Pepartment of Finance - 4\$EZ GENERAL CORPORATION TAX RETURN 2015

To be filed by S Corporations only. All C Corporations must file Form NYC-2 or NYC-2A

			For CALENDAR YEAR 2015 or FISCAL YEAR beginning				2015 and ending			
		Name				ime lange		Taxpayer's Email Address:		
	In Care Of Address (number and street) City and State Zip Code Country (if not US) Business Telephone Number Date business began in NYC									
	Address (number and street) Address						EMPLOYER IDENTIFICATION NUMBER			
		City and State	Change L.			•				
		, The N					BUSINESS C	ODE NUMBER AS PER FEDERAL	RETURN	
		Business Telephone Num	per	Dat	e business begar	I IN NYC				
		Filing a 52- 53-wee						axable year		
		Special short p	eriod return (See Instr.)			Enter 2-ch	naracter specia	al condition code, if applicable (se	e inst.)	
		Amended retu		e amended return is to re ange, check the appropria	have =	S change 'S change	Date of Determ			
s	CHEDULE	E A Computation	n of Tax	BEGIN WITH SCHE			TRANSFER AF	PLICABLE AMOUNT TO SCHEDUL	E A.	
A.	. Payment	Amount being paid elect	onically with this re	turn			A.	rayment Amount		
	•	om Schedule B, line 6).				X .0) 885 1.		_	
	·	See instructions) - NYC (•				2.			
	•	2, whichever is larger)					3.			
	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									
		on for extension has no of line 3 <i>(see instructio</i>					4b.			
5.	enter 25% of line 3 (see instructions)									
	Prepayments (see instructions)									
	Balance due (line 5 less line 6)									
3. Overpayment (line 6 less line 5)										
		nstructions)								
		rges (see instructions)								
Эc.	Penalty for und	derpayment of estimate	ed tax (attach For	m NYC-222) 9c						
١0.	Total of lines 9	a, 9b and 9c					10.			
Ι1.	Net Overpayme	ent (line 8 less line 10)					11.			
		e 11 to be: (a) Refunded					eck 12a .			
		(b) Credited	to 2016 estimated	l tax			12b.			
2c.	Routing Number		count Imber		Checking	ACCOUNT Sav	ings			
13.	TOTAL REMIT	TTANCE DUE (see ins	tructions)				13.			
14.	Gross income	e					14.			
m m	I hereby certify that the		TION OF AN EI					ION mail Address:		
SIGN HERE	I authorize the De Officer's	nuthorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions)YES Preparer's Social Security Number or listed below.								
	signature: Preparer's		Preparer's	Ch	eck if self-	Date:				
E ON LY	signature:		printed name:	en	iployed: \Box	Date:		Firm's Employer Identification	Number	
USE	▲ Firm's name (or	r yours, if self-employed)	A /	Address		▲ Zip (Code			

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N	AME	EIN	
	SCHEDULE B		
1.	Federal Taxable Income before net operating loss deduction and special deductions		
2.	State and local income and MTA taxes deducted on federal return (see instructions)		
3.	Total of lines 1 and 2		
4.	New York City net operating loss deduction (see instructions) 4.		
5.	New York City and New York State income tax refunds included in line15.		
6.	Taxable net income. Line 3 less the sum of lines 4 and 5 (enter on page 1, Schedule A, Line 1)		
	ADDITIONAL REQUIRED INFORMATION - See Instructions	<u> </u>	
1.	Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the of Manhattan south of 96th Street for the purpose of carrying on any trade, busing profession, vocation or commercial activity?	ess,	□ NO
2.	If "YES", were all required Commercial Rent Tax Returns filed?		\square NO
	Please enter Employer Identification Number which was used on the Commercial Rent Tax F	Return:	
3.	Enter the number of Federal K1 returns attached:	_	

MAILING INSTRUCTIONS

Attach copy of all pages of your federal tax return 1120S.

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 2015 return is on or before March 15, 2016.

For fiscal years beginning in 2015, 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 GENERAL CORPORATION TAX P.O. BOX 5564 BINGHAMTON, NY 13902-5564

REMITTANCES PAY ONLINE WITH FORM NYC-200V AT NYC.GOV/ESERVICES

OR

Mail Payment and Form NYC-200V ONLY to:

NYC DEPARTMENT OF FINANCE
P.O. BOX 3933

NEW YORK, NY 10008-3933

RETURNS CLAIMING REFUNDS

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

