		NE	EW YORK CITY DEPARTMENT OF FINANCI	GENERAL C	<u>ORPOR</u>	ATIO	N TA	X RE	TURN	2	012		
			inance or CALENDAR YEAR 2012 or FISCA	L YEAR beginning	2012 and	d ending _				Check box if you a 52- 53-week ta			
		•	Amended return	Final return Check box if the corp	orporation has ceased operations.			Special short period return (See Instructions)					
		•	Check box if a pro-forma fe	ederal return is attached	• Che	eck box if	you claim	any 9/11	11/01-related federal tax benefits (see inst.)				
			Name					Taxpayer's Email Address:					
		ΥPΕ	In Care Of					EMPLOYER IDENTIFICATION NUMBER					
		T OR T	Address (number and street)						•				
	City and State			Zip Code			BUS	BUSINESS CODE NUMBER AS PER FEDERAL RETURN					
			Business Telephone Number	Date business began in NYC	Date business	ended in N	/C						
S	CHEDUĻI	E A	Computation of	Tax BEGIN WITH SCHEDU	JLES B THROUG	SH E ON PA	GE 2. TRA	NSFER AF		UNTS TO SCHEDU	JLE A.		
A.	Payment A	moun	t included with Form NYC-2	00V or being paid electro	nically					,			
1.	,		dule B, line 8)										
2a.	Total capital (from			X .0015	• 2a.								
2b. 2c.			ve Housing Corps. (see instr.)				X .0004	● 2b.					
2c. 3a.	Cooperatives -		r: ● BORO ockholders (from Schedu	BLOCK		LOT							
3b.			instructions)	•				● 3h					
4.			structions) - NYC Gross					• 4.					
5.			b or 4, whichever is large										
6.		First installment of estimated tax for period following that covered by this return: a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT											
						C-EXT		. ● 6a.					
	(b) If application for extension has not been filed and line 5 exceeds \$1,000, enter 25% of line 5 (see instructions)												

Total of lines 11a, 11b and 11c......●12.

Amount of line 13 to be: (a) Refunded - U Direct deposit - fill out line 14c OR U Paper check • 14a.

11b. Additional charges (see instructions) 11b. 11c. Penalty for underpayment of estimated tax (attach Form NYC-222) • 11c.

Account

Number

___ 1120C

NYC rent deducted on federal return (see instr.) THIS LINE MUST BE COMPLETED. . • 16.

• 1120

18.	Gross receipts or sales from federal return	.● 18.										
19.	Total assets from federal return	.● 19.										
	CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION											
Ä	I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete. Firm's Email Address:											
뽀	I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions)YES											
SIGN	Officer's signature:	Title: Date:			Preparer's Social Security Number or PTI							
ARER'S ONLY	Preparer's	Preparer's		Check if self- employed:								
	signature:	printed name:		employed. —	Date:	 Firm's Employer Identification Numbe 						
PREPA USE												
	▲ Firm's name (or yours, if self-employed)	▲ Address ▲ Zip			ode							

• ___ 1120F

1120S

ACCOUNT TYPE Checking Savings •

● ___ 1120H

Make remittance payable to the order of: NYC DEPARTMENT OF FINANCE. Payment must be made in U.S.dollars, drawn on a U.S. bank. Attach copy of all pages of your federal tax return or pro forma federal tax return. To receive proper credit, you must enter your correct Employer Identification Number on your tax return and remittance.

3b. 4. 5. 6.

7. 8.

9.

13.

16.

14c. Routing

Number

Federal return filed:

Form	NYC-4S - 2012	NAME	<u> </u>					E	IN			Page 2	
S	CHEDUL	E B	Computation of	NYC Ta	xable N	et Incon	пе						
1. 2.	Federal taxable income before net operating loss deduction and special deductions (see instructions)												
3a.	NYS Franchise Tax and other income taxes, including MTA taxes, deducted on federal return (attach rider) (see instr.)												
3b.	NYC General Corporation Tax deducted on federal return (see instructions)												
4.	ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399Z) (see instructions)												
5.	Total (sum of lines 1 through 4) 5.												
6a.	New York City net operating loss deduction (see instructions)									CORPORATIO	NIC		
6b.			djustment calculated								see instructions		
C-	•	•	n Form NYC-399 and/or I	, ,						$-\parallel$	for line 1		
6c.			s included in Schedule E			L L				7		$\overline{+}$	
7. 8.	7. Total (sum of lines 6a through 6c)												
		-			i, ochede	iic A, iii ic i	1) (300 1113111	μοιιοπο)	/·····································	o			
S	CHEDUL	E C	Total Capital	uood to dotor	mino ovoro	ao valua in a	olumn C. Chas	k one //	Attach datailad	l oobodulo)			
					ſ		olumn C. <i>Chec</i>	T .		Í			
	Annually		- Semi-annually	Quarte	erly ——		UMN A ing of Year					_	
	- Monthly		- Weekly	Daily		begiiiii	ing or rear	Teal Lilu of Teal			Average value		
1.	Total assets fr	om fede	ral return		● 1.			•			•		
2.			etable securities inclu					•			•		
3.			:1		Г						•		
4.			table securities at fair r					•			•		
5.	=	-	dd lines 3 and 4)		Г								
6.		•	ructions)		_						•		
7.			ine 5 less column C, li		er on page	1, Schedu	le A, line 2a d	or 2b) ((see Instr.)	● 7.			
			Certain Stockhong in excess of 5% of		issued so	nital ataak	who rossivo	d ony o	omnonostio	n includi	na commissions		
IIICIU			untry and US Zip Code	taxpayer 5	issueu ca		ocial Security	u any c	Official		All Other Compensation	Received	
			rider if necessary)		· · · · · · · · · · · · · · · · · · ·			Title		Corporation (If none, ent			
1.	Total, includin	ig any ar	mount on rider (ente	r on page	1, Sched	dule A, line	e 3a)		1				
	CHEDULE		The following inf	ormation	n must l	be enter	ed for this	s retu	rn to be c	omple	te		
1.	New York City pri	incipal bus	iness activity: an interest in real proper	tu located in	Now Vorle	City? (ooo in	otw.otiono)				o VEC	№ □	
2. 3.	If "YES": (a) At	tach a sch	an interest in real proper edule of such property, ir	ty located in ncluding stre	et address	borough bl	structions) ock and lot nu	 mher			• YE5 🗀	NO 🗀	
٥.	(b) W	as a contro	olling economic interest in	this corporat	tion <i>(i.e., 50</i>	% or more o	f stock ownerst	<i>hip)</i> trans		•		NO 🗌	
4.			one or more qualified sul								● YES	NO 🗔	
	It "YE! the O!	S" Attach a SSS filed c	a schedule showing the nor was required to file a C	name, addres City business	ss and EIN income ta:	, it any, ot ea k return. Se	ich QSSS and e instructions.	indicate	whether				
5.	If a federal return	was filed	on Form 1120S, enter the	e number of	Fed K1 ret	urns attache	:d:						
6.	Is this taxpayer s	ubject to the	ne Commercial Rent Tax	?								NO 🗌	
7.	. If "YES", were all required Commercial Rent Tax Returns filed?									NO 🗀			
		СОМРО	OSITION OF PR	EPAYM	ENTS S	CHEDU	JLE						
		PRE	PAYMENTS CLAIMED	ON SCHE	DULE A, L	LINE 8 DATE			AMOUNT				
			atory first installmen										
B. Payment with Declaration, Form NYC						•							
C. Payment with Notice of Estimated Tax D													
D. Payment with Notice of Estimated Tax Due E. Payment with extension, Form NYC-EXT F. Overpayment from preceding year credited G. TOTAL of A through F (enter on Schedule A M. ALL RETURNS EXCEPT REFUND RETURNS NYC DEPARTMENT OF FINANCE P.O. BOX 5564 BINGHAMTON, NY 13902-5564 BINGHAMTON, NY 13902-5564													
E. Payment with extension, Form NYC-EXT													
F. Overpayment from preceding year credit G. TOTAL of A through F (enter on Schedule						•							
MAILING INSTRUCTIONS													
		ALL RETII	RNS EXCEPT REFUND F	RETURNS		TANCES	.5170011	J143		BETIID	IS CLAIMING DEG	ELINIDO	
NYC DEPARTMENT OF FINANCE					PAY ON		H FORM NY	C-200V	<i>'</i>	RETURNS CLAIMING REFUNDS NYC DEPARTMENT OF FINANCE			
		P.O. BOX			Mail Pay	ment and	Form NYC-		ONLY to:	P.O. BOX			
	P.O. BOX 3646									ON, NT 13902-350			
NEW YORK, NY 10008-3646													