



For CALENDAR YEAR 2013 or FISCAL YEAR beginning _____, 2013 and ending _____

AMENDED RETURN FINAL RETURN SPECIAL SHORT PERIOD RETURN (See Instr.)

Check box if you claim any 9/11/01-related federal tax benefits (see inst.) Enter 2-character special condition code, if applicable (see inst.):

| | | | | |
|---------------|-----------------------------------|--------------------------|--|--|
| TYPE OF PRINT | Name of Parent (see instructions) | | EMPLOYER IDENTIFICATION NUMBER | |
| | In Care of | | <input type="text"/> | |
| | Address (number and street) | | BUSINESS CODE NUMBER AS PER FEDERAL RETURN | |
| | City and State | Zip Code | <input type="text"/> | |
| | Business Telephone Number | Taxpayer's Email Address | | |

STATE OR COUNTRY OF ORGANIZATION: _____ DATE ORGANIZED: - - DATE BUSINESS BEGAN IN NEW YORK CITY: - -

FEDERAL RETURN WAS FILED ON: 1120 1120-F CONSOLIDATED BASIS OTHER

TYPE OF CORPORATION: Check one
 1. EDGE ACT 2. ALIEN COMMERCIAL 3. SAVINGS AND LOAN 4. TRUST
 5. DOMESTIC COMMERCIAL (other than Clearing House) 6. CLEARING HOUSE 7. CREDIT CARD BANK 8. OTHER

TYPE OF BUSINESS LOCATION(S) WITHIN NYC: 1. BRANCH 2. AGENCY 3. REPRESENTATIVE OFFICE 4. LOAN PRODUCTION OFFICE 5. NONE 6. OTHER (Specify) _____

SCHEDULE A - Computation of Tax

| A. | Payment | Amount included with Form NYC-200V or being paid electronically..... | A. | Payment Amount |
|------|--|--|--|---|
| 1. | Allocated combined entire net income (from Sch. K, line 37)..... | 1. <input type="text"/> | X 9% (.09) | 1. <input type="text"/> |
| 2. | Allocated combined alternative entire net income (from Sch. L, line 41) | 2. <input type="text"/> | X 3% (.03) | 2. <input type="text"/> |
| 3. | Allocated taxable assets (from Sch. M, line 47 and multiply by the appropriate tax rate, mark in the box) | 3. <input type="text"/> | <input type="checkbox"/> .00002 <input type="checkbox"/> .00004 <input type="checkbox"/> .0001 | 3. <input type="text"/> |
| 4. | Fixed minimum tax - for parent corporation only - No reduction is permitted for a period of less than 12 months | 4. <input type="text"/> | | 4. <input type="text"/> 125 <input type="text"/> 00 |
| 5. | Combined tax (line 1, 2, 3, or 4, whichever is largest) | 5. <input type="text"/> | | 5. <input type="text"/> |
| 6. | Combined fixed minimum tax for subs. - No reduction is permitted for a period of less than 12 mos - # of subsidiaries <input type="text"/> X \$125 | 6. <input type="text"/> | | 6. <input type="text"/> |
| 7. | Total combined tax (line 5 plus line 6) | 7. <input type="text"/> | | 7. <input type="text"/> |
| 8. | UBT Paid Credit (attach Form NYC-9.7B) | 8. <input type="text"/> | | 8. <input type="text"/> |
| 9a. | Relocation and employment assistance program (REAP) credit (see instructions for Form NYC-1 and attach Form NYC-9.5) .. | 9a. <input type="text"/> | | 9a. <input type="text"/> |
| 9b. | LMREAP Credit (see instructions and attach Form NYC-9.8) | 9b. <input type="text"/> | | 9b. <input type="text"/> |
| 10. | Net Tax (line 7 less lines 8, 9a and 9b) | 10. <input type="text"/> | | 10. <input type="text"/> |
| 11. | 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 | 11a. <input type="text"/> | | 11a. <input type="text"/> |
| | b) If application for extension has not been filed and line 10 exceeds \$1,000, enter 25% of line 10 | 11b. <input type="text"/> | | 11b. <input type="text"/> |
| 12. | Total of lines 10 and 11a or 11b..... | 12. <input type="text"/> | | 12. <input type="text"/> |
| 13. | Total prepayments (listed on each attached return) | 13. <input type="text"/> | | 13. <input type="text"/> |
| 14. | Balance due (line 12 less line 13) | 14. <input type="text"/> | | 14. <input type="text"/> |
| 15. | Overpayment (line 13 less line 12)..... | 15. <input type="text"/> | | 15. <input type="text"/> |
| 16a. | Interest (see instructions for Form NYC-1)..... | 16a. <input type="text"/> | | 16a. <input type="text"/> |
| 16b. | Additional charges (see instructions for Form NYC-1)..... | 16b. <input type="text"/> | | 16b. <input type="text"/> |
| 16c. | Penalty for underpayment of estimated tax (attach Form NYC-222B)..... | 16c. <input type="text"/> | | 16c. <input type="text"/> |
| 17. | Total of lines 16a, 16b and 16c | 17. <input type="text"/> | | 17. <input type="text"/> |
| 18. | Net overpayment (line 15 less line 17) | 18. <input type="text"/> | | 18. <input type="text"/> |
| 19. | Amount of line 18 to be: | | | |
| | (a) Refunded | 19a. <input type="text"/> | | 19a. <input type="text"/> |
| | (b) Credited to 2014 estimated tax | 19b. <input type="text"/> | | 19b. <input type="text"/> |
| 20. | TOTAL REMITTANCE DUE (see instructions). Enter payment amount on line A above | 20. <input type="text"/> | | 20. <input type="text"/> |
| 21. | Issuer's allocation percentage rounded to the nearest one hundredth of a percentage point(see instructions) (attach worksheet)... | 21. <input type="text"/> | | 21. <input type="text"/> % |
| 22. | Combined total receipts (Sch. J, part 1, line 6, col. C) | 22. <input type="text"/> | 24. Combined entire net income allocation percentage rounded to the nearest one hundredth of a percentage point (Sch. J, part 1, line 14, col. C)..... | 24. <input type="text"/> % |
| 23. | Combined taxable assets (Sch. M, line 44, col. C) | 23. <input type="text"/> | | |
| 25. | NYC rent deducted on federal tax return - THIS LINE MUST BE COMPLETED | 25. <input type="text"/> | | 25. <input type="text"/> |

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete. I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions) ...YES

Firm's Email Address: _____

| | | | | |
|--|---|-------------------------|---|---|
| SIGN HERE: | Signature of officer | Title | Date | Preparer's Social Security Number or PTIN <input type="text"/> |
| | Preparer's signature | Preparer's printed name | Date | |
| PREPARER'S USE ONLY | <input type="checkbox"/> Check if self-employed | | Firm's Employer Identification Number <input type="text"/> | |
| ▲ Firm's name (or yours, if self-employed) | | ▲ Address | | ▲ Zip Code |

| | | | |
|--|---|---|--|
| If more than one Page 2 is used, please state total number of Page 2 attached: _____ | NAME OF PARENT Employer Identification Number | NAME OF PRINCIPAL BANKING SUBSIDIARY Employer Identification Number | NAME OF SUBSIDIARY #2 Employer Identification Number |
|--|---|---|--|

SCHEDULE J - Computation of Combined Allocation Percentages

- ◆ Are you a banking corporation described in Administrative Code section 11-640(a)(9)? Yes No
- ◆ Are you substantially engaged in providing management, administrative, or distribution services to an investment company as such terms are defined in Administrative Code section 11-642(b)(1-a)? Yes No

If you answered "Yes" to both questions, then you must allocate using weighted factors (see instructions concerning "Weighted Factor Allocation for Certain Banking Corporations.")

Part 1 - Computation of combined entire net income allocation percentage

| | | | |
|--|--|--|--|
| 1. New York City wages (Form NYC-1, Sch. G, part 1, col. A, line 1a)..... 1. | | | |
| 2. Multiply column C, line 1 by 80%..... | | | |
| 3. Total wages (Form NYC-1, Sch. G, part 1, col. B, line 1a)..... 3. | | | |
| 4. Percentage in New York City (col. C, line 2 ÷ col. C, line 3)..... | | | |
| 5. New York City receipts (Form NYC-1, Sch. G, part 1, col. A, line 2I)..... 5. | | | |
| 6. Total receipts (Form NYC-1, Sch. G, part 1, col. B, line 2I)..... 6. | | | |
| 7. Percentage in New York City (col. C, line 5 ÷ col. C, line 6)..... | | | |
| 8. Additional receipts factor. Enter % from line 7. (see instructions on weighted factor allocation) | | | |
| 9. Deposits maintained at NYC branches (Form NYC-1, Sch. G, part 1, col. A, line 4c)..... 9. | | | |
| 10. Total deposits (Form NYC-1, Sch. G, part 1, col. B, line 4c)..... 10. | | | |
| 11. Percentage in New York City (col. C, line 9 ÷ col. C, line 10)..... | | | |
| 12. Additional deposits factor. Enter % from line 11. (See instructions on weighted factor allocation) | | | |
| 13. Total of NYC percentages shown on lines 4, 7, 8, 11 and 12. (See instructions on weighted factor allocation) | | | |
| 14. COMBINED ENTIRE NET INCOME ALLOCATION PERCENTAGE - Divide line 13 by 5 or by the actual number of percentages if less than 5 and round to the nearest one hundredth of a percentage point | | | |

Part 2 - Computation of combined alternative entire net income allocation percentage

| | | | |
|---|--|--|--|
| 15. New York City wages (Form NYC-1, Sch. G, part 2, col. A, line 1a)..... 15. | | | |
| 16. Total wages (Form NYC-1, Sch. G, part 2, col. B, line 1a)..... 16. | | | |
| 17. Percentage in New York City (col. C, line 15 ÷ col. C, line 16)..... | | | |
| 18. Combined receipts factor (Sch. J, col. C, line 7)..... | | | |
| 19. Combined deposits factor (Sch. J, col. C, line 11)..... | | | |
| 20. Total of NYC percentages shown on lines 17, 18 and 19 | | | |
| 21. COMBINED ALTERNATIVE ENTIRE NET ALLOCATION PERCENTAGE - Divide line 20 by 3 or by the actual number of percentages if less than 3 and round to the nearest one hundredth of a percentage point | | | |

Part 3 - Computation of combined taxable assets allocation percentage

| | | | |
|---|--|--|--|
| 22. New York City wages (Form NYC-1, Sch. G, part 3, col. A, line 1a)..... 22. | | | |
| 23. Multiply Column C, line 22 by 80%..... | | | |
| 24. Total wages (Form NYC-1, Sch. G, part 3, col. B, line 1a)..... 24. | | | |
| 25. Percentage in New York City (col. C, line 23 ÷ col. C, line 24)..... | | | |
| 26. New York City receipts (Form NYC-1, Sch. G, part 3, col. A, line 2I)... 26. | | | |
| 27. Total receipts (Form NYC-1, Sch. G, part 3, col. B, line 2I)..... 27. | | | |
| 28. Percentage in New York City (col. C, line 26 ÷ col. C, line 27)..... | | | |
| 29. Additional receipts factor. Enter % from line 28. (See instructions on weighted factor allocation) | | | |
| 30. Deposits maintained at NYC branches (Form NYC-1, Sch. G, part 3, col. A, line 4c)..... 30. | | | |
| 31. Total deposits (Form NYC-1, Sch. G, part 3, col. B, line 4c)..... 31. | | | |
| 32. Percentage in New York City (col. C, line 30 ÷ col. C, line 31)..... | | | |
| 33. Additional deposits factor. Enter % from line 32. (See instructions on weighted factor allocation) | | | |
| 34. Total of NYC percentages shown on lines 25, 28, 29, 32 and 33. (See instructions on weighted factor allocation) | | | |
| 35. COMBINED TAXABLE ASSETS ALLOCATION PERCENTAGE - Divide line 34 by 5 or by the actual number of percentages if less than 5 and round to the nearest one hundredth of a percentage point | | | |



| COLUMN A TOTAL <i>(see instructions)</i> | COLUMN B INTERCORPORATE ELIMINATIONS <i>(explain on rider)</i> | COLUMN C COMBINED TOTAL <i>(column A minus column B)</i> |
|--|--|--|
|--|--|--|

Part 1 - *Computation of combined entire net income allocation percentage*

| | | | | |
|-----|--|--|--|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | % |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | % |
| 8. | | | | % |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | % |
| 12. | | | | % |
| 13. | | | | % |
| 14. | | | | % |

Part 2 - *Computation of combined alternative entire net income allocation percentage*

| | | | | |
|-----|--|--|--|---|
| 15. | | | | |
| 16. | | | | |
| 17. | | | | % |
| 18. | | | | % |
| 19. | | | | % |
| 20. | | | | % |
| 21. | | | | % |

Part 3 - *Computation of combined taxable assets allocation percentage*

| | | | | |
|-----|--|--|--|---|
| 22. | | | | |
| 23. | | | | |
| 24. | | | | |
| 25. | | | | % |
| 26. | | | | |
| 27. | | | | |
| 28. | | | | % |
| 29. | | | | % |
| 30. | | | | |
| 31. | | | | |
| 32. | | | | % |
| 33. | | | | % |
| 34. | | | | % |
| 35. | | | | % |



| | | | |
|---|---|---|--|
| If more than one Page 4 is used, please state total number of Page 4 attached: _____ | NAME OF PARENT Employer Identification Number | NAME OF PRINCIPAL BANKING SUBSIDIARY Employer Identification Number | NAME OF SUBSIDIARY #2 Employer Identification Number |
| SCHEDULE K - Computation of Allocated Combined Entire Net Income | | | |

| | | | | |
|---|--|--|--|--|
| 36. Entire net income - (Form NYC-1, Schedule B, line 29)..... 36. | | | | |
| 37. Allocated combined entire net income - Multiply column C, line 36 by Schedule J, line 14 TRANSFER TO SCHEDULE A, LINE 1 | | | | |

| |
|---|
| SCHEDULE L - Computation of Allocated Combined Alternative Entire Net Income |
|---|

| | | | | |
|---|--|--|--|--|
| 40. Alternative entire net income - (Form NYC-1, Schedule C, line 5)..... 40. | | | | |
| 41. Allocated combined alternative entire net income - Multiply column C, line 40 by Schedule J, line 21 TRANSFER TO SCHEDULE A, LINE 2 | | | | |

| |
|--|
| SCHEDULE M - Computation of Allocated Combined Taxable Assets |
|--|

| | | | | |
|--|---|--|--|--|
| 44. Average value of total assets44. | | | | |
| 45. Money or other property received from the FDIC, FSLI, or RTC (see instr.) ..45. | | | | |
| 46. Taxable assets (subtract line 45 from line 44)46. | | | | |
| 47. Allocated taxable assets (multiply line 46 by <input style="width: 50px;" type="text"/> % from Sch. J, line 35.) Also enter next to Schedule A, line 3.47. | | | | |
| 48. Compute net worth ratio: $\frac{\text{Net worth on last day of the tax year}}{\text{Total assets on last day of the tax year}} =$ 48. | % | | | |
| 49. Compute of mortgages included in total assets: $\frac{\text{Average quarterly balance of mortgages}}{\text{Average quarterly balance of total assets}} =$ 49. | % | | | |

Use the chart below to determine your tax rate. This rate must be used to compute the alternative minimum tax measured by taxable assets. You must meet both the net worth ratio and percentage of mortgages included in the total assets requirements to qualify for the lower tax rates.

| Mark an X in the appropriate box in the last column and use this rate on line 3 of Schedule A. | | | |
|--|--|------------------|------------------------------------|
| If the net worth ratio (from line 48) is: | And the % of mortgages included in total assets (from line 49) is: | The tax rate is: | Indicate the appropriate tax rate: |
| Less than 4% | 33% or more | .00002 | |
| At least 4% but less than 5% | 33% or more | .00004 | |
| All others | All others | .0001 | |



| COLUMN A TOTAL <i>(see instructions)</i> | COLUMN B INTERCORPORATE ELIMINATIONS <i>(explain on rider)</i> | COLUMN C COMBINED TOTAL <i>(column A minus column B)</i> |
|--|--|--|
|--|--|--|

Schedule K

| | | | | | |
|-----|--|--|--|--|--|
| 36. | | | | | |
| 37. | | | | | |

Schedule L

| | | | | | |
|-----|--|--|--|--|--|
| 40. | | | | | |
| 41. | | | | | |

Schedule M

| | | | | | |
|-----|--|--|--|--|--|
| 44. | | | | | |
| 45. | | | | | |
| 46. | | | | | |
| 47. | | | | | |
| 48. | | | | | |
| 49. | | | | | |



AFFILIATIONS SCHEDULE

COMPLETE THIS SCHEDULE OR ATTACH FEDERAL FORM 851

Tax year beginning _____, _____ and ending _____, _____

| | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|
| Name of reporting corporation on NYC-1A: | Employer Identification Number: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> </tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of common parent corporation on consolidated federal income tax return: | | | | | | | | | | | |

Part I General Information

| Corp. No. | Name and address of corporation | | Employer Identification Number | | | | | | | | | | |
|-----------|--|-----|---|--|--|--|--|--|--|--|--|--|--|
| 1. | Common parent corporation on federal return: | 1. | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"><tr><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2. | Reporting corporation on NYC-1A: | 2. | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"><tr><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td></tr></table> | | | | | | | | | | |
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| 3. | Affiliated corporations: | 3. | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"><tr><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td><td style="width: 10%; height: 20px;"> </td></tr></table> | | | | | | | | | | |
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Part II Principal Business Activity, Voting Stock Information, Etc.

| Corp. No. | Principal business activity (PBA) | NAICS | STOCKHOLDINGS AT BEGINNING OF YEAR | | | |
|-----------|--|-------|------------------------------------|-------------------------|------------------|-----------------------------|
| | | | number of shares | percent of voting power | percent of value | Owned by corporation number |
| 1. | Common parent corporation on federal return: | | 1. | % | % | |
| 2. | Reporting corporation on NYC-1A: | | 2. | % | % | |
| 3. | Affiliated corporations: | | 3. | % | % | |
| 4. | | | 4. | % | % | |
| 5. | | | 5. | % | % | |
| 6. | | | 6. | % | % | |
| 7. | | | 7. | % | % | |
| 8. | | | 8. | % | % | |
| 9. | | | 9. | % | % | |
| 10. | | | 10. | % | % | |

- COMBINED GROUP INFORMATION SCHEDULE -



| | |
|-----------------------------|--|
| NAME OF PARENT CORPORATION: | EIN OF PARENT CORPORATION: |
| | <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 100px; height: 20px;" type="text"/> |

THE FOLLOWING INFORMATION MUST BE PROVIDED FOR THIS RETURN TO BE CONSIDERED COMPLETE

Refer to instructions before completing this section.

PART 1 General Information

- A. Is this taxpayer subject to the Commercial Rent Tax? YES NO
 - B. If "YES", were all required Commercial Rent Tax Returns filed? YES NO
- Attach schedule listing Name, Employee Identification Number and Account Number for all

- 1. a. Does this group include any corporations other than banking corporations or bank holding companies required to file a combined return because they are taxpayers meeting the 80% or more stock ownership requirements of Administrative Code §11-646(f)(2)(i)? YES NO
- b. If your answer to question (a) is "NO", are any other banking corporations or bank holding companies, whether or not taxpayers, that meet the stock ownership requirements of Administrative Code §11-646(f)(2)(ii) NOT included in this return? YES NO
- c. Have there been ANY CHANGES in the COMPOSITION of the group of banking corporations INCLUDED in this Combined Banking Corporation Tax Return from the PRIOR TAX PERIOD OR ANY MATERIAL CHANGES in the ACTIVITY of any member of the group or ANY corporation NOT INCLUDED in the group that meets the stock ownership requirements for filing on a combined basis? (See instructions, page 1) YES NO
- d. Does the group include a captive real estate investment trust or captive regulated investment company? (See "Captive Real Estate Investment Trusts (REITs) and Regulated Investment Companies (RICs)" in the instructions.) YES NO

- 2. Check this box and attach an explanation if you meet ANY of the following conditions:
 - a. NO MEMBERS of this group FILED or REQUESTED AN EXTENSION to file a combined return under Article 32B of the New York State Tax Law for the TAX PERIOD COVERED BY THIS REPORT, OR
 - b. TWO (2) OR MORE MEMBERS of this group FILED or REQUESTED AN EXTENSION to file a New York State combined return for the tax period covered by this report but there are differences in the membership of this group and the group that filed or will file a New York State combined return, OR
 - c. A COMBINED FILING BY ANY MEMBER(S) of this group has been REVISED or DISALLOWED by New York State for THIS or ANY PRIOR TAX PERIOD.

- 3. You MUST complete Part 2 of this schedule if you meet ANY of the following conditions:
 - a. This is the FIRST Combined Banking Corporation Tax Return being FILED FOR THIS GROUP of corporations, or
 - b. There have been CHANGES in the COMPOSITION of the group of corporations SINCE the PRIOR TAX PERIOD, INCLUDING CHANGES AS A RESULT OF THE REQUIREMENTS THAT ANY CORPORATION MUST USE WEIGHTED FACTOR ALLOCATION IN THIS TAX PERIOD, OR
 - c. There have been ANY MATERIAL CHANGES in the STOCK OWNERSHIP or ACTIVITY of ANY corporation INCLUDED in the group or in ANY corporation NOT INCLUDED in the group that meets the stock ownership requirements for filing on a combined basis. (See instructions, page 1)

PART 2

General Information

A. Complete this schedule A for each **CORPORATION INCLUDED** in the Combined Banking Corporation Tax Return (i) that was **not included** in the Combined Banking Corporation Tax Return for the prior tax period; or (ii) for which there has been any material change in the stock ownership or activity during the tax period covered by this return.

Explain how the filing of a return on a separate basis distorts the corporation's tax liability in New York City, including the nature of the business conducted by the corporation, the source and amount of its gross receipts and expenses and the portion of each derived from transactions with other corporations listed on the Affiliations Schedule.

| NAME OF CORPORATION / EIN | | REASON(S) INCLUDED IN COMBINED RETURN |
|---------------------------|-------|---------------------------------------|
| 1. | Name: | |
| | EIN: | |
| 2. | Name: | |
| | EIN: | |

IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE THIS FORMAT ON A SEPARATE SHEET AND ATTACH IT TO THIS PAGE.

B. Complete this schedule A for each **CORPORATION EXCLUDED** from the Combined Banking Corporation Tax Return that was (i) was **in-cluded** in the Combined Banking Corporation Tax Return for the prior tax period; or (ii) for which there has been any material change in the stock ownership or activity during the tax period covered by this return.

Explain the reason(s) for the exclusion of each corporation for the combined return, including a description of the nature of the business conducted by the corporation, the source and amount of its gross receipts and expenses and the portion of each derived from transactions with other corporations listed on the Affiliations Schedule.

| NAME OF CORPORATION / EIN | | REASON(S) INCLUDED IN COMBINED RETURN |
|---------------------------|-------|---------------------------------------|
| 1. | Name: | |
| | EIN: | |
| 2. | Name: | |
| | EIN: | |

IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE THIS FORMAT ON A SEPARATE SHEET AND ATTACH IT TO THIS PAGE.

MAILING INSTRUCTIONS

Attach copy of all pages of your federal tax return or pro forma federal tax return.

Make remittance payable to the order of NYC DEPARTMENT OF FINANCE. Payment must be made in U.S. dollars and drawn on a U.S. bank.

To receive proper credit, you must enter your correct Employer Identification Number on your tax return and remittance.

The due date for the calendar year 2013 return is on or before March 17, 2014.

For fiscal years beginning in 2013, file on or before the 15th day of the 3rd month following the close of the fiscal year.

ALL RETURNS EXCEPT REFUND RETURNS

NYC DEPARTMENT OF FINANCE
BANKING CORPORATION TAX
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

REMITTANCES

**PAY ONLINE WITH FORM NYC-200V
AT NYC.GOV/FINANCE**

OR

Mail Payment and Form NYC-200V ONLY to:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3646
NEW YORK, NY 10008-3646

RETURNS CLAIMING REFUNDS

NYC DEPARTMENT OF FINANCE
BANKING CORPORATION TAX
P.O. BOX 5563
BINGHAMTON, NY 13902-5563

