

# NYC 1 TAX RETURN FOR BANKING CORPORATIONS

DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY

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

Check "yes" if you claim any 9/11/01-related federal tax benefits (see inst.)  YES

2003

For CALENDAR YEAR 2003 or FISCAL YEAR beginning \_\_\_\_\_ 2003 and ending \_\_\_\_\_

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. TRUST  5. DOMESTIC COMMERCIAL (other than Clearing House)  6. CLEARING HOUSE  7. 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			
1. Allocated taxable entire net income (from Sch. B, line 35)		ALIEN CORPORATIONS X 9% (.09)	ALL OTHERS X 9% (.09)
2. Allocated taxable alternative entire net income (from Sch. C, line 6)		X .03	X .03
3. Allocated taxable assets (from Schedule D, line 4)			X .0001
4. Allocated issued capital stock (from Sch. E, line 5)		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. Net Tax (line 6 less lines 7 and 8)	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 of lines 9 and 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 2004 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 2f, 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 checked="" 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 USE ONLY → Preparer's signature \_\_\_\_\_ Check if self-employed  Date \_\_\_\_\_

Preparer's Social Security Number or PTIN \_\_\_\_\_

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 Subtractions (17-33). Includes Interest and other expenses (17), NYC depreciation (18), Federal income (19), Dividends (20), Safe harbor lease election (21, 22), Wages and salaries (23), Federal Deposit Insurance (24), Interest income (25), Dividend income (26a, 26b), Net gains (26b), and Adjusted eligible net income (28).

34. ENTIRE NET INCOME (line 1 plus line 16 minus line 33) 34.
35. Allocated entire net income - line 34 x % (From Schedule G, part 1, line 7) (enter on page 1, Schedule A, line 1) 35.



**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) (enter on page 1, Schedule A, line 2) ..... 6.


**SCHEDULE D - Computation and Allocation of Taxable Assets**

(ALIEN CORPORATIONS SHOULD NOT COMPLETE THIS SCHEDULE)

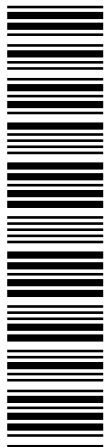
- 1. Average value of total assets ..... ● 1.
- 2. Money or other property received from the Federal Deposit Insurance Corporation or from the Federal Savings and Loan Insurance Corporation ..... 2.
- 3. Taxable assets (line 1 less line 2) ..... ● 3.
- 4. Allocated taxable assets - line 3 x  % (from 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

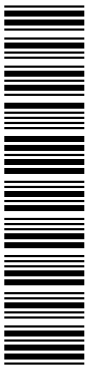
If using the modification method, complete lines 1 through 34; if using the formula allocation method, complete lines 1 through 18 only.

Table with 4 columns: COMPUTATION OF ELIGIBLE GROSS INCOME, COLUMN A Total IBF Gross Income, COLUMN B Ineligible IBF Gross Income, COLUMN C Eligible Gross Income (column A minus column B). Rows 1-5.

Table with 4 columns: COMPUTATION OF APPLICABLE EXPENSES, COLUMN A Direct Expenses, COLUMN B Indirect Expenses, COLUMN C Total (column A plus column B). Rows 6-18.

Table with 4 columns: COMPUTATION OF INELIGIBLE FUNDING AMOUNT, rows 19-24.

Table with 4 columns: COMPUTATION OF FLOOR AMOUNT, rows 25-34.





**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.

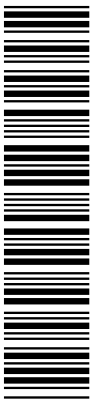
	COLUMN A NEW YORK CITY	COLUMN B EVERYWHERE
1a. Wages, salaries and other personal service compensation of employees, except general executive officers ..... ● 1a.		
1b. Multiply column A x 80% ..... ● 1b.		
1c. Percentage in New York City (line 1b, column A divided by line 1a, column B) ..... ● 1c.		%
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.			
B. Payment with declaration, Form NYC-400B (1) .. ● B.			
Payment with Notice of Estimated Tax Due (2) ... ●			
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. <b>TOTAL</b> 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:
 

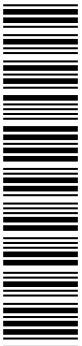
"YES" to 10a. indicate total federal consolidated taxable income of group before net operating loss deduction ..... \$ \_\_\_\_\_

"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 ▼

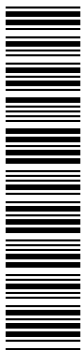
1. Net income (loss) per books .....	● 1.		
2. Income subject to tax not recorded on books this year .....	● 2.		
3. Expenses recorded on books this year not deducted on this return.....	● 3.		
4. Income recorded on books this year not included on this return.....	● 4.		
5. Deductions on this return 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 <b>NYC DEPARTMENT OF FINANCE</b> 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**