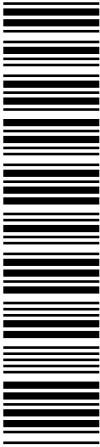




# NYC GENERAL CORPORATION 4S TAX RETURN

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



For CALENDAR YEAR 2001 or FISCAL YEAR beginning \_\_\_\_\_ 2001 and ending \_\_\_\_\_

**2001**

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

▼ 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.

A. Payment		Pay amount shown on line 15 - Make check payable to: NYC Department of Finance		Payment Enclosed	
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 <b>not</b> 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 2002 estimated tax .....● 14b.				
15.	<b>TOTAL REMITTANCE DUE</b> (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: ● <input type="checkbox"/> 1120 ● <input type="checkbox"/> 1120-A ● <input type="checkbox"/> 1120S ● <input type="checkbox"/> 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.

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 Social Security Number or PTIN
	Preparer's signature	Check if self-employed <input type="checkbox"/>	Date	Firm's Employer Identification Number
PREPARER'S USE ONLY →	▲ 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.

30410191

**ATTACH REMITTANCE TO THIS PAGE ONLY**

**SCHEDULE B Computation of NYC Taxable Net Income**

Table with 8 rows for SCHEDULE B. Rows include: Federal taxable income before net operating loss deduction, Interest on federal obligations, NYS Franchise Tax, NYC General Corporation Tax, ACRS depreciation, Total (sum of lines 1-4), New York City net operating loss deduction, Depreciation and/or adjustment calculated under pre-ACRS rules, NYC and NYS tax refunds, Total (sum of lines 6a-6c), and Taxable net income.

S CORPORATIONS see instructions for line 1

**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

Table with 7 rows for SCHEDULE C. Columns: COLUMN A Beginning of Year, COLUMN B End of Year, COLUMN C Average Value. Rows include: Total assets from federal return, Real property and marketable securities included, Subtract line 2 from line 1, Real property and marketable securities at fair market value, Adjusted total assets, Total liabilities, and Total capital.

**SCHEDULE D Certain Stockholders**

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

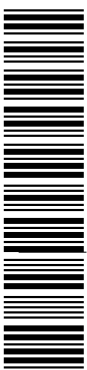
Table with 4 columns: Name and Address, Social Security Number, Official Title, Salary & All Other Compensation Received from Corporation.

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? YES NO
3. If "YES": (a) Attach a schedule of such property... (b) Was a controlling economic interest... transferred during the tax year? YES NO
4. Does the corporation have one or more qualified subchapter s subsidiaries? YES NO

Table with 4 columns: PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 8, DATE, AMOUNT, TWELVE DIGIT TRANSACTION ID CODE. Rows include: Mandatory first installment paid, Payment of estimated tax, Payment with extension, Overpayment credited from preceding year, and TOTAL of A, B, C and D.



MAILING INSTRUCTIONS

RETURNS WITH REMITTANCES NYC DEPARTMENT OF FINANCE PO BOX 5040 KINGSTON, NY 12402-5040

RETURNS CLAIMING REFUNDS NYC DEPARTMENT OF FINANCE PO BOX 5050 KINGSTON, NY 12402-5050

ALL OTHER RETURNS NYC DEPARTMENT OF FINANCE PO BOX 5060 KINGSTON, NY 12402-5060