



GENERAL CORPORATION TAX RETURN To be filed by 8 Corporations only. All C Corporations must file Form NYC-2, NYC-28 or NYC-2A

| | For CALENDAR YEAR 2 | 2017 or FISCAL YEA | R beginning | 9 | | 2017 a | nd ending | |
|------|---|----------------------|----------------|----------------------|-----------|--------------------------------|--------------------------------------|------------|
| | Name | | | Name Change | | | Taxpayer's Email Address: | |
| | In Care Of | | | <u> </u> | | | | |
| | Address (number and street) | | | Address | | EMPLO | YER IDENTIFICATION NUMBER | <u>-</u> T |
| | City and State | Zip Code | | Change (if not US | | IISINESS CO | DDE NUMBER AS PER FEDERAL F | DETLIDA |
| | Business Telephone Number | Date business began | n in NYC | | | DOINESS CO | DE NOMBERAS PER I EDENALI | XL TOKN |
| | | | | | | | | |
| | Final return Special short period return (See Instr.) | | | _ | | ek taxable y al return is a | | |
| | Claim any 9/11/01-related federal tax benefits (see | e inst) | | • | | | on code, if applicable (see inst.) | |
| | Amended return If the purpose of the amended | , | IRS cha | | | e of Final | sir code, ii applicable (coe iiici.) | |
| | federal or state change, check | the appropriate box: | NYS cha | ange | Det | ermination L | | |
| | SCHEDULE A Computation of Tax - | BEGIN WITH SCHEDULE | B ON PAGE 3. C | OMPLETE | ALL OTHER | SCHEDULES. | TRANSFER APPLICABLE AMOUNTS TO SCI | HEDULE A. |
| | A. Payment Amount being paid electronically | y with this return | | | | A. | | |
| 1. | Allocated net income (from Schedule B, line 26) 1. | | | : | X .0885 | 1. | | |
| 2a. | Allocated capital (from Schedule E, line 14) 2a. | | | : | X .0015 | 2a. | | |
| 2b. | Total allocated capital - Cooperative Housing Corps 2b. | | | | X .0004 | 2b. | | |
| 2c. | Cooperatives - enter: BORO BLOCK | | LOT | | | | | |
| 3. | Alternative Tax (from Alternative Tax Schedule on page 2) (see | e instructions) | | | | 3. | | |
| 4. | Minimum tax (see instructions) - NYC Gross Receipts: | | | | | 4. | | |
| 5. | Allocated subsidiary capital (see instructions) 5. | | | x .000 | 075 | 5. | | |
| 6. | Tax (line 1, 2a, 2b, 3 or 4, whichever is largest, PLUS line 5). | | | | | 6. | | |
| 7. | UBT Paid Credit (attach Form NYC-9.7) | | | | | 7. | | |
| 8. | Tax after UBT Credit (line 6 less line 7) | | | | | 8. | | |
| 9a. | REAP Credit (attach Form NYC-9.5) | | | | | 9a. | | |
| 9b. | LMREAP Credit (attach Form NYC-9.8) | | | | | 9b. | | |
| 10a. | Real Estate Tax Escalation, Employment Opportunity Relocation ar | nd IBZ Credits (a | ttach For | m NYC | C-9.6) | 10a. | | |
| 10b. | Biotechnology Credit (attach Form NYC-9.10) | | | | | 10b. | | |
| 10c. | Beer Production Credit (attach Form NYC-9.12) | | | | | 10c. | | |
| 11. | Net tax after credits (line 8 less total of lines 9a through 10c) . | | | | | 11. | | |
| 12. | First installment of estimated tax for period following that cover | ered by this retu | ırn: | | | | | |
| | (a) If application for extension has been filed, enter amount from | m line 2 of Form | NYC-E | ΚΤ | | 12a. | <u> </u> | |
| | (b) If application for extension has not been filed and line 11 ex | ceeds \$1,000, e | enter 25% | of line | e 11 | 12b. | | |
| 13. | Total of lines 11, 12a and 12b | | | | | 13. | <u> </u> | |
| 14. | Prepayments (from Prepayments Schedule, page 2, line G) (s | see instructions | ;) | | | 14. | | |
| 15. | Balance due (line 13 less line 14) | | | | | 15. | | |
| 16. | Overpayment (line 14 less line 13) | | | | | 16. | | |
| 17a. | Interest (see instructions) | 17a. | | | | | | |
| 17b. | Additional charges (see instructions) | 17b. | | | | | | |
| 17c. | Penalty for underpayment of estimated tax (attach Form NYC- | <i>222</i>) 17c. | | | | | | |
| 18. | Total of lines 17a, 17b and 17c | | | | | 18. | | |
| | Net overpayment (line 16 less line 18) | | | | | 19. | | |
| 20. | Amount of line 19 to be: (a) Refunded - Direct deposit - fill | out line 20c O | R 🗌 F | Paper | check | 20a. | | |
| | (b) Credited to 2018 estimated tax | | | | | 20b. | | |
| 20c. | Routing Account | | | COUNT | | | | |
| | Number Number Number | | Checking | | Savings | | | |
| 21. | TOTAL REMITTANCE DUE (see instructions) | | | | | 21. | I | |

| Form NY | C-3L - 2017 | NAME: | EI | N: | Pag | ge 2 |
|-----------------|----------------------|--|---|---------------------------------------|-------------------------------------|------|
| SCHI | EDULE A - | Continued Computation | of Tax - BEGIN WITH SCHEDULE B ON PAGE 3. C | OMPLETE ALL OTHER SCHEDULES. TRANSFER | R APPLICABLE AMOUNTS TO SCHEDULE A. | |
| 22 . Iss | uer's allocation | n percentage (from Schedule E | , line 15) | 22. | % | |
| | | | rent from Schedule G, Part 1. <i>(S</i> | | | |
| 24 . Gro | oss receipts or | sales from federal return | | 24. | | |
| 25. EIN | N of Parent Co | rporation | | | | |
| 26 . Tot | al assets from | federal return | | 26. | | |
| | | Parent Corporation | | | | |
| | | | ne 1) | 28. | | |
| 29 . Bu | siness allocation | on percentage (from Schedule | H, line 5) - if not allocating, ente | er 100% 29. | % | |
| | | | | | , | |
| CON | IPOSITIO | ON OF PREPAYME | NTS SCHEDULE | | | |
| | | AIMED ON SCHEDULE A, LINE 1 | | DATE | AMOUNT | |
| A. Man | datory first ins | tallment paid with preceding ye | ar's tax | | | |
| B. Payr | ment with Decl | aration, Form NYC-400 (1) | | | | |
| C. Payr | ment with Notic | ce of Estimated Tax Due (2) | | | | |
| D. Payr | ment with Notic | ce of Estimated Tax Due (3) | | | | |
| E. Payr | ment with exte | nsion, Form NYC-EXT | | | | |
| F. Ove | rpayment from | preceding year credited to this | year | | | |
| G. TOT | AL of A through | n F (enter on Schedule A, line 1 | 4) | | | |
| | | | | | | |
| ALT | ERNATI | VE TAX SCHEDUL | Refer to page 7 | of instructions before compu | iting the alternative tax. | |
| Net inco | me/loss (See instr | uctions) | | | 1. \$ | |
| Enter 100 | % of salaries and c | ompensation for the taxable year paid to | stockholders owning more than 5% of the | e taxpayer's stock. (See instr.) | 2. \$ | |
| Total (line | e 1 plus line 2) | | | , | 3. \$ | |
| , | , | | year, exclusion must be prorated based on | | | |
| Net amou | unt (line 3 minus li | ne 4) | | | 5. \$ | |
| 15% of n | et amount (line 5 | x 15%) | | | 6. \$ | |
| | | • | 22b x 15%. Do not enter more than the a | | 7. \$ | |
| Business | s income to be all | ocated (line 6 minus line 7) | | | 8. \$ | |
| Allocated | d investment inco | me (line 7 x investment allocation % fro | m Schedule. D, line 2F) | | 9. \$ | |
| Allocated | d business incom | e (line 8 x business allocation % from S | Schedule H, line 5) | 1 | 0. \$ | |
| Taxable i | net income (line 9 | plus line 10) | | 1 | 1. \$ | |
| Tax rate | | | | 1 | 2 . 8.85% (.0885) | |



Tax rate

| Form NYC-3L - 2017 | NAME: | | EIN | | Page : | 3 |
|--------------------|-------|--|-----|--|--------|---|
|--------------------|-------|--|-----|--|--------|---|

SCHEDULE B Computation and Allocation of Entire Net Income

| 1. | Federal taxable income before net operating loss deduction and special deduction | ns (see instructions) | 1. | |
|------|---|---------------------------|------|--|
| 2. | Interest on federal, state, municipal and other obligations not included in lin | 2. | | |
| 3. | Deductions directly attributable to subsidiary capital (attach list) (see instruct | 3. | | |
| 4. | Deductions indirectly attributable to subsidiary capital (attach list) (see instru | 4. | | |
| 5a. | NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federa | | | |
| | NYC General Corporation Tax deducted on federal return (see instructions) | | | |
| 6. | New York City adjustments relating to (see instructions): | | | |
| • | (a) Employment opportunity relocation costs credit and IBZ credit | | 6a | |
| | (b) Real estate tax escalation credit | | | |
| | (c) ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399) | | | |
| 7. | Additions: | 10-0992) | | |
| 1. | | | 70 | |
| | (a) Payment for use of intangibles | | | |
| | (b) Domestic Production Activities Deduction (see instructions) | | | |
| • | (c) Other (see instructions) (attach rider) | | | |
| 8. | Total of lines 1 through 7c | | O. | |
| | Dividends from subsidiary capital (itemize on rider) (see instr.) | | | |
| | Interest from subsidiary capital (itemize on rider) (see instructions) | | | |
| 9c. | Gains from subsidiary capital | 9c. | | |
| 10. | 50% of dividends from nonsubsidiary corporations (see instructions) | 10. | | |
| 11. | New York City net operating loss deduction (attach Form NYC-NOLD-GCT) (see instr.) | 11. | | |
| 12. | Gain on sale of certain property acquired prior to 1/1/66 (see instructions) | .12. | | |
| 13. | NYC and NYS tax refunds included in Sch. B, line 8 (see instructions) | .13. | | |
| 14. | Wages and salaries subject to federal jobs credit (see instructions) | 14. | | |
| | Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules | | | |
| | (attach Form NYC-399 and/or NYC-399Z) (see instr.) | 15. | | |
| 16. | Other deductions: (see instructions) (attach rider) | | | |
| | Total deductions (add lines 9a through 16) | | 17 | |
| | Entire net income (line 8 less line 17) (see instructions) | | | |
| | If the amount on line 18 is not correct, enter correct amount here and explain in | | | |
| | Investment income - (complete lines a through h below) (see instructions) | 1 Huer (366 Histr.) | 13. | |
| 20. | (a) Dividends from nonsubsidiary stocks held for investment (see instructions) | | 202 | |
| | (b) Interest from investment capital (include federal, state and municipal obligations) | | | |
| | (c) Net capital gain (loss) from sales or exchanges of nonsubsidiary securities l | , , | 200. | |
| | (itemize on rider or attach Federal Schedule D) | | 200 | |
| | (d) Income from assets included on line 3 of Schedule D | | | |
| | • • | | | |
| | (e) Add lines 20a through 20d inclusive | | | |
| | | | I | |
| | (g) Balance (line 20e less line 20f) | | 20g. | |
| | (h) Interest on bank accounts included in income reported on line 20d 2 | | | |
| | New York City net operating loss deduction apportioned to investment income (| , , | | |
| 22a. | Investment income (line 20g less line 21) | | 22a. | |
| | Investment income to be allocated (see instructions) | | I | |
| 23. | Business income to be allocated (line 18 or line 19 less line 22b) | | 23. | |
| 24. | Allocated investment income (line 22b multiplied by:% - Schedule D, lin | ne 2) <i>(see instr.)</i> | 24. | |
| | Allocated business income (line 23 multiplied by:% - Schedule H, lin | | | |
| | If the amount on line 25a is not correct, enter correct amount here and explain | - | I | |
| | Total allocated net income (line 24 plus line 25a or line 25b (enter at Schedule A | | | |



| FORM NYC-3L - 2017 NAME | - | | | ⊑ | | | | | | | Page 4 |
|--|--|-------------------|-------------------------|---------------------------|---|-----------|------------------------------|-----------|------------------------------|--------|-----------------------------|
| SCHEDULE C S | ubsidiary Capi | tal and A | Allocation | | | | | | | | |
| A | | В | С | | D | | Е | | F | | G |
| DESCRIPTION OF SUBSID | DIARY CAPITAL | | | Linkiliti | _ | Net | | | - | Val | lue Allocated |
| | PLOYER IDENTIFICATION | % of Voting Stock | Average Value | | les Directly or In- ly Attributable to | | Average Valu Iumn C minus | | Issuer's Allocation | | to NYC |
| (USE RIDER IF NECESSARY) | NUMBER | Owned | | Sub | sidiary Capital | | column D) | P | Percentage | (colum | nn E x column F) |
| | | % | | | | | | | % | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 Total Cala C. D. and E (in | alicalina di banasa ana mia | - w\ 4 | | | | | | | | | |
| 1. Total Cols C, D and E (inc | • | , , | | | | | | | | | |
| 2. Total Column G - Allocate | ed subsidiary capita | I: Transfer | this total to Sc | hedule A | , line 5 | | | | 2. | | |
| SCHEDULE D | Investment (| anital | and Alloca | tion | 7 | | | | | | |
| , - | | | | | | | T _ | 1 | | | |
| Α | В | C | [|) | E | | F | | G | | Н |
| DESCRIPTION OF INVESTM | - · · A · · · · · · · · · · | | | Directly or | Net Average | | Issuer's | | Value Alloca | | Gross Income from |
| LIST EACH STOCK AND SECU (USE RIDER IF NECESSAR | | | | Attributable nent Capital | (column C minus o | column D) | Allocation Percentag | | to NYC umn E x col | | Investment |
| (************************************** | ., | | | | | | 0 | % | | | |
| | | | | | | | , | 70 | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1. Totals (including items on rid | er) 1. | | | | | | | | | | |
| 2. Investment allocation percen | | e 1F rounded t | to the nearest one hun | dredth of a n | ercentage point) | 2 | 0 | % | | | |
| • | • | | lo the hearest one han | arcatir or a p | portocinago point). | | , | <u>′°</u> | | | |
| 3. Cash - (To treat cash as invest you must include it on | this line.) | 3. | | | | | | | | | |
| 4. Investment capital (total of | lines 1E and 3E - ent | er on Sched | dule E, line 10) | 4. | | | | | | | |
| | | | | | | | | | | | |
| SCHEDULE E | Computation | and Ai | location o | Capi | tai | | | | | | |
| Basis used to determine average value in | column C. Check one. (At | tach detailed s | schedule.) | | | | | | | | |
| - Annually - Semi-ar | | | | | | | | | | | |
| - Annually Semi-ar | inually Q | uarterly | CO | LUMN A | | COLUN | IN B | | | COL | ЈМИ С |
| - Monthly - Weekly | - Da | aily | Begin | ning of Yea | ar | End of | Year | | | Avera | ge Value |
| Total assets from federal | roturn | | | | | | | | 1. | | |
| Real property and marketa | | | | | | | | | 2. | | |
| 3. Subtract line 2 from line 1 | | | | | | | | | 3. | | |
| Real property and marketable se | | | | | | | | | 4. | | |
| Adjusted total assets (add | | | | | | | | | 5. | | |
| Total liabilities (see instruction) | | | | | | | | | 6. | | |
| 7 Total capital (c | olumn C, line 5 less | oolumn C | lino 6) | | | | | | | | |
| | capital (Schedule C | | | | | | | | | | |
| - | and investment capit | | | | | | | | | | |
| | and investment capit t capital (Schedule D | • | , , | | • | | | | | | |
| | apital (line 9 less line | | , | | | | | | | | |
| | apital (line 9 less line nvestment capital (lir | | | | | | | | | | |
| 12. Allocated I | nvesimeni capital (line business capital (line | | | | | | | | | | |
| 13. Allocated t | ted business capital (line | | | | | | | | | | |
| 14. Total alloca | | • | | , , | | | | 14 | *- | | |
| 15. Issuer's allo | ocation percentage (s the nearest one hund | | | | | | | 15 | _ | | % |
| Tourided to | lile riearest one riuric | iledii oi a p | percentage point |) (eriter o | ii page 2 - III i | <i>5</i> | Jee II ISII.) | 15 | J. [| | |
| | | | | | | | | | | | |
| SCHEE | DULE F C | ertain S | tockholder | ′s | | | | | | | |
| 13. Allocated b 14. Total alloca 15. Issuer's allocated to SCHED Include all stockhold Name, Count | ers owning in excess of 5% of | f taxpayer's issu | ued capital stock who r | eceived any | compensation, inc | luding co | mmissions. | | | | |
| | | | | | | | | | | | er Compensation |
| Name, Coun | try and US Zip Code (A | ttach rider if | necessary) | Socia | I Security Numb | per | Official 7 | ıtle | | | n Corporation enter "0") |
| | | | | | | | | | + ' | , (| |
| | | | | | | | | | + | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | <u> </u> | | |
| 1 Total include | ding any amount or | rider (En | ter on Schedule | e A line | 28) | | | 1. | | | |

| SCHEDUL | E G Comp | olete th | is schedule | if busine | ss is carri | ed on both i | nside a | nd outs | ide NY | С |
|---------------------------------|---|---|----------------------------|-----------------|------------------|------------------|-----------|--------------|--------|--------------|
| | n of, and rent paid or | | • | | | | | • | - | s office, ex |
| ecutive office, public wa | | converter, e | | | | | | | | tion |
| NUMBER AND STREET | ete Address | | Rent | Natur | e of Activities | No. of Employees | Wages, Sa | laries, Etc. | Du | ties |
| CITY | STATE | ZIP | | | | | | | | |
| NUMBER AND STREET | | | | | | | | | | |
| | STATE | IZID | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | |
| NUMBER AND STREET | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | |
| NUMBER AND STREET | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | |
| Total | | | | | | | | | | |
| 10tai | | | | | | | | | | |
| Part 2 - List location | | | | | | | | | | ales office |
| executive office, public | | r, converter | | | | | | | | |
| NUMBER AND STREET | ete Address | | Rent | Natur | e of Activities | No. of Employees | Wages, Sa | laries, Etc. | Du | ties |
| CITY | STATE | ZIP | | | | | | | | |
| NUMBER AND STREET | 0.7.11.2 | | | | | | | | | |
| | IAM.WE | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | |
| NUMBER AND STREET | | | | | | | | | | |
| CITY | STATE | ZIP | | | | | | | | |
| NUMBER AND STREET | I | | | | | | | | | |
| СІТҮ | STATE | ZIP | | | | | | | | |
| Total | | | | | | | | | | |
| 10tai | - | | | | | | | | | |
| SCHEDUL | E H Busii | ness A | llocation - | see instru | uctions be | fore comple | eting th | is sche | dule | |
| 1. Did you make ar | n election to use fa | ir market | value in the prop | erty factor? | | | | . 1. | Yes | ☐ No |
| 2. If this is your firs | | | | • | alue in the prop | ertv factor? | | . 2. | Yes | ☐ No |
| | , | - J | | | | NEW YORK CIT | | LUMN B - E | | |
| 1a. Real estate ow | ned | | | 4- | OOLOWINA | NEW TOTIK OIT | 1 1a. | LOMIN D - I | | |
| | ted - multiply by 8 | | | | | | 1b. | | | |
| | ned | | | | | | 1c. | | | |
| | al property owned | | | - | | | 1d. | | | |
| | nal property rented | | | | | | 1e. | | | |
| | | | | | | | 1f. | | | |
| | | | | | | | | | | 0/ |
| • | New York City (col | | • | , | | | 1g. | | | % |
| 1h. Multiply line 1g | by 3.5 | | | | | | 1h. | | | |
| _ | • | _ | ourse of business | | | | | | | |
| 2a. | Sales of tangible pe | | | | | | | | | |
| 01 | are made to point | | • | | | | 2b. | | | |
| | All sales of tangib | | | | | | 2c. | | | |
| 2c. | Services perform | | | | | | | | | |
| 2d. | Rentals of proper | • | | | | | 2d. | | | |
| 2e. | Royalties | | | | | | 2e. | | | |
| 2f. | Other business re | | | | | | 2f. | | | |
| 2g. | Total | | | - | | | 2g. | | | |
| 2h. | Percentage in Ne | w York Ci | ty (col. A of line 2 | 2g divided by a | col. B) | | 2h. | | | % |
| 2i. | Multiply line 2h b | y 93 | | | | | 2i. | | | |
| 3a. | Wages, salaries ar | nd other co | mpensation of em | nployees, | | | | | | |
| 2g. 2h. 2i. 3a. 3b. 3c. 4a. 4b. | except general ex | cecutive o | fficers <i>(see instru</i> | uctions) 3a. | | | 3a. | | | |
| 3b. | Percentage in Ne | w York Ci | ty (column A divi | ded by columi | n B) | | 3b. | | | % |
| 3c. | Multiply line 3b by | | • ' | • | , | | | | | |
| | Weighted Fact | | | | | | | | | |
| 4a. | Add lines 1h, 2i a | | | | | | 4a. | | | |
| 4b. | Divide line 4a by 1 | | | | | | | | | |
| | total of the weight | | | | | | | | | |
| | one hundredth of | | | | | | 4b. | | | % |
| _ | Business Alloc | | | | | | | | | |
| 5. | | nter percentage from line 4b. (If using Schedule I, enter percentage from part 1, | | | | | | | | % |

EIN: _____

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Form NYC-3L - 2017 NAME: _____

| orn | n NYC-3L | - 2017 | NAME: | | EIN: | | | Page 6 |
|-----------------|---------------------|------------------------------|--|--|---|-------------------------------------|---------------------|-------------------|
| S | CHE | DULE | Business Allocat | ion for Aviation Co | rporations a | ind Corporations | Operating V | essels |
| Р | art 1 | Business | allocation for aviation corp | orations | | | | |
| | | | | | COLUMN A - | AVERAGE FOR NEW YORK CITY | COLUMN B - EVE | RVWHERE |
| 1. | Aircraft | t arrivals an | d departures | | | NEW TOTIK OTT | OOLOMIN'S EVE | |
| 2. | | | centage (column A divided b | | | | | % |
| 3. | | | ndled | | •. | | | |
| 4. | | | centage (column A divided b | • | | | | % |
| 5. ^ | _ | - | le (a a lumana 🐧 alia int a di la | | ** | | | |
| 0. 7 | | | centage (column A divided b and 6 | • | v . | | | % |
| | | | | | | | 11.1. 5/ 0 | % |
| 5. | | | e (line 7 divided by three rounded | | | | e H, IIne 5) 8. | % |
| P | art 2 | Business a | allocation for corporations | operating vessels in for | reign commerc | | | |
| | | | | | COLUMN A - | NEW YORK CITY TERRITORIAL WATERS | COLUMN B - | EVERYWHERE |
| ١. | Aggreg | gate numbe | r of working days | | | | | |
| 2. | Allocation | on percentag | e (column A divided by column B re | ounded to the nearest one hu | ndredth of a percer | ntage point) (enter on Sche | edule H, line 5) 2. | % |
| S 1a. | | | The following information is cipal business activity | must be entered for this re | turn to be comple | te. (REFER TO INSTRUCTION | NS BEFORE COMPLET | NG THIS SECTION.) |
| 1b. | | | usiness activities (attach schedu | le, see instructions) | | | | |
| 2. | | • | orting corporation, if different fro | , | | | | |
| 3. | | | included in a consolidated feder | | | | | ES NO |
| | | | nt's name | | | ı | | |
| 4. | Is this | corporation a | a member of a controlled group xclusion by reason of paragraph | of corporations as defined | in IRC section 156 | enter here and on page | | ES NO |
| | If "YES | S", give comm | non parent corporation's name, if an | у | EIN | | | |
| 5. | | | evenue Service or the New York | | | enter here and on page | 2, line 27 | |
| ٥. | | | ble income or other tax base rep | oorted in a prior year, or are | you currently und | | | ES NO |
| | If "YES | S", by whom' | ? Internal Revenue Service | | State period(s): | Beg.: | End.: | MMDDYY |
| | | | New York State Department | of Taxation and Finance | State period(s): | Beg.: | End.: | MMDDYY |
| 6. | | | n 5, has Form(s) NYC-3360 (Re years prior to 1/1/15. For years | | | | s) 🗌 Y | ES NO |
| 7. | indired | ctly, individua | make any payments treated as in ally or in the aggregate, more tha ving (if more than one, attach se | an 50% of the corporation's | issued and outsta | anding capital stock? If " | YES", | ES NO |
| | Share | holder's nan | ne: | | SSN/EIN: | | | |
| | Interest | paid to Shareho | lder: Total Inde | btedness to shareholder described a | above: | Total interest paid: _ | | |
| 8. | Was th | his corporations", attach sc | on a member of a partnership or hedule listing name(s) and Emp | joint venture during the tax loyer Identification Number | c year? (s). | | 🗌 Y | ES NO |
| | | 9. At a local | any time during the taxable year, o ated in NYC or a controlling inte | lid the corporation have an in rest in an entity owning suc | terest in real prope ch real property? | rty (including a leasehold ir | nterest) | ES NO |
| | | | If "YES" to 9, attach a schedule o | | ne nature of the int | terest and including the s | treet | |
| | | ĺ | Was any NYC real property (inclu property acquired or transferred | with or without consideration | on? | | ∐ Y | ES NO |
| | | | Was there a partial or complete Was 50% or more of the corporation's | | | | | ES NO NO |
| | | 11. If "` | YES" to 10b, 10c or 10d, was a | Real Property Transfer Tax | Return (Form NY | C-RPT) filed? | 🗆 Y | ES NO |
| | | 12. If "I | NO" to 11, explain: | | | | | |
| | | If "\ | es the corporation have one or r YES": Attach a schedule showing | the name, address and EIN | N, if any, of each Q | SSS and indicate whether | | ES NO |
| | | | QSSS filed or was required to feet the number of Fed K1 returns | • | tax return. (see ins | structions) | | |
| | | 15. Do | es this taxpayer pay rent greate h Street for the purpose of carry | r than \$200,000 for any pre | | | | ES NO |
| | | | YES", were all required Comme | | | | | |
| 3 | 026179 ⁻ | _ | ase enter Employer Identification | | | | | |

| SCH | HEDULE K Federa | al Return Informa | ation | | | | | |
|---------------------|--|--------------------------|------------------|--|---------------|---------|-----------------------------------|-----------|
| The follo | owing information must be er | tered for this return to | oe complete. | | | | | |
| Enter on | lines 1 through 10 in the Federa | Amount column the amou | ints reported on | your federal For | m 1120S. (See | instruc | ctions) | |
| Federal 11 | 120\$ | | | | | | ▼ Federal Amount ▼ | |
| 1. Divid | ends | | | | 1. | | | |
| 2. Intere | est income | | | | 2. | | | |
| 3. Capit | tal gain net income | | | | 3. | | | |
| 4. Othe | r income | | | | 4. | | | |
| 5. Total | income | | | | 5 | | | |
| 6. Bad | debts | | | | 6. | | | |
| 7. Intere | est expense | | | | 7. | | | |
| 8. Othe | r deductions | | | | 8. | | | |
| 9. Total | deductions | | | | 9. | | | |
| 10. Net c | pperating loss deduction | | | | 10. | | | |
| | | | | | | | | |
| | CF | RTIFICATION OF AN E | LECTED OFF | CER OF THE | CORPORAT | ION | | |
| l horoby oo | rtify that this return, including any acco | | | | | | mail Address: | |
| • | te the Dept. of Finance to discuss | | , , | | | 2 | man / darooo. | |
| Sign | Signature of officer | | Title | | Date | | Preparer's Social Security Number | r or PTIN |
| HERE: PREPARER'S | Preparer's | Preparer's | Title | Observation of the Control of the Co | Date | | | - |
| USE -> | signature | printed name | | Check if self- employed ✔ | Date | | | |
| ··! | | | | | | | Firm's Employer Identification N | Number |
| | ▲ Firm's name (or yours, if self-emplo | ved) Address | | | ▲ Zip Code | | | |

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 2017 return is on or before March 15, 2018.

For fiscal years beginning in 2017, 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

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



Form NYC-3L - 2017

NAME: