

NYC TAX RETURN FOR BANKING CORPORATIONS

Amended return Final return Special short period return (see inst.)

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

For CALENDAR YEAR 2002 or FISCAL YEAR beginning _____ 2002 and ending _____

2002

Name _____
 Address (number and street) _____
 City and State _____ Zip Code _____
 Business Telephone Number _____

ATTACH COPY OF ALL PAGES OF YOUR FEDERAL RETURN

EMPLOYER IDENTIFICATION NUMBER
 _____ - _____
 BUSINESS CODE NUMBER AS PER FEDERAL RETURN

STATE OR COUNTRY OF ORGANIZATION: _____ DATE ORGANIZED: _____ ● DATE BEGAN BUSINESS IN NEW YORK CITY: _____

FEDERAL RETURN WAS FILED ON: 1120 1120-F CONSOLIDATED BASIS OTHER

TYPE OF CORPORATION: (✓) Check one ● 1. EDGE ACT ● 2. ALIEN COMMERCIAL ● 3. SAVINGS AND LOAN
 ● 4. DOMESTIC COMMERCIAL (other than Clearing House) ● 5. CLEARING HOUSE ● 6. OTHER

TYPE OF BUSINESS LOCATION(S) WITHIN NYC: ● 1. BRANCH ● 2. AGENCY ● 3. REPRESENTATIVE OFFICE ● 4. LOAN PRODUCTION OFFICE ● 5. NONE ● 6. OTHER (Specify) _____

SCHEDULE A - Computation of Tax

A. Payment		Payment Enclosed	
Pay amount shown on line 19 - Make check payable to: NYC Department of Finance ● A.			
1. Allocated taxable entire net income (from Sch. B, line 37) ● 1.		ALIEN CORPORATIONS X 9% (.09)	ALL OTHERS X 9% (.09)
2. Allocated taxable alternative entire net income (from Sch. C, line 8) ● 2.		X .03	X .03
3. Allocated taxable assets (from Schedule D, line 4)..... ● 3.			X .0001
4. Allocated issued capital stock (from Sch. E, line 5) ● 4.		X .0026	
5. Fixed minimum tax - No reduction is permitted for a period of less than 12 months..... 5.			125 00
6. Tax (line 1, 2, 3, 4, or 5, whichever is largest) ● 6.			
7. UBT Paid Credit (attach Form NYC-9.7B) ● 7.			
8. Relocation and employment assistance program (REAP) credit (see instructions and attach Form NYC-9.5) ● 8.			
9. Tax after credits ● 9.			
10. 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-6B (attach form)..... ● 10a. b) If application for extension has not been filed and line 9 exceeds \$1,000, enter 25% of line 9 ● 10b.			
11. Total tax (line 9 plus line 10a or 10b) ● 11.			
12. Prepayments (from Composition of Prepayments Claimed, page 6, item E) (see instructions)..... ● 12.			
13. Balance due (line 11 less line 12)..... ● 13.			
14. Overpayment (line 12 less line 11)..... ● 14.			
15a. Interest (see instructions) 15a.			
15b. Additional charges (see instructions)..... 15b.			
15c. Penalty for underpayment of estimated tax (attach Form NYC-222B)..... ● 15c.			
16. Total of lines 15a, 15b and 15c ● 16.			
17. Net overpayment (line 14 less line 16)..... ● 17.			
18. Amount of line 17 to be: (a) Refunded..... ● 18a. (b) Credited to 2003 estimated tax ● 18b.			
19. TOTAL REMITTANCE DUE (see instructions). Enter payment amount on line A above ● 19.			
20. Issuer's allocation percentage rounded to the nearest one hundredth of a percentage point (see instructions) (attach worksheet). ● 20.			%
21. Total receipts (Sch. G, part 1, line 2l, col. B) ● 21.			
22. Total assets from federal return ● 22.			
23. Total capital from federal return..... ● 23.			
24. Bad debt deduction (Sch. B, line 31b) ... ● 24.			
25. EIN of parent corporation ● 25.			
26. EIN of common parent corporation..... ● 26.			
27. Entire net income allocation percentage rounded to the nearest one hundredth of a percentage point (Sch. G, part 1, line 7) ● 27. %			
28. IBF Formula Allocation Method (✓) ● 28. <input type="checkbox"/>			
29. NYC rent or rent deducted on federal return - THIS LINE MUST BE COMPLETED ● 29.			

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report, 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 USE ONLY → Preparer's signature _____ Check if self-employed Date _____ Firm's Employer Identification Number ● _____ - _____

● Firm's name (or yours, if self-employed) _____ ▲ Address _____ ▲ Zip Code _____

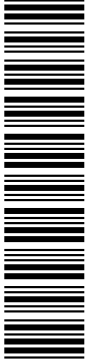
SCHEDULE B - Computation and Allocation of Entire Net Income

1. Federal taxable income before net operating loss deduction and special deductions (from federal return 1120, line 28 or 1120F, line 29) 1.

Table with columns for ALIEN CORPORATIONS and ALL OTHERS. Rows include Dividends and interest (2a, 2b), Dividends not included (3a), Interest not included (3b), and various deductions (4-16).

Table with rows for interest and other expenses (17), NYC depreciation (18), federal income or gain (19), and various other items (20-33).

Table with rows for ENTIRE NET INCOME (34), Allocated entire net income (35), Optional depreciation adjustment (36), and ALLOCATED TAXABLE ENTIRE NET INCOME (37).



SCHEDULE C - Computation and Allocation of Alternative Entire Net Income

- 1. Entire net income (from Schedule B, line 34) 1.
- 2. Interest income from subsidiary capital (from Schedule B, line 25) 2.
- 3. Dividend income, gains and losses from subsidiary capital (from Schedule B, line 26a and 26b) 3.
- 4. Interest income on obligations of N.Y. State, its political subdivisions, or of the U.S. (from Schedule B, line 27).... 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 II, line 5 rounded to the nearest one hundredth of a percentage point) 6.
- 7. Optional depreciation (Total from Form NYC-324, line 9)..... 7.
- 8. Allocated taxable alternative entire net income (combine lines 6 and 7) (enter on page 1, Schedule A, line 2) 8.

SCHEDULE D - Computation and Allocation of Taxable Assets

(ALIEN CORPORATIONS SHOULD NOT COMPLETE THIS SCHEDULE)

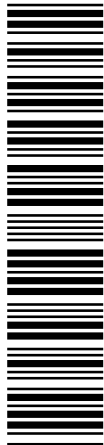
- 1. Average value of total assets ● 1.
- 2. Money or other property received from the Federal Deposit Insurance Corporation or from the Federal Savings and Loan Insurance Corporation 2.
- 3. Taxable assets (line 1 less line 2) ● 3.
- 4. Allocated taxable assets - line 3 x % (from Schedule G, part 3, line 7 rounded to the nearest one hundredth of a percentage point) (enter on page 1, Schedule A, line 3) 4.

SCHEDULE E - Computation and Allocation of Issued Capital Stock

(ONLY ALIEN CORPORATIONS SHOULD COMPLETE THIS SCHEDULE)

- 1a. Issued common stock..... ●1a.
- 1b. Issued preferred stock..... ●1b.
- 1c. Total capital stock (add lines 1a and 1b)..... ●1c.
- 2. New York City gross income ● 2.
- 3. Total gross income ● 3.
- 4. Percentage in New York City (line 2 divided by line 3 rounded to the nearest one hundredth of a percentage point)... ● 4.
- 5. Allocated issued capital stock (multiply line 1c by line 4) (enter on page 1, Schedule A, line 4)..... 5.

	%



SCHEDULE F - Computation of International Banking Facility Adjusted Eligible Net Income or Loss (Pursuant to Section 11-641 (f) of the Administrative Code)

If the corporation has an IBF located in New York State, check the appropriate box below and see instructions.

The corporation computed entire net income using the: IBF modification method or IBF formula allocation method

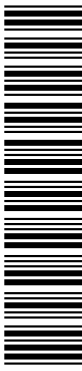
If using the modification method, complete lines 1 through 34; if using the formula allocation method, complete lines 1 through 18 only.

Table with 4 columns: COMPUTATION OF ELIGIBLE GROSS INCOME, COLUMN A Total IBF Gross Income, COLUMN B Ineligible IBF Gross Income, and COLUMN C Eligible Gross Income (column A minus column B). Rows include Interest income from loans, Interest income from deposits, Income from foreign exchange trading and hedging transactions, Fee income, and ELIGIBLE GROSS INCOME.

Table with 4 columns: COMPUTATION OF APPLICABLE EXPENSES, COLUMN A Direct Expenses, COLUMN B Indirect Expenses, and COLUMN C Total (column A plus column B). Rows include Salaries and wages, Repairs, Bad debts, Rents, Taxes, Interest, Contributions, Depreciation, Advertising, Pension, profit sharing, etc., plans, Employee benefit programs, Other expenses, and TOTAL APPLICABLE EXPENSES.

Table with 4 columns for COMPUTATION OF INELIGIBLE FUNDING AMOUNT. Rows include Eligible net income (line 5 minus line 18), Average aggregate liabilities and other sources of funds of the IBF which are not owed to or received from foreign persons, All average aggregate liabilities and other sources of funds of the IBF, Divide line 20 by line 21, Ineligible funding amount (line 19 x line 22), and Remaining amount (line 19 minus line 23).

Table with 4 columns for COMPUTATION OF FLOOR AMOUNT. Rows include Average aggregate amount of loans to and deposits with foreign persons in financial accounts within New York State for taxable years 1975, 1976 and 1977, Statutory percentage for the current taxable year, Multiply line 25 by line 26, Average aggregate amount of loans to and deposits with foreign persons in financial accounts within New York State (other than IBF) for the current taxable year, Balance (line 27 minus line 28), Average aggregate amount of loans to and deposits with foreign persons in financial accounts of the IBF for the current taxable year, Enter the number "1" or line 29 divided by line 30, whichever is less, Remaining amount (enter amount from line 24), Floor amount (line 31 x line 32), and ADJUSTED ELIGIBLE NET INCOME OR LOSS (line 32 minus line 33).



Part 3 (Schedule G (cont'd)) Computation of taxable assets allocation percentage

ALIEN CORPORATIONS SHOULD NOT COMPLETE THIS SCHEDULE. 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.

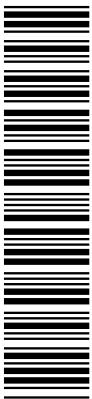
	COLUMN A NEW YORK CITY	COLUMN B EVERYWHERE
1a. Wages, salaries and other personal service compensation of employees, except general executive officers ● 1a.		
1b. Multiply column A x 80% ● 1b.		
1c. Percentage in New York City (line 1b, column A divided by line 1a, column B) ● 1c.		%
2. Receipts arising 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 ● 2i.		
j. Royalties ● 2j.		
k. All other business receipts ● 2k.		
l. Totals ● 2l.		
m. Percentage in New York City (line 2l, column A divided by line 2l, column B) ● 2m.		%
3. Additional receipts factor (enter percentage from line 2m) 3.		%
4. Deposits 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. Additional deposits factor (enter percentage from line 4d) 5.		%
6. Total of NYC percentages shown on lines 1c, 2m, 3, 4d and 5 6.		%
7. Taxable assets allocation percentage (divide line 6 by five or by the actual number of percentages used if less than five) (round to the nearest one hundredth of a percentage point and transfer to Schedule D, line 4) ● 7.		%

Schedule H - Intentionally Omitted

Schedule I - Intentionally Omitted

Composition of Prepayments claimed on Schedule A, line 12

	DATE	AMOUNT	TWELVE DIGIT TRANSACTION ID NUMBER
A. Mandatory first installment paid with preceding year's tax..... ● A.			
Payment with declaration, Form NYC-400B (1) ..●			
B. Payment with Notice of Estimated Tax Due (2)..... ● B.			
Payment with Notice of Estimated Tax Due (3) ..●			
C. Payment with extension, Form NYC-6B or NYC-6FB ● C.			
D. Carryover credit from preceding year other than UBT Paid Credit carryover ● D.			
E. TOTAL of A, B, C and D (enter on Schedule A, line 12) E.			



SCHEDULE J - Additional Required Information

1. Is the Internal Revenue Service or the New York State Department of Taxation and Finance auditing any taxable income reported in a prior year? YES NO
If "YES", state periods: _____
2. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income reported in a prior year? YES NO
If "YES", state periods: _____
3. Has Form(s) NYC-3360, NYC-3360B or NYC-3360F been filed? YES NO
If "YES", provide dates of final determinations: _____
4. Did you calculate a depreciation deduction by the application of the Federal Accelerated Cost Recovery System (ACRS)? YES NO
5. Were you a participant in a "safe harbor leasing" transaction during the period covered by this return? YES NO
6. At any time during the taxable year, did the corporation have an interest in real property (including a leasehold interest) located in NYC or in an entity owning such real property? YES NO
7. If "YES" to 6:
 - a. Attach a schedule of such property, including the nature of the interest and including the street address, borough, block and lot number.
 - b. Was any NYC real property or interest (including a leasehold interest) in an entity owning real property acquired or transferred with or without consideration? YES NO
 - c. Was there a partial or complete liquidation of the corporation? YES NO
 - d. Was 50% or more of the corporation's ownership transferred during the tax year, over a three-year period or according to a plan? YES NO
8. If "YES" to 7b, 7c, or 7d, was a Real Property Transfer Tax Return filed? YES NO
9. If "NO" to 8, explain: _____
10. Are you a member of:
 - a. a federal consolidated group YES NO Number of members: ● _____
 - b. a New York State combined group YES NO Number of members: ● _____
 - c. a New York City combined group YES NO Number of members: ● _____
11. If you answered:

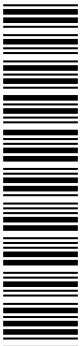
"YES" to 10a. indicate total federal consolidated taxable income of group before net operating loss deduction \$ _____

"YES" to 10b. compute total federal consolidated taxable income before net operating loss deduction for those corporations not included in the New York City combined group but included in the New York State combined group \$ _____

"YES" to 10c. compute total federal consolidated taxable income before net operating loss deduction for those corporations not included in the New York City combined group but included in the federal consolidated group \$ _____
12. Balance sheet information as of end of the year as per federal income tax return:

	Total assets	\$ _____
	Total liabilities	\$ _____
	Total capital	\$ _____
13. If you are a member of a New York City combined group, compute combined New York City balance sheet information as of end of the year.

	Total assets	\$ _____
	Total liabilities	\$ _____
	Total capital	\$ _____
14. Attach a list of offices and branches located outside New York City.
 15. Do you have an International Banking Facility in New York City? YES NO
If "YES", provide the date established [] [] [] [] Date business began in NYC [] [] [] []
Provide the date approval was obtained from Federal Reserve Bank [] [] [] []
 16. 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 Finance Memorandum 99-3 included with these materials



SCHEDULE K - Federal Return Information - Domestic Banking Corporation

THE FOLLOWING INFORMATION MUST BE ENTERED FOR THIS RETURN TO BE COMPLETE.
 IF AN ALIEN BANKING CORPORATION, COMPLETE SCHEDULE L ONLY.

Enter on lines 1 through 10 in the Federal Amount column the amounts reported on your federal pro-forma return

Federal 1120

▼ 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.....	● 10.		

Enter on lines 1 through 5 in the Federal Amount column the amounts reported on your federal pro-forma return

Federal 1120, Schedule M-1

▼ Federal Amount ▼

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.		

Enter on lines 1 and 2 in the Federal Amount column the amounts reported on your federal pro-forma return

Federal 1120, Schedules K and L

▼ 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.		

SCHEDULE L - Federal Return Information - Alien Banking Corporation

THE FOLLOWING INFORMATION MUST BE ENTERED FOR THIS RETURN TO BE COMPLETE.
 IF A DOMESTIC BANKING CORPORATION, COMPLETE SCHEDULE K ONLY.

Enter on lines 1 through 10 in the Federal Amount column the amounts reported on your federal pro-forma return

Federal 1120-F, Schedule II.

▼ 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.....	● 10.		

Enter on lines 1 through 5 in the Federal Amount column the amounts reported on your federal pro-forma return

Federal 1120-F, Schedule M-1

▼ Federal Amount ▼

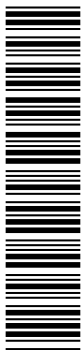
1. Net income (loss) per books	● 1.		
2. Income subject to tax not recorded on books this year	● 2.		
3. Expenses recorded on books this year not deducted on this return.....	● 3.		
4. Income recorded on books this year not included on this return.....	● 4.		
5. Deductions on this return not charged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

Enter on lines 1 and 2 in the Federal Amount column the amounts reported on your federal pro-forma return

Federal 1120-F, Schedules K and L

▼ 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.		



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 every tax return and remittance.
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MAIL YOUR RETURN TO: NYC DEPARTMENT OF FINANCE, P.O. BOX 5120, KINGSTON, NY 12402-5120