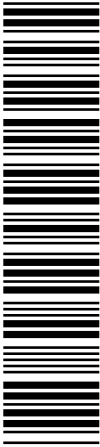




# NYC GENERAL CORPORATION 4S TAX RETURN

▲ DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY ▲



For CALENDAR YEAR 2001 or FISCAL YEAR beginning \_\_\_\_\_ 2001 and ending \_\_\_\_\_

**2001**

- Amended return
- Final return. Check box if the corporation has ceased operations.
- Special short period return (see inst.)

▼ Affix mailing label here ▼

Name \_\_\_\_\_

Address (number and street) \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Date business began in NYC \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER \_\_\_\_\_

BUSINESS CODE NUMBER AS PER FEDERAL RETURN \_\_\_\_\_

**IMPORTANT:** Corporations licensed and/or regulated by the NYC Taxi and Limousine Commission use business code 9999 in lieu of federal code.

## SCHEDULE A Computation of Tax

BEGIN WITH SCHEDULES B THROUGH E ON PAGE 2. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

A. Payment		Pay amount shown on line 15 - Make check payable to: NYC Department of Finance		Payment Enclosed	
1.	Net income (from Schedule B, line 8) ..... ● 1.		X .0885 ● 1.		
2a.	Total capital (from Schedule C, line 7) (see instructions).....● 2a.		X .0015 ● 2a.		
2b.	Total capital - Cooperative Housing Corps. (see instructions) ....● 2b.		X .0004 ● 2b.		
2c.	Cooperatives - enter: ● BORO      ● BLOCK      ● LOT				
3a.	Compensation of stockholders (from Schedule D, line 1) .....● 3a.				
3b.	Alternative tax (applies to corporations including professional corporations) (see instructions for worksheet) .....● 3b.				
4.	Minimum tax - No reduction is permitted for a period of less than 12 months ..... 4.			300	00
5.	Tax (line 1, 2a, 2b, 3b or 4, whichever is largest) ..... ● 5.				
6.	First installment of estimated tax for period following that covered by this return: (a) If application for extension has been filed, enter amount from line 4 of Form NYC-6 (attach form).....● 6a. (b) If application for extension has <b>not</b> been filed and line 5 exceeds \$1,000, enter 25% of line 5 (see instructions).....● 6b.				
7.	Total before prepayments (add lines 5 and 6a or 6b).....● 7.				
8.	Prepayments (from Prepayments Schedule, line E) (see instructions) .....● 8.				
9.	Balance due (line 7 less line 8).....● 9.				
10.	Overpayment (line 8 less line 7) .....● 10.				
11a.	Interest (see instructions) ..... 11a.				
11b.	Additional charges (see instructions)..... 11b.				
11c.	Penalty for underpayment of estimated tax (attach Form NYC-222) . ● 11c.				
12.	Total of lines 11a, 11b and 11c .....● 12.				
13.	Net overpayment (line 10 less line 12).....● 13.				
14.	Amount of line 13 to be: (a) Refunded .....● 14a. (b) Credited to 2002 estimated tax .....● 14b.				
15.	<b>TOTAL REMITTANCE DUE</b> (see instructions) Enter payment amount on line A above .....● 15.				
16.	NYC rent deducted on federal return (see instr.) THIS LINE MUST BE COMPLETED. ... ● 16.				
17.	Federal return filed: ● <input type="checkbox"/> 1120      ● <input type="checkbox"/> 1120-A      ● <input type="checkbox"/> 1120S      ● <input type="checkbox"/> 1120F				
18.	Gross receipts or sales from federal return .....● 18.				
19.	Total assets from federal return .....● 19.				

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

Attach copy of all pages of your federal tax return or pro forma federal tax return.

Make remittance payable to the order of:  
NYC DEPARTMENT OF FINANCE.  
Payment must be made in U.S.dollars, drawn on a U.S. bank.

To receive proper credit, you must enter your correct Employer Identification Number on your tax return and remittance.

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**ATTACH REMITTANCE TO THIS PAGE ONLY**

**SCHEDULE B Computation of NYC Taxable Net Income**

Table with 8 rows for SCHEDULE B. Rows include: Federal taxable income before net operating loss deduction, Interest on federal, state, municipal and other obligations, NYS Franchise Tax and other income taxes, NYC General Corporation Tax, ACRS depreciation, Total (sum of lines 1 through 4), New York City net operating loss deduction, Depreciation and/or adjustment calculated under pre-ACRS rules, NYC and NYS tax refunds, Total (sum of lines 6a through 6c), Taxable net income.

S CORPORATIONS see instructions for line 1

**SCHEDULE C Total Capital**

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

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

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

**SCHEDULE D Certain Stockholders**

Include all stockholders owning in excess of 5% of taxpayer's issued capital stock who received any compensation, including commissions.

Table with 4 columns: Name and Address, Social Security Number, Official Title, Salary & All Other Compensation Received from Corporation.

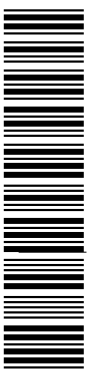
1. Total, including any amount on rider (enter on page 1, Schedule A, line 3a) 1.

**SCHEDULE E The following information must be entered for this return to be complete.**

- 1. New York City principal business activity
2. Does the corporation have an interest in real property located in New York City? YES NO
3. If "YES": (a) Attach a schedule of such property... (b) Was a controlling economic interest... transferred during the tax year? YES NO
4. Does the corporation have one or more qualified subchapter s subsidiaries? YES NO

If "YES" Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether the QSSS filed or was required to file a City business income tax return. See instructions.

Table with 4 columns: PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 8, DATE, AMOUNT, TWELVE DIGIT TRANSACTION ID CODE. Rows include: Mandatory first installment paid, Payment of estimated tax, Payment with extension, Overpayment credited from preceding year, TOTAL of A, B, C and D.



MAILING INSTRUCTIONS

RETURNS WITH REMITTANCES NYC DEPARTMENT OF FINANCE PO BOX 5040 KINGSTON, NY 12402-5040

RETURNS CLAIMING REFUNDS NYC DEPARTMENT OF FINANCE PO BOX 5050 KINGSTON, NY 12402-5050

ALL OTHER RETURNS NYC DEPARTMENT OF FINANCE PO BOX 5060 KINGSTON, NY 12402-5060