NYC

NEW YORK CITY DEPARTMENT OF FINANCE

4S **GENERAL CORPORATION TAX RETURN**

FINANCE NEW • YORK

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

For CALENDAR YEAR 2000 or FISCAL YEAR beginning _____ 2000 and ending _____

2000

Amended return ....● ☐   Final return ....● ☐   Check box if the corporation has ceased operations.

▼ 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 9999 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.

				Payment Enclosed
A. **Payment**	Pay amount shown on line 15 - Make check payable to: *NYC Department of Finance* ●			
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: ● **BORO** ● **BLOCK** ● **LOT**			
3a.	Compensation of stockholders (from Schedule D, line 1) .....● **3a.**			
3b.	Alternative tax (applies to corporations including professional corporations) *(see instructions for worksheet)* .... ● **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 2001 estimated tax .... ● **14b.**			
15.	**TOTAL REMITTANCE DUE** *(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:** ● ☐ **1120** ● ☐ **1120-A** ● ☐ **1120S** ● ☐ **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.

SIGN HERE →

Signature of officer	Title	Date	Preparer's Social Security Number or PTIN

PREPARER'S USE ONLY →

Preparer's signature	Check if self-employed ✔ .... ☐	Date	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.

30410095

ATTACH REMITTANCE TO THIS PAGE ONLY

SCHEDULE B   Computation of NYC Taxable Net Income

1.	Federal taxable income before net operating loss deduction and special deductions *(see instructions)*..	1.	
2.	Interest on federal, state, municipal and other obligations not included in line 1................................	2.	
3a.	NYS Franchise Tax and other income taxes, including MTA surcharge, deducted on federal return *(see instr.)*......	3a.	
3b.	NYC General Corporation Tax deducted on federal return *(see instructions)*....................................	3b.	
4.	ACRS depreciation and/or adjustment *(attach Form NYC-399) (see instructions)*.............................	4.	
5.	Total (sum of lines 1 through 4)	5.	

6a.	New York City net operating loss deduction *(see instructions)*	6a.	
6b.	Depreciation and/or adjustment calculated under pre-ACRS rules *(attach Form NYC-399) (see instructions)*..	6b.	S CORPORATIONS see instructions for line 1
6c.	NYC and NYS tax refunds included in Schedule B, line 1 *(see instructions)*...	6c.	

7.	Total (sum of lines 6a through 6c)...	7.	
8.	Taxable net income (line 5 less line 7) (enter on page 1, Schedule A, line 1) *(see instructions)*.........	8.	

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

	COLUMN A Beginning of Year	COLUMN B End of Year	COLUMN C Average Value
1. Total assets from federal return ....1.			
2. Real property and marketable securities included in line 1 ....2.			
3. Subtract line 2 from line 1 ....3.			
4. Real property and marketable securities at **fair market value** ......4.			
5. Adjusted total assets (add lines 3 and 4) ....5.			
6. Total liabilities *(see instructions)* ....6.			
7. Total capital (column C, line 5 less column C, line 6) (enter on page 1, Schedule A, line 2a or 2b) ....7.			

SCHEDULE D   Certain Stockholders

Include all stockholders owning in excess of **5%** of taxpayer's issued capital stock who received any compensation, including commissions.

Name and Address - Give actual residence **(Attach rider if necessary)**	Social Security Number	Official Title	Salary & All Other Compensation Received from Corporation (If none, write "none")

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? (see instructions)...YES ☐   NO ☐

3. If "YES": **(a)** Attach a schedule of such property, including street address, borough, block and lot number.
   (b) Was a controlling economic interest in this corporation *(i.e., 50% or more of stock ownership)* transferred during the tax year?....YES ☐   NO ☐

4. Does the corporation have one or more qualified subchapter s subsidiaries? ....YES ☐   NO ☐

   If "YES" Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether the QSSS filed or was required to file a City business income tax return. See instructions...YES ☐   NO ☐
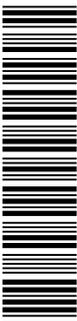
PREPAYMENTS CLAIMED ON SCHEDULE A, LINE **8**	DATE	AMOUNT	TWELVE DIGIT TRANSACTION ID CODE
A. Mandatory first installment paid with preceding year's tax			
Payment with declaration, Form NYC-400 (1)			
B. Payment of estimated tax, Form NYC-B-100 (2)			
Form NYC-B-100 (3)			
C. Payment with extension, Form NYC-6 or NYC-6F........			
D. Overpayment credited from preceding year			
E. TOTAL of A, B, C and D (enter on Schedule A, line 8) ...			