NEW YORK CITY DEPARTMENT OF FINANCE

NYC

4S

Finance

## GENERAL CORPORATION TAX RETURN

2009



For CALENDAR YEAR 2009 or FISCAL YEAR beginning	2009 and ending	Check box if you are filing a 52-53-week taxable year					
Amended return     Final return - Check box if the corporation has ceased operations.     Special short-period return (See inst.)							
Name		EMPLOYER IDENTIFICATION NUMBER					
Address (number and street)							
City and State	Zip Code	BUSINESS CODE NUMBER AS PER FEDERAL RETURN					
Business Telephone Number	Date business began in NYC						

	SCHEDU	LE A Computation of Tax	BEGIN WITH SCHEDULE	S B1 or B2 ON PAGE 2. TRANSFER APPLICA	
A	. Payment	Amount included with Form NYC-200V or be	eing paid electronically	•	Payment Enclosed
1.	Net income (fro	om Schedule B1, line 3 or B2, line 6) ● 1.		X .0885 ● 1.	
2.	Minimum tax (See instructions) - NYC Gross Receipts: ●				
3.	. Tax (line 1 or 2, whichever is <b>larger</b> )●3.				
4.	. First installment of 2010 estimated tax:  (a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT ● 4a.				
	(b) If application for extension has <b>not</b> been filed and line 3 exceeds \$1,000, enter 25% of line 3 (see instructions)● 4b.				
5.	. Total before prepayments (add lines 3 and 4a or 4b)				
6.	i. Prepayments (see instructions)● 6.				
7.	7. Balance due (line 5 less line 6)				
8.	3. Overpayment (line 6 less line 5)● 8.				
9.	9. Interest (see instructions)				
10.	Amount of line	e 8 to be: (a) Refunded		● 10a.	
		(b) Credited to 2010 estimated	tax	• 10b.	
11.	TOTAL REMIT	TTANCE DUE (see instructions) Enter pa	ayment amount on li	ne A above ● 11.	
12.	Federal retur	n filed: • 1120 • 1120C YOUR FEDERAL RETURN SHO			
13.	Gross income	e		• 13.	
		CERTIFICATION OF AN EL	ECTED OFFICE	R OF THE CORPORATIO	N
Щ	I hereby certify	y that this return, including any accompany	ing rider, is, to the be	st of my knowledge and belief.	true, correct and complete.

SIGN HEF I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions) .......YES Officer's Preparer's Social Security Number or PTIN Title: Date: signature: Check if self-Preparer's Preparer's employed: signature: printed name: Date: • Firm's Employer Identification Number ▲ Firm's name (or yours, if self-employed) ▲ Address ▲ Zip Code

To receive proper credit, you must enter your correct Employer Identification Number on your tax return and remittance.

Form NYC-4S-EZ - 2009	Page
NAME	EIN
SCHEDULE B1	
To be used by New York State C Corporations that elect to use	e NYS entire net income. See instructions.
New York State Entire Net Income	1.
2. General Corporation Tax deducted in computing amount or	ı line 1 2.
3. Total of lines 1 and 2 (Enter on page 1, Schedule A, Line 1)	)3.
SCHEDULE B2	
To be used by New York State S Corporations and C Corporation	ions that do not elect to use Schedule B1. See instructions
Federal Taxable Income before net operating loss deduction special deductions	
State and local income and MTA taxes deducted on federa (see instructions)	
3. Total of lines 1 and 2	3.



## MAILING INSTRUCTIONS:

## ALL RETURNS EXCEPT REFUND RETURNS

4. New York City net operating loss deduction (see instructions) ...... 4.

Schedule B2, line1 ......5.

5. New York City and New York State income tax refunds included in

6. Taxable net income. Line 3 less the sum of lines 4 and 5.

NYC DEPARTMENT OF FINANCE GENERAL CORPORATION TAX P.O. BOX 5060 KINGSTON, NY 12402-5060 REMITTANCES

PAY ONLINE WITH FORM NYC-200V AT NYC.GOV/FINANCE OR Mail Payment and Form NYC-200V ONLY to: NYC DEPARTMENT OF FINANCE P.O. BOX 3646 NEW YORK, NY 10008-3646

## **RETURNS CLAIMING REFUNDS**

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

The due date for the calendar year 2009 return is on or before March 15, 2010.

For fiscal years beginning in 2009, file on or before the 15th day of the third month after the close of the fiscal year.