FINANCE NEW•YORK	3A Amended
NYC-3L RETU	For CALE
Name of reporting	
Address (number	r and street)

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3	BA	1

# NEW YORK CITY DEPARTMENT OF FINANCE

COMBINED GENERAL
CORPORATION TAX RETURN

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

EMPLOYER IDENTIFICATION NUMBER OF REPORTING CORPORATION

For CALENDAR YEAR 2000 or FISCAL YEAR beginning	2000, and ending	2000
RETURNS FOR ALL CORPORATIONS INCLUDED IN THE	COMBINED RETURN MUST BE ATTACHED	TO THIS RETUR

Final return • Check box if corporation has ceased operations.

=			T =:	BUSIN	IESS CODE NUMBER	IMPORTANT: All corporations	liconcod
	Print or Type	City and State	Zip Code	AS PE	R FEDERAL RETURN	and/or regulated by the NYC Limousine Commission use b	Taxi and ousiness
=	Pri	<ul> <li>Business Telephone Number</li> </ul>	Date business began in NYC			code 9999 in lieu of federal o	code.
	•	Name of parent of controlled group	Employer Identification Numb	er	NYC PRINCIP	PAL BUSINESS ACTIVITY	
	SCHEDUL	E A Computation of Tax	: - BEGIN WITH SCHEDULE I ON PAGE 2 - COMI	PLETE ALL OTHER SCHE	DULES. TRANSFER	APPLICABLE AMOUNTS TO SCH  Payment Enclosed —	EDULE A
A.	Payment	Pay amount shown on line 23	- Make check payable to: NYC D	epartment of Fin	ance •	Fayment Enclosed	
1.	Allocated combin	ned net income (from Schedule	e M, line 7)● 1.	x .0	885 • 1.		
2.	Allocated combine	ed capital (from Schedule M, line	10) (see instr.) ● 2.	x .0	015 • 2.		
3.			ding professional corporations)		3.		
4.						300	00
5.		iary capital (from Schedule M,		x .00			
6.			rgest, PLUS line 5)		6.		
7.		taxable corporations (see instr.)		X \$300	<b>●</b> 7.		
8.			·		● 8.		
9.			(see instructions)				
10.			redit				
		•	owing that covered by this return:				
a)		•	ount from line 4 of Form NYC-6 (attack	n form)	● 11a.		
b)	If application for	extension has not been filed a	nd line 10 exceeds \$1,000, enter	25% of	_		
	line 10 (see Forn	n NYC-3L instructions)			● 11b.		
12.			1-604.15(c) and 11-604.17-a(c) (see Form				
	•						
	•		C-9.6 (see instructions)● 14a.				
			ns) 14b. │				
		· · · · · · · · · · · · · · · · · · ·	14b)		15.		
16.	Total prepaymer	nts listed on each attached retu	rn (see instructions)		16.		
18.	Overpayment (lir	ne 16 less line 15)			18.		
			structions)19a.				
19b	. Additional charge	es (see Form NYC-3L instructi	ons) 19b.				
19c	. Penalty for unde	rpayment of estimated tax (atta	ach Form NYC-222) 19c.				
20.	Total of lines 19a	a, 19b and 19c			● 20.		
		·					
			estimated tax				
23.	TOTAL REMITT	` '	Enter payment amount on line A				
			ge (from Schedule M, line 12)			%	
		-	, line A				
	-						
		. •	s used in computation of line 3				

	9=1111119711911	0						
	I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.							
Sign HERE →	Signature of officer		Title	Date	Preparer's Social Security Number or PTIN			
	Preparer's signature		Check if self-employed —	Date	Firm's Employer Identification Number			
ONLY ->					_ •			
	▲ Firm's name (or yours, if self-employed)	▲ Address		▲ Zip Code	9			

Form NYC-3A - 2000 Page 2

			CORPORATION NAME	CORPORATION NAME		AME
		Employer ————————————————————————————————————	Employer —		Employer —	ner
SCHIEDULE I Analysis of income & capital from Form NYC-3.	L	identification (varibe)	Identification Number	Identil	ication radino	
1. Entire net income (Schedule B, line 19 or 20)	1.					
2. Investment income (Schedule B, line 23)						
3. Business income (Schedule B, line 24)						
4. NYC gain (loss) on qualified property (Schedule B, line 28)	- 1					
5. Optional depreciation (attach NYC-324) (Schedule B, line 30)	- 1					
6. Total capital (Schedule E, line 7)	- 1					
7. Subsidiary capital (Schedule E, line 8)	7.					
8. Investment capital (Schedule E, line 10)						
9. Business capital (Schedule E, line 11)	9.					
A. Gross receipts or sales (federal Form 1120, line 1c)	Α.					
<b>B</b> . Total assets from federal return ( <i>NYC</i> Schedule E, line 1, column C)	В.					
SCHIEDULE J Business allocation from Form NYC-3L						
1. Property - New York City (Schedule H, line 1f, column A)	1.					
2. Property - total (Schedule H, line 1f, column B)	- 1					
3. New York City percent, line 1 ÷ line 2						
4. Receipts - New York City (Schedule H, line 2g, column A)	- 1					
5 Receipts - total (Schedule H, line 2g, column B)						
6. New York City percent, line 4 ÷ line 5	- 1					
7. Additional Receipts Factor (enter percent from line 6)	7.					
8. Wages - New York City (Schedule H, line 3a, column A)	8.					
9. Wages - total (Schedule H, line 3a, column B)	9.					
<b>10.</b> New York City percent, line 8 ÷ line 9						
11. Total New York City percents, sum of lines 3, 6, 7 and 10						
12. Business allocation percentage, line 11 ÷ three or by the number of percentage	iges	used if other than thre	e (see instructions)			<b>→</b>
SCHEDULE K Investment allocation from Form NYC-3L				<b>I</b>		
1. New York City (Schedule D, line 1, column G)	1.					
2. Total (Schedule D, line 1, column E)	2.					
<ul><li>3. Investment allocation percentage, line 1 ÷ line 2 (see instructions)</li><li>4. Cash (Schedule D, line 3, column E)</li></ul>						
5. Total Investment Capital (Schedule D, line 4, column E)						
SCHEDULE L Subsidiary allocation from Form NYC-3L	_					
1. New York City (Schedule C, line 1, column G)	1.					
2. Total (Schedule C, line 1, column E)	2.					
3. Subsidiary allocation percentage, line 1 ÷ line 2 (see instructions)						
SCHEDULE M Summary (References in this Schedule M are	e to	schedules in this re	eturn)			
1. New York City investment income (Schedule I, line 2, column C x Schedule I	K, liı	ne 3)	 1.			
2. New York City business income (Schedule I, line 3, column C x Schedule J,						
3. Total New York City income, line 1 plus line 2						
4. NYC gain (loss) on qualified property (Schedule I, line 4, colu						
5. Total, line 3 plus line 4						
6. Optional depreciation (Schedule I, line 5, column C)				_		
7. Taxable New York City income, line 5 minus line 6 (enter her						
8. New York City investment capital (Schedule I, line 8, column						
9. New York City business capital (Schedule I, line 9, column C						
10. NYC investment & business capital, line 8 plus line 9 (enter h						
<ul> <li>6. Optional depreciation (Schedule I, line 5, column C)</li> <li>7. Taxable New York City income, line 5 minus line 6 (enter here)</li> <li>8. New York City investment capital (Schedule I, line 8, column 9. New York City business capital (Schedule I, line 9, column C)</li> <li>10. NYC investment &amp; business capital, line 8 plus line 9 (enter here)</li> <li>11. New York City subsidiary capital (Schedule I, line 7, column C x Schedule I, line 8 plus line 9</li> </ul>	ı. L, I	line 3, Column C) (enter here	e and on Schedule A, line 5)	11.		
12. Issuer's allocation percentage (Schedule M, line 10 plus line 11 ÷ Schedule	e I, li	ine 6, col. C) (enter here and	on Sch. A, line 24) (see instr.)	) ······ <b>12.</b>		

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Form NYC-3A - 2000 Page 3

	COLUMN C	COLUMN B		COLUMN A	CORPORATION NAME   CORPORATION NAME			CORPORATION N	CORPORATION NAME	
	TOTAL LESS INTERCORPORATE ELIMINATIONS	TERCORPORATE ELIMINATIONS (EXPLAIN ON RIDER)	TOTAL		Employer Identification Number		yer ——— Number	Employer — Identification Num	Employer Identification Number	
Schedule I					$\longrightarrow$					
1.					$\sqcup$					
2.					$\sqcup$					
3.					$\perp$					
4.										
5.										
6.										
7.										
8.										
9.										
Α.										
В.										
Schedule J					$\overline{}$					
1.					$\vdash$					
2.	0/									
3.	%									
4.					1					
<b>5</b> .										
6.	%							I		
7.	%				1					
8.			_		$\vdash$					
9.					Ш					
10.	%									
11.	%									
12.	%	<del></del>								
Schedule K										
1.										
2.										
3.	%									
4. 5.			_		+					
Schedule L										
1.					+ +					
2.	%									
3.	70						Attach	Δtta		
	yer	eive proper credit, your correct Emplo ication Number on and remittance.	ent Ide	yable to the order of NT OF FINANCE e in U.S. dollars,	RTMEI be made	Make remittan NYC DEPAF Payment must be drawn on a U.S.	copy of all pages deral tax oro forma	federal tax copy		
		10 V		INCTOU					1	

#### ▼ MAILING INSTRUCTIONS V

### **RETURNS WITH REMITTANCES**

KINGSTON, NY 12402-5040

P.O. BOX 5040

%

**RETURNS CLAIMING REFUNDS** NYC DEPARTMENT OF FINANCE

NYC DEPARTMENT OF FINANCE P.O. BOX 5050 KINGSTON, NY 12402-5050

# **ALL OTHER RETURNS**

NYC DEPARTMENT OF FINANCE P.O. BOX 5060 KINGSTON, NY 12402-5060

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 1/2 months after the close of the fiscal year.



Form NYC-3A - 2000 Page 4



# AFFILIATIONS SCHEDULE

# COMPLETE THIS SCHEDULE OR ATTACH FEDERAL FORM 851

		Tax year beginning, _	and ending <sub>-</sub>			,
		Name of reporting corporation on NYC-3A:	Employer I		on Numbe	r:
		Name of common parent corporation on consolidated fe	ederal income tax return:			
P	art I	General Information				
Corp. No.		Name and address of corporation	Emplo	yer Identifi	cation Numl	ber
1	Common pare on federal	ent corporation return:				
2	Reporting cor				1 1	1 1
3	Affiliated corporations:				<del>     </del>	<del>                                     </del>
4					1 1	
5						
6						
7						
8						
9						
10						
Pa	art II	Principal Business Activity, Voting Sto	1			
			STOCKHOLI			
Corp. No.		Principal business activity (PBA)	number of shares	percent of voting power	percent of value	Owned by corporation number
1	Common p	arent corporation on federal return:		%	%	
2	Reporting of	corporation on NYC3A:		%	%	
3	Affiliated co	orporations:		%	%	
4				%	%	
5				%	%	
6				%	%	

%

%

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Form NYC-3A - 2000 Page 5

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### - COMBINED GROUP INFORMATION SCHEDULE -

NAME OF REPORTING CORPORATION:	EMPLOYER IDENTIFICATION NUMBER OF REPORTING CORPORATION:		_			-	ı	1	1	
--------------------------------	--	--	---	--	--	---	---	---	---	--

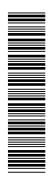
# THE FOLLOWING INFORMATION MUST BE PROVIDED FOR THIS RETURN TO BE CONSIDERED COMPLETE

Refer to instructions before completing this section.

	PART 1	Gei	neral	Information			
1.	group of of Corporation  MATERIA  group OR meets the	corporation Tax F AL CHA ANY control stock of	ions II Return NGES orpora owners	NCLUDED in thing from the PRIOF in the ACTIVIT ation NOT INCLUSHIP requirement	e COMPOSITION of the some combined General R TAX PERIOD OR ANY Y of any member of the JDED in the group that so for filing on a ge 1)	□ YES	□ NO
2.	Check thi	s box		and attach an	explanation if you meet ANY of the	following cond	itions:

- 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.

## Subpart A

	NAME OF CORPORATION / EIN	REASON(S) INCLUDED IN COMBINED RETURN
	Name:	
1.		
	EIN:	
	Name:	
•		
2.	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.		
Ľ	EIN:	
	Name:	
2.	EIN:	