

SCHEDULEA Computation of Tax - BEGINWTH SOHHDLEI ONPACE2- OOMPLEIEALL OTHRR SQHHDULES. TRANSAR APPLICABLEAMOUNTS TOSOHEDULEA


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 hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete. |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| SIGN <br> HERE $\qquad$ <br> Preparer's USE <br> ONLY $\longrightarrow$ | Signature of officer |  | Title | Date | Preparer's Social Security Number or PTIN $\square$ $\square$ $\square$ <br> Firm's Employer Identification Number [ ] $]$ |
|  | Preparer's signature |  | Check if self-employed | Date |  |
|  | A Firm's name (or yours, if self-employed) | - Address |  | - Zip Code |  |

30110096 ATTACH REMITTANCE TO THIS PAGE ONLY - MAKE REMITTANCE PAYABLE TO: NYC DEPARTMENT OF FINANCE (SEE PAGE 3 FOR MAILING INSTRUCTIONS)




|  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | \% |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |



Schedule L
1.
2.
3.

Attach
copy of Make remittance payable to the order of all pages NYC DEPARTMENT OF FINANCE of your federal tax return or pro forma

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. federal tax return.

V MAILING INSTRUCTIONS V

RETURNS WITH REMITTANCES
NYC DEPARTMENT OF FINANCE
P.O. BOX 5040

KINGSTON, NY 12402-5040

The due date for the calendar year 2000 return is on or before March 15, 2001. For fiscal years beginning in 2000, file within $2 \mathbf{1 / 2}$ months after the close of the fiscal year.

## AFFILIATIONS SCHEDULE COMPLETE THIS SCHEDULE OR ATTACH FEDERAL FORM 851

Tax year beginning $\qquad$ , $\qquad$ and ending $\qquad$ , $\qquad$
Name of reporting corporation on NYC-3A:
Employer Identification Number:
-
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: | I |  |
| 2 | Reporting corporation on NYC3A: | 1 | , |
| 3 | Affiliated corporations: | 1 | - |
| 4 |  | 1. | [ |
| 5 |  |  |  |
| 6 |  | 1 | - |
| 7 |  |  |  |
| 8 |  | 1 | - |
| 9 |  |  |  |
| 10 |  | 1 | , |

Part II Principal Business Activity, Voting Stock Information, Etc.

|  |  | STOCKHOLDINGS AT BEGINNING OF YEAR |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Corp. No. | Principal business activity (PBA) | $\begin{gathered} \hline \text { number } \\ \text { of } \\ \text { shares } \\ \hline \end{gathered}$ | percent of voting power | percent of value | Owned by corporation number |
| 1 | Common parent corporation on federal return: |  | \% | \% |  |
| 2 | Reporting corporation on NYC3A: |  | \% | \% |  |
| 3 | Affiliated corporations: |  | \% | \% |  |
| 4 |  |  | \% | \% |  |
| 5 |  |  | \% | \% |  |
| 6 |  |  | \% | \% |  |
| 7 |  |  | \% | \% |  |
| 8 |  |  | \% | \% |  |
| 9 |  |  | \% | \% |  |
| 10 |  |  | \% | \% |  |

- COMBINED GROUPINFORMATIONSCHEDULE -

| BMPLOYER IDENTIACATION |
| :--- |
| NUMBER OF REPORTING |
| OORPORATION: |$\square-\square \square \square$

## THE FOLLOWING INFORMATION MUST BE PROVIDED FOR THIS RETURN TO BE CONSIDERED COMPLETE <br> Refer to instructions before completing this section.

## PART 1 General Information

1. Have there been ANY CHANGES in the COMPOSITION of the group of corporations INCLUDED in this Combined General Corporation Tax Return from the PRIOR TAX PERIOD OR ANY MATERIAL CHANGES in the ACTIVITY of any member of the group OR ANY corporation NOT INCLUDED in the group that meets the stock ownership requirements for filing on a combined basis? (See instructions, page 1) $\qquad$
2. Check this box $\quad \square$ and attach an explanation if you meet ANY of the following conditions:
a. NO MEMBERS of this group FILED or REQUESTED AN EXTENSION to file a combined return under Article 9-A of the New York State Tax Law for the TAX PERIOD COVERED BY THIS REPORT, OR
b. TWO (2) OR MORE MEMBERS of this group FILED or REQUESTED AN EXTENSION to file a New York State combined return for the TAX PERIOD COVERED BY THIS REPORT but there are differences in the membership of this group and the group that filed or will file a New York State combined return, OR
c. A combined filing by any member(s) of this group has been REVISED or DISALLOWED by New York State for THIS or ANY PRIOR TAX PERIOD.
3. You MUST complete Part 2 of this schedule if you meet ANY of the following conditions:
a. This is the FIRST Combined General Corporation Tax Return being FILED FOR THIS GROUP of corporations, OR
b. There have been CHANGES in the COMPOSITION of the group of corporations SINCE the PRIOR TAX PERIOD, OR
c. There have been ANY MATERIAL CHANGES in the STOCK OWNERSHIP or ACTIVITY of any corporation INCLUDED in the group or in ANY corporation NOT INCLUDED in the group that meets the stock ownership requirements for filing on a combined basis. (See instructions, page 1)

## PART 2 Distortion Requirement

A Complete this Subpart A for each corporation included in the Combined General Corporation Tax Return that (i) was not included in the Combined General 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 report.

Explain how the filing of a return on a separate basis distorts the corporation's activities, business, income or capital 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 |
| :---: | :---: |
| Name: |  |
| EIN: |  |
| Name: |  |
| EIN. |  |

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

B Complete this Subpart B for each corporation excluded from the Combined General Corporation Tax Return that (i) was included in the Combined General 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 report.

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.

## Subpart B

|  | NAME OF CORPORATION / EIN | REASON(S) EXCLUDED FROM COMBINED RETURN |
| :---: | :---: | :---: |
|  | Name: |  |
| 1. | EIN: |  |
|  | Name: |  |
| 2. | EIN. |  |

