the box

Sample Return

Legal name of corporation CAPE CRUSADERS

Trade name/DBA

CAPE CRUSADERS

Mailing name (if diff. from legal name above)

State or country of incorporation

Date received (for Tax Dept. use only)

c/o

NEW YORK

Number & street or PO box

Date of incorporation

567 WAYNE LANE

05-01-02

City

State ZIP code

Foreign corporations: date began business in NYS

MANHATTAN

NY 10001

NAICS business code number (from federal return)

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. Visit our Web site at www.nystax.gov and look for the change my address option. Otherwise, see Business information in the instructions.

Audit (for Tax Department use only)

999999

If address/phone above is new, mark an X in the box

Principal business activity UNCLASSIFIED

Has the corporation revoked its election to be treated as a New York S corporation? Number of shareholders

Yes No X If Yes, enter effective date: 3

Payment enclosed

A. Pay amount shown on line 46. Make payable to: New York State Corporation Tax

Attach your payment here. Detach all check stubs. (See instructions for details.)

A. 300.

You must attach a copy of the following: (1) federal Form 1120S as filed; (2) Form CT-34-SH; (3) Form CT-3-S-ATT (if required; see instructions); and (4) any applicable credit claim forms.

B. If you filed a return(s) other than federal Form 1120S, enter the form number(s) here

C. If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS

D. Have you underreported your tax due on past returns? To correct this without penalty, visit us at www.nystax.gov.

E. Enter your business allocation percentage (if you did not complete Form CT-3-S-ATT, Schedule A, you must enter either 0 or 100) 100.0000 %

F. Enter your investment allocation percentage (if you did not complete Form CT-3-S-ATT, Schedule B, you must enter either 0 or 100) 100.0000 %

G. Did the S corporation make an IRC section 338 or 453 election? Yes No X

H. Did this entity have an interest in real property located in New York State during the last three years? Yes No X

I. Has there been a transfer or acquisition of a controlling interest in this entity during the last three years? Yes No X

J. If the IRS has completed an audit of any of your returns within the last five years, list years

K. If this return is for a New York S termination year, mark an X in the appropriate box to indicate which method of accounting was used for the New York S short year (see instructions) Normal accounting rules Daily pro rata allocation

L. Issuer's allocation percentage (see instructions) 100.0000 %

M. Mark an X in the box if you are filing Form CT-3-S as a result of the mandatory New York S election of Tax Law, Article 22, section 660(i)

Provide the information for lines 1 through 10 from the corresponding lines on your federal Form 1120S, Schedule K, total amount column. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

1	Ordinary business income or loss	●	1.	169,800.
2	Net rental real estate income or loss	●	2.	
	3 Other net rental income or loss	●	3.	
	4 Interest income	●	4.	3,000.
	5 Ordinary dividends	●	5.	1,000.
	6 Royalties	●	6.	
	7 Net short-term capital gain or loss	●	7.	30,000.
8	Net long-term capital gain or loss	●	8.	15,000.
9	Net section 1231 gain or loss	●	9.	
10	Other income or loss	●	10.	
11	Loans to shareholders (from federal Form 1120S, Schedule L, line 7, columns b and d)			

Sample Return

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 ● 317,539. End of tax year ● 898,322.

13 Loans from shareholders (from federal Form 1120S, Schedule L, line 19, columns b and d)

Beginning of tax year ● End of tax year ●

Provide the information for lines 14 through 21 from the corresponding lines on your federal Form 1120S, Schedule M-2. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

	A. Accumulated adjustments account	B. Other adjustments account	C. Shareholders' undistributed taxable income previously taxed
14 Balance at beginning of tax year	● 157,083. ●	●	
15 Ordinary income from federal Form 1120S, page 1, line 21	● 169,800. ●		
16 Other additions	● 49,000. ●		
17 Loss from federal Form 1120S, page 1, line 21	●		
18 Other reductions	● 131,500. ●		
19 Add lines 14 through 18	● 244,383. ●	●	
20 Distributions other than dividend distributions	● 40,000. ●	●	
21 Balance at end of tax year. Subtract line 20 from line 19	● 204,383. ●	●	

Computation of tax (see instructions)

You must enter an amount on line 22; if none, enter 0.

22 New York receipts	●	22.	600,000.
23 Fixed dollar minimum tax	●	23.	300.
24 Recapture of tax credits	●	24.	0.
25 Total tax after recapture of tax credits (add lines 23 and 24)	●	25.	300.
26 Special additional mortgage recording tax credit (from Form CT-43)	●	26.	0.
27 Tax due after tax credits (subtract line 26 from line 25)	■	27.	300.

First installment of estimated tax for the next tax period:

28 Enter amount from line 27	●	28.	300.
29 If you filed a request for extension, enter amount from Form CT-5.4, line 2	●	29.	
30 If you did not file Form CT-5.4 and line 28 is over \$1,000, enter 25% (.25) of line 28. Otherwise enter 0	■	30.	
31 Add line 28 and line 29 or 30	●	31.	300.

Computation of tax (continued)

Composition of prepayments (see instructions):

Date 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	37.		
38	Total prepayments (add lines 32 through 37)	38.	●	0.
39	Balance (subtract line 38 from line 31; if line 38 is larger than line 31, enter 0)	39.	●	300.
40	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached)	40.	●	0.
41	Interest on late payment	41.	●	
42	Late filing and late payment penalties	42.	●	
43	Balance (add lines 39 through 42)	43.	●	300.

Sample Return

Voluntary gifts/contributions (see instructions):

44a	Return a Gift to Wildlife	44a.	■	
44b	Breast Cancer Research & Education Fund	44b.	■	
44c	Prostate Cancer Research, Detection, and Education Fund	44c.	■	
44d	9/11 Memorial	44d.	■	
44e	Volunteer Firefighting & EMS Recruitment Fund	44e.	■	
45	Add lines 31, 40, 41, 42, and 44a through 44e	45.	■	300.
46	Balance due (If line 38 is less than line 45, subtract line 38 from line 45 and enter here. This is the amount due; enter your payment amount on line A on page 1.)	46.	■	300.
47	Overpayment (If line 38 is more than line 45, subtract line 45 from line 38 and enter here. This is the amount of your overpayment; see instructions.)	47.	■	
48	Amount of overpayment to be credited to next period	48.	■	
49	Refund of overpayment (subtract line 48 from line 47)	49.	■	
50	If you claim a refund of unused special additional mortgage recording tax credit, enter the amount from Form CT-43, line 13 (see instructions)	50.	■	
51	Amount of special additional mortgage recording tax credit to be applied as an overpayment to next period	51.	■	

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: ●

Third-party designee Yes No

Designee's name (print)

Designee's phone number

(see instructions) 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 Signature of authorized person

Official title VICE PRESIDENT

person

E-mail address of authorized person

Date

Paid preparer use only Firm's name (or yours if self-employed)

Firm's EIN

Preparer's PTIN or SSN

ARTHUR DIMARSKY

City

State ZIP code

Signature of individual preparing this return

Address

STATEN ISLAN NY 10308

32 ERIC LN

E-mail address of individual preparing this return

Preparer's NYTPRN

Date

See instructions for where to file.

New York S Corporation Shareholders' Information Schedule Attachment to Form CT-3-S or CT-32-S

Legal name of corporation CAPE CRUSADERS

Employer ID number 11-1111111

Schedule A -- Shareholders' New York State modifications and credits (Enter the total amount reported by the New York S corporation on each line. Each shareholder must include his or her pro rata share of these amounts on his or her personal income tax return.)

Part 1 -- Total shareholder modifications related to S corporation items

Additions

- 1 New York State franchise tax imposed under Article 9-A or Article 32 1. 300.
2 Federal depreciation deduction from Form CT-399, if applicable (see instructions) 2.
3 Other additions (see instructions) 3.

Subtractions

- 4 Allowable New York depreciation from Form CT-399, if applicable (see instructions) 4.
5 Other subtractions (see instructions and attach explanation) 5.

Other items (see instructions and attach explanation)

- 6 Additions to federal itemized deductions 6.
7 Subtractions from federal itemized deductions 7.
8 New York State adjustments to federal tax preference items 8.

Part 2 -- Total S corporation New York State credits and taxes on early dispositions

Investment tax credits

- 9 Investment tax credit, retail enterprise tax credit, historic barn credit, and employment incentive credit (attach Form CT-46 and, if applicable, Form CT-46-ATT) 9.
10 Investment tax credit on research and development property (attach Form CT-46) 10.
11 Investment tax credit for financial services industry (attach Form CT-44) 11.
12 Tax on early dispositions -- investment tax credit, retail enterprise tax credit, historic barn credit, investment tax credit on research and development property, or investment tax credit for financial services industry (attach Form CT-44 or CT-46) 12.

Empire zone (EZ) tax credits

- 13 EZ wage tax credit (attach Form CT-601) 13.
EZ capital tax credit:
14 Investments in certified EZ businesses (attach Form CT-602) 14.
15 Monetary contributions to EZ community development projects (attach Form CT-602) 15.
16 EZ investment tax credit (attach Form CT-603) 16.
17 EZ investment tax credit for financial services industry (attach Form CT-605) 17.
18 Recaptured tax credit -- EZ capital tax credit, EZ investment tax credit, or EZ investment tax credit for financial services industry (attach Form CT-602, CT-603, or CT-605) 18.

Qualified empire zone enterprise (QEZE) tax credits

- 19 QEZE real property tax credit allowed (attach Form CT-606) 19.
20 Net recapture of QEZE real property tax credit (attach Form CT-606) 20.
QEZE tax reduction credit (attach Form CT-604):
21 QEZE employment increase factor 21.
22 QEZE zone allocation factor 22.
23 QEZE benefit period factor 23.
QEZE tax reduction credit factors from partnership (see instructions; for multiple partnerships attach separate statement)
24 QEZE partnership employer identification number 24.
25 QEZE employment increase factor (obtain factor from your partnership) 25.
26 QEZE zone allocation factor (obtain factor from your partnership) 26.
27 QEZE benefit period factor (obtain factor from your partnership) 27.

Sample Return

Part 2 -- Total S corporation New York State credits and taxes on early dispositions (continued)

Farmers' school tax credit (see instructions)

- 28 Total acres of qualified agricultural property ● 28.
- 29 Total amount of eligible school district property taxes paid ● 29.
- 30 Total acres of qualified agricultural property converted to nonqualified use ● 30.
- 31 Total acres of qualified conservation property ● 31.

Other credits

- 32 Alternative fuels credit (attach Form CT-40) ● 32.
- 33 Recapture of alternative fuels credit (attach Form CT-40) ● 33.
- 34 Credit for employment of persons with disabilities (attach Form CT-41) ● 34.
- 35 QETC employment credit (attach Form DTF-621) ● 35.
- 36 QETC capital tax credit (attach Form DTF-622) ● 36.
- 37 Recapture of QETC capital tax credit (attach Form DTF-622) ● 37.
- 38 Empire State commercial production credit (attach Form CT-246) ● 38.
- 39 Credit for purchase of an automated external defibrillator (attach Form CT-250) ● 39.
- 40 Low-income housing credit (attach Form DTF-624) ● 40.
- 41 Recapture of low-income housing credit (attach Form DTF-626) ● 41.
- 42 Green building credit (attach Form DTF-630) ● 42.
- 43 Long-term care insurance credit (attach Form CT-249) ● 43.
- 44 Empire State film production credit (attach Form CT-248) ● 44.
- 45 Brownfield redevelopment tax credit -- site preparation credit component (attach Form CT-611) ● 45.
- 46 Brownfield redevelopment tax credit -- tangible property credit component (attach Form CT-611) ● 46.
- 47 Brownfield redevelopment tax credit -- on-site groundwater remediation credit component (attach Form CT-611) ● 47.
- 48 Recapture of brownfield redevelopment tax credit (attach Form CT-611) ● 48.
- 49 Remediated brownfield credit for real property taxes (attach Form CT-612) ● 49.
- 50 Recapture of remediated brownfield credit for real property taxes (attach Form CT-612) ● 50.
- 51 Environmental remediation insurance credit (attach Form CT-613) ● 51.
- 52 Recapture of environmental remediation insurance credit (attach Form CT-613) ● 52.
- 53 QETC facilities, operations, and training credit (attach Form DTF-619) ● 53.
- 54
- 55
- 56 Security officer training tax credit (attach Form CT-631) ● 56.
- 57a Brownfield redevelopment tax credit -- site preparation credit component (attach Form CT-611.1) ● 57a.
- 57b Brownfield redevelopment tax credit -- tangible property credit component (attach Form CT-611.1) ● 57b.
- 57c Brownfield redevelopment tax credit -- on-site ground water remediation credit component (attach Form CT-611.1) ● 57c.
- 57d Recapture of brownfield redevelopment tax credit (attach Form CT-611.1) ● 57d.
- 58 Biofuel production credit (attach Form CT-243) ● 58.
- 59 Clean heating fuel credit (attach Form CT-241) ● 59.
- 60 Credit for taxicabs and livery service vehicles accessible to persons with disabilities (attach Form CT-239) ● 60.
- 61 Rehabilitation of historic properties credit (attach Form CT-238) ● 61.
- 62 Recapture of rehabilitation of historic properties credit (attach Form CT-238) ● 62.
- 63 Other tax credit(s) (see instructions) ● 63.

Sample Return

CAPE CRUSADERS 11-1111111

Schedule B -- Shareholders' identifying information

(Photocopy Schedule B, as needed, attach additional sheets, and mark an X in the box.)

A For each shareholder, enter last name, first name, middle initial on first line; enter home address on second, third and fourth lines. (attach federal Schedule K-1 for each shareholder)	B Identifying number (SSN or EIN)	C Percentage of ownership	D Shareholder residency status (make only one entry) 1 for N. Y. State 2 for city of N. Y. 3 for city of Yonkers 4 for NYS non-res.	E Shareholder entity status (mark only one entry) I for individual F for estate or trust E for exempt org.
● 1. BATMAN 567 WAYNE LANE MANHATTAN NY 10001	● 1. 111-11-1111	● 33.3400	● 2	● I
● 2. ROBIN 44 BAT CAVE ROAD MANHATTAN NY 10001	● 2. 222-22-2222	● 33.3300	● 2	● I
● 3. BATWOMAN 55 TOUGHER THAN BATMAN AV MANHATTAN NY 10001	● 3. 333-33-3333	● 33.3300	● 2	● I
● 4.	● 4.	●	●	●
● 5.	● 5.	●	●	●
● 6.	● 6.	●	●	●
● 7.	● 7.	●	●	●
● 8.	● 8.	●	●	●
● 9.	● 9.	●	●	●
● 10.	● 10.	●	●	●
● 11.	● 11.	●	●	●

Sample Return

2010 New York Depreciation Schedule

Cape Crusaders
11-1111111

08-02-2011

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 1120S										
EQUIPMENT 100	07-06-10	200DBHY	7	115,000	0	115,000	0	0	0	0
MACHINE 101	06-01-10	200DBHY	7	10,000	0	10,000	0	0	0	0
2 Assets		Totals:		125,000	0	125,000	0	0	0	0
2 Assets		Grand Totals:		125,000	0	125,000	0	0	0	0

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

For income year beginning 01-01-2010, and ending 12-31-2010

S Corporation Name CAPE CRUSADERS	Employer I.D. number 11-1111111	File Number
--------------------------------------	------------------------------------	-------------

Part I -- Name and Address of Shareholder

BATMAN
567 WAYNE LANE
MANHATTAN NY 10001

Shareholder's I.D. No. ▶ 111-11-1111	
Shareholder's distribution % ▶ 33.3400	
Shareholder Residency Status	New York State <input checked="" type="checkbox"/>
	New York City <input checked="" type="checkbox"/>
	Yonkers
	NYS Nonresident
	Shareholder Entity Status
	Individual <input checked="" type="checkbox"/>
Estate or Trust	
Exempt organization	

Sample Return

Business allocation percentage	100.0000 %
Investment allocation percentage	100.0000 %

Part I -- Shareholder Information - Shareholders' shares of Modifications Related to S Corporation Items

1. New York State franchise tax imposed under article 9-A or Article 32	100.
2. Federal depreciation deduction from Form CT-399	
3. Other additions	
4. New York depreciation	
5. Other subtractions	
6. Additions to federal itemized deductions	
7. Subtractions from federal itemized deductions	
8. New York State adjustments to federal tax preference items:	

Part II -- Shareholder Information

Shareholders' Shares of New York State Credits and Taxes on Early Dispositions

9. Investment tax credit, real enterprise tax credit, historic barn credit & employment incentive credit	
10. Investment tax credit on research and development property	
11. Investment tax credit for financial services industry	
12. Tax on early dispositions - Investment tax credit, real enterprise tax credit, historic barn credit, investment tax credit on research and development property, or investment tax credit for financial services industry	
13. EZ wage tax credit	
14. Investments in certified EZ businesses	
15. Monetary contributions to EZ community development projects	
16. EZ investment tax credit	
17. EZ investment tax credit for financial services industry	
18. Recaptured tax credit - EZ capital tax credit, EZ investment tax credit or EZ investment tax credit for financial services industry	
19. QEZE real property tax credit allowed	
20. Net recapture of QEZE real property tax credit	
21. QEZE employment increase factor	
22. QEZE zone allocation factor	
23. QEZE benefit period factor	
24. QEZE partnership employer identification number	
25. QEZE employment increase factor	
26. QEZE zone allocation factor	
27. QEZE benefit period factor	
28. Total acres of qualified agricultural property	
29. Total amount of eligible school district property taxes paid	
30. Total acres of qualified agricultural property converted to nonqualified use	
31. Total acres of qualified conservation property	
32. Alternative fuels credit	
33. Recapture of alternative fuels credit	
34. Credit for employment of persons with disabilities	
35. QETC employment credit	
36. QETC capital tax credit	
37. Recapture of QETC capital tax credit	
38. Empire state commercial production credit	

Part II -- Shareholder Information (applicable to Form CT-3-S only) (continued)

Shareholders' shares of New York S corporation's New York State tax credits and taxes on early dispositions

39.	Credit for purchase of an automated external defibrillator	
40.	Low-income housing credit	
41.	Recapture of low-income housing credit	
42.	Green building credit	
43.	Long-term care insurance credit	
44.	Empire State film production credit	
45.	Brownfield redevelopment tax credit--site preparation credit component (CT-611)	
46.	Brownfield redevelopment tax credit--tangible property credit component (CT-611)	
47.	Brownfield redevelopment tax credit--on-site ground water remediation credit component (CT-611)	
48.	Recapture of brownfield redevelopment tax credit (CT-611)	
49.	Remediated brownfield credit for real property taxes	
50.	Recapture of remediated brownfield credit for real property taxes	
51.	Environmental remediation insurance credit	
52.	Recapture of environmental remediation insurance credit	
53.	QETC facilities, operations, and training credit	
54.		
55.		
56.	Security officer training tax credit	
57a.	Brownfield site preparation credit (CT-611.1)	
57b.	Brownfield tangible property credit (CT-611.1)	
57c.	Brownfield on site ground water remediation (CT-611.1)	
57d.	Brownfield credit recapture (CT-611.1)	
58.	Biofuel production credit	
59.	Clean heating fuel credit	
60.	Credit for taxicabs and livery service vehicles accessible to persons with disabilities	
61.	Rehabilitation of historic properties credit	
62.	Recapture of rehabilitation of historic properties credit	
63.	Other tax credit(s) (see instructions)	

Sample Return

Specify:

For income year beginning 01-01-2010, and ending 12-31-2010

S Corporation Name CAPE CRUSADERS	Employer I.D. number 11-1111111	File Number
--------------------------------------	------------------------------------	-------------

Part I -- Name and Address of Shareholder

ROBIN
44 BAT CAVE ROAD
MANHATTAN NY 10001

Shareholder's I.D. No.	▶ 222-22-2222	
Shareholder's distribution %	▶ 33.3300	
Shareholder Residency Status	New York State	<input checked="" type="checkbox"/>
	New York City	<input checked="" type="checkbox"/>
	Yonkers	
	NYS Nonresident	
	Individual	<input checked="" type="checkbox"/>
Shareholder Entity Status	Estate or Trust	
	Exempt organization	

Sample Return

Business allocation percentage	100.0000 %
Investment allocation percentage	100.0000 %

Part I -- Shareholder Information - Shareholders' shares of Modifications Related to S Corporation Items

1. New York State franchise tax imposed under article 9-A or Article 32	100.
2. Federal depreciation deduction from Form CT-399	
3. Other additions	
4. New York depreciation	
5. Other subtractions	
6. Additions to federal itemized deductions	
7. Subtractions from federal itemized deductions	
8. New York State adjustments to federal tax preference items:	

Part II -- Shareholder Information

Shareholders' Shares of New York State Credits and Taxes on Early Dispositions

9. Investment tax credit, real enterprise tax credit, historic barn credit & employment incentive credit	
10. Investment tax credit on research and development property	
11. Investment tax credit for financial services industry	
12. Tax on early dispositions - Investment tax credit, real enterprise tax credit, historic barn credit, investment tax credit on research and development property, or investment tax credit for financial services industry	
13. EZ wage tax credit	
14. Investments in certified EZ businesses	
15. Monetary contributions to EZ community development projects	
16. EZ investment tax credit	
17. EZ investment tax credit for financial services industry	
18. Recaptured tax credit - EZ capital tax credit, EZ investment tax credit or EZ investment tax credit for financial services industry	
19. QEZE real property tax credit allowed	
20. Net recapture of QEZE real property tax credit	
21. QEZE employment increase factor	
22. QEZE zone allocation factor	
23. QEZE benefit period factor	
24. QEZE partnership employer identification number	
25. QEZE employment increase factor	
26. QEZE zone allocation factor	
27. QEZE benefit period factor	
28. Total acres of qualified agricultural property	
29. Total amount of eligible school district property taxes paid	
30. Total acres of qualified agricultural property converted to nonqualified use	
31. Total acres of qualified conservation property	
32. Alternative fuels credit	
33. Recapture of alternative fuels credit	
34. Credit for employment of persons with disabilities	
35. QETC employment credit	
36. QETC capital tax credit	
37. Recapture of QETC capital tax credit	
38. Empire state commercial production credit	

For income year beginning 01-01-2010, and ending 12-31-2010

S Corporation Name CAPE CRUSADERS	Employer I.D. number 11-1111111	File Number
--------------------------------------	------------------------------------	-------------

Part I -- Name and Address of Shareholder

BATWOMAN
55 TOUGHER THAN BATMAN AVENUE
MANHATTAN NY 10001

Shareholder's I.D. No. ▶ 333-33-3333

Shareholder's distribution % ▶ 33.3300

Shareholder Residency Status	New York State	<input checked="" type="checkbox"/>	
	New York City	<input checked="" type="checkbox"/>	
	Yonkers		
	NYS Nonresident		
	Shareholder Entity Status	Individual	<input checked="" type="checkbox"/>
		Estate or Trust	
Exempt organization			

Sample Return

Business allocation percentage	100.0000 %
Investment allocation percentage	100.0000 %

Part I -- Shareholder Information - Shareholders' shares of Modifications Related to S Corporation Items

1. New York State franchise tax imposed under article 9-A or Article 32	100.
2. Federal depreciation deduction from Form CT-399	
3. Other additions	
4. New York depreciation	
5. Other subtractions	
6. Additions to federal itemized deductions	
7. Subtractions from federal itemized deductions	
8. New York State adjustments to federal tax preference items:	

Part II -- Shareholder Information

Shareholders' Shares of New York State Credits and Taxes on Early Dispositions

9. Investment tax credit, real enterprise tax credit, historic barn credit & employment incentive credit	
10. Investment tax credit on research and development property	
11. Investment tax credit for financial services industry	
12. Tax on early dispositions - Investment tax credit, real enterprise tax credit, historic barn credit, investment tax credit on research and development property, or investment tax credit for financial services industry	
13. EZ wage tax credit	
14. Investments in certified EZ businesses	
15. Monetary contributions to EZ community development projects	
16. EZ investment tax credit	
17. EZ investment tax credit for financial services industry	
18. Recaptured tax credit - EZ capital tax credit, EZ investment tax credit or EZ investment tax credit for financial services industry	
19. QEZE real property tax credit allowed	
20. Net recapture of QEZE real property tax credit	
21. QEZE employment increase factor	
22. QEZE zone allocation factor	
23. QEZE benefit period factor	
24. QEZE partnership employer identification number	
25. QEZE employment increase factor	
26. QEZE zone allocation factor	
27. QEZE benefit period factor	
28. Total acres of qualified agricultural property	
29. Total amount of eligible school district property taxes paid	
30. Total acres of qualified agricultural property converted to nonqualified use	
31. Total acres of qualified conservation property	
32. Alternative fuels credit	
33. Recapture of alternative fuels credit	
34. Credit for employment of persons with disabilities	
35. QETC employment credit	
36. QETC capital tax credit	
37. Recapture of QETC capital tax credit	
38. Empire state commercial production credit	

Part II -- Shareholder Information (applicable to Form CT-3-S only) (continued)

Shareholders' shares of New York S corporation's New York State tax credits and taxes on early dispositions

39.	Credit for purchase of an automated external defibrillator	
40.	Low-income housing credit	
41.	Recapture of low-income housing credit	
42.	Green building credit	
43.	Long-term care insurance credit	
44.	Empire State film production credit	
45.	Brownfield redevelopment tax credit--site preparation credit component (CT-611)	
46.	Brownfield redevelopment tax credit--tangible property credit component (CT-611)	
47.	Brownfield redevelopment tax credit--on-site ground water remediation credit component (CT-611)	
48.	Recapture of brownfield redevelopment tax credit (CT-611)	
49.	Remediated brownfield credit for real property taxes	
50.	Recapture of remediated brownfield credit for real property taxes	
51.	Environmental remediation insurance credit	
52.	Recapture of environmental remediation insurance credit	
53.	QETC facilities, operations, and training credit	
54.		
55.		
56.	Security officer training tax credit	
57a.	Brownfield site preparation credit (CT-611.1)	
57b.	Brownfield tangible property credit (CT-611.1)	
57c.	Brownfield on site ground water remediation (CT-611.1)	
57d.	Brownfield credit recapture (CT-611.1)	
58.	Biofuel production credit	
59.	Clean heating fuel credit	
60.	Credit for taxicabs and livery service vehicles accessible to persons with disabilities	
61.	Rehabilitation of historic properties credit	
62.	Recapture of rehabilitation of historic properties credit	
63.	Other tax credit(s) (see instructions)	

Sample Return

Specify:

