		NEW YORK CITY DEPARTMENT OF FINAN	ICE CENEDAL	CODDODAT	TION TAY	V DETIIDN FOOLE
		NYC-4S	GENERAL	CORPORA	ION IA	X RETURN 2011
		For CALENDAR YEAR 2011 or FISC	AL YEAR beginning	2011 and ending _		a 52- 53-week taxable ye
		Amended return	Final return Check box if the	e corporation has ceased operatio	ns.	Special short period return (See Instructions)
		Check box if a pro-forma	federal return is attached	Check box if	you claim any 9/1	1/01-related federal tax benefits (see inst
		Name				Taxpayer's Email Address:
		In Care Of				
		ш d. }			EMPL	OYER IDENTIFICATION NUMBER
		Address (number and street)				•
		City and State		Zip Code		
					BUSINESS C	CODE NUMBER AS PER FEDERAL RETURI
		Business Telephone Number	Date business began in NY	C Date business ended in N	YC	
S	CHEDULE A	Computation of	Tax BEGIN WITH SCH	EDULES B THROUGH E ON PA	AGE 2. TRANSFER A	PPLICABLE AMOUNTS TO SCHEDULE A. Payment Enclosed
A.	Payment Amou	int included with Form NYC-	·200V or being paid elec	tronically	•	T aymon 2nosssa
1.	Net income (from Sche	edule B, line 8)	• 1.		x .0885 • 1.	
2a.		edule C, line 7) (see instr.)			x .0015 ● 2a.	
2b.	Total capital - Cooperat	tive Housing Corps. (see inst	<i>r.</i>) ● 2b .		x .0004 ● 2b.	
2c.	Cooperatives - ente	er: ● BORO	BLOCK	● LOT		-
3a.	Compensation of st	cockholders (from Sched	ule D, line 1)	3a		
3b.		instructions)				
4.		nstructions) - NYC Gro				
5.		3b or 4, whichever is larg			····· • 5.	
6.	First installment of (a) If application for (c)	6 62				
	(b) If application for					
		5 (see instructions)			• 6b.	
7.	Total before prepay	ments (add lines 5 and 6	a or 6b)		• 7.	
8.		Prepayments Schedule,				
9.	•	' less line 8)				
10.		8 less line 7)				
		ctions)				-
		(see instructions)				-
		ment of estimated tax (attac				
12.		1b and 11c				
13.		ine 10 less line 12)				
14.	Amount of line 13 to b	be: (a) Refunded - Dire		•		
140	Routing	(b) Credited to 2012 e	Simaleu lax	ACCOUNT	● 140. TYPE	
. 70.	Number	Number		Checking	Savings •	

7. 8. 9.

16.

17. Federal return filed:

19.	Total assets from federal return	9.									
	CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION										
Ä	I hereby certify that this return, including any according	Firm's Email Address:									
포	I authorize the Dept. of Finance to discus										
SIGN	Officer's signature:		Title: Da		Date:	Preparer's Social Security Number or PTI					
PREPARER'S USE ONLY	Preparer's signature:	Preparer's printed name:		Check if self- employed:	Date:	Firm's Employer Identification Number					
	▲ Firm's name (or yours, if self-employed)		▲ Address		▲ Zip Code	- Indiana and the state of the					

• 1120S

● 1120C

NYC rent deducted on federal return (see instr.) THIS LINE MUST BE COMPLETED. . ● 16. 1120

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. Attach copy of all pages of your federal tax return or pro forma federal tax return. To receive proper credit, you must enter your correct Employer Identification Number on your tax return and remittance. 30411191

Form	NYC-4S - 2011	NAME					EIN			Page 2		
S	CHEDUL	E B Computation of NY	C Taxal	ole Net Income				_				
1.	Federal taxable	e income before net operating loss	s deductio	on and special ded	uctions (see	instructions	1.					
2.	Interest on federal, state, municipal and other obligations not included in line 1											
3a.	NYS Franchise Tax and other income taxes, including MTA taxes, deducted on federal return (attach rider) (see instr.) 3a.											
3b.	NYC General	Corporation Tax deducted on	federal r	eturn <i>(see instru</i>	ctions)		3b.					
4.	ACRS depreciat	ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399Z) (see instructions)										
5.	Total (sum of	lines 1 through 4)		·······	· <u></u>	······	5.					
6a.	New York City n	net operating loss deduction (attach i	rider) (see	instructions) 6a				6	CODDODATIO	MC		
6b.	Depreciation and/or adjustment calculated under pre-ACRS								S CORPORATIONS see instructions			
	pre - 9/11/01 ru	lles (attach Form NYC-399 and/or NY	(C-399Z) (s	see instr.) 6b					for line 1			
6c.	NYC and NYS t	ax refunds included in Schedule B,	line 1 (se	ee instr.) 6c								
7.	•	lines 6a through 6c)										
8.		come (line 5 less line 7) (enter o	n page 1	, Schedule A, line	1) (see ins	structions)• 8.					
S	CHEDUI	LE C Total Capital										
		Basis use	ed to deterr	mine average value in	column C. Ch	heck one. (Attach detailed s	chedule)				
	- Annually	Semi-annually	Quarte	erly CO	COLUMN A COLUMN			B COLUMN C				
	- Monthly			Begin	Beginning of Year End of Ye			r Average Value				
	_ ′	_ ,	_ ,	- 4								
1.		rom federal return				•			•			
2.		and marketable securities include				•						
3.		2 from line 1				1_			-			
4.		and marketable securities at fair ma				•		<u> </u>				
5.	-	assets (add lines 3 and 4)							•			
6.		(see instructions)				•	, , , , ,					
7.	Total capital (co	olumn C, line 5 less column C, line	e 6) (ente	r on page 1, Sched	lule A, line 2	2a or 2b)	(see Instr.)	● 7.				
		Certain Stockhold										
Inclu	ıde all stockhold	lers owning in excess of 5% of ta	xpayer's									
	Give ac	Name and Address ctual residence (Attach rider if necess	eary)		Social Security Official Number Title		Official	Salary & All Other Compensation Received from Corporation (If none, enter "0")				
	Give ac	cidal residence (Attach fider if fiecess	sai y)				Title	110111	Corporation (in none, er	111010)		
1.	lotal, includir	ng any amount on rider (enter o						<u> </u>				
S	CHEDULE		nation m	ust be entered	for this re	turn to	be complete					
1.	New York City pr	rincipal business activity:										
2.	Does the corpora	ation have an interest in real property	located in	New York City? (see	instructions).				● YES □	NO 🗌		
3.	(b) W	ttach a schedule of such property, incl las a controlling economic interest in thi	is corporati	on <i>(i.e 50% or more</i>	of stock owne	riumber. <i>ership)</i> tran:	sferred during the	e tax vear	? ● YES □	№ □		
4.		ation have one or more qualified subcl								NO 🗌		
	If "YE	S" Attach a schedule showing the nar	me, addres	s and EIN, if any, of	each QSSS a	and indicate	whether					
_		ISSS filed or was required to file a City In was filed on Form 1120S, enter the r										
5. 6.		subject to the Commercial Rent Tax?							• VES	NO 🗌		
7.		Il required Commercial Rent Tax Retur								NO 🗆		
	· ·	COMPOSITION OF PRE										
		PREPAYMENTS CLAIMED O			LEE	DA	ΓE		AMOUNT			
	,	A. Mandatory first installment p	oaid with	preceding year's	tax							
		B. Payment with Declaration,										
	C. Payment with Notice of Estimated Tax Due			ax Due (2)								
	D. Payment with Notice of Estimated Tax Due (
	E. Payment with extension, Form NYC-EXT											
	D. Payment with Notice of Estimated Tax Due (E. Payment with extension, Form NYC-EXT F. Overpayment from preceding year credited in the second of the											
		G. TOTAL of A through F (ente		-								
		<u> </u>		MAILING	INSTRUC	TIONS						
		ALL RETURNS EXCEPT REFUND RE	TURNS	REMITTANCES		NVO 222	, F	RETURN	IS CLAIMING RE	FUNDS		
		NYC DEPARTMENT OF FINANCE		PAY ONLINE WI AT NYC.GOV/FII	NANCE OR	t			ARTMENT OF FINA			
									GENERAL CORPORATION TAX P.O. BOX 5050			
	KINGSTON, NY 12402-5060 P.O. BOX 3646 NEW YORK, NY 1000						8-3646 KINGSTON, NY 12402-5050					