



# NYC GENERAL CORPORATION 4S TAX RETURN

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



**2005**

For CALENDAR YEAR 2005 or FISCAL YEAR beginning \_\_\_\_\_ 2005 and ending \_\_\_\_\_

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

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 999900 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: <input type="checkbox"/> BORO <input type="checkbox"/> BLOCK <input type="checkbox"/> LOT				
3a.	Compensation of stockholders (from Schedule D, line 1) .....	3a.			
3b.	Alternative tax (see instructions) .....	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 not 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 2006 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 USE ONLY** → Preparer's signature \_\_\_\_\_ Preparer's printed name \_\_\_\_\_ 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

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.

**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 or pre-9/11/01 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 6 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 in line 1, 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?
3. If "YES": (a) Attach a schedule of such property... (b) Was a controlling economic interest... transferred during the tax year?
4. Does the corporation have one or more qualified subchapter s subsidiaries (QSSS)?



Table with 4 columns: PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 8, DATE, AMOUNT, TWELVE DIGIT TRANSACTION ID CODE. Rows include: A. Mandatory first installment paid with preceding year's tax, B. Payment with Notice of Estimated Tax Due, C. Payment with extension, D. Overpayment credited from preceding year, E. 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