

For CALENDAR YEAR 2011 or FISCAL YEAR beginning \_\_\_\_\_, 2011 and ending \_\_\_\_\_

- AMENDED RETURN FINAL RETURN SPECIAL SHORT PERIOD RETURN (See Instr.) Check box if you claim any 9/11/01-related federal tax benefits (see inst.)

Name of Parent (see instructions) In Care of Address (number and street) City and State Zip Code Business Telephone Number Taxpayer's Email Address

EMPLOYER IDENTIFICATION NUMBER BUSINESS CODE NUMBER AS PER FEDERAL RETURN

STATE OR COUNTRY OF ORGANIZATION: DATE ORGANIZED: DATE BUSINESS BEGAN IN NEW YORK CITY: FEDERAL RETURN WAS FILED ON: TYPE OF CORPORATION: TYPE OF BUSINESS LOCATION(S) WITHIN NYC:

SCHEDULE A - Computation of Tax

Table with columns for line items (1-26), tax rates for Alien Corporations and All Others, and Payment Enclosed amounts.

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 signature, printed name, Check if self-employed, Date, Firm's name, Address, Zip Code

Firm's Email Address:

Preparer's Social Security Number or PTIN

Firm's Employer Identification Number

If more than one Page 2 is used, please state total number of Page 2 attached: \_\_\_\_\_

NAME OF PARENT
Employer Identification Number

NAME OF PRINCIPAL BANKING SUBSIDIARY
Employer Identification Number

NAME OF SUBSIDIARY #2
Employer Identification Number

SCHEDULE J - Computation of Combined Allocation Percentages

- Are you a banking corporation described in Administrative Code section 11-640(a)(9)?
Are you substantially engaged in providing management, administrative, or distribution services to an investment company as such terms are defined in Administrative Code section 11-642(b)(1-a)?

If you answered "Yes" to both questions, then you must allocate using weighted factors (see instructions concerning "Weighted Factor Allocation for Certain Banking Corporations.")

Part 1 - Computation of combined entire net income allocation percentage

Table with 5 columns for calculations 1-13. Includes rows for wages, receipts, deposits, and combined net income allocation percentage.

Part 2 - Computation of combined alternative entire net income allocation percentage

Table with 5 columns for calculations 15-21. Includes rows for wages, receipts, deposits, and combined alternative net income allocation percentage.

Part 3 - Computation of combined taxable assets allocation percentage

Table with 5 columns for calculations 22-35. Includes rows for wages, receipts, deposits, and combined taxable assets allocation percentage.



COLUMN A TOTAL <i>(see instructions)</i>	COLUMN B INTERCORPORATE ELIMINATIONS <i>(explain on rider)</i>	COLUMN C COMBINED TOTAL <i>(column A minus column B)</i>
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**Part 1 -** *Computation of combined entire net income allocation percentage*

1.					
2.					
3.					
4.					%
5.					
6.					
7.					%
8.					%
9.					
10.					
11.					%
12.					%
13.					%
14.					%

**Part 2 -** *Computation of combined alternative entire net income allocation percentage*

15.					
16.					
17.					%
18.					%
19.					%
20.					%
21.					%

**Part 3 -** *Computation of combined taxable assets allocation percentage*

22.					
23.					
24.					
25.					%
26.					
27.					
28.					%
29.					%
30.					
31.					
32.					%
33.					%
34.					%
35.					%



If more than one Page 4 is used, please state total number of Page 4 attached: _____	<b>NAME OF PARENT</b>  Employer Identification Number	<b>NAME OF PRINCIPAL BANKING SUBSIDIARY</b>  Employer Identification Number	<b>NAME OF SUBSIDIARY #2</b>  Employer Identification Number
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**SCHEDULE K - Computation of Allocated Combined Entire Net Income**

36. Entire net income - (Form NYC-1, Schedule B, line 34) ..... 36.						
37. Allocated combined entire net income - Multiply column C, line 36 by Schedule J, line 14 TRANSFER TO SCHEDULE A, LINE 1 .....						

**SCHEDULE L - Computation of Allocated Combined Alternative Entire Net Income**

40. Alternative entire net income - (Form NYC-1, Schedule C, line 5)..... 40.						
41. Allocated combined alternative entire net income - Multiply column C, line 40 by Schedule J, line 21 TRANSFER TO SCHEDULE A, LINE 2 .....						

**SCHEDULE M - Computation of Allocated Combined Taxable Assets**

44. Average value of total assets .....44.						
45. Money or other property received from the FDIC, FSLI, or RTC (see instr.) ..45.						
46. Taxable assets (subtract line 45 from line 44) .....46.						
47. Allocated taxable assets (multiply line 46 by <input style="width: 50px;" type="text"/> % from Sch. J, line 35.) Also enter next to Schedule A, line 3. ....47.						
48. Compute net worth ratio: $\frac{\text{Net worth on last day of the tax year}}{\text{Total assets on last day of the tax year}} =$ 48.		%				
49. Compute of mortgages included in total assets: $\frac{\text{Average quarterly balance of mortgages}}{\text{Average quarterly balance of total assets}} =$ 49.		%				

Use the chart below to determine your tax rate. This rate must be used to compute the alternative minimum tax measured by taxable assets. You must meet both the net worth ratio and percentage of mortgages included in the total assets requirements to qualify for the lower tax rates.

Mark an X in the appropriate box in the last column and use this rate on line 3 of Schedule A.			
If the net worth ratio (from line 48) is:	And the % of mortgages included in total assets (from line 49) is:	The tax rate is:	Indicate the appropriate tax rate:
Less than 4%	33% or more	.00002	
At least 4% but less than 5%	33% or more	.00004	
All others	All others	.0001	



COLUMN A TOTAL <i>(see instructions)</i>	COLUMN B INTERCORPORATE ELIMINATIONS <i>(explain on rider)</i>	COLUMN C COMBINED TOTAL <i>(column A minus column B)</i>
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**Schedule K**

● 36.					
● 37.					

**Schedule L**

● 40.					
● 41.					

**Schedule M**

● 44.					
● 45.					
● 46.					
● 47.					
● 48.					
● 49.					



# AFFILIATIONS SCHEDULE

## COMPLETE THIS SCHEDULE OR ATTACH FEDERAL FORM 851



Tax year beginning \_\_\_\_\_, \_\_\_\_\_ and ending \_\_\_\_\_, \_\_\_\_\_

Name of reporting corporation on NYC-1A:	Employer Identification Number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> </tr> </table>										
Name of common parent corporation on consolidated federal income tax return:											

**Part I General Information**

Corp. No.	Name and address of corporation		Employer Identification Number										
1.	Common parent corporation on federal return:	1.	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td></tr></table>										
2.	Reporting corporation on NYC-1A:	2.	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td></tr></table>										
3.	Affiliated corporations:	3.	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td></tr></table>										
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**Part II Principal Business Activity, Voting Stock Information, Etc.**

Corp. No.	Principal business activity (PBA)	NAICS	STOCKHOLDINGS AT BEGINNING OF YEAR			
			number of shares	percent of voting power	percent of value	Owned by corporation number
1.	Common parent corporation on federal return:		1.	%	%	
2.	Reporting corporation on NYC-1A:		2.	%	%	
3.	Affiliated corporations:		3.	%	%	
4.			4.	%	%	
5.			5.	%	%	
6.			6.	%	%	
7.			7.	%	%	
8.			8.	%	%	
9.			9.	%	%	
10.			10.	%	%	





**PART 2**      **General Information**

**A.** Complete this schedule A for each **CORPORATION INCLUDED** in the Combined Banking Corporation Tax Return (i) that was **not included** in the Combined Banking Corporation Tax Return for the prior tax period; or (ii) for which there has been any material change in the stock ownership or activity during the tax period covered by this return.

Explain how the filing of a return on a separate basis distorts the corporation's tax liability in New York City, including the nature of the business conducted by the corporation, the source and amount of its gross receipts and expenses and the portion of each derived from transactions with other corporations listed on the Affiliations Schedule.

NAME OF CORPORATION / EIN		REASON(S) INCLUDED IN COMBINED RETURN
<b>1.</b>	Name:	
	EIN:	
<b>2.</b>	Name:	
	EIN:	

**IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE THIS FORMAT ON A SEPARATE SHEET AND ATTACH IT TO THIS PAGE.**

**B.** Complete this schedule A for each **CORPORATION EXCLUDED** from the Combined Banking Corporation Tax Return that was (i) was **included** in the Combined Banking Corporation Tax Return for the prior tax period; or (ii) for which there has been any material change in the stock ownership or activity during the tax period covered by this return.

Explain the reason(s) for the exclusion of each corporation for the combined return, including a description of the nature of the business conducted by the corporation, the source and amount of its gross receipts and expenses and the portion of each derived from transactions with other corporations listed on the Affiliations Schedule.

NAME OF CORPORATION / EIN		REASON(S) EXCLUDED FROM COMBINED RETURN
<b>1.</b>	Name:	
	EIN:	
<b>2.</b>	Name:	
	EIN:	

**IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE THIS FORMAT ON A SEPARATE SHEET AND ATTACH IT TO THIS PAGE.**

Attach a copy of all pages of your federal return. NYC-1 returns for the parent corporation and all subsidiaries in the combined group must be attached to this 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.

**MAIL YOUR RETURN TO:**      NYC DEPT. OF FINANCE, BANKING CORPORATION TAX  
 P.O. BOX 5120, KINGSTON, NY 12402-5120