

TAX RETURN FOR BANKING CORPORATIONS 2024

To be filed by S Corporations only. All C Corporations must file Form NYC-2 or NYC-2A Attach copy of all pages of your federal return 1120S

			For CALE	NDAR YEAR 202	24 or FISCAL	YEAR beginnir	ıg		2024 and ending	g	
		Name					Name				_
		In Care Of					Change	EMPI	OYER IDENTI	FICATION NUMBER	R
	La constante da								-		
		Address (number and stre	et)				Address				
		City and State		Zip Code		Country (if not l	Change JS)	BUSINESS	CODE NUMBER	AS PER FEDERAL R	ETURN
		Business Telephone Numl	Der	Taxpayer's Emai	il Address:						
		Einal rature	hook this hav if you have a			Clair	n ony 0/11/01	related federa			
			heck this box if you have o eriod return (See Instr.)	ceased operations					al tax benefits (se ion code, if applic		
			If the number of th	a amondod roturn	is to report a	IRS chang		ate of Final			
		Amended retu	federal or state cha			NYS chang		Determination			
STATE O	R COUNTRY OF ORGANIZATI	ON:	DATE ORG	ANIZED:	-	D	ATE BUSINESS	BEGAN IN NEW	YORK CITY:		
TYPE OF Check O	no 🗔	EDGE ACT CLEARING HOUSE	2. ALIEN COMMERCIAL 7. CAPTIVE REIT		3. SAVINGS AN 8. CAPTIVE RIC		4. TRUS	T DIT CARD BANK	5. 10	DOMESTIC COMMERCIAL (other than Clearing House). OTHER	e)
	(S) WITHIN NYC: 1. BR/			TIVE OFFICE	4. LOAN I	PRODUCTION OFFIC	E	5. NONE	6. OTHER (Sp	ecify)	
SC	HEDULE /	A - Computa	tion of Tax							Payment Amount	ļ
A. Pa	yment Amount	being paid electro	nically with this ret	urn				J	Α.		
1.	Allocated taxable entit	re net income (from Sc	h. B, line 31) 1.			X 9% (.0)9)	1			
2.	Allocated taxable alterna	ative entire net income (fro	om Sch. C, line 6) 2.			X 3% (.0)3)	2	•		
3.	Allocated taxable assets (from	Sch. D, line 4 and multiply by the appro	priate tax rate, mark in the box) 3.			.00002	.00004	.0001 3			
4.	Fixed minimum tax - N	No reduction is permitte	ed for a period of less t	than 12 months				4	•	125	00
5.	Tax (line 1, 2, 3, or 4,	whichever is largest) .						5			
6.		,									_
7.		,									
			ram (REAP) credit (see								
			Form NYC-9.8)								
9. 10		,	ollowing that covered b								
10.			ed, enter amount from								
			n filed and line 9 exce								
11.	, ,,										
12.	Prepayments (from C	omposition of Prepaym	ents Claimed, page 6,	item G) (see in	structions).			12			
13.	Balance due (line 11 l	ess line 12)						13	-		
14.	Overpayment (line 12	less line 11)						14			
15a.	Interest (see instruction	ons)			15a.						
15b.	Additional charges (se	e instructions)			15b.						
15c.	Penalty for underpayr	nent of estimated tax (a	attach Form NYC-222E	3)	15c.						
16.	Total of lines 15a, 15b	and 15c							-		_
17.	Net overpayment (line	14 less line 16)						17			
18.	Amount of line 17 to b	e: (a) Refunded						18a			
		(b) Credited to a	2025 estimated tax					18b			
19.		•	s)								
20.			nearest one hundredth	of a percentage	-						%
21.	Total receipts (Sch. G, pa				22. Tota	al assets from fe	ederal return	22	·		
23.	Total capital from federa	F	<u> </u>		_						
24.	EIN of parent corporatio	-			25. EIN	of common par	ent corporatio	on 25	· [•		<u> </u>
26.	Entire net income alloca one hundredth of a perc	tion percentage rounded entage point (Sch. G, par	to the nearest t 1, line 7) 26.	%	27. IBF	Formula Alloca	tion Method (✓) 27.			
28.	NYC rent deducted on fe	ederal tax return									
I hereby	certify that this return. i		FICATION OF AN I nying rider, is, to the bes					I FIRM'S I	Email Address:		
I autho	•	•••	s return with the pre	•	-		· _]			
SIGN HERE:	Signature of officer			Title			Date		Preparer's Soc	cial Security Number	or PTIN
	Preparer's		Preparer's		Che	eck if self-	1			·	1
PREPARER			printed name			ployed V	Date		Firm's Emply	over Identification N	lumbor
USE → ONLY											
	▲ Firm's name (or	yours, if self-employed)	▲ Ar	ddress				Zip Code			
10012		,			IC INSTRU	CTIONS	-				NYC-1 202

NAME:		EIN:				
Form N	YC-1 2024 ATTACH COPY OF ALL PAG	GES OF YOUR FEDERAL FORM 1	120S			Page 2
sc	HEDULE B - Computation and Allocation of B	Entire Net Income				
4	Endered toyable income before not exercise loss deduction and exercise deductions	(and instructions)		1.		
1.	Federal taxable income before net operating loss deduction and special deductions	→ ALIEN CORPORATIONS ▼ =				
2a.	Dividends and interest effectively connected with the conduct of a	ALIEN CONFORTIONS V		ALL OTTILIS	,	
24.	trade or business in the United States NOT included on line 1 2a.		_			
2b.	Any other income not included on line 1 or line 2a which is exempt					
	by treaty from federal income tax, but would otherwise be treated as					
	effectively connected with the conduct of a trade or business in the U.S 2b.					
3a.	Dividends not included on line 1		3a.			
0 3b.	Interest not included on line 1	:	3b.			
Z _{4.} 0	Enter the sum of lines 2a and 2b or the sum of lines 3a and 3b, whichever is a	applicable		4.		
5.	Income taxes paid to the U.S., its possessions or foreign countries deducted of	on federal return		5.		
⊨ 6a.	New York State Franchise Tax deducted on federal return (see instructions)			6a.		
∩ ^{6b.}	NYS Pass Through Entity Tax (PTET) and similar taxes from other jurisdictions de	ducted from Federal Taxable Income	(see instr.)	6b.		
□ 7a.	New York City General, Business or Banking Corporation taxes deducted on fe	ederal return (see instructions)		7a.		
	NYC Pass Through Entity Tax (PTET) deducted from Federal Taxable Income	(see instructions)		7b.		
١ 8.	Enter total amount of federal depreciation adjustment from forms NYC-399 and	d/or NYC-399Z		8.		
9.	Amount deducted on federal return as a result of safe harbor lease election			9.		
10.	Amount which would have been required to be included in federal taxable income	had safe harbor lease election not be	en made	10.		
11.	Any other federal deduction previously allowable as a deduction under Subo	chapter 3 of Chapter 6 (see instruction	ons)	11.		
12.	Other additions to federal taxable income (attach rider)			12.		
13.	Total additions (add lines 4 through 12)			13.		
14.	Interest and other expenses not deducted on federal return which are applicat	alo to lines 22. 26. 22 or 26		14.		
14.	Enter total amount of allowable NYC depreciation adjustment from forms NYC			14.		
	Federal income or gain from installment method transactions previously include			16.		
	Amount of Internal Revenue Code Section 78 dividends included on lines 1, 2			17.		
0 17. Z 18.	Amount included in federal taxable income as a result of safe harbor lease ele			18.		
0				19.		
19.	Amount which would have been required to be excluded from federal taxable income			-		
U 20.	Wages and salaries subject to IRC §280C deduction disallowance (see instru-					
< 21.	Amount of money received from Federal Deposit Insurance Corp. or from Federal Se	s and Loan insurance Corp. and in	x 17%			
22.		\$	x 60%	22.		
E 23.		\$	x 60%	23.		
⊃ 24.			22 1/2%	24.		
() 25.	Interest income on obligations of N.Y. State, its political subdivisions, or of the U.S. (attach rider)			25.		
26.	Adjusted eligible net income or loss of an International Banking Facility (from S					
27.	New York City net operating loss (NOL) deduction (see instructions)					
28.	Other subtractions from federal taxable income (attach rider)					
29.	Total subtractions (add lines 14 through 28)			29.		
30.	ENTIRE NET INCOME (line 1 plus line 13 minus line 29)			30.		
31.	Allocated entire net income - line 30 x (From Schedule G, par	t 1, line 7)(enter on page 1, Schedu	le A, line 1)	31.		



MAILING INSTRU	CTI	ONS
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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 2024 return is on or before March 17, 2025. For fiscal years beginning in 2024, 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

Form N	YC-1 2024 ATTACH COPY OF ALL PAGES OF YOUR FEDERAL FORM 1120S	Pag	e 3
sc	HEDULE C - Computation and Allocation of Alternative Entire Net Income		
1.	Entire net income (from Schedule B, line 30)	1.	_
2.	Interest income from subsidiary capital (from Schedule B, line 22)	2.	_
3.	Dividend income, gains and losses from subsidiary capital (from Schedule B, line 23 and 24)	3.	
4.	Interest income on obligations of N.Y. State, its political subdivisions, or of the U.S. (from Schedule B, line 25)	4.	
5.	Alternative entire net income (add lines 1 through 4)	5.	_
6.	Allocated alternative entire net income - line 5 x (from Schedule G, part 2, line 5 rounded to the nearest one hundredth of a percentage point) (enter on page 1, Schedule A, line 2)		
SC	HEDULE D - Computation and Allocation of Taxable Assets		
1.	Average value of total assets	1.	
2.	Money or other property received from the Federal Deposit Insurance Corporation or from the Federal Savings and Loan Insurance Corporation	2.	
3.	Taxable assets (line 1 less line 2)	3.	
4.	Allocated taxable assets - line 3 x (from Schedule G, part 3, line 7 rounded to the nearest one hundredth of a percentage point) (enter on page 1, Schedule A, line 3)		
5.	Compute net worth ratio: Net worth on the last day of the tax year Total assets on the last day of the tax year =		<u>ó</u>

EIN:

Compute percentage of mortgages Average quarterly balance of mortgages 6. included in total assets: Average quarterly balance of total assets

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	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 5) is:	And the % of mortgages included in total assets (from line 6) 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					

SCHEDULE E - Federal Return Information - All Banks

THE FOLLOWING INFORMATION MUST BE ENTERED FOR THIS RETURN TO BE COMPLETE

Enter on Lines 1 through 10, in the Federal Amount column, the amounts reported	
on your Federal 1120S.	

on	your Federal 1120S.		▼ Federal Amount ▼
1.	Interest income	1.	
2.	Other income	2.	
3.	Total income	3.	
4.	Compensation of officers	4.	
5.	Salaries and wages	5.	
6.	Bad debts	6.	
7.	Interest expense	7.	
8.	Other deductions	8.	
9.	Total deductions	9.	
10.	Taxable income before NOL 1	10.	

Enter on lines 1 through 5, in the Federal Amount column, the amounts reported on your Federal 1120S.

-			
1.	Net income (loss) per books	1.	
2.	Income subject to tax not recorded on books this year	2.	
3.	Expenses recorded on books this year not deducted on this return	3.	
4.	Income recorded on books this year not included on this return	4.	
5.	Deductions on this return not charged against book income this year	5. I	

Enter on lines 1 and 2 in the Federal Amount column the amounts reported on your Federal 1120S.

▼ Federal Amount ▼

▼ Federal Amount ▼

%

1.	Total assets (Beginning of tax year, Schedule L, Column b)	1.	
2.	Total assets (End of tax year, Schedule L, Column d)	2.	

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NAME	:		EIN:		
Form	NYC-1 2024 ATTACH COPY (OF ALL PAGES OF YOUR FE	DERAL FORM 1120S		Page
sc	HEDULE F - Computation of Internation	onal Banking Facili	ty Adjusted Eligible Ne	et Inc	come or Loss
	(Pursuant to Section 11-6				
lf th	e corporation has an IBF located in New York State, check t	the appropriate box below a	and see instructions.		
The	corporation computed entire net income using the:	IBF modification	on method or 🗌 IBF f	ormula	a allocation method
lf us	ing the modification method, complete lines 1 through 34; if	using the formula allocation	n method, complete lines 1 throu	igh 18 (only.
	COMPUTATION OF ELIGIBLE GROSS INCOME	COLUMN A Total IBF Gross Income	COLUMN B Ineligible IBF Gross Income		COLUMN C Eligible Gross Income (column A minus column B)
1.	Interest income from loans			1.	
2.	Interest income from deposits			2.	
3.	Income from foreign exchange trading and hedging transactions.			3.	
4.	Fee income			4.	
 5.	ELIGIBLE GROSS INCOME (add lines 1 through 4 of column C)			5.	
0.					
	COMPUTATION OF APPLICABLE EXPENSES	COLUMN A Direct Expenses	COLUMN B Indirect Expenses		COLUMN C Total (column A plus column B)
6.	Salaries and wages			6.	
7.	Repairs			7.	
8.	Bad debts			8.	
9.	Rents			9.	
10.	Taxes			10.	
11.	Interest			11.	
12.	Contributions			12.	
13.	Depreciation			13.	
14.	Advertising			14.	
15.	Pension, profit sharing, etc., plans			15.	
16.	Employee benefit programs			16.	
17.	Other expenses			17.	
18.	TOTAL APPLICABLE EXPENSES (add lines 6 through 17 of colu	mn C)		18.	
	COMPUTATION OF INELIGIBLE FUNDING AMOUNT			10.	I
19.	Eligible net income (line 5 minus line 18)			19.	
20.	Average aggregate liabilities and other sources of funds of the IBF				
21.	All average aggregate liabilities and other sources of funds of the I				
22.	Divide line 20 by line 21			22.	
23.	Ineligible funding amount (line 19 x line 22)				
24.	Remaining amount (line 19 minus line 23) (transfer amount to line				
	COMPUTATION OF FLOOR AMOUNT	,			I
25.	Average aggregate amount of loans to and deposits with foreign pe				
	taxable years 1975, 1976 and 1977				
26.	Statutory percentage for the current taxable year				
27.	Multiply line 25 by line 26			27.	
28.	Average aggregate amount of loans to and deposits with foreign per (other than IBF) for the current taxable year, but not in excess of a				
29.	Balance (line 27 minus line 28)				
30.	Average aggregate amount of loans to and deposits with foreign pe				
31.	Enter the number "1" or line 29 divided by line 30, whichever is les				
32.	Remaining amount (enter amount from line 24)				
33.	Floor amount (line 31 x line 32)				
34.	ADJUSTED ELIGIBLE NET INCOME OR LOSS (line 32 minus lin				
		.,	,,		i



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NAME	:			EIN:			
Form	NYC-1 2024	ATTACH COPY OF ALL PAGES OF YOUR	FEDERAL	FORM 1120S			Page 5
sc	HEDULE	G - Allocation Percentages - Parts 1, 2 and 3					
٠	Are you a bankin	g corporation described in Administrative Code section 11-640(a)(9)?		•••••	Yes	🗌 No
	as such terms ar	ially engaged in providing management, administrative, or distributi e defined in Adm. Code section 11-642(b)(1-a)?			-	Yes	🗌 No
lf y	ou answered "Ye	s" to both questions, see instructions concerning "Allocation for Ce	rtain Bank	ing Corporations."			
Р	Part 1 Comput	ation of entire net income allocation					
		s an IBF located in New York State, check the appropriate box belo nputed entire net income using the: IBF modification me			alloca	tion method	
-	-	n allocation outside NYC, attach a rider to explain the outside NYC upon which you base your right to allocate.		COLUMN A NEW YORK CITY		COLUMN B EVERYWHER	
1a.	-	s and other personal service compensation of employees, executive officers	1a.				
1b.	Multiply columr	n A x 80%	1b.				
1c.	Percentage in I	New York City (line 1b, column A divided by line 1a, column B)	1c.				%
2.	Receipts arising	g during the taxable period from:					
		ome from loans and financing leases	2a.				
		ne from loans and financing leases	2b.				
		sactions and rents	2c.				
		n bank, credit, travel, entertainment and other credit card					
			2d.				
		arges and fees from bank, credit, travel, entertainment and					
		cards	2e.				
		om merchant discounts	2f.				
		n trading activities and investment activities	2g.				
	-	arges from letters of credit, traveler's checks and money orders	2h.				
		e of services	2i.				
			2j.				
	•	siness receipts	2j. 2k.				_
		fer amount from column B to page 1, line 21)	21.				
		in New York City (line 2/, column A, divided by line 2/, column B).	2n.				%
3.	-	ipts factor (enter percentage from line 2m (see instructions))			3.		%
							/0
4.		ained in branches	4				
	1	\$100,000 or more	4a.				
		less than \$100,000					
		4a and line 4b					%
5	-	in New York City (line 4c, column A divided by line 4c, column B) osits factor (enter percentage from line 4d (see instructions))	4d.		_		%
5. 6.		ercentages shown on lines 1c, 2m, 3, 4d and 5 (see instructions)					%
0.	7.	Entire net income allocation percentage (divide line 6 by five or b			. -		
		percentages used if less than five) (round to the nearest one hun point and transfer to Schedule B, line 31 and to Schedule A, line	dredth of a	a percentage	7.		%
		art 2 Computation of alternative entire net income allocation percen	tage	COLUMN A NEW YORK CITY		COLUMN B EVERYWHER	
	1a.	Wages, salaries and other personal service compensation of					
		employees, except general executive officers	1a. 🔄		-+		
	1a. 1b. 2. 3. 4. 5.	Percentage in New York City (line 1a, column A divided by line 1a					%
	2.	Receipts factor - enter percentage from Schedule G, part 1, line 2					%
	3.	Deposits factor - enter percentage from Schedule G, part 1, line 4					%
	4.	Total of lines 1b, 2 and 3			4.		%
	5.	Alternative entire net income allocation percentage (divide line 4 of percentages used if less than three) (round to the nearest one and transfer to Schedule C, line 6)	hundredth	of a percentage point	5.		%

NAME:

Form NYC-1 2024

EIN: ATTACH COPY OF ALL PAGES OF YOUR FEDERAL FORM 1120S

Page	6

Pa	art 3	(Schedule G (cont'd)) Computation of taxable assets allocation percent	tage			
ALL ACTIVITIES OF AN IBF ARE TO BE INCLUDED IN BOTH THE NUMERATOR (COL. A) AND THE DENOMINATOR (COL. B) WHEN COMPUTING THE TAXABLE ASSETS ALLOCATION PERCENTAGE.				COLUMN A NEW YORK CITY	COLUMN B EVERYWHERE	
1a.		ges, salaries and other personal service compensation of employees,				
	exc	ept general executive officers	1a.			
1b.		Itiply column A x 80%				
1c.	Percentage in New York City (line 1b, column A divided by line 1a, column B)				%	
2.	Red	ceipts arising during the taxable period from:				
	a.	Interest income from loans and financing leases	2a.			
	b.	Other income from loans and financing leases	2b.			
	C.	Lease transactions and rents	2c.			
	d.	Interest from bank, credit, travel, entertainment and other credit card				
		receivables	2d.			
	e.	Service charges and fees from bank, credit, travel, entertainment and				
		other credit cards	2e.			
	f.	Receipts from merchant discounts	2f.			
	g.	Income from trading activities and investment activities	2g.			
	h.	Fees or charges from letters of credit, traveler's checks and money orders	2h.			
	i.	Performance of services	2 i.			
	j.	Royalties	2j.			
	k.	All other business receipts	2k.			
	I.	Totals	21.			
	m.	Percentage in New York City (line 2l, column A divided by line 2l, column B)	2m.		%	
3.	Add	ditional receipts factor (enter percentage from line 2m (see instructions))			%	
4.	Dep	posits maintained in branches				
	a.	Deposits of \$100,000 or more	4a.			
	b.	Deposits of less than \$100,000	4b.			
	c.	Total of line 4a and line 4b	4c.			
	d.	Percentage in New York City (line 4c, column A divided by line 4c, column B).	4d.		%	
5.	Add	ditional deposits factor (enter percentage from line 4d (see instructions))			%	
6.	Tota	al of NYC percentages shown on lines 1c, 2m, 3, 4d and 5 (see instructions)			%	
7.		able assets allocation percentage (divide line 6 by five or by the actual number of				
		and to the nearest one hundredth of a percentage point and transfer to Schedule D,		•	%	

Composition of Prepayments claimed on Schedule A, line 12

		DATE	AMOUNT	
A.	Mandatory first installment paid with preceding year's tax			
В.	Payment with declaration, Form NYC-400B (1)			
C.	Payment with Notice of Estimated Tax Due (2)			
D.	Payment with Notice of Estimated Tax Due (3)			
E.	Payment with extension, Form NYC-EXT			
F.	Carryover credit from preceding year other than UBT Paid Credit carryover			
G.	TOTAL of A through F (enter on Schedule A, line 12)			



NA	ME:					EIN:			
	m NYC-1 2024			CH COPY OF ALL PAGES	OF YOUR FEDERAL	FORM 1120S			Page 7
			dditional Require						
1.				ervice or the New York State				YES	NO NO
	If "YES", by wh	om?	ernal Revenue Service	state periods: Beg.:	 MM-DD-YYYY	End.:	-DD-YYYY		
		Ne	ew York State	state periods: Beg.:		End.: -	-		
		De	pt. of Taxation and Financ		MM-DD-YYYY	MM	I-DD-YYYY		
2.	Has the Interr	nal Revenue S	Service or the New York	State Department of Tax	ation and Finance	corrected any		_	
	taxable incom	ne or other tax	base reported in a price	or year				. 🔄 YES	NO
	If "YES", by wh	om? 🗌 Int	ternal Revenue Service	state periods: Beg.:					
			www.Wards Otata	stata naviada. Dan i	MM-DD-YYYY		-DD-YYYY		
			ew York State pt. of Taxation and Financ	state periods: Beg.:	MM-DD-YYYY	End.:			
3.	If "YES" to que	estion 2:							
	3a. For years p	prior to 1/1/15,	has Form(s) NYC-3360B	(Banking Corporation Repo	ort of Federal /State C	Change in Taxable Inc	come) been filed?	. 🗌 YES	NO NO
	3b. For years l	beginning on or	r after 1/1/15, has an ame	ended return(s) been filed?.				. 🗌 YES	NO
4.	Did you calcu	late a depreci	ation deduction by the a	application of the Federal	Accelerated Cost I	Recovery System (/	ACRS)?	YES	NO NO
5.	Were you a p	articipant in a	"safe harbor leasing" tr	ansaction during the peri	od covered by this	return?		YES	NO
6.				ation have an interest in I					
		C or in an ent	ity owning such real pro	operty?				YES	NO NO
7.	If "YES" to 6:								
				the nature of the interest	-		-	ot number.	
				ing a leasehold interest)				YES	
				the corporation?					
				p transferred during the tax					
8.				sfer Tax Return filed?					
9.	If "NO" to 8, ex								
	Are you a me								
			nsolidated group	YES	□ NO	Nun	ber of members		
	b.	a New York	State combined group.	Yes	NO	Nun	nber of members		
	C.		City combined group	YES	NO	Nun	nber of members		
11.	If you answer								
	"YES" to 10a.			axable income of group b					
	"YES" to 10b.			able income before net oper pined group but included in t	0				
	"YES" to 10c.	not included	in the New York City comb	able income before net oper pined group but in the federa	al consolidated group				
12.	Balance shee	t information a	as of end of the year as	per federal income tax r	eturn:	Total acces	\$ \$		
							ς φ ς \$		
							∫		
		13. If you are	e a member of a New Y	ork City combined group.	compute		τ		
		,		e sheet information as of		Total accest			
							s\$ s\$		
							。		
		14. Attach a	list of offices and branc	hes located outside New	York City.	iotai capita	ψ		
				nking Facility in New Yorl				YES	
				shed:					
				btained from Federal Res		-			
				or more qualified subchap				YES	NO
		lf "YES", a QSSS file	attach a schedule show ed or was required to file	ring the name, address a e a City business income ce/downloads/pdf/99pdf/1	nd EIN, if any, of ea tax return. See Fir	ach QSSS and indic	ate whether the		
		17. Does this	taxpayer pay rent great	er than \$200,000 for any carrying on any trade, bu	premises in NYC in	Ũ		YES	
				nercial Rent Tax Returns					
				on Number which was use					

enter Employer