

COMBINED TAX RETURN FOR BANKING CORPORATIONS 2018 To be filed by \$ Corporations only. All C Corporations must file Form NYC-2 or NYC-2A 2018

			For CAL	ENDAR YEAR	2018 or FIS	CAL YEAR b	eginning			, 2018 and ending		
		Name of Parent (see instructions	3)				Name Change	EN		YER IDENTIFICATIO		P
		In Care of										л П П
	PRINT								=			
	OR P	Address (number and street)					Address	╢└──┸				
							Change	BUSINES	s cor	DE NUMBER AS PER	FEDERAL R	RETURN
		City and State		Zip Code		Country (if no	ot US)					
		Business Telephone Number		Taxpayer's Em	ail Address							
					[m onv 0/11/01		vol tov	(hanafita (aga ingt.)		
		Final return			L		-			benefits (see inst.)		
		Special short period r	eturn (See Instr.)		L			special con	dition c	code, if applicable (see	inst.)	
		Amended return	If the purpose of the am federal or state change,			IRS chan	٦ ٦	Date of Final Determination			\Box	
		<u>в</u>	lederal of state change,			NYS chai	nge					
STATE OR	COUNTRY OF ORGANIZATIO	N:	DATE ORGANIZ	ED:	-	D	ATE BUSINESS E	BEGAN IN NEV	YORK	сіту:	-	
	CORPORATION:	1. EDGE ACT	2.4	LIEN COMMERCI	AL	3	. SAVINGS AND I	LOAN		4. TRUST		
Check one		5. DOMESTIC CO	MMERCIAL	CLEARING HOUSE			. CREDIT CARD I			8. OTHER		
TYPE OF B			<u> </u>					1		7		
LOCATION	(S) WITHIN NYC: 1. BRA		3. REPRESENTATIVE C	FFICE	4. LOAN PR	ODUCTION OFFI	CE	5. NONE		6. OTHER (Specify)		
		- Computation of							• •	Payment A	Amount _	
A.	-	ount being paid electronical				·····						
1.		tire net income (from Sch. I	, ,	1.			X 9% (.09	- /	1.			
2.		ernative entire net income (i		2.			X 3% (.03	í n	2. [0001 3	2		
3. 4.		Sch. M, line 47 and multiply by the appropriation		3.	aa ihaa 10 ma	unth o			0001 3 4.	.	125	00
		r parent corporation only - t 2, 3, or 4, whichever is large							4. 5.			
5. 6.		2, 3, or 4, whichever is large tax for subs No reduction is	,					 5	5. 6.			
7.		e 5 plus line 6)							7.			
8.		h Form NYC-9.7B)							8.			
9.		edit (line 7 less line 8)							9.			
10a.		/ment assistance program (10a.			
10b.		nstructions and attach Form							10b.			
11.		es 10a and 10b)							11.			
12.		mated tax for period followi	· ·		EVT				12a.			
		ttension has been filed, ente ttension has not been filed							12a. 12b.			
13.	, ,,	2a or 12b							13.			
14.		ed on each attached return							14.			<u> </u>
15.		ess line 14)							15.			
16.	Overpayment (line 14 l	less line 13)							16.			
17a.	Interest (see instruction	ns for Form NYC-1)			17a.							
17b.	Additional charges (se	e instructions for Form NYC	-1)		17b.							
17c.	, , ,	ent of estimated tax (attach	,									
18.	,	and 17c							18.			<u> </u>
19.		16 less line 18)							19.			
20.	Amount of line 19 to be	(1)							20a.			+
			estimated tax						20b.			
21.		DUE (see instructions)							21.			
22.	•	entage rounded to the neare		percentage p		, (,	22 .			%
23.	Combined total receipts (23.		2		ed entire net in to the nearest		··· · · · ·			
24.	Combined taxable assets	S (Sch. M, line 44, col. C)	24.				age point (Sch					%
26.	NYC rent deducted on fee	deral tax return							26.			
		CERTIFI	CATION OF AN EL	ECTED OF	FICER OF	тне со	RPORATIO	N				
-	•	cluding any accompanying r						· [[_] ""	2 E119	ail Address:		
SIGN	-	ince to discuss this retu	in with the prepare		w. (see ins	structions	1	L		ropararla Sacial Sac	rity Number	
HERE:	Signature of officer			Title			Date		- [reparer's Social Secur		
PREPARER	Preparer's 's signature		eparer's inted name			k if self-	Date			=	┘╸└────	
$\stackrel{\rm USE}{\rightarrow}$	Signature	pi					Dale		— <u>F</u>	Firm's Employer Ider	tification N	umber
		the state of the s						A 7in 0 - 1	_			
101111		ours, if self-employed)	Addre SEE PAGE 8					▲ Zip Code			NV	(C-1A 201)

Form NYC-1A 2018

	nore than one Page 2 is used, ase state total number of Page 2 attached:	NAME OF PARENT	NAME OF PRINCIPAL BANKING SUBSIDIARY Employer Identification Number	NAME OF SUBSIDIARY #2
SCH	IEDULE J - Computation of Combined Allocation Percentages			
♦ A	Are you a banking corporation described in Administrative Code section 11-640	D(a)(9)?		Yes No
	Are you substantially engaged in providing management, administrative, or dis			
	re defined in Administrative Code section 11-642(b)(1-a)? a answered "Yes" to both questions, see instructions concerning "Allocation fo			Yes No
ii yot		Certain Banking Corporations.		
Part	1 - Computation of combined entire net income allocation percent	tage	1	1
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%		1	
3.	Total wages (Form NYC-1, Sch. G, part 1, col. B, line 1a)			
4.	Percentage in New York City (col. C, line 2 ÷ col. C, line 3)		1	1
5.	New York City receipts (Form NYC-1, Sch. G, part 1, col. A, line 21)			
6.	Total receipts (Form NYC-1, Sch. G, part 1, col. B, line 21)			
7.	Percentage in New York City (col. C, line 5 ÷ col. C, line 6)			
8.	Additional receipts factor. Enter % from line 7. (see instructions)		1	
9.	Deposits maintained at NYC branches			
	(Form NYC-1, Sch. G, part 1, col. A, line 4c)			
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)			
13.	Total of NYC percentages shown on lines 4, 7, 8, 11 and 12. (See instructions)			
14.	COMBINED ENTIRE NET INCOME ALLOCATION PERCENTAGE - Divide line 13 by 5 or by the second secon	he actual number of percentages if lea	ss than 5 and round to the nearest o	ne hundredth of a percentage point
Part	2- Computation of combined alternative entire net income allocat	ion percentage		
15.	New York City wages (Form NYC-1, Sch. G, part 2, col. A, line 1a)			
16.	Total wages (Form NYC-1, Sch. G, part 2, col. B, line 1a)			
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 1	by the actual number of percentages if	f less than 3 and round to the nearest	one hundredth of a percentage point
Part	3 - Computation of combined taxable assets allocation percentage	9	I	1
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)			
	25. Percentage in New York City (col. C, line 23 ÷ col. C, line 24)			1
	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 2l) 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)			
	 Percentage in New York City (col. C, line 26 ÷ col. C, line 27) Additional receipts factor. Enter % from line 28. (See instructions) Deposits maintained at NYC branches (Form NYC-1, Sch. G, part 3, col. A, line 4c) Total deposits (Form NYC-1, Sch. G, part 3, col. B, line 4c) Total deposits (Form NYC-1, Sch. G, part 3, col. B, line 4c) Percentage in New York City (col. C, line 30 ÷ col. C, line 31) Additional deposits factor. Enter % from line 32. (See instru- Additional of NYC percentages shown on lines 25, 28, 29, 32 an COMBINED TAXABLE ASSETS ALLOCATION PERCENTAGE - Divide line 34 			
	Sch. G, part 3, col. A, line 4c) 30.			
	31. Total deposits (Form NYC-1, Sch. G, part 3, col. B, line 4c) 31.			l
	32. Percentage in New York City (col. C, line 30 ÷ col. C, line 31)			
	33. Additional deposits factor. Enter % from line 32. (See instru			
	34. Total of NYC percentages shown on lines 25, 28, 29, 32 an			
	35. COMBINED TAXABLE ASSETS ALLOCATION PERCENTAGE - Divide line 34	by 5 or by the actual number of percenta	ages if less than 5 and round to the nea	rest one hundredth of a percentage point

	COLUMN A TOTAL (see instructions))	COLUMN B INTERCORPORATE ELIMINAT (explain on rider)	IONS	COLUMN C COMBINED TOTAL (column A minus column B)
Pai	rt 1 - Computatio	on of co	n In the section of t	ne alle	ocation percentage
	rt 2 - Computation				come allocation percentage
Pai	rt 3 - Computation	n of cor	nbined taxable assets all	ocatic	n percentage
Par	rt 3 - Computation	n of cor	nbined taxable assets all	ocatic	n percentage
Par	rt 3 - Computation	n of cor	nbined taxable assets all	ocatic	n percentage
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	rt 3 - Computation	n of cor	nbined taxable assets all		n percentage
Pai	rt 3 - Computation		nbined taxable assets all		Image Image <t< td=""></t<>



Form NYC-1A 2018

If more than one Page 4 is used, please state total number of Page 4 attached:	NAME OF PARENT	NAME OF PRINCIPAL BANKING SUBSIDIARY	NAME OF SUBSIDIARY #2
SCHEDULE K - Computation of Allocated Combined Entire Net Income			
 Entire net income - (Form NYC-1, Schedule B, line 30)			
 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.			
	Allocated combined alternative entire net income -			
	Multiply column C, line 40 by Schedule J, line 21			
	TRANSFER TO SCHEDULE A, LINE 2			

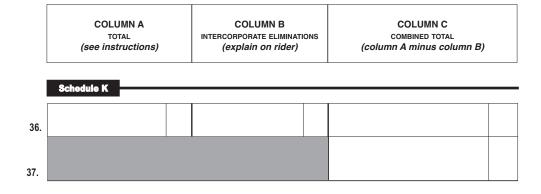
SCHEDULE M - Computation of Allocated Combined Taxable Assets

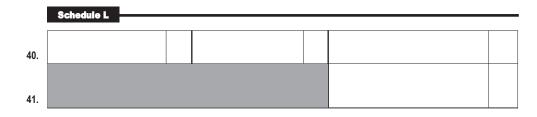
44.	Average value of total ass	sets	.44.			
45.	Money or other property receive	ed from the FDIC, FSLI, or RTC (see instr.) .	.45.			
46.	Taxable assets (subtract li	ine 45 from line 44)	.46.			
47.	Allocated taxable assets (from Sch. J, line 35.) Also e	multiply line 46 by% enter next to Schedule A, line 3	47.			
48.	Compute net worth ratio:	Net worth on last day of the tax year Total assets on last day of the tax year	48.	 %		
49.		Average quarterly balance of mortgages Average quarterly balance of total assets	⁼ 49.	%		

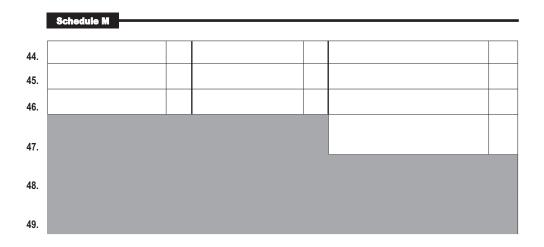
Use the chart below to determine your tax rate. This rate must be used to compute the alternative minimum tax measured by taxable assets. You must meet both the net worth ratio and percentage of mortgages included in the total assets requirements to qualify for the lower tax rates.

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					











AFFILIATIONS SCHEDULE

COMPLETE THIS SCHEDULE OR ATTACH FEDERAL FORM 851

Name of reporting corporation on NYC-1A:	Employer Identification Number:

	Part I General Information											
Corp. No.	Name and address of corporation		E	m	oloy	er Id	lenti	ficat	tion N	lumb	er	
1.	Common parent corporation 1		1	•		1			1	1		
2.	Reporting corporation 2 on NYC-1A: 2		1	•		1			1			
3.	Affiliated corporations: 3		I			1						
4.	4		1	•					1			
5.	5		1			1		I	1	1		
6.	6		1	•		1			1	I		
7.	7		1			1			1	1		
8.	8		1			1				1		
9.	9		1						I	I	1	
10.	10		1	•		1			1			

Part II

Principal Business Activity, Voting Stock Information, Etc.

]	STOCKHO	LDINGS AT E	BEGINNING	OF YEAR
Corp. No.	Principal business activity (PBA)	NAICS		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.		%	%	

1.

- COMBINED GROUP INFORMATION SCHEDULE NAME OF PARENT CORPORATION: EIN OF PARENT CORPORATION:

	THE FOLLOWING INFORMATION MUST BE PROVIDED FOR THIS RETURN TO BE CONSIDERED COMPLETE
	Refer to instructions before completing this section.
	PART 1 General Information
	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. Does any member corporation pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? YES NO B. If "YES," were all required Commercial Rent Tax Returns filed? YES NO
	Attach schedule listing name of member corporation(s) and Employer Identification Number(s) which was used on the Commercial Rent Tax Return(s).
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)?
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?
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)
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.)

- **2.** Check this box \square 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 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, IN-CLUDING 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
	Name:	
1.		
	EIN:	
	Name:	
2.		
	EIN:	

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

B. Complete this schedule B for each CORPORATION EXCLUDED from the Combined Banking Corporation Tax Return that was (i) was 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 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) EXCLUDED IN COMBINED RETURN
	Name:	
1.		
	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 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 2018 return is on or before March 15, 2019.

For fiscal years beginning in 2018, 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/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 BANKING CORPORATION TAX P.O. BOX 5563 BINGHAMTON, NY 13902-5563



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