NEW YORK CITY DEPARTMENT OF FINANCE **COMBINED TAX RETURN FOR BANKING CORPORATIONS** For CALENDAR YEAR 2012 or FISCAL YEAR beginning 2012 and ending AMENDED RETURN FINAL RETURN SPECIAL SHORT PERIOD RETURN (See Instr.) Check box if you claim any 9/11/01-related federal tax benefits (see inst.) Name of Parent (see instructions) EMPLOYER IDENTIFICATION NUMBER In Care of OR PRINT Address (number and street) TYPE BUSINESS CODE NUMBER AS PER FEDERAL RETURN City and State Zip Code Business Telephone Number Taxpayer's Email Address STATE OR COUNTRY OF ORGANIZATION: DATE ORGANIZED: • DATE BUSINESS BEGAN IN NEW YORK CITY: FEDERAL RETURN WAS FILED ON: 1120 1120-F CONSOLIDATED BASIS OTHER TYPE OF CORPORATION: 2. ALIEN COMMERCIAL 3. SAVINGS AND LOAN 4. TRUST 1. EDGE ACT Check one 5. DOMESTIC COMMERCIAL (other than Clearing House) 6. CLEARING HOUSE 7. CREDIT CARD BANK 8. OTHER TYPE OF BUSINESS LOCATION(S) WITHIN NYC: • 1. BRANCH ● 6. OTHER (Specify) 2. AGENCY 3. REPRESENTATIVE OFFICE 4. LOAN PRODUCTION OFFICE 5. NONE **Computation of Tax** Amount included with Form NYC-200V or being paid electronically ....... A. **Payment** X 9% (.09) ...... Allocated combined entire net income (from Sch. K, line 37)..... ● 1. Allocated combined alternative entire net income (from Sch. L, line 41) • 2. X 3% (.03) ...... • 2. 2. .00002 .00004 .0001 ■ 3. Allocated taxable assets (from Sch. M, line 47 and multiply by the appropriate tax rate, mark in the box) • 3. 125 00 Fixed minimum tax - for parent corporation only - No reduction is permitted for a period of less than 12 months ..... Combined tax (line 1, 2, 3, or 4, whichever is largest) ..... 5. Combined fixed minimum tax for subs. - No reduction is permitted for a period of less than 12 mos - # of subsidiaries ● 6. 7. Total combined tax (line 5 plus line 6).... 8. UBT Paid Credit (attach Form NYC-9.7B) ..... Relocation and employment assistance program (REAP) credit (see instructions for Form NYC-1 and attach Form NYC-9.5).. 9a. LMREAP Credit (see instructions and attach Form NYC-9.8) 9b. 9b. 10 First installment of estimated tax for period following that covered by this return: 12. 13. Balance due (line 12 less line 13) 14. Overpayment (line 13 less line 12)..... 15. 16c. Penalty for underpayment of estimated tax (attach Form NYC-222B)...... 16c. Total of lines 16a. 16b and 16c ...... ● 17. 17. 18. Amount of line 18 to be: 19. (b) Credited to 2013 estimated tax 20.

	CER1 rtify that this return, including any accompany te the Dept. of Finance to discuss this i		Email Address:				
SIGN HERE:	Signature of officer		Title		Date		Preparer's Social Security Number or PTIN
Preparer's	Preparer's signature	Preparer's printed name		Check if self- employed ✔	Date		
USE → ONLY	- <del> </del>	T. F. San					Firm's Employer Identification Number
	▲ Firm's name (or yours, if self-employed)	▲ Address			<b>A</b>	Zip Code	

24. Combined entire net income allocation percentage

percentage point (Sch. J, part 1, line 14, col. C)....... 24.

rounded to the nearest one hundredth of a

Issuer's allocation percentage rounded to the nearest one hundredth of a percentage point (see instructions) (attach worksheet)... • 21.

21.

22.

23.

Combined total receipts (Sch. J, part 1, line 6, col. C) • 22.

Combined taxable assets (Sch. M, line 44, col. C)

%

Form NYC-1A 2012 Page 2 NAME OF NAME OF PRINCIPAL NAME OF If more than one Page 2 is used, SUBSIDIARY #2 PARENT **BANKING SUBSIDIARY** please state total number of Page 2 attached: - Employer Identification Number **Employer Identification Number**  Employer Identification Number SCHEDULE J - Computation of Combined Allocation Percentages □ No Yes Are you a banking corporation described in Administrative Code section 11-640(a)(9)?..... Are you substantially engaged in providing management, administrative, or distribution services to an investment company as such terms l No are defined in Administrative Code section 11-642(b)(1-a)? If you answered "Yes" to both questions, then you must allocate using weighted factors (see instructions concerning "Weighted Factor Allocation for Certain Banking Corporations.") Part 1 - Computation of combined entire net income allocation percentage New York City wages (Form NYC-1, Sch. G, part 1, col. A, line 1a)......1. Multiply column C, line 1 by 80%... 3. Percentage in New York City (col. C, line 2 ÷ col. C, line 3)...... New York City receipts (Form NYC-1, Sch. G, part 1, col. A, line 2l)............ 5. 6. Percentage in New York City (col. C, line 5 ÷ col. C, line 6)..... 7. Additional receipts factor. Enter % from line 7. (see instructions on weighted factor allocation) 8. Deposits maintained at NYC branches 10. 11. Percentage in New York City (col. C, line 9 ÷ col. C, line 10)..... Additional deposits factor. Enter % from line 11. (See instructions on weighted factor allocation) 12. Total of NYC percentages shown on lines 4, 7, 8, 11 and 12. (See instructions on weighted factor allocation) COMBINED ENTIRE NET INCOME ALLOCATION PERCENTAGE - Divide line 13 by 5 or by the actual number of percentages if less than 5 and round to the nearest one hundredth of a percentage point Part 2 - Computation of combined alternative entire net income allocation percentage 16. Total wages (Form NYC-1, Sch. G, part 2, col. B, line 1a) \_\_\_\_\_\_16. 17. Percentage in New York City (col. C, line 15 ÷ col. C, line 16)..... Combined receipts factor (Sch. J, col. C, line 7). 19. Combined deposits factor (Sch. J, col. C, line 11)...... 20. Total of NYC percentages shown on lines 17, 18 and 19 .... COMBINED ALTERNATIVE ENTIRE NET ALLOCATION PERCENTAGE - Divide line 20 by 3 or by the actual number of percentages if less than 3 and round to the nearest one hundredth of a percentage point Part 3 - Computation of combined taxable assets allocation percentage 22. New York City wages (Form NYC-1, Sch. G, part 3, col. A, line 1a)......22. 23 Multiply Column C, line 22 by 80%..... 24. Total wages (Form NYC-1, Sch. G, part 3, col. B, line 1a)...... 25. Percentage in New York City (col. C, line 23 ÷ col. C, line 24).... 26. New York City receipts (Form NYC-1, Sch. G, part 3, col. A, line 2l)... 26. 28. Percentage in New York City (col. C, line 26 ÷ col. C, line 27) .... 29. Additional receipts factor. Enter % from line 28. (See instructions on weighted factor allocation) 30. Deposits maintained at NYC branches (Form NYC-1, Sch. G, part 3, col. A, line 4c).... 31. Total deposits (Form NYC-1, Sch. G, part 3, col. B, line 4c)...... 31.

32. Percentage in New York City (col. C, line 30 ÷ col. C, line 31) .....

33. Additional deposits factor. Enter % from line 32. (See instructions on weighted factor allocation)34. Total of NYC percentages shown on lines 25, 28, 29, 32 and 33. (See instructions on weighted factor allocation)

35. COMBINED TAXABLE ASSETS ALLOCATION PERCENTAGE - Divide line 34 by 5 or by the actual number of percentages if less than 5 and round to the nearest one hundredth of a percentage point

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	COLUMN A TOTAL (see instructions)		COLUMN B INTERCORPORATE ELIMINATION (explain on rider)	NS	COLUMN C COMBINED TOTAL (column A minus column B)	
	Part 1 - Computation of	of co	embined entire net income	alla	ocation percentage	
<b>•</b> 1.	Tare Comparation	01 00		) unc	oction percentage	
• 2.						
• 3.						
• 4.						%
<ul><li>5.</li></ul>						
<b>●</b> 6.						
<b>●</b> 7.						%
● 8.						%
<b>●</b> 9.				$\dashv$		
<b>1</b> 0.						
<b>•</b> 11.						%
<ul><li>12.</li></ul>						%
<ul><li>13.</li><li>14.</li></ul>						%
	Part 2 - Computation o	of con	nbined alternative entire ne	et ind	come allocation percentage	
<ul><li>15.</li></ul>				-		
<ul><li>16.</li><li>17.</li></ul>						%
<ul><li>17.</li><li>18.</li></ul>						%
<ul><li>10.</li><li>19.</li></ul>						-/ <sub>0</sub>
<ul><li>20.</li></ul>						%
<ul><li>21.</li></ul>						%
	Part 3 - Computation o	of con	nbined taxable assets alloc	catio	n percentage	
<b>2</b> 2.						
<ul><li>23.</li></ul>						
<b>2</b> 4.						
<b>2</b> 5.						%
<b>2</b> 6.						
<b>27</b> .						
<b>2</b> 8.						%
<b>2</b> 9.						%
<b>3</b> 0.						
<b>●</b> 31.						
<b>3</b> 2.						%
<b>3</b> 3.						%
<ul><li>34.</li></ul>						%
25					i e	%



Form NYC-1A 2012 Page 4

If more than one Page 4 is used, please state total number of Page 4 attached:  SCHEDULE K - Computation of Allocated Combined	NAME OF PARENT  Employer Identification Number -	NAME OF PRINCIPAL BANKING SUBSIDIARY  Employer Identification Number	NAME OF SUBSIDIARY #2		
Entire Net Income					
36. Entire net income -					
(Form NYC-1, Schedule B, line 29)					
37. Allocated combined entire net income - Multiply column C, line 36 by Schedule J, line 14 TRANSFER TO SCHEDULE A, LINE 1					
SCHEDULE L - Computation of Allocated Combined Alternative En	tire Net Income				
40. Alternative entire net income -					
(Form NYC-1, Schedule C, line 5)					
41. Allocated combined alternative entire net income - Multiply column C, line 40 by Schedule J, line 21 TRANSFER TO SCHEDULE A, LINE 2					
SCHEDULE M - Computation of Allocated Combined Taxable Asset	<b>S</b>				
44. Average value of total assets44.					
45. Money or other property received from the FDIC, FSLI, or RTC (see instr.)45.					
46. Taxable assets (subtract line 45 from line 44)46.					
47. Allocated taxable assets (multiply line 46 by %					
from Sch. J, line 35.) Also enter next to Schedule A, line 347.					
48. Compute net worth ratio:  Net worth on last day of the tax year = 48	%				
49. Compute of mortgages included in total assets:  Average quarterly balance of mortgages  Average quarterly balance of total assets = 49	. %				

Use the chart below to determine your tax rate. This rate must be used to compute the alternative minimum tax measured by taxable assets. You must meet both the net worth ratio and percentage of mortgages included in the total assets requirements to qualify for the lower tax rates.

Mark an X in the appropriate box in the last column and use this rate on line 3 of Schedule A.						
If the net worth ratio (from line 48) is:	And the % of mortgages included in total assets (from line 49) is:	The tax rate is:	Indicate the appropriate tax rate:			
Less than 4%	33% or more	.00002				
At least 4% but less than 5%	33% or more	.00004				
All others	All others	.0001				



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	COLUMN A TOTAL (see instructions)	COLUMN B INTERCORPORATE ELIMINATIO (explain on rider)	ONS	COLUMN C COMBINED TOTAL (column A minus column B)	
	Schedule K				
<b>●</b> 36.					
<b>●</b> 37.					
	Schedule L				
<b>4</b> 0.					
<b>•</b> 41.					
	Schedule M				
<b>4</b> 4.					
<b>4</b> 5.					
<b>•</b> 46.					
<b>4</b> 7.					
<b>4</b> 8.					
- 40					



Form NYC-1A 2012

## **AFFILIATIONS SCHEDULE**



### COMPLETE THIS SCHEDULE OR ATTACH FEDERAL FORM 851

Tax year beginning	, and ending
Name of reporting corporation on NYC-1A:	Employer Identification Nur
Name of common parent corporation on consolida	ted federal income tax return:
Name of common parent corporation on consolida	ted federal income tax return:

	Part I General Information	
Corp. No.	Name and address of corporation	Employer Identification Number
1.	Common parent corporation on federal return:	1.
2.	Reporting corporation on NYC-1A:	2.
3.	Affiliated corporations: 3	3.
4.	4	4.
5.	5	5.
6.	6	6.
7.	7	7.
8.	8	8.
9.	9	9.
10.	10	10.

	Part II Principal Business Acti	vity, voting s	) t		DLDINGS AT E		OF YEAR
Corp. No.	Principal business activity (PBA)	NAICS		number of shares	percent of voting power	percent of value	Owned by corporation number
1.	Common parent corporation on federal return:		1.		%	%	
2.	Reporting corporation on NYC-1A:		2.		%	%	
3.	Affiliated corporations:		3.		%	%	
4.			4.		%	%	
5.			5.		%	%	
6.			6.		%	%	
7.			7.		%	%	
8.			8.		%	%	
9.			9.		%	%	
10.			10.		%	%	

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#### - COMBINED GROUP INFORMATION SCHEDULE -

NAME OF PARENT CORPORATION:	EIN OF PARENT CORPORATION:

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

Refer to instructions before completing this section.

	PART 1 General Information		
	A. Is this taxpayer subject to the Commercial Rent Tax?  B. If "YES", were all required Commercial Rent Tax Returns filed?	YES YES	□ NO □ NO
a.	Does this group include any corporations other than banking corporations or bank holding companies required to file a combined return because they are taxpayers meeting the 80% or more stock ownership requirements of Administrative Code §11-646(f)(2)(i)?	YES	□ NO
b.	If your answer to question (a) is "NO", are any other banking corporations or bank holding companies, whether or not taxpayers, that meet the stock ownership requirements of Administrative Code §11-646(f)(2)(ii) <b>NOT</b> included in this return?	YES	□ NO
C.	Have there been <b>ANY CHANGES</b> in the <b>COMPOSITION</b> of the group of banking corporations <b>INCLUDED</b> in this Combined Banking Corporation Tax Return from the <b>PRIOR TAX PERIOD</b> OR ANY MATERIAL CHANGES in the <b>ACTIVITY</b> of any member of the group or <b>ANY</b> corporation <b>NOT INCLUDED</b> in the group that meets the stock ownership requirements for filing on a combined basis? (See instructions, page 1)	☐ YES	□ NO
d.	Does the group include a captive real estate investment trust or captive regulated investment company? (See "Captive Real Estate Investment Trusts (REITs) and Regulated Investment Companies (RICs)" in the instructions.)	YES	□ NO
Ch	eck this box and attach an explanation if you meet ANY of the following conditions:		
a.	NO MEMBERS of this group FILED or REQUESTED AN EXTENSION to file a combined retu New York State Tax Law for the TAX PERIOD COVERED BY THIS REPORT, OR	ırn under Articl	e 32B of the

- 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 Banking 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, IN-CLUDING CHANGES AS A RESULT OF THE REQUIREMENTS THAT ANY CORPORATION MUST USE WEIGHTED FACTOR ALLOCATION IN THIS 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)

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### PART 2 General Information

**A.** Complete this schedule A for each **CORPORATION INCLUDED** in the Combined Banking Corporation Tax Return (i) that was **not included** in the Combined Banking 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 return.

Explain how the filing of a return on a separate basis distorts the corporation's tax liability 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.

	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 schedule A for each CORPORATION EXCLUDED from the Combined Banking Corporation Tax Return that was (i) was included in the Combined Banking 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 return.

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.

	NAME OF CORPORATION / EIN	REASON(S) EXCLUDED FROM COMBINED RETURN
1.	Name:	
	EIN:	
2.	Name:	
	EIN:	

IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE THIS FORMAT ON A SEPARATE SHEET AND ATTACH IT TO THIS PAGE.

Attach a copy of all pages of your federal return. NYC-1 returns for the parent corporation and all subsidiaries in the combined group must be attached to this 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 every tax return and remittance.

ALL RETURNS EXCEPT REFUND RETURNS
NYC DEPARTMENT OF FINANCE
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

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 P.O. BOX 5563 BINGHAMTON, NY 13902-5563