



For CALENDAR YEAR 2009 or FISCAL YEAR beginning _____ 2009 and ending _____ Check box if you are filing a 52- 53-week taxable year

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

Name	
Address (number and street)	
City and State	Zip Code
Business Telephone Number	Date business began in NYC

EMPLOYER IDENTIFICATION NUMBER	
<input type="text"/>	<input type="text"/>
BUSINESS CODE NUMBER AS PER FEDERAL RETURN	
<input type="text"/>	

SCHEDULE A Computation of Tax BEGIN WITH SCHEDULES B1 or B2 ON PAGE 2. TRANSFER APPLICABLE AMOUNT TO SCHEDULE A.

		Payment Enclosed	
A. Payment	Enter amount shown on line 11 - Make check payable to: <i>NYC Department of Finance</i> ●		
1. Net income (from Schedule B1, line 3 or B2, line 6) ● 1.	<input type="text"/> <input type="text"/> X .0885.. ● 1.		
2. Minimum tax (See instructions) - NYC Gross Receipts: ●	<input type="text"/> <input type="text"/>		
3. Tax (line 1 or 2, whichever is larger)	● 3.		
4. First installment of 2010 estimated tax:			
(a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT	● 4a.		
(b) If application for extension has not been filed and line 3 exceeds \$1,000, enter 25% of line 3 (see instructions)	● 4b.		
5. Total before prepayments (add lines 3 and 4a or 4b)	● 5.		
6. Prepayments (see instructions)	● 6.		
7. Balance due (line 5 less line 6)	● 7.		
8. Overpayment (line 6 less line 5)	● 8.		
9. Interest (see instructions)	9. <input type="text"/> <input type="text"/>		
10. Amount of line 8 to be: (a) Refunded	● 10a.		
(b) Credited to 2010 estimated tax	● 10b.		
11. TOTAL REMITTANCE DUE (see instructions) Enter payment amount on line A above	● 11.		
12. Federal return filed: ● <input type="checkbox"/> 1120 ● <input type="checkbox"/> 1120C ● <input type="checkbox"/> 1120S ● <input type="checkbox"/> 1120H			
YOUR FEDERAL RETURN SHOULD NOT BE ATTACHED TO THIS FORM			
13. Gross income	● 13.		

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION			
SIGN HERE	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 <input type="checkbox"/>		
PREPARER'S USE ONLY	Officer's signature: _____	Title: _____	Date: _____
	Preparer's signature: _____	Preparer's printed name: _____	Check if self-employed: <input type="checkbox"/> Date: _____
	▲ Firm's name (or yours, if self-employed) _____		▲ Address _____

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

NAME _____

EIN _____

SCHEDULE B1

To be used by New York State C Corporations that elect to use NYS entire net income. See instructions.

1. New York State Entire Net Income.....	1.		
2. General Corporation Tax deducted in computing amount on line 1	2.		
3. Total of lines 1 and 2 (Enter on page 1, Schedule A, Line 1).....	3.		

SCHEDULE B2

To be used by New York State S Corporations and C Corporations that do not elect to use Schedule B1. See instructions.

1. Federal Taxable Income before net operating loss deduction and special deductions	1.		
2. State and local income and MTA taxes deducted on federal return (see instructions).....	2.		
3. Total of lines 1 and 2.....	3.		
4. New York City net operating loss deduction (see instructions)	4.		
5. New York City and New York State income tax refunds included in Schedule B2, line1	5.		
6. Taxable net income. Line 3 less the sum of lines 4 and 5. (Enter on page 1, Schedule A, Line 1).....	6.		



MAILING INSTRUCTIONS:	RETURNS WITH REMITTANCES	RETURNS CLAIMING REFUNDS	ALL OTHER RETURNS
	NYC DEPARTMENT OF FINANCE GENERAL CORPORATION TAX PO BOX 5040 KINGSTON, NY 12402-5040	NYC DEPARTMENT OF FINANCE GENERAL CORPORATION TAX PO BOX 5050 KINGSTON, NY 12402-5050	NYC DEPARTMENT OF FINANCE GENERAL CORPORATION TAX PO BOX 5060 KINGSTON, NY 12402-5060

The due date for the calendar year 2009 return is on or before March 15, 2010.

For fiscal years beginning in 2009, file on or before the 15th day of the third month after the close of the fiscal year.