



For CALENDAR YEAR 2024 or FISCAL YEAR beginning 2024 and ending

Name, In care of, Address, City and State, Zip Code, Country, Business telephone number, Taxpayer's email address, State or country of organization, Date organized, Date business began in NYC, Final Return, Employer Identification Number, Business Code Number, 2-character special condition code.

CHECK ALL THAT APPLY: Special short period return, 52/53-week taxable year, Pro-forma federal return attached, Claim any 9/11/01-related federal tax benefits, Amended return, Federal form filed: 1120, 1120C, 1120F, 1120-H, Other/None.

SCHEDULE A - Computation of Balance Due or Overpayment

Table with columns: A. Payment, Amount being paid electronically with this return, A., Payment Amount. Rows include: 1. Tax on business income base, 2. Tax on capital base, 3. Minimum tax, 4. Tax (enter the amount from line 1, 2 or 3, whichever is largest), 5. Total prepayments, 6. Balance due, 7. Overpayment, 8a. Interest, 8b. Additional charges, 8c. Penalty for underpayment of estimated tax, 9. Total of lines 8a, 8b and 8c, 10. Net overpayment, 11. Amount of line 10 to be: a. Refunded, b. Credited to 2025 estimated tax, 11c. Routing Number, Account Number, Account Type, 12. TOTAL REMITTANCE DUE, 13. NYC rent deducted, 14. Gross receipts or sales, 15. Total assets.

COMPOSITION OF PREPAYMENTS SCHEDULE

Table with columns: PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 5, DATE, AMOUNT. Rows include: A. Mandatory First Installment paid for tax year 2024, B. Payment with Declaration, Form NYC-400, C. Payment with Notice of Estimated Tax Due, D. Payment with Notice of Estimated Tax Due, E. Payment with Extension, Form NYC-EXT, F. Overpayment from preceding year credited to this year, G. TOTAL of A through F, H. Total payments and credits applicable at time of filing of this Amended return.

SCHEDULE B - Computation of Tax on Business Income Base

Table with 13 rows for SCHEDULE B. Rows include: 1. Federal taxable income (FTI) before net operating loss (NOL) and special deductions; 2. Interest on federal, state, municipal and other obligations; 3. Income taxes paid to the US; 4. NYS Franchise Tax; 5. NYC Corporate Taxes; 6. ACRS depreciation; 7. Total additions; 8. NYC and NYS tax refunds; 9. Depreciation and/or adjustment; 10. Total subtractions; 11. Net Business Income; 12. Tax rate; 13. Tax on business income base.

SCHEDULE C - Computation of Tax on Capital Base

Basis used to determine average value in column C. Check one. (Attach detailed schedule.)

- Annually - Semi-annually - Quarterly
- Monthly - Weekly - Daily

Table for SCHEDULE C with columns: COLUMN A Beginning of Year, COLUMN B End of Year, COLUMN C Average Value. Rows include: 1. Total assets from federal return; 2. Real property and marketable securities included; 3. Subtract line 2 from line 1; 4. Real property and marketable securities at fair market value; 5. Adjusted total assets; 6. Total liabilities; 7. Net business capital.

Computation of tax on capital base:

Table for Computation of tax on capital base with columns: A Business Capital, B Tax Rate, C Tax on Business Capital Base. Rows include: 8a. At tax rate 0.15%; 8b. At tax rate 0.04%; 9. Sum of taxes on capital before exclusion; 10. Tax on capital base.

SCHEDULE D - Additional Required Information

- 1. List all significant business activities in NYC and everywhere
2. At any time during the taxable year, did the corporation have an interest in real property... YES NO
3a. If "YES" to question 2, attach a schedule of such property...
3b. Was any NYC real property... acquired or transferred... YES NO
4. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC... YES NO
5. If "YES" to question 4, were all required Commercial Rent Tax Returns filed? YES NO
6. Did this corporation carry out any commercial banking business... YES NO
7. Are you subject to tax solely as a result of deriving receipts in New York City? YES NO



SCHEDULE E - DETERMINATION OF TAX RATE

- A. Enter the tax rate computed or used below (see instructions)A. _____ %
- B. Enter the line number of the tax rate computed or used below (see instructions)B. _____
- C. Enter your business income from Schedule B, line 11C. _____
- D. If you are a Qualified Manufacturing Corporation as defined in Administrative Code Section 11-654(1)(k)(4), mark an x in the box (see instr.)D.

TAX RATE COMPUTATION FOR BUSINESS CORPORATIONS NOT SPECIFIED BELOW (see instructions)

1. If business income (Schedule B, line 11) is less than \$1M.	6.50%
2. If business income (Schedule B, line 11) is equal to or greater than \$1M but less than \$1.5M	$6.50\% + (2.35\% \times \frac{\text{line 11} - 1,000,000}{500,000}) =$ _____ %
3. If business income (Schedule B, line 11) is equal to or greater than \$1.5M	8.85%

TAX RATE COMPUTATION FOR QUALIFIED MANUFACTURING CORPORATIONS (see instructions)

4. If business income (Schedule B, line 11) is less than \$10M	4.425%
5. If business income (Schedule B, line 11) is equal to or greater than \$10M but less than \$20M	$4.425\% + (4.425\% \times \frac{\text{line 11} - 10,000,000}{10,000,000}) =$ _____ %
6. If business income (Schedule B, line 11) is equal to or greater than \$20M	8.85%

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	Firm's email address
	Preparer's signature	Preparer's printed name	Check if self-employed <input type="checkbox"/> Date	Preparer's Social Security Number or PTIN [] - [] - []
PREPARER'S USE ONLY	▲ Firm's name (or yours, if self-employed)			Firm's Employer Identification Number [] - [] - []
	▲ Address		▲ Zip Code	

MAILING INSTRUCTIONS

Attach copy of all pages of your federal tax return or pro forma federal tax return. The due date for the calendar year 2024 return is on or before April 15, 2025. For fiscal years beginning in 2024, file on or before the 15th day of the 4th month following the close of the fiscal year.

ALL RETURNS EXCEPT REFUND RETURNS
 NYC DEPARTMENT OF FINANCE
 BUSINESS 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
 BUSINESS CORPORATION TAX
 P.O. BOX 5563
 BINGHAMTON, NY 13902-5563

