



For CALENDAR YEAR 2018 or FISCAL YEAR beginning \_\_\_\_\_, 2018 and ending \_\_\_\_\_

Name of Parent, In Care of, Address, City and State, Zip Code, Country, Business Telephone Number, Taxpayer's Email Address, EMPLOYER IDENTIFICATION NUMBER, BUSINESS CODE NUMBER AS PER FEDERAL RETURN

CHECK ALL THAT APPLY: Final return, Special short period return, Amended return, Claim any 9/11/01-related federal tax benefits, Enter 2-character special condition code, IRS change, NYS change, Date of Final Determination

STATE OR COUNTRY OF ORGANIZATION, DATE ORGANIZED, DATE BUSINESS BEGAN IN NEW YORK CITY, TYPE OF CORPORATION, TYPE OF BUSINESS, LOCATION(S) WITHIN NYC

SCHEDULE A - Computation of Tax

Table with columns: A. Payment, Amount being paid electronically with this return, A. Payment Amount. Rows include: 1. Allocated combined entire net income, 2. Allocated combined alternative entire net income, 3. Allocated taxable assets, 4. Fixed minimum tax, 5. Combined tax, 6. Combined fixed minimum tax for subs., 7. Total combined tax, 8. UBT Paid Credit, 9. Tax after UBT Paid Credit, 10a. REAP credit, 10b. LMREAP Credit, 11. Net Tax, 12. First installment of estimated tax, 13. Total of lines 11 and 12a or 12b, 14. Total prepayments, 15. Balance due, 16. Overpayment, 17a. Interest, 17b. Additional charges, 17c. Penalty for underpayment, 18. Total of lines 17a, 17b and 17c, 19. Net overpayment, 20. Amount of line 19 to be, 21. TOTAL REMITTANCE DUE, 22. Issuer's allocation percentage, 23. Combined total receipts, 24. Combined taxable assets, 25. Combined entire net income allocation percentage, 26. NYC rent deducted on federal tax return

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. SIGN HERE: Signature of officer, Title, Date, Preparer's signature, Preparer's printed name, Check if self-employed, Date, Firm's Email Address, Preparer's Social Security Number or PTIN, Firm's Employer Identification Number

|   |   |   |  |
|---|---|---|--|
| If more than one Page 2 is used,<br>please state total number of Page 2 attached: _____ | <b>NAME OF PARENT</b><br>Employer Identification Number | <b>NAME OF PRINCIPAL BANKING SUBSIDIARY</b><br>Employer Identification Number | <b>NAME OF SUBSIDIARY #2</b><br>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, see instructions concerning "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 2l)..... 5.  |  |  |  |  |  |
| 6. Total receipts (Form NYC-1, Sch. G, part 1, col. B, line 2l)..... 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).....  |  |  |  |  |  |
| 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).....  |  |  |  |  |  |
| 13. Total of NYC percentages shown on lines 4, 7, 8, 11 and 12. (See instructions)   |  |  |  |  |  |
| 14. <b>COMBINED ENTIRE NET INCOME ALLOCATION PERCENTAGE</b> - 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. <b>COMBINED ALTERNATIVE ENTIRE NET ALLOCATION PERCENTAGE</b> - 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 2l)... 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)  |  |  |  |  |  |
| 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)  |  |  |  |  |  |
| 34. Total of NYC percentages shown on lines 25, 28, 29, 32 and 33. (See instructions)   |  |  |  |  |  |
| 35. <b>COMBINED TAXABLE ASSETS ALLOCATION PERCENTAGE</b> - 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<br>TOTAL<br><i>(see instructions)</i> | COLUMN B<br>INTERCORPORATE ELIMINATIONS<br><i>(explain on rider)</i> | COLUMN C<br>COMBINED TOTAL<br><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,<br>please state total number of Page 4 attached: _____ | <b>NAME OF PARENT</b><br><br>Employer Identification Number | <b>NAME OF PRINCIPAL BANKING SUBSIDIARY</b><br><br>Employer Identification Number | <b>NAME OF SUBSIDIARY #2</b><br><br>Employer Identification Number |
| <b>SCHEDULE K - Computation of Allocated Combined Entire Net Income</b>                 |   |   |  |

|   |  |  |  |  |
|---|--|--|--|--|
| 36. Entire net income -<br>(Form NYC-1, Schedule B, line 30) ..... 36.  |  |  |  |  |
| 37. Allocated combined entire net income -<br>Multiply column C, line 36 by Schedule J, line 14<br>TRANSFER TO SCHEDULE A, LINE 1 ..... |  |  |  |  |

|   |
|---|
| <b>SCHEDULE L - Computation of Allocated Combined Alternative Entire Net Income</b> |
|---|

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

|  |
|--|
| <b>SCHEDULE M - Computation of Allocated Combined Taxable Assets</b> |
|--|

|  |   |  |  |  |
|--|---|--|--|--|
| 44. Average value of total assets .....44.   |   |  |  |  |
| 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"/> %<br>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<br>TOTAL<br><i>(see instructions)</i> | COLUMN B<br>INTERCORPORATE ELIMINATIONS<br><i>(explain on rider)</i> | COLUMN C<br>COMBINED TOTAL<br><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:<br><table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </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%; height: 20px; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td></tr></table> |  |  |  |  |  |  |  |  |  |  |
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| 2.        | Reporting corporation on NYC-1A:             | 2.  | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td></tr></table> |  |  |  |  |  |  |  |  |  |  |
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| 3.        | Affiliated corporations:                     | 3.  | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </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.                                | %                       | %                |                             |



**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 |
|---------------------------|-------|---------------------------------------|
| <b>1.</b>                 | Name: |                                       |
|                           | EIN:  |                                       |
| <b>2.</b>                 | 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 B 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) EXCLUDED IN COMBINED RETURN |
|---------------------------|-------|---------------------------------------|
| <b>1.</b>                 | Name: |                                       |
|                           | EIN:  |                                       |
| <b>2.</b>                 | 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

