		EW YORK CITY DEPARTMENT O			XKEIU	KN FUR	R BANKIN	IG CORPO	KAIIUN	s 20	01
		inance	For CALEND	AR YEAR	2013 or FISC	CAL YEAR b	eginning		, 2013 and ei	nding	
			FINAL RET	URN	SP	ECIAL SHOP	RT PERIOD RET	URN (See Instr.)			
			laim any 9/11/01-related fe	devel tex by				. ,	anda ifannl	iachla (aca inst.)	
			2	berai tax be	enemis (see ii	nsi.) Ente	er 2-character s	pecial condition	code, il appi		
		Name of Parent (see instruc	ctions)					EMDI		FIFICATION NUMBER	P
		In Care of									
	PRINT								-		
	OR F	Address (number and street	t)							<u></u>	
		City and State				Zip Code		BUSINESS C	ODE NUMBER	R AS PER FEDERAL RE	۶ET
	ŕ								1 1		
		Business Telephone Numbe	ər	Taxpayer's	s Email Address	6					
						i					_
	DUNTRY OF ORGANIZATIC		DATE ORGANIZ		-			BEGAN IN NEW YO			
EDERAL RET	TURN WAS FILED ON:	1120	112	20-F			CONSOLIDATED E	BASIS	0	THER	
TYPE OF COF Check one	RPORATION:	1. EDGE AC		ALIEN COMME	ERCIAL		3. SAVINGS AND	LOAN	4	. TRUST	
FIECK ONE		5. DOMESTI	IC COMMERCIAL 6. (CLEARING HO	DUSE		7. CREDIT CARD	BANK	8	. OTHER	
YPE OF BUSI					A • • •	DOG] E 110			
	WITHIN NYC: 1. BRA		3. REPRESENTATIVE C	JEFICE	4. LOAN	PRODUCTION C		5. NONE	6. OTHER (S	pecify)	
SCI		- Computation								Payment Amount	_
	-		NYC-200V or being paid	-	ally						\downarrow
		ntire net income (from S		1.			X 9% (.0				+
		ternative entire net incor		2.			X 3% (.0	-i	3.		+
		Sch. M, line 47 and multiply by the app	propriate tax rate, mark in the box) Iy - No reduction is permitted	3.	of loop than 10	montho			J.	125	+
			argest)								+
			on is permitted for a period of l								t
											t
		. ,									
9a. Re	elocation and emplo	yment assistance progra	am (REAP) credit <i>(see in</i>	structions	for Form NY	C-1 and att	ach Form NYC	<i>9.5)</i> 9a.			
9b. LN	VREAP Credit (see i	instructions and attach F	Form NYC-9.8)								\downarrow
	•							10.			+
			llowing that covered by the enter amount from line 2		IYC-EXT			11a.			
			filed and line 10 exceeds								t
12. To	otal of lines 10 and 1	1a or 11b						12.			
13. To	otal prepayments (lis	ted on each attached re	turn)					13.			1
		,									+
		,						15.			
		,									
	0 (NYC-1)								
			ttach Form NYC-222B)								T
	,										\dagger
	mount of line 18 to b	,									t
		(b) Credited to 20	014 estimated tax					19b.			T
20. TC	OTAL REMITTANCE	DUE (see instructions)	. Enter payment amount o	on line A ał	bove						
21. Iss	suer's allocation perc	centage rounded to the n	nearest one hundredth of a	a percentag	ge point <i>(see</i>	instructions)) (attach worksl	heet) 21.			
22 . Co	ombined total receipts	(Sch. J, part 1, line 6, col. C)	22.					ncome allocation			
23. Co	ombined taxable assets	s (Sch. M, line 44, col. C)	23.					st one hundredth n. J, part 1, line 14		24.	
25 . NY	YC rent deducted on fe	ederal tax return - THIS LI	NE MUST BE COMPLET	ΈD		•	U .				Ι
-	•	ncluding any accompanyi	TIFICATION OF AN EL	ny knowled	lge and belief	, true, correc	ct and complete	Firm's F	mail Address		
authorize	e the Dept. of Fina	ance to discuss this r	return with the prepare	r listed b	elow. (see i	instructior	ns)YES 🗌				
	Signature of officer			Title			Date		Preparer's So	cial Security Number o	or
SIGN HERE:					1						
SIGN HERE:	Preparer's		Preparer's			neck if self-				•	
Sign	Preparer's signature		Preparer's printed name			neck if self- nployed ¥	Date		Firm's Emp	Identification Nu	un

Form NYC-1A 2013

If more than one Page 2 is used, please state total number of Page 2 attached:	NAME OF PARENT	NAME OF PRINCIPAL BANKING SUBSIDIARY	NAME OF SUBSIDIARY #2 Employer Identification Number
SCHEDULE J - Computation of Combined Allocation Percentages			
 Are you a banking corporation described in Administrative Code section 11-640((a)(9)?		Yes No
 Are you substantially engaged in providing management, administrative, or distrate defined in Administrative Code section 11-642(b)(1-a)? 	ibution services to an investmer	nt company as such terms	
If you answered "Yes" to both questions, then you must allocate using weighted fac (see instructions concerning "Weighted Factor Allocation for Certain Banking Corpor	tors		
	·		
Part 1 - Computation of combined entire net income allocation percenta	age		1
1. New York City wages (Form NYC-1, Sch. G, part 1, col. A, line 1a)			
2. Multiply column C, line 1 by 80%			
3. Total wages (Form NYC-1, Sch. G, part 1, col. B, line 1a) 3.			
4. Percentage in New York City (col. C, line 2 ÷ col. C, line 3)		I	1
5. New York City receipts (Form NYC-1, Sch. G, part 1, col. A, line 2I) 5.			
6. Total receipts (Form NYC-1, Sch. G, part 1, col. B, line 21)			
7. Percentage in New York City (col. C, line 5 ÷ col. C, line 6)			
8. Additional receipts factor. Enter % from line 7. (see instructions on weighted fa	actor allocation)	I	
9. Deposits maintained at NYC branches			
(Form NYC-1, Sch. G, part 1, col. A, line 4c)			
10. Total deposits (Form NYC-1, Sch. G, part 1, col. B, line 4c) 10.			
11. Percentage in New York City (col. C, line 9 ÷ col. C, line 10)			
12. Additional deposits factor. Enter % from line 11. (See instructions on weighted	factor allocation)		
13. Total of NYC percentages shown on lines 4, 7, 8, 11 and 12. (See instructions	on weighted factor allocation)		
14. COMBINED ENTIRE NET INCOME ALLOCATION PERCENTAGE - Divide line 13 by 5 or by th	e actual number of percentages if le	ss than 5 and round to the nearest or	ne hundredth of a percentage point
Part 2 - Computation of combined alternative entire net income allocation	on percentage		
15. New York City wages (Form NYC-1, Sch. G, part 2, col. A, line 1a)			
16. Total wages (Form NYC-1, Sch. G, part 2, col. B, line 1a)			
17. Percentage in New York City (col. C, line 15 ÷ col. C, line 16)		•	
18. 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			
21. COMBINED ALTERNATIVE ENTIRE NET ALLOCATION PERCENTAGE - Divide line 20 by 3 or by	y 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		E 1	I
22. New York City wages (Form NYC-1, Sch. G, part 3, col. A, line 1a)			
23 Multiply Column C, line 22 by 80%		I	1
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)		I I	I
26. New York City receipts (Form NYC-1, Sch. G, part 3, col. A, line 2l) 26.			
27. Total receipts (Form NYC-1, Sch. G, part 3, col. B, line 2I) 27.			
28. Percentage in New York City (col. C, line 26 ÷ col. C, line 27)			
29. Additional receipts factor. Enter % from line 28. (See instruc	ctions on weighted factor allocati	on)	
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 instru	ctions on weighted factor allocat	ion)	
 Percentage in New York City (col. C, line 26 ÷ Col. C, line 27) Additional receipts factor. Enter % from line 28. (See instruction of the second second	e instructions on weighted factor	allocation)	
35. COMBINED TAXABLE ASSETS ALLOCATION PERCENTAGE - Divide line 34 b	by 5 or by the actual number of percenta	ages if less than 5 and round to the near	rest one hundredth of a percentage point

Page 2

	COLUMN A TOTAL (see instructions)	INTEI	COLUMN B RCORPORATE ELIMINA (explain on rider)		COLUMN C COMBINED TOTAL (column A minus column B)
Part	1 - Computation	of combine	ed entire net inco	ne allo	ocation percentage
		1			
		·			
					9
					9
					0
				— I	0
Part	3 - Computation o	f combined	l taxable assets a	Incatio	n percentage
				1	
				1	
					9
					9
					9
					9
					9
					9
					9



Form NYC-1A 2013

If more than one Page 4 is used, please state total number of Page 4 attached:	NAME OF PARENT	NAME OF PRINCIPAL BANKING SUBSIDIARY	NAME OF SUBSIDIARY #2
SCHEDULE K - Computation of Allocated Combined Entire Net Income			
 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 Entire Net Income

40.	Alternative entire net income -	_		
	(Form NYC-1, Schedule C, line 5) 40.			
	Allocated combined alternative entire net income -			
	Multiply column C, line 40 by Schedule J, line 21			
	TRANSFER TO SCHEDULE A, LINE 2			

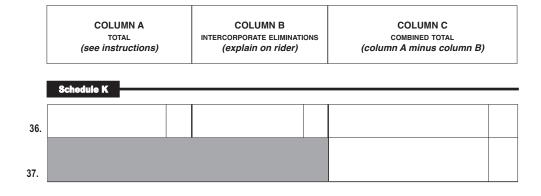
SCHEDULE M - Computation of Allocated Combined Taxable Assets

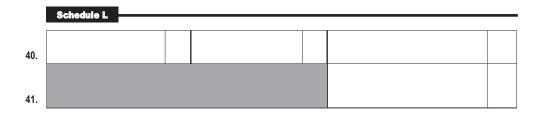
44.	Average value of total assets	44.				
45.	Money or other property received from the FDIC, FSLI, or RTC (see instr.)	45.				
46.	Taxable assets (subtract line 45 from line 44)	46.				
47.	Allocated taxable assets (multiply line 46 by % from Sch. J, line 35.) Also enter next to Schedule A, line 3	47.				
48.	Compute net worth ratio: $\frac{\text{Net worth on last day of the tax year}}{\text{Total assets on last day of the tax year}} = \frac{1}{10000000000000000000000000000000000$	48.	%	6		
49.	Compute of mortgages included in total assets: Average quarterly balance of mortgages Average quarterly balance of total assets =	49.	9	6		

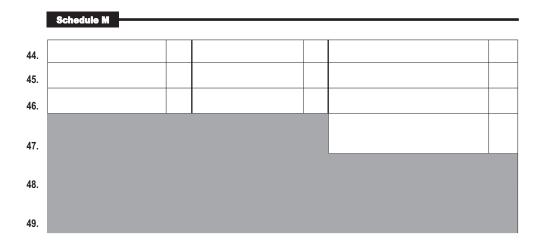
Use the chart below to determine your tax rate. This rate must be used to compute the alternative minimum tax measured by taxable assets. You must meet both the net worth ratio and percentage of mortgages included in the total assets requirements to qualify for the lower tax rates.

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							











AFFILIATIONS SCHEDULE

COMPLETE THIS SCHEDULE OR ATTACH FEDERAL FORM 851

Name of reporting corporation on NYC-1A:	Employer Identification Number:

	Part I General Information								
Corp. No.	Name and address of corporation		Emj	oloyeı	ldent	ifica	tion N	lumbe	r
1.	Common parent corporation on federal return:	1.			1				
2.	Reporting corporation on NYC-1A:	2.					1		
3.	Affiliated corporations:	3.			1			1	
4.		4.							
5.		5.		1	1	I	1	1	
6.		6.			1	1	1		
7.		7.			1			1	
8.		8.			1	1	1	1	
9.		9.		1	1	1	1	1	
10.	1	0.		1			1		

Part II

Principal Business Activity, Voting Stock Information, Etc.

			STOCKHOLDINGS AT BEGINNING 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.		%	%			

1. a.

b.

C.

d.

- 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?	YES	NO
В.	If "YES", were all required Commercial Rent Tax Returns filed? Attach schedule listing Name, Employee Identification Number and Account	YES unt Number for	all
companies required	ude any corporations other than banking corporations or bank holding to file a combined return because they are taxpayers meeting the 80% ship requirements of Administrative Code §11-646(f)(2)(i)?	YES	
companies, whether	estion (a) is "NO", are any other banking corporations or bank holding or not taxpayers, that meet the stock ownership requirements of §11-646(f)(2)(ii) NOT included in this return?	YES	
INCLUDED in this Co OR ANY MATERIAL corporation NOT INC	CHANGES in the COMPOSITION of the group of banking corporations ombined Banking Corporation Tax Return from the PRIOR TAX PERIOD CHANGES in the ACTIVITY of any member of the group or ANY LUDED in the group that meets the stock ownership requirements for basis? (See instructions, page 1)	YES	
company? (See "Cap	de a captive real estate investment trust or captive regulated investment otive Real Estate Investment Trusts (REITs) and Regulated Investment in the instructions.)	YES	

- **2.** Check 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 return under Article 32B of the New York State Tax Law for the TAX PERIOD COVERED BY THIS REPORT, OR
 - 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)

PART 2 **General Information**

Complete this schedule A for each CORPORATION INCLUDED in the Combined Banking Corporation Tax Return (i) that was not included Δ. 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) INCLUDED IN COMBINED RETURN
	Name:	
1.		
	EIN:	
2	Name:	
	EIN:	

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

MAILING INSTRUCTIONS

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 and drawn on a U.S. bank. To receive proper credit, you must enter your correct Employer Identification Number on your tax return and remittance.

> REMITTANCES **PAY ONLINE WITH FORM NYC-200V**

The due date for the calendar year 2013 return is on or before March 17, 2014. For fiscal years beginning in 2013, file on or before the 15th day of the 3rd month following the close of the fiscal year.

ALL RETURNS EXCEPT REFUND RETURNS

NYC DEPARTMENT OF FINANCE BANKING CORPORATION TAX P.O. BOX 5564 BINGHAMTON, NY 13902-5564

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



NYC DEPARTMENT OF FINANCE BANKING CORPORATION TAX P.O. BOX 5563 BINGHAMTON, NY 13902-5563



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