

NEW YORK CITY DEPARTMENT OF FINANCE

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**SOFTWARE VENDOR TEST PACKAGE
FOR
GENERAL CORPORATION TAX
WITH
BUSINESS TAX E-FILE**

**TAX YEAR 2014
VERSION 2.0
DECEMBER 8, 2014**

Revision History

Version	Author	Date	Change Highlights
1.0	Lawrence Sporn / Kit Ling Horne	11/17/2014	Initial Version
2.0	Lawrence Sporn / Kit Ling Horne	12/01/2014	TC-3 – Alternative Tax Schedule, line 1 changed to \$38,834,479 TC-4 – NYC-9.10, line 3, changed to \$1,872

This package describes the New York City (NYC) Acceptance Testing System procedures for software developers participating in the NYC Business Tax e-File Program (BTFile).

WHO MUST TEST

All software developers participating in the NYC BTFile Program must test.

WHAT TO TEST

The tests verify that the e-file software creates a complete return, carries appropriate values from one line/form to another, formats and transmits NYC returns according to the XML specifications.

Software developers must test all the NYC General Corporation Tax (GCT) forms that they support. Before testing you should inform NYC which GCT forms you support by email to BTFile@finance.nyc.gov.

TEST CASES TO SUBMIT

All vendors participating in GCT Business Tax e-File must submit the following test scenarios:

Test Case	Taxpayer Name	EIN	Primary Form	Associated Forms
1	HIDE GCT TC ONE GREE TC ONE SUB1 ACME TC ONE SUB2	00-0000002 00-0000012 00-0000013	NYC-3A NYC-3A/B NYC-3A/ATT (3)	None
2	HIDE GCT TC TWO GREE TC TWO SUB1 ACME TC TWO SUB2	00-0000002 00-0000012 00-0000013	NYC-3A NYC-3A/B NYC-3A/ATT (3)	NYC-9.5, NYC-9.6, NYC-399, NYC-399Z (2)
3	ANYW GCT TC THREE	00-0000003	NYC-3L	None
4	GRE A GCT TC FOUR	00-0000006	NYC-3L	NYC-9.7, NYC-9.8, NYC-9.10, NYC-399Z, NYC-S-CORP-ATT

5	TREE GCT TC FIVE	00-0000009	NYC-3L	NYC-399Z, NYC-NOLD-GCT, NYC-S-CORP-ATT
6	WORK GCT TC SIX	00-0000007	NYC-4S	NYC-NOLD-GCT, NYC-S-CORP-ATT
7	RMNI GCT TC SEVEN	00-0000600	NYC-4SEZ	None
8	HELP GCT TC EIGHT	00-0000001	NYC-3360	None
9	RMNI GCT TC NINE	00-0000600	NYC-400	None
10	TREE GCT TC TEN	00-0000009	NYC-EXT.1	None
11	RMNI GCT TC ELEVEN	00-0000600	NYC-245	None

- If you do not support one of the primary forms do not submit that test.
- If you do not support one or more of the forms associated with a specific test case, submit the test with the unsupported form(s) as a PDF attachment(s). If this is done, an email must be sent to BTeFile@finance.nyc.gov indicating the forms sent as PDF attachments.
- Contact BTeFile@finance.nyc.gov if you desire to send additional test returns not covered in this test package.

WHEN TO TEST

Testing for GCT filers is scheduled to begin December 1, 2014. To ensure adequate time for testing before the filing season, software developers should submit their initial NYC test files as soon as possible. There is no cutoff date for testing with NYC, as long as the IRS is still accepting test returns. We do not require software developers to pass federal testing before testing with NYC. Software developers may conduct federal and City testing concurrently if the IRS allows it.

TRANSMITTING TEST FILES

Software developers must transmit NYC test file through the IRS MeF system. You will get an acknowledgment from the IRS. If your test file is accepted by the IRS, NYC will retrieve your test file. If your test file is rejected by the IRS, you must correct the error and re-transmit. You may transmit an incomplete set of test cases during testing. However, a final set of acceptable test returns must be submitted in order to be accepted into the NYC BTeFile Program.

When your test file has been transmitted to the IRS, you must send an email to BTFile@Finance.nyc.gov. This email must include the test case(s) being submitted, and any deviation from the test data.

COMMUNICATING TEST RESULTS

Software Developers will be given confirmation by telephone and email from the New York City Business Tax e-File Coordinator when software has been successfully tested and approved. Only approved software may be released and distributed by the developer. NYC will make every effort to provide test results to software developers within 48 hours, Monday through Friday.

TEST ACKNOWLEDGMENT

For each submission a software developer sends through the IRS, DOF will acknowledge. The acknowledgment they receive will be either positive (ACK) or negative (NACK). The acknowledgment will be sent back to the IRS system for the vendor to pick up.

APPROVAL OF E-FILE SOFTWARE

To be accepted into the NYC Business Tax e-file program, software developers are required to successfully complete the NYC testing, in addition to completing the IRS testing. Once software developers successfully complete the NYC test, NYC will inform them by email that their e-file software has been approved for NYC BTeFile. A list of approved BTeFile software packages will be posted on NYC Department of Finance's Web site, with a link to the software Web site (if provided by the software developers).

GCT Test Case One

Begins on the next page

Taxpayer name	HIDE GCT TC ONE
EIN	00-0000002
Primary Form	NYC-3A, NYC-3A/B, NYC-3A/ATT (3)
Associated Form(s)	None
Attachments	None
Purpose of test	Generic Form with two subsidiaries Calculate Business and Investment Allocation Percentages and complete all related missing lines.
Other instructions	None

For CALENDAR YEAR 2014 or FISCAL YEAR beginning 2014, and ending

☐ Check box if you are filing a 52- 53-week taxable year☐ Amended return☐ Final return. Check box if corporation has ceased operations.☐ Special short period return (see Inst.)☐ Check box if you claim any 9/11/01-related federal tax benefits (see instructions.)

Enter 2-character special condition code, if applicable (see inst.):

PRINT OR TYPE	Name of reporting corporation HIDE GCT TC ONE		TAXPAYER'S EMAIL ADDRESS doug.doe@hideNseek.com	
	In Care Of		EMPLOYER IDENTIFICATION NUMBER OF REPORTING CORPORATION 00 - 00000002	
	Address (number and street) 32 ANY STREET		BUSINESS CODE NUMBER AS PER FEDERAL RETURN 311900	
	City and State ANYTOWN, TX	Zip Code 77287	NYC PRINCIPAL BUSINESS ACTIVITY Food Manufacturing	
	Business Telephone Number 301-555-1212	Date business began in NYC 02/01/2000		
	Name of parent of controlled group	Employer Id. No.		

SCHEDULE A Computation of Tax - BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

A. Payment		Amount being paid electronically with this return		A.		Payment Amount	
1.	Allocated combined income (from Schedule M, line 5) ..	1.		X .0885	1.		
2.	Allocated combined capital (from Schedule M, line 8)	2.		X .0015	2.		
3.	Alternative Tax (from Alternative Tax Schedule on page 2) (see instructions)	3.			3.		
4.	Minimum tax for reporting corporation only - NYC Gross Receipts:	4.	18,691,000		4.		
5.	Allocated subsidiary capital (from Schedule M, line 9)	5.		X .00075	5.		
6.	Combined Tax (line 1, 2, 3 or 4, whichever is largest, PLUS line 5)	6.			6.		
7.	Minimum Tax for taxable corporations (from Schedule M, line 12)	7.			7.		
8.	Total combined tax - add line 6 and line 7	8.			8.		
9.	UBT Paid Credit (attach Form NYC-9.7)	9.			9.		
10a.	REAP Credit (attach Form NYC-9.5)	10a.			10a.		
10b.	LMREAP Credit (attach Form NYC-9.8)	10b.			10b.		
11a.	Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6)	11a.			11a.		
11b.	Biotechnology Credit (attach Form NYC-9.10)	11b.			11b.		
12.	Net tax after credits (line 8 less total of lines 9 through 11b)	12.			12.		
13.	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 2 of Form NYC-EXT	13a.			13a.		
	(b) If application for extension has not been filed and line 12 exceeds \$1,000, enter 25% of line 12	13b.		464,507	13b.		
14.	Sales tax addback (see instructions)	14.			14.		
15.	Net Tax (add lines 12, 13a or 13b and 14)	15.			15.		
16.	Total Prepayments (see instructions)	16.		3,000,000	16.		
17.	Balance due (line 15 less line 16)	17.		0	17.		
18.	Overpayment (line 16 less line 15)	18.			18.		
19a.	Interest (see instructions)	19a.			19a.		
19b.	Additional charges (see instructions)	19b.			19b.		
19c.	Penalty for underpayment of estimated tax (attach Form NYC-222) ..	19c.			19c.		
20.	Total of lines 19a, 19b and 19c	20.		0	20.		
21.	Net overpayment (line 18 less line 20)	21.			21.		
22.	Amount of line 21 to be: (a) Refunded - <input checked="" type="checkbox"/> Direct deposit - fill out line 22c OR <input type="checkbox"/> Paper check	22a.		500,000	22a.		
	(b) Credited to 2015 estimated tax	22b.			22b.		
22c.	Routing Number	Account Number	ACCOUNT TYPE				
	021000021	1111-22-3456	Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>				
23.	TOTAL REMITTANCE DUE (see instructions)	23.			23.		

SCHEDULE A - Continued **Computation of Tax** - BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

24. Combined group's issuer's allocation percentage (from Schedule M, line 10)	24.		%	
25. Gross receipts or sales (See instructions)	25.	436,249,199		
26. Total assets (Schedule E, line 1, column E)	26.	879,603,499		
27. Compensation of more than 5% stockholders as used in computation of line 3 (Sch. F, line 1, col. E) ..	27.	3,692,208		
28. NYC rent deducted on federal tax return. THIS LINE MUST BE COMPLETED	28.	169,500		
29. Combined group Business Allocation Percentage (Schedule H, line 5, column E)	29.		%	
30. Number of Subsidiaries <u>2</u> Number of taxable Subsidiaries <u>2</u>	30.			

PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 16	DATE	AMOUNT
A. Mandatory first installment paid with preceding year's tax		500,000
B. Payment with Declaration, Form NYC-400 (1)	02-15-2014	500,000
C. Payment with Notice of Estimated Tax Due (2)	06-15-2014	500,000
D. Payment with Notice of Estimated Tax Due (3)	09-15-2014	500,000
E. Payment with extension, Form NYC-EXT		
F. Overpayment from preceding year credited to this year		
G. Total prepayments from subsidiaries (attach rider)		1,000,000
H. TOTAL of A through G (enter on Schedule A, line 16)		3,000,000

ALTERNATIVE TAX SCHEDULE

Refer to instructions before computing the alternative tax.

Net income/loss (See instructions)	1.	\$	77,960,354
Enter 100% of salaries and compensation for the taxable year paid to stockholders owning more than 5% of the taxpayer's stock. (See instructions.)	2.	\$	3,692,208
Total (line 1 plus line 2)	3.	\$	81,652,562
Statutory exclusion - Enter \$40,000. (if return does not cover an entire year, exclusion must be prorated based on the period covered by the return)	4.	\$	40,000
Net amount (line 3 minus line 4)	5.	\$	81,612,562
15% of net amount (line 5 x 15%)	6.	\$	12,241,884
Investment income to be allocated (amount on Schedule B, line 23b, Column E x 15%. Do not enter more than the amount on line 6 above. Enter "0" if not applicable.)	7.	\$	1,129,277
Business income to be allocated (line 6 minus line 7)	8.	\$	11,112,607
Allocated investment income (line 7 x investment allocation % from Schedule D, line 5)	9.	\$	579,432
Allocated business income (line 8 x business allocation % from Schedule H, line 5)	10.	\$	
Taxable net income (line 9 plus line 10)	11.	\$	
Tax rate	12.		8.85% (.0885)
Alternative tax (line 11 x line 12) Transfer amount to page 1, Schedule A, line 3	13.	\$	

NEW MAILING INSTRUCTIONS - DO NOT INCLUDE PAYMENT WITH RETURN

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.

The due date for the calendar year 2014 return is on or before March 16, 2015.

For fiscal years beginning in 2014, 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
GENERAL CORPORATION TAX
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

REMITTANCES

**PAY ONLINE WITH FORM NYC-200V
AT NYC.GOV/ESERVICES**

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 5563
BINGHAMTON, NY 13902-5563



SCHEDULE B**Computation of combined entire net income**

1. Federal taxable income before net operating loss deduction and special deductions (*see instructions*).....
2. Interest on federal, state, municipal and other obligations not included in line 1 above (*see instructions*)
3. Deductions directly attributable to subsidiary capital (*attach list*) (*see instructions*).....
4. Deductions indirectly attributable to subsidiary capital (*attach list*) (*see instructions*).....
- 5a. NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (*attach rider*) (*see instr.*)
- 5b. NYC General Corporation Tax deducted on federal return (*see instructions*).....
6. New York City adjustments relating to (*see instructions*):
 - (a) Sales and compensating use tax credit
 - (b) Employment opportunity relocation costs credit and IBZ credit
 - (c) Real estate tax escalation credit
 - (d) ACRS depreciation and/or adjustment (*attach Form NYC-399 and/or NYC-399Z*)
7. Additions:
 - (a) Payment for use of intangibles
 - (b) Domestic Production Activities Deduction (*see instructions*)
 - (c) Other (*see instructions*) (*attach rider*)
8. Total additions (add lines 1 through 7c)
- 9a. Dividends from subsidiary capital (*itemize on rider*) (*see instr.*).....
- 9b. Interest from subsidiary capital (*itemize on rider*) (*see instructions*)
- 9c. Gains from subsidiary capital.....
10. 50% of dividends from nonsubsidiary corporations (*see instructions*).....
11. Combined New York City net operating loss deduction (*attach Form NYC-NOLD-GCT*) (*see instructions*)
12. Gain on sale of certain property acquired prior to 1/1/66 (*see instructions*).....
13. NYC and NYS tax refunds included in Sch. B, line 8 (*see instructions*)
14. Sales tax refunds or credits from vendors or New York State. Also include on page 1, Sch. A, line 14 (*see instr.*).....
15. Wages and salaries subject to federal jobs credit (*attach federal Form 5884*) (*see instructions*)
16. Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (*attach Form NYC-399 and/or NYC-399Z*) (*see instr.*)
17. Other deductions (*see instructions*) (*attach rider*).....
18. Total deductions (add lines 9a through 17)
19. Combined Entire net income (line 8 less line 18) (*see instructions*).....
20. If the amount in line 19 is not correct, enter correct amount here and explain on rider (*see instr.*).....
21. Investment income - (complete lines a through h below) (*see instructions*)
 - (a) Dividends from nonsubsidiary stocks held for investment (*see instructions*)
 - (b) Interest from investment capital (include federal, state and municipal obligations) (*itemize on rider*)
 - (c) Net capital gain (loss) from sales or exchanges of nonsubsidiary securities held for investment
(*itemize on rider or attach Federal Schedule D*).....
 - (d) Income from assets included on line 3 of Schedule D
 - (e) Add lines 21a through 21d inclusive.....
 - (f) Deductions directly or indirectly attributable to investment income (*attach list*) (*see instructions*)
 - (g) Balance (subtract line 21f from line 21e)
 - (h) Interest on bank accounts included in income reported on line 21d
22. Combined New York City net operating loss deduction apportioned to investment income (*attach Form NYC-NOLD-GCT*) (*see instr.*).....
- 23a. Combined Investment income (line 21g less line 22)
- 23b. Combined Investment income to be allocated (*see instructions*)
24. Combined Business income to be allocated (line 19 or line 20 less line 23b).....



SCHEDULE B**Computation of combined entire net income**

	COLUMN A Reporting Corporation	COLUMN B Total Subsidiaries From NYC-3A/B	COLUMN C Subtotal Column A plus Column B	COLUMN D Intercompany Eliminations (attach rider)		COLUMN E Combined Total Column C less Column D
1.	33,412,043	49,666,655	83,078,698	1,000,000	1.	82,078,698
2.					2.	
3.					3.	
4.					4.	
5a.					5a.	
5b.					5b.	
6a.					6a.	
6b.					6b.	
6c.					6c.	
6d.					6d.	
7a.					7a.	
7b.					7b.	
7c.	1,469,944	186,590	1,656,534		7c.	1,656,534
8.					8.	83,735,232
9a.	2,304,041		2,304,041	150,000	9a.	2,154,041
9b.		1,727,325	1,727,325		9b.	1,727,325
9c.	428,512		428,512		9c.	428,512
10.	35,000		35,000		10.	35,000
11.					11.	
12.					12.	
13.	1,125,000	150,000	1,275,000		13.	1,275,000
14.					14.	
15.					15.	
16.					16.	
17.	420,000	85,000	505,000	350,000	17.	155,000
18.					18.	5,774,878
19.					19.	77,960,354
20.					20.	
21a.	35,000	4,350,000	4,385,000		21a.	4,385,000
21b.	4,250,000	850,000	5,100,000		21b.	5,100,000
21c.	207,765	220,747	428,512		21c.	428,512
21d.	10,000	5,000	15,000		21d.	15,000
21e.					21e.	9,928,512
21f.	1,000,000	1,400,000	2,400,000		21f.	2,400,000
21g.					21g.	7,528,512
21h.	10,000	5,000	15,000		21h.	15,000
					22.	
					23a.	7,528,512
					23b.	7,528,512
					24.	70,431,842



SCHEDULE C**Computation of combined subsidiary capital**

1. Average value.....
2. Liabilities directly or indirectly attributable to subsidiary capital
3. Net average value (line 1 less line 2)
4. Net value allocated to New York City

SCHEDULE D**Computation of combined investment capital and investment allocation percentage**

1. Average value
2. Liabilities directly or indirectly attributable to investment capital.....
3. Net average value (line 1 less line 2)
4. Value allocated to New York City
5. Combined investment allocation percentage (line 4 divided by line 3)
6. Cash
7. Combined investment capital (add lines 3 and 6)

SCHEDULE E**Computation of combined capital (use average values)**

Is average value computed quarterly? ☒ YES ☐ NO If NO, explain:

1. Total assets from federal return
2. Real property and marketable securities included in line 1
3. Subtract line 2 from line 1
4. Real property and marketable securities at fair market value.....
5. Adjusted total asset (add lines 3 and 4).....
6. Total liabilities (see instructions)
7. Combined total capital (line 5 less line 6, column E)
8. Combined subsidiary capital (Schedule C, line 3, column E)
9. Combined business and investment capital (line 7 less line 8, column E).....
10. Combined Investment capital (Schedule D, line 7, column E)
11. Combined Business capital (line 9 less line 10, column E).....

SCHEDULE F**Computation of combined salaries and compensation of certain stockholders**

1. Total Salary & All Other Compensation Received from Corporation



SCHEDULE C Computation of combined subsidiary capital

	COLUMN A Reporting Corporation	COLUMN B Total Subsidiaries From NYC-3A/B	COLUMN C Subtotal Column A plus Column B	COLUMN D Intercompany Eliminations (attach rider)		COLUMN E Combined Total Column C less Column D
1.	3,450,000	6,250,000	9,700,000		1.	9,700,000
2.	1,095,000	1,095,000	2,190,000		2.	2,190,000
3.	2,355,000	5,155,000	7,510,000		3.	7,510,000
4.	2,250,000	2,450,172	4,700,172		4.	4,700,172

SCHEDULE D Computation of combined investment capital and investment allocation percentage

1.	226,883,231	25,827,925	252,711,156		1.	252,711,156
2.	6,883,231	2,948,872	9,832,103		2.	9,832,103
3.	220,000,000	22,879,053	242,879,053		3.	242,879,053
4.	110,232,504	14,394,472	124,626,976		4.	124,626,976
5.					5.	██████ %
6.	175,637	451,000	626,637		6.	626,637
7.					7.	243,505,690

SCHEDULE E Computation of combined capital (use average values)

1.	778,551,814	101,051,685	879,603,499		1.	879,603,499
2.	62,852,342	10,999,630	73,851,972		2.	73,851,972
3.	715,699,472	90,052,055	805,751,527		3.	805,751,527
4.	87,500,000	13,750,000	101,250,000		4.	101,250,000
5.	803,199,472	103,802,055	907,001,527		5.	907,001,527
6.	368,953,081	-2,905,342	366,047,739		6.	366,047,739
7.					7.	540,953,788
8.					8.	7,510,000
9.					9.	533,443,788
10.					10.	243,505,690
11.					11.	289,938,098

SCHEDULE F Computation of combined salaries and compensation of certain stockholders

1.	3,563,291	128,917	3,692,208		1.	3,692,208
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SCHEDULE H**Computation of combined business allocation percentage****PROPERTY FACTOR**

- 1a(A). NYC real estate owned
- 1a(B). Everywhere real estate owned
- 1b(A). NYC real estate rented
- 1b(B). Everywhere real estate rented
- 1c(A). NYC inventories owned.....
- 1c(B). Everywhere inventories owned
- 1d(A). NYC tangible personal property owned
- 1d(B). Everywhere tangible personal property owned
- 1e(A). NYC tangible personal property rented.....
- 1e(B). Everywhere tangible personal property rented
- 1f(A). Total NYC property (add lines 1a (A), 1b(A), 1c(A), 1d(A), 1e(A))
- 1f(B). Total Everywhere property (add lines 1a (B), 1b(B), 1c(B), 1d(B), 1e(B)).....
- 1g. Combined NYC property factor (divide 1f(A), column E by 1f(B), column E).....
- 1h. Multiply line 1g by 13.5.....

RECEIPTS FACTOR

Receipts in the regular course of business from:

- 2a. Sales of tangible personal property where shipments are made to points within New York City
- 2b. Everywhere sales of tangible personal property
- 2c(A). NYC services performed
- 2c(B). Everywhere services performed.....
- 2d(A). NYC rentals of property.....
- 2d(B). Everywhere rentals of property
- 2e(A). NYC royalties
- 2e(B). Everywhere royalties.....
- 2f(A). Other NYC business receipts.....
- 2f(B). Other Everywhere business receipts
- 2g(A). Total NYC receipts (add lines 2a, 2c(A), 2d(A), 2e(A), 2f(A)).....
- 2g(B). Total Everywhere receipts (add lines 2b, 2c(B), 2d(B), 2e(B), 2f(B))
- 2h. Combined NYC receipts factor (divide 2g(A), column E by 2g(B), column E).....
- 2i. Multiply line 2h by 73.....

PAYROLL FACTOR

- 3a(A). NYC wages, salaries and other compensation of employee, except general executive officers
- 3a(B). Everywhere wages, salaries and other compensation of employee, except general executive officers.....
- 3b. Combined NYC payroll factor (divide 3a(A), column E by 3a(B), column E)
- 3c. Multiply line 3b by 13.5

Weighted Factor Allocation

- 4a. Add lines 1h, 2i and 3c.....
- 4b. Divide line 4a by 100 if no factors are missing. If a factor is missing, divide line 4a by the total of the weights of the factors present. Enter as percentage. Round nearest one hundredth of a percentage point

Combined Business Allocation Percentage

5. Enter percentage from above



SCHEDULE H**Computation of combined business allocation percentage**

	COLUMN A Reporting Corporation	COLUMN B Total Subsidiaries From NYC-3A/B	COLUMN C Subtotal Column A plus Column B	COLUMN D Intercorporate Eliminations (attach rider)		COLUMN E Combined Total Column C less Column D
1a(A).	7,990,000	4,999,000	12,989,000		1a(A).	12,989,000
1a(B).	49,703,943	12,324,243	62,028,186		1a(B).	62,028,186
1b(A).	960,000	396,000	1,356,000		1b(A).	1,356,000
1b(B).	1,600,000	876,000	2,476,000		1b(B).	2,476,000
1c(A).	8,350,000	2,250,000	10,600,000		1c(A).	10,600,000
1c(B).	24,538,312	8,643,170	33,181,482		1c(B).	33,181,482
1d(A).					1d(A).	
1d(B).					1d(B).	
1e(A).	12,000,000	1,476,000	13,476,000		1e(A).	13,476,000
1e(B).	52,982,000	3,430,408	56,412,408		1e(B).	56,412,408
1f(A).	29,300,000	9,121,000	38,421,000		1f(A).	38,421,000
1f(B).	128,824,255	25,273,821	154,098,076		1f(B).	154,098,076
1g.					1g.	██████████ %
1h.					1h.	██████████
2a.	9,500,000	10,575,000	20,075,000		2a.	20,075,000
2b.	35,000,000	24,933,977	59,933,977		2b.	59,933,977
2c(A).					2c(A).	
2c(B).					2c(B).	
2d(A).	956,000	400,000	1,356,000		2d(A).	1,356,000
2d(B).	24,000,000	1,727,325	25,727,325		2d(B).	25,727,325
2e(A).					2e(A).	
2e(B).					2e(B).	
2f(A).	8,235,000	12,750,950	20,985,950		2f(A).	20,985,950
2f(B).	35,000,000	50,310,321	85,310,321		2f(B).	85,310,321
2g(A).	18,691,000	23,725,950	42,416,950		2g(A).	42,416,950
2g(B).	94,000,000	76,971,623	170,971,623		2g(B).	170,971,623
2h.					2h.	██████████ %
2i.					2i.	██████████
3a(A).	5,300,000	950,750	6,250,750		3a(A).	6,250,750
3a(B).	28,833,991	2,025,485	30,859,476		3a(B).	30,859,476
					3b.	██████████ %
					3c.	██████████
					4a.	██████████
					4b.	██████████ %
					5.	██████████ %



SCHEDULE M Summary

			COMBINED TOTALS	
1.	New York City investment income (Schedule B, line 23b, column E x Schedule D, line 5, column E).....	1.		
2.	New York City business income (Schedule B, line 24, column E x Schedule H, line 5, column E).....	2.		
3.	Total New York City income, line 1 plus line 2	3.		
4.	Total on line 3.....	4.		
5.	Allocated combined net income from line 4 (enter here and on Schedule A, line 1)	5.		
6.	New York City investment capital (Schedule E, line 10, column E x Schedule D, line 5, column E)	6.		
7.	New York City business capital (Schedule E, line 11, column E x Schedule H, line 5, column E).....	7.		
8.	NYC investment & business capital (add lines 6 and 7) (enter here and on Schedule A, line 2)	8.		
9.	New York City subsidiary capital (Schedule C, line 4 column E) (enter here and on Schedule A, line 5).....	9.		
10.	Issuer's allocation percentage (Schedule M, add lines 8 and 9 divided by Schedule E, line 7, column E) Enter here and on Schedule A, line 24. (See instructions).....	10.		%
11.	Number of Subsidiaries:	11.	2	
Number of taxable subsidiaries with NYC gross receipts of:				
11a.	Not more than \$100,000:.....	11aa.		
11b.	More than \$100,000 but not over \$250,000:.....	11ba.	1	
11c.	More than \$250,000 but not over \$500,000:.....	11ca.		
11d.	More than \$500,000 but not over 1,000,000:.....	11da.		
11e.	More than \$1,000,000 but not over \$5,000,000:.....	11ea.		
11f.	More than \$5,000,000 but not over \$25,000,000:.....	11fa.	1	
11g.	Over \$25,000,000:	11ga.		
12.	Minimum tax for taxable corporations (add lines 11ab through 11gb) (enter here and on Schedule A, line 7) ...	12.		
			75	
			3,500	
			3,575	



ADDITIONAL INFORMATION REQUIRED

The following information must be entered for this return to be complete.

- 1a. New York City principal business activity Food Manufacturing
- 1b. Other significant business activities (attach schedule, see instructions) Coffee Production
- 1c. Trade name of reporting corporation, if different from name entered on page 1 _____
2. Have there been **any changes** in the **composition** of the group of corporations **included** in this Combined General Corporation Tax Return from the **prior Tax Period**? ☐ YES ☒ NO
If "YES", attach a schedule listing name(s) and EIN(s) of the corporations added and or/deleted from the prior tax return.
3. Is only one subsidiary included in this return? ☐ YES ☒ NO
If "YES", give name of corporation: _____ EIN: _____
4. Is any member corporation also a member of a controlled group of corporations as defined in IRC section 1563, disregarding any exclusion by reason of paragraph (b)(2) of that section? ☐ YES ☒ NO
If "YES", give common parent corporation's name, if any _____ EIN _____
5. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year, for the combined group, any variation of the combined group or any member corporation or are any of the same currently under audit? ☒ YES ☐ NO
If "YES", by whom? ☒ Internal Revenue Service State period(s): Beg.: 01-01-10 End.: 12-31-12
MMDDYY MMDDYY
☒ New York State Department of Taxation and Finance State period(s): Beg.: 01-01-10 End.: 12-31-12
MMDDYY MMDDYY
6. If "YES" to question 5, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? ☒ YES ☐ NO
7. Did any member corporation make any payments treated as interest in the computation of entire net income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If "YES", complete the following (if more than one, attach separate sheet) ☒ YES ☐ NO
Shareholder's name: Nick Charles SSN/EIN: 123-45-6789
Interest paid to Shareholder: 5,000 Total Indebtedness to shareholder described above: 250,000 Total interest paid: 25,000
8. Was any member corporation also a member of a partnership or joint venture during the tax year? ☐ YES ☒ NO
If "YES", attach schedule listing name(s) and Employer Identification Number(s).
9. At any time during the taxable year, did any member corporation have an interest in real property (including a leasehold interest) located in NYC or a controlling interest in an entity owning such real property? ☐ YES ☒ NO
10. a) If "YES" to 9, attach a schedule of such property, indicating owning corporation, the nature of the interest and including the street address, borough, block and lot number.
b) Was any NYC real property (including a leasehold interest) or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration? ☐ YES ☐ NO
c) Was there a partial or complete liquidation of the owning corporation? ☐ YES ☐ NO
d) Was 50% or more of the owning corporation's ownership transferred during the tax year, over a three-year period or according to a plan? ☐ YES ☐ NO
11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed? ☐ YES ☐ NO
12. If "NO" to 11, explain: _____
13. Does any member corporation have one or more qualified subchapter S subsidiaries? ☐ YES ☒ NO
If "YES": Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether the QSSS filed or was required to file a City business income tax return. (see instructions)
14. If a federal return was filed on Form 1120S, enter the number of Fed K1 returns attached: _____
15. Does any member corporation pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? ☐ YES ☒ NO
16. If "YES," were all required Commercial Rent Tax Returns filed? ☐ YES ☐ NO
Attach schedule listing name of member corporation(s) and Employer Identification Number(s) which was used on the Commercial Rent Tax Return(s).

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 CEO Date 01-24-2015

▼ PREPARER USE ONLY ▼

Preparer's signature _____ Preparer's printed name Johnny Appleseed Check if self-employed ☐ Date 01-21-2015

Electronic TaxFilers, Inc. 1000 eFileDrive, Anytown, TX 75231
▲ Firm's name (or yours, if self-employed) ▲ Address ▲ Zip Code

Preparer's Social Security Number or PTIN P 00 - 00 - 0000 1 Firm's Employer Identification Number 00 - 0000 0011 Firm's Email Address JA@eTF.com

AFFILIATIONS SCHEDULE COMPLETE THIS SCHEDULE OR ATTACH FEDERAL FORM 851

Name of reporting corporation on NYC-3A:

HIDE GCT TC ONE

Employer Identification Number:

0

0

0

0

0

0

0

2

Part I General Information

Corp. No.	Name and address of corporation	Employer Identification Number
1.	Common parent corporation on federal return: HIDE GCT TC ONE, 32 ANY STREET, ANYTOWN, TX 77287	1. 0 0 0 0 0 0 0 2
2.	Reporting corporation on NYC-3A: HIDE GCT TC ONE, 32 ANY STREET, ANYTOWN, TX 77287	2. 0 0 0 0 0 0 0 2
3.	Affiliated corporations: GREE TC ONE SUB1, 60 ANY STREET, ANYTOWN, TX 78621	3. 0 0 0 0 0 0 1 2
4.	ACME TC ONE SUB2, 61 ANY STREET, ANYTOWN, TX 78621	4. 0 0 0 0 0 0 1 3
5.		5. 0 0 0 0 0 0 0 0
6.		6. 0 0 0 0 0 0 0 0
7.		7. 0 0 0 0 0 0 0 0
8.		8. 0 0 0 0 0 0 0 0
9.		9. 0 0 0 0 0 0 0 0
10.		10. 0 0 0 0 0 0 0 0

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: Food Manufacturing	311900	1.	%	%	
2.	Reporting corporation on NYC-3A: Food Manufacturing	311900	2.	%	%	
3.	Affiliated corporations: Performing Art Company	711100	3. 100	100.00 %	100.00 %	1
4.	Crop Production	111900	4. 100	100.00 %	100.00 %	1
5.			5.	%	%	
6.			6.	%	%	
7.			7.	%	%	
8.			8.	%	%	
9.			9.	%	%	
10.			10.	%	%	



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For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2013, and ending _____

Name of Reporting Corporation:

HIDE GCT TC ONE

Employer Identification Number of parent corporation:

0	0	-	0	0	0	0	0	0	2
---	---	---	---	---	---	---	---	---	---

SCHEDULE B Entire net income

1. Federal taxable income before net operating loss deductions and special deductions (see instructions)
2. Interest on federal, state, municipal and other obligations not included in line 1 above (see instructions)
3. Deductions directly attributable to subsidiary capital (attach list) (see instructions)
4. Deductions indirectly attributable to subsidiary capital (attach list) (see instructions)
- 5a. NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (attach rider) (see instructions).....
- 5b. NYC General Corporation Tax deducted on federal return (see instructions)
6. New York City adjustments relating to (see instructions):
 - (a) Sales and compensating use tax credit
 - (b) Employment opportunity relocation cost credit and IBZ credit
 - (c) Real estate tax escalation credit
 - (d) ACRS depreciation and/or adjustments (attach Form NYC-399 and/or NYC-399Z)
7. Additions:
 - (a) Payment for use of intangibles
 - (b) Domestic Production Activities Deductions (see instructions)
 - (c) Other (see instructions) (attach rider)
- 9a. Dividends from subsidiary capital (itemize on rider) (see instructions)
- 9b. Interest from subsidiary capital (itemize on rider) (see instructions)
- 9c. Gains from subsidiary capital
10. 50% of dividends from nonsubsidiary corporations (see instructions)
12. Gain on sale of certain property acquired prior to 1/1/66 (see instructions).....
13. NYC and NYS tax refunds included in Sch. B, line 8 (see instructions).....
14. Sales tax refunds or credits from vendors or New York State (see instructions)
15. Wages and salaries subject to federal jobs credit (attach federal Form 5884) (see instructions)
16. Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instructions)
17. Other deductions (see instructions) (attach rider)
21. Investment Income - (complete lines a through h below) (see instructions):
 - (a) Dividend from nonsubsidiary stock held for investment (see instructions)
 - (b) Interest from investment capital (include federal, state and municipal obligations) (itemize on rider)
 - (c) Net capital gain (loss) from sale or exchanges of nonsubsidiary securities held for investment (itemize on rider or attach Federal Schedule D)
 - (d) Income from assets included on line 3 of Schedule D
 - (f) Deductions directly or indirectly attributable to investment income (attach list) (see instructions)
 - (h) Interest on bank accounts included in income reported on line 21d

SCHEDULE B Entire net income

If there is only one subsidiary included in the combined return, this form is not required.

COLUMN 1		COLUMN 2		COLUMN 3		TOTAL
EIN 00-0000012		EIN 00-0000013		EIN		Copy to form NYC-3A Page 4, Column B
NAME OF SUBSIDIARY GREE TC ONE SUB 1		NAME OF SUBSIDIARY ACME TC ONE SUB 2		NAME OF SUBSIDIARY		
1.	392,978	49,273,677			1.	49,666,655
2.					2.	
3.					3.	
4.					4.	
5a.					5a.	
5b.					5b.	
6a.					6a.	
6b.					6b.	
6c.					6c.	
6d.					6d.	
7a.					7a.	
7b.					7b.	
7c.	7,603	178,987			7c.	186,590
9a.					9a.	
9b.		1,727,325			9b.	1,727,325
9c.					9c.	
10.					10.	
12.					12.	
13.		150,000			13.	150,000
14.					14.	
15.					15.	
16.					16.	
17.		85,000			17.	85,000
21a.	1,950,000	2,400,000			21a.	4,350,000
21b.		850,000			21b.	850,000
21c.	220,747				21c.	220,747
21d.		5,000			21d.	5,000
21f.	450,000	950,000			21f.	1,400,000
21h.		5,000			21h.	5,000

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SCHEDULE C **Subsidiary capital**

1. Average value.....
2. Liabilities directly or indirectly attributable to subsidiary capital
3. Net average value (line 1 less line 2)
4. Net value allocated to New York City

SCHEDULE D **Investment capital**

1. Average value
2. Liabilities directly or indirectly attributable to investment capital
3. Net average value (line 1 less line 2)
4. Value allocated to New York City

6. Cash

SCHEDULE E **Total Capital (use average values)**

1. Total assets from federal return
2. Real property and marketable securities included in line 1
3. Subtract line 2 from line 1
4. Real property and marketable securities at fair market value
5. Adjusted total asset (add lines 3 and 4)
6. Total liabilities (see instructions)

SCHEDULE F **Salaries and Compensation of certain stockholders**

1. Total Salary & All Other Compensation Received from Corporation



SCHEDULE C **Subsidiary capital**

COLUMN 1		COLUMN 2	COLUMN 3		TOTAL
EIN 00-0000012		EIN 00-0000013	EIN		Copy to form NYC-3A Page 6, Column B
NAME OF SUBSIDIARY GREE TC ONE SUB 1		NAME OF SUBSIDIARY ACME TC ONE SUB 2	NAME OF SUBSIDIARY		
1.		6,250,000		1.	6,250,000
2.		1,095,000		2.	1,095,000
3.		5,155,000		3.	5,155,000
4.		2,450,172		4.	2,450,172

SCHEDULE D **Investment capital**

1.	6,294,795	19,533,130		1.	25,827,925
2.	1,764,023	1,184,849		2.	2,948,872
3.	4,530,772	18,348,281		3.	22,879,053
4.	1,744,347	12,650,125		4.	14,394,472
6.	1,000	450,000		6.	451,000

SCHEDULE E **Total Capital (use average values)**

1.	40,206,236	60,845,449		1.	101,051,685
2.	5,890,005	5,109,625		2.	10,999,630
3.	34,316,231	55,735,824		3.	90,052,055
4.	9,500,000	4,250,000		4.	13,750,000
5.	43,816,231	59,985,824		5.	103,802,055
6.	19,485,825	-22,391,167		6.	-2,905,342

SCHEDULE F **Salaries and Compensation of certain stockholders**

1.	128,917	0		1.	128,917
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SCHEDULE H Business allocation**PROPERTY FACTOR**

- 1a(A). NYC real estate owned
- 1a(B). Everywhere real estate owned
- 1b(A). NYC real estate rented
- 1b(B). Everywhere real estate rented
- 1c(A). NYC inventories owned.....
- 1c(B). Everywhere inventories owned
- 1d(A). NYC tangible personal property owned
- 1d(B). Everywhere tangible personal property owned
- 1e(A). NYC tangible personal property rented.....
- 1e(B). Everywhere tangible personal property rented
- 1f(A). Total NYC property (add lines 1a (A), 1b(A), 1c(A), 1d(A), 1e(A))
- 1f(B). Total Everywhere property (add lines 1a (B), 1b(B), 1c(B), 1d(B), 1e(B)).....

RECEIPTS FACTOR

Receipts in the regular course of business from:

- 2a. Sales of tangible personal property where shipments are made to points within New York City
- 2b. Everywhere sales of tangible personal property
- 2c(A). NYC services performed
- 2c(B). Everywhere services performed.....
- 2d(A). NYC rentals of property.....
- 2d(B). Everywhere rentals of property
- 2e(A). NYC royalties
- 2e(B). Everywhere royalties.....
- 2f(A). Other NYC business receipts.....
- 2f(B). Other Everywhere business receipts
- 2g(A). Total NYC receipts (add lines 2a, 2c(A), 2d(A), 2e(A), 2f(A)).....
- 2g(B). Total Everywhere receipts (add lines 2b, 2c(B), 2d(B), 2e(B), 2f(B))

PAYROLL FACTOR

- 3a(A). NYC wages, salaries and other compensation of employee, except general executive officers
- 3a(B). Everywhere wages, salaries and other compensation of employee, except general executive officers.....



SCHEDULE H Business allocation

	COLUMN 1	COLUMN 2	COLUMN 3	TOTAL
	EIN 00-0000012	EIN 00-0000013	EIN	Copy to form NYC-3A Page 8, Column B
	NAME OF SUBSIDIARY GREE TC ONE SUB 1	NAME OF SUBSIDIARY ACME TC ONE SUB 2	NAME OF SUBSIDIARY	
1a(A).	93,000	4,906,000	1a(A).	4,999,000
1a(B).	193,455	12,130,788	1a(B).	12,324,243
1b(A).	52,000	344,000	1b(A).	396,000
1b(B).	132,000	744,000	1b(B).	876,000
1c(A).		2,250,000	1c(A).	2,250,000
1c(B).		8,643,170	1c(B).	8,643,170
1d(A).			1d(A).	
1d(B).			1d(B).	
1e(A).	26,000	1,450,000	1e(A).	1,476,000
1e(B).	57,200	3,373,208	1e(B).	3,430,408
1f(A).	171,000	8,950,000	1f(A).	9,121,000
1f(B).	382,655	24,891,166	1f(B).	25,273,821
2a.	175,000	10,400,000	2a.	10,575,000
2b.	530,446	24,403,531	2b.	24,933,977
2c(A).			2c(A).	
2c(B).			2c(B).	
2d(A).		400,000	2d(A).	400,000
2d(B).		1,727,325	2d(B).	1,727,325
2e(A).			2e(A).	
2e(B).			2e(B).	
2f(A).	950	12,750,000	2f(A).	12,750,950
2f(B).	2,147	50,308,174	2f(B).	50,310,321
2g(A).	175,950	23,550,000	2g(A).	23,725,950
2g(B).	532,593	76,439,030	2g(B).	76,971,623
3a(A).	750	950,000	3a(A).	950,750
3a(B).	1,568	2,023,917	3a(B).	2,025,485



**SCHEDULES C, D, F AND G - ATTACHMENT TO FORM NYC-3A
COMBINED GENERAL CORPORATION TAX RETURN****2014****(For Reporting Corporations and/or situations in which
Form NYC-3A/B is not required - See instructions)**

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014, and ending _____

Name of Subsidiary:

Employer Identification Number of Subsidiary:

		-													
--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Reporting Corporation:

Employer Identification Number of Reporting Corporation:

HIDE GCT TC ONE

0	0	-	0	0	0	0	0	0	0	2
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SCHEDULE C Subsidiary Capital Information

A DESCRIPTION OF SUBSIDIARY CAPITAL <small>LIST EACH ITEM (USE RIDER IF NECESSARY)</small>		B EMPLOYER IDENTIFICATION NUMBER	C % of Voting Stock Owned	D Average Value	E Liabilities Directly or In- directly Attributable to Subsidiary Capital	F Net Average Value (column C minus column D)	G Issuer's Allocation Percentage	H Value Allocated to NYC (column E x column F)
Foreign Corp #1		N/A	100.00 %	150,000	135,000	15,000	0.00 %	0
Foreign Corp #2		N/A	100.00	250,000	160,000	90,000	0.00	0
NYC Corp #1		11-1111111	100.00	1,275,000	275,000	1,000,000	100.00	1,000,000
NYC Corp #2		22-2222222	100.00	1,775,000	525,000	1,250,000	100.00	1,250,000
1. Total Cols C, D and E (including items on rider) (transfer to NYC-3A/B, schedule C, lines 1,2,and 3) 1.				3,450,000	1,095,000	2,355,000		
2. Total Column G - Allocated subsidiary capital: Transfer this total to NYC 3A/B, schedule C, line 42.								2,250,000

SCHEDULE D Investment Capital Information

A DESCRIPTION OF INVESTMENT <small>LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)</small>	B No. of Shares or Amount of Securities	C Average Value	D Liabilities Directly or Indirectly Attributable to Investment Capital	E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G Value Allocated to NYC (column E x column F)
Corporation A	100,000	15,000,000	800,000	14,200,000	25.00 %	3,550,000
Corporation B	200,000	75,000,000	600,000	74,400,000	45.60	33,926,400
Corporation C	1,000,000	100,000,000	483,231	99,516,769	60.15	59,859,337
Corporation D	500,000	36,883,231	5,000,000	31,883,231	40.45	12,896,767
1. Totals (transfer to NYC-3A/B, schedule D, lines 1, 2,3,and 4) ...1.		226,883,231	6,883,231	220,000,000		110,232,504
2. Cash - To treat cash as investment capital, you must include it on this line (transfer to NYC-3A/B, schedule D, line 6) 2.		175,637	0	175,637		
3. Investment capital (total of lines 1E and 2E) 3.				220,175,637		

SCHEDULE F Salaries and Compensation of Stockholders Information

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

Name, Country and US Zip Code (Attach rider if necessary)	Social Security Number	Official Title	Salary & All Other Compensation Received	
Doug Doe, USA, 10001	000-00-0016	CEO	1,294,635	
Jane Doe, USA, 10023	000-00-0017	CFO	1,009,528	
Tom Doe, USA, 10013	000-00-0018	COO	1,259,128	

1. Total (transfer to NYC-3A/B, schedule F, line 1)	1.	3,563,291	
---	----	-----------	--

SCHEDULE G Business Location Information (Attach rider if necessary)

Part 1 - List location of, and rent paid or payable, if any, for each place of business INSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address			Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 123 Walnut Street			120,000	Food Manufacturing	50	5,300,000	Mfg. goods
CITY New York	STATE NY	ZIP 10001					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
Total			120,000		50	5,300,000	

Part 2 - List location of, and rent paid or payable, if any, for each place of business OUTSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address			Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 32 Any Street			80,000	Food Manufacturing & Sales	142	25,533,991	Mfg. food & Sales
CITY Anytown	STATE TX	ZIP 77287					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
Total			80,000		142	25,533,991	



**SCHEDULES C, D, F AND G - ATTACHMENT TO FORM NYC-3A
COMBINED GENERAL CORPORATION TAX RETURN****2014****(For Reporting Corporations and/or situations in which
Form NYC-3A/B is not required - See instructions)**

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014, and ending _____

Name of Subsidiary:

GREE TC ONE SUB1

Employer Identification Number of Subsidiary:

0 0 - 0 0 0 0 0 1 2

Name of Reporting Corporation:

HIDE GCT TC ONE

Employer Identification Number of Reporting Corporation:

0 0 - 0 0 0 0 0 0 2

SCHEDULE C Subsidiary Capital Information

A DESCRIPTION OF SUBSIDIARY CAPITAL LIST EACH ITEM (USE RIDER IF NECESSARY)		B % of Voting Stock Owned	C Average Value	D Liabilities Directly or In- directly Attributable to Subsidiary Capital	E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G Value Allocated to NYC (column E x column F)
	EMPLOYER IDENTIFICATION NUMBER	%				%	
1. Total Cols C, D and E (including items on rider) (transfer to NYC-3A/B, schedule C, lines 1,2,and 3) 1.							
2. Total Column G - Allocated subsidiary capital: Transfer this total to NYC 3A/B, schedule C, line 42.							

SCHEDULE D Investment Capital Information

A DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	B No. of Shares or Amount of Securities	C Average Value	D Liabilities Directly or Indirectly Attributable to Investment Capital	E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G Value Allocated to NYC (column E x column F)
Corporation X	100,000	6,294,795	1,764,023	4,530,772	38.50 %	1,744,347
4. Totals (transfer to NYC-3A/B, schedule D, lines 1, 2,3,and 4) ...1.		6,294,795	1,764,023	4,530,772		1,744,347
2. Cash - To treat cash as investment capital, you must include it on this line (transfer to NYC-3A/B, schedule D, line 6) 2.		1,000	0	1,000		
3. Investment capital (total of lines 1E and 2E) 3.				4,531,772		

SCHEDULE F Salaries and Compensation of Stockholders Information

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

Name, Country and US Zip Code (Attach rider if necessary)	Social Security Number	Official Title	Salary & All Other Compensation Received	
Alex Doe, USA, 10001	000-00-0019	Treasurer	128,917	

1. Total (transfer to NYC-3A/B, schedule F, line 1) 1. 128,917

SCHEDULE G Business Location Information (Attach rider if necessary)**Part 1 -** List location of, and rent paid or payable, if any, for each place of business INSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 458 Oak Street	6,500	Performing Arts	100	750	Teach dance
CITY New York					
STATE NY					
ZIP 10023					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
Total	6,500		100	750	

Part 2 - List location of, and rent paid or payable, if any, for each place of business OUTSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 60 Any Street	10,000	Performing Arts	1	816	Teach dance
CITY Anytown					
STATE TX					
ZIP 78621					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
Total	10,000		1	816	



**SCHEDULES C, D, F AND G - ATTACHMENT TO FORM NYC-3A
COMBINED GENERAL CORPORATION TAX RETURN****2014****(For Reporting Corporations and/or situations in which
Form NYC-3A/B is not required - See instructions)**

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014, and ending _____

Name of Subsidiary:

ACME TC ONE SUB2

Employer Identification Number of Subsidiary:

0 0 - 0 0 0 0 0 1 3

Name of Reporting Corporation:

HIDE GCT TC ONE

Employer Identification Number of Reporting Corporation:

0 0 - 0 0 0 0 0 0 2

SCHEDULE C Subsidiary Capital Information

A		B	C	D	E	F	G
DESCRIPTION OF SUBSIDIARY CAPITAL		% of Voting Stock Owned	Average Value	Liabilities Directly or In- directly Attributable to Subsidiary Capital	Net Average Value (column C minus column D)	Issuer's Allocation Percentage	Value Allocated to NYC (column E x column F)
LIST EACH ITEM (USE RIDER IF NECESSARY)	EMPLOYER IDENTIFICATION NUMBER						
Domestic Corp	33-3333333	80.00 %	6,250,000	1,095,000	5,155,000	47.53 %	2,450,172
1. Total Cols C, D and E (including items on rider) (transfer to NYC-3A/B, schedule C, lines 1,2,and 3) 1.			6,250,000	1,095,000	5,155,000		
2. Total Column G - Allocated subsidiary capital: Transfer this total to NYC 3A/B, schedule C, line 4							2,450,172

SCHEDULE D Investment Capital Information

A DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	B No. of Shares or Amount of Securities	C Average Value	D Liabilities Directly or Indirectly Attributable to Investment Capital	E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G Value Allocated to NYC (column E x column F)
Corporation Y	200,000	10,000,000	1,000,000	9,000,000	47.50 %	4,275,000
Corporation Z	500,000	9,533,130	184,849	9,348,281	89.59	8,375,125
1. Totals (transfer to NYC-3A/B, schedule D, lines 1, 2,3,and 4) ...1.		19,533,130	1,184,849	18,348,281		12,650,125
2. Cash - To treat cash as investment capital, you must include it on this line (transfer to NYC-3A/B, schedule D, line 6) 2.		450,000	0	450,000		
3. Investment capital (total of lines 1E and 2E) 3.				18,798,281		

SCHEDULE F Salaries and Compensation of Stockholders Information

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

Name, Country and US Zip Code (Attach rider if necessary)	Social Security Number	Official Title	Salary & All Other Compensation Received	

1. Total (transfer to NYC-3A/B, schedule F, line 1) 1.

--	--

SCHEDULE G Business Location Information (Attach rider if necessary)**Part 1 -** List location of, and rent paid or payable, if any, for each place of business INSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 768 Elm Street	43,000	Sales	105	950,000	Sales
CITY Brooklyn					
STATE NY					
ZIP 11201					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
Total	43,000		105	950,000	

Part 2 - List location of, and rent paid or payable, if any, for each place of business OUTSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 61 Any Street	50,000	Crop Production	225	1,073,917	Crop Production
CITY Anytown					
STATE TX					
ZIP 78621					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
Total	50,000		225	1,073,917	



GCT Test Case Two

Begins on the next page

Taxpayer name	HIDE GCT TC TWO
EIN	00-0000002
Primary Form	NYC-3A, NYC-3A/B, NYC-3A/ATT (3)
Associated Form(s)	NYC-9.5, NYC-9.6, NYC-399, NYC-399Z (2)
Attachments	None
Purpose of test	Form NYC-3A with associated forms Business Allocation Percentage using three factors
Other instructions	If you do not support one or more of the credit forms, you may submit this test case leaving the lines for the unsupported forms blank and recalculate the lines following on Page 1. If you do not support the NYC-399, you may substitute an NYC-399Z

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014, and ending _____

☐ Check box if you are filing a 52- 53-week taxable year

☐ Amended return

☐ Final return. Check box if corporation has ceased operations.

☐ Special short period return (see Inst.)

☐ Check box if you claim any 9/11/01-related federal tax benefits (see instructions.)
Enter 2-character special condition code, if applicable (see inst.): ☐☐

PRINT OR TYPE	Name of reporting corporation HIDE GCT TC TWO		TAXPAYER'S EMAIL ADDRESS doug.doe@hideNseek.com	
	In Care Of		EMPLOYER IDENTIFICATION NUMBER OF REPORTING CORPORATION 00 - 00000002	
	Address (number and street) 32 ANY STREET		BUSINESS CODE NUMBER AS PER FEDERAL RETURN 311900	
	City and State ANYTOWN, TX	Zip Code 77287	NYC PRINCIPAL BUSINESS ACTIVITY Food Manufacturing	
	Business Telephone Number 301-555-1212	Date business began in NYC 02/01/2000		
	Name of parent of controlled group	Employer Id. No.: <input type="checkbox"/> <input type="checkbox"/>		

SCHEDULE A Computation of Tax - BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

A. Payment		Amount being paid electronically with this return		A.		Payment Amount	
						193,007	
1.	Allocated combined income (from Schedule M, line 5) ..	1.	21,290,471	X .0885	1.	1,884,207	
2.	Allocated combined capital (from Schedule M, line 8)	2.	195,136,784	X .0015	2.	292,705	
3.	Alternative Tax (from Alternative Tax Schedule on page 2) (see instructions)	3.			3.	294,369	
4.	Minimum tax for reporting corporation only - NYC Gross Receipts:	4.	18,691,000		4.	3,500	
5.	Allocated subsidiary capital (from Schedule M, line 9)	5.	4,700,172	X .00075	5.	3,525	
6.	Combined Tax (line 1, 2, 3 or 4, whichever is largest, PLUS line 5)	6.			6.	1,887,732	
7.	Minimum Tax for taxable corporations (from Schedule M, line 12)	7.			7.	3,575	
8.	Total combined tax - add line 6 and line 7	8.			8.	1,891,307	
9.	UBT Paid Credit (attach Form NYC-9.7)	9.			9.		
10a.	REAP Credit (attach Form NYC-9.5)	10a.			10a.	1,000	
10b.	LMREAP Credit (attach Form NYC-9.8)	10b.			10b.		
11a.	Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6)	11a.			11a.	300	
11b.	Biotechnology Credit (attach Form NYC-9.10)	11b.			11b.		
12.	Net tax after credits (line 8 less total of lines 9 through 11b)	12.			12.	1,890,007	
13.	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 2 of Form NYC-EXT	13a.			13a.	300,000	
	(b) If application for extension has not been filed and line 12 exceeds \$1,000, enter 25% of line 12	13b.			13b.		
14.	Sales tax addback (see instructions)	14.			14.		
15.	Net Tax (add lines 12, 13a or 13b and 14)	15.			15.	2,190,007	
16.	Total Prepayments (see instructions)	16.			16.	2,000,000	
17.	Balance due (line 15 less line 16)	17.			17.	190,007	
18.	Overpayment (line 16 less line 15)	18.			18.		
19a.	Interest (see instructions)	19a.	2,200				
19b.	Additional charges (see instructions)	19b.	800				
19c.	Penalty for underpayment of estimated tax (attach Form NYC-222) ..	19c.					
20.	Total of lines 19a, 19b and 19c	20.			20.	3,000	
21.	Net overpayment (line 18 less line 20)	21.			21.		
22.	Amount of line 21 to be: (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 22c OR <input type="checkbox"/> Paper check	22a.			22a.		
	(b) Credited to 2015 estimated tax	22b.			22b.		
22c.	Routing Number <input type="text"/> Account Number <input type="text"/> ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/>						
23.	TOTAL REMITTANCE DUE (see instructions)	23.			23.	193,007	

SCHEDULE A - Continued **Computation of Tax** - BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

24.	Combined group's issuer's allocation percentage (from Schedule M, line 10)	24.	36.94 %	
25.	Gross receipts or sales (See instructions)	25.	436,249,199	
26.	Total assets (Schedule E, line 1, column E)	26.	879,603,499	
27.	Compensation of more than 5% stockholders as used in computation of line 3 (Sch. F, line 1, col. E)	27.	3,692,208	
28.	NYC rent deducted on federal tax return. THIS LINE MUST BE COMPLETED	28.	169,500	
29.	Combined group Business Allocation Percentage (Schedule H, line 5, column E)	29.	24.21 %	
30.	Number of Subsidiaries <u>2</u> Number of taxable Subsidiaries <u>2</u>	30.		

PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 16		DATE	AMOUNT	
A.	Mandatory first installment paid with preceding year's tax		100,000	
B.	Payment with Declaration, Form NYC-400 (1)	02-15-2014	300,000	
C.	Payment with Notice of Estimated Tax Due (2)	06-15-2014	300,000	
D.	Payment with Notice of Estimated Tax Due (3)			
E.	Payment with extension, Form NYC-EXT	03-15-2015	300,000	
F.	Overpayment from preceding year credited to this year			
G.	Total prepayments from subsidiaries (attach rider)		1,000,000	
H.	TOTAL of A through G (enter on Schedule A, line 16)		2,000,000	

ALTERNATIVE TAX SCHEDULE

Refer to instructions before computing the alternative tax.

Net income/loss (See instructions)	1.	\$	79,513,606
Enter 100% of salaries and compensation for the taxable year paid to stockholders owning more than 5% of the taxpayer's stock. (See instructions.)	2.	\$	3,692,208
Total (line 1 plus line 2)	3.	\$	83,205,814
Statutory exclusion - Enter \$40,000. (if return does not cover an entire year, exclusion must be prorated based on the period covered by the return)	4.	\$	40,000
Net amount (line 3 minus line 4)	5.	\$	83,165,814
15% of net amount (line 5 x 15%)	6.	\$	12,474,872
Investment income to be allocated (amount on Schedule B, line 23b, Column E x 15%. Do not enter more than the amount on line 6 above. Enter "0" if not applicable.)	7.	\$	1,129,277
Business income to be allocated (line 6 minus line 7)	8.	\$	11,345,595
Allocated investment income (line 7 x investment allocation % from Schedule D, line 5) <u>51.31%</u>	9.	\$	579,432
Allocated business income (line 8 x business allocation % from Schedule H, line 5) <u>24.21%</u>	10.	\$	2,746,769
Taxable net income (line 9 plus line 10)	11.	\$	3,326,201
Tax rate	12.		8.85% (.0885)
Alternative tax (line 11 x line 12) Transfer amount to page 1, Schedule A, line 3	13.	\$	294,369

NEW MAILING INSTRUCTIONS - DO NOT INCLUDE PAYMENT WITH RETURN

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.

The due date for the calendar year 2014 return is on or before March 16, 2015.

For fiscal years beginning in 2014, 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
GENERAL CORPORATION TAX
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

REMITTANCES

**PAY ONLINE WITH FORM NYC-200V
AT NYC.GOV/ESERVICES**

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 5563
BINGHAMTON, NY 13902-5563



SCHEDULE B**Computation of combined entire net income**

1. Federal taxable income before net operating loss deduction and special deductions (*see instructions*).....
2. Interest on federal, state, municipal and other obligations not included in line 1 above (*see instructions*)
3. Deductions directly attributable to subsidiary capital (*attach list*) (*see instructions*).....
4. Deductions indirectly attributable to subsidiary capital (*attach list*) (*see instructions*).....
- 5a. NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (*attach rider*) (*see instr.*)
- 5b. NYC General Corporation Tax deducted on federal return (*see instructions*).....
6. New York City adjustments relating to (*see instructions*):
 - (a) Sales and compensating use tax credit
 - (b) Employment opportunity relocation costs credit and IBZ credit
 - (c) Real estate tax escalation credit
 - (d) ACRS depreciation and/or adjustment (*attach Form NYC-399 and/or NYC-399Z*)
7. Additions:
 - (a) Payment for use of intangibles
 - (b) Domestic Production Activities Deduction (*see instructions*)
 - (c) Other (*see instructions*) (*attach rider*)
8. Total additions (add lines 1 through 7c)
- 9a. Dividends from subsidiary capital (*itemize on rider*) (*see instr.*).....
- 9b. Interest from subsidiary capital (*itemize on rider*) (*see instructions*)
- 9c. Gains from subsidiary capital.....
10. 50% of dividends from nonsubsidiary corporations (*see instructions*).....
11. Combined New York City net operating loss deduction (*attach Form NYC-NOLD-GCT*) (*see instructions*)
12. Gain on sale of certain property acquired prior to 1/1/66 (*see instructions*).....
13. NYC and NYS tax refunds included in Sch. B, line 8 (*see instructions*)
14. Sales tax refunds or credits from vendors or New York State. Also include on page 1, Sch. A, line 14 (*see instr.*).....
15. Wages and salaries subject to federal jobs credit (*attach federal Form 5884*) (*see instructions*)
16. Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (*attach Form NYC-399 and/or NYC-399Z*) (*see instr.*)
17. Other deductions (*see instructions*) (*attach rider*).....
18. Total deductions (add lines 9a through 17)
19. Combined Entire net income (line 8 less line 18) (*see instructions*).....
20. If the amount in line 19 is not correct, enter correct amount here and explain on rider (*see instr.*).....
21. Investment income - (complete lines a through h below) (*see instructions*)
 - (a) Dividends from nonsubsidiary stocks held for investment (*see instructions*)
 - (b) Interest from investment capital (include federal, state and municipal obligations) (*itemize on rider*)
 - (c) Net capital gain (loss) from sales or exchanges of nonsubsidiary securities held for investment (*itemize on rider or attach Federal Schedule D*).....
 - (d) Income from assets included on line 3 of Schedule D
 - (e) Add lines 21a through 21d inclusive.....
 - (f) Deductions directly or indirectly attributable to investment income (*attach list*) (*see instructions*)
 - (g) Balance (subtract line 21f from line 21e)
 - (h) Interest on bank accounts included in income reported on line 21d
22. Combined New York City net operating loss deduction apportioned to investment income (*attach Form NYC-NOLD-GCT*) (*see instr.*).....
- 23a. Combined Investment income (line 21g less line 22)
- 23b. Combined Investment income to be allocated (*see instructions*)
24. Combined Business income to be allocated (line 19 or line 20 less line 23b).....



SCHEDULE B**Computation of combined entire net income**

	COLUMN A Reporting Corporation	COLUMN B Total Subsidiaries From NYC-3A/B	COLUMN C Subtotal Column A plus Column B	COLUMN D Intercompany Eliminations (attach rider)		COLUMN E Combined Total Column C less Column D
1.	33,412,043	49,666,655	83,078,698	1,000,000	1.	82,078,698
2.					2.	
3.					3.	
4.					4.	
5a.					5a.	
5b.					5b.	
6a.					6a.	
6b.					6b.	
6c.	300		300		6c.	300
6d.	1,469,944	1,637,600	3,107,544		6d.	3,107,544
7a.					7a.	
7b.					7b.	
7c.	1,469,644	186,590	1,656,234		7c.	1,656,234
8.					8.	86,842,776
9a.	2,304,041		2,304,041	150,000	9a.	2,154,041
9b.		1,727,325	1,727,325		9b.	1,727,325
9c.	428,512		428,512		9c.	428,512
10.	35,000		35,000		10.	35,000
11.					11.	
12.					12.	
13.	1,125,000	150,000	1,275,000		13.	1,275,000
14.					14.	
15.					15.	
16.	1,250,000	304,292	1,554,292		16.	1,554,292
17.	420,000	85,000	505,000	350,000	17.	155,000
18.					18.	7,329,170
19.					19.	79,513,606
20.					20.	
21a.	35,000	4,350,000	4,385,000		21a.	4,385,000
21b.	4,250,000	850,000	5,100,000		21b.	5,100,000
21c.	207,765	220,747	428,512		21c.	428,512
21d.	10,000	5,000	15,000		21d.	15,000
21e.					21e.	9,928,512
21f.	1,000,000	1,400,000	2,400,000		21f.	2,400,000
21g.					21g.	7,528,512
21h.	10,000	5,000	15,000		21h.	15,000
					22.	
					23a.	7,528,512
					23b.	7,528,512
					24.	71,985,094



SCHEDULE C**Computation of combined subsidiary capital**

1. Average value.....
2. Liabilities directly or indirectly attributable to subsidiary capital
3. Net average value (line 1 less line 2)
4. Net value allocated to New York City

SCHEDULE D**Computation of combined investment capital and investment allocation percentage**

1. Average value
2. Liabilities directly or indirectly attributable to investment capital.....
3. Net average value (line 1 less line 2)
4. Value allocated to New York City
5. Combined investment allocation percentage (line 4 divided by line 3)
6. Cash
7. Combined investment capital (add lines 3 and 6)

SCHEDULE E**Computation of combined capital (use average values)**

Is average value computed quarterly? ☒ YES ☐ NO If NO, explain:

1. Total assets from federal return
2. Real property and marketable securities included in line 1
3. Subtract line 2 from line 1
4. Real property and marketable securities at fair market value.....
5. Adjusted total asset (add lines 3 and 4).....
6. Total liabilities (see instructions)
7. Combined total capital (line 5 less line 6, column E)
8. Combined subsidiary capital (Schedule C, line 3, column E)
9. Combined business and investment capital (line 7 less line 8, column E).....
10. Combined Investment capital (Schedule D, line 7, column E)
11. Combined Business capital (line 9 less line 10, column E).....

SCHEDULE F**Computation of combined salaries and compensation of certain stockholders**

1. Total Salary & All Other Compensation Received from Corporation



SCHEDULE C Computation of combined subsidiary capital

	COLUMN A Reporting Corporation	COLUMN B Total Subsidiaries From NYC-3A/B	COLUMN C Subtotal Column A plus Column B	COLUMN D Intercompany Eliminations (attach rider)		COLUMN E Combined Total Column C less Column D
1.	3,450,000	6,250,000	9,700,000		1.	9,700,000
2.	1,095,000	1,095,000	2,190,000		2.	2,190,000
3.	2,355,000	5,155,000	7,510,000		3.	7,510,000
4.	2,250,000	2,450,172	4,700,172		4.	4,700,172

SCHEDULE D Computation of combined investment capital and investment allocation percentage

1.	226,883,231	25,827,925	252,711,156		1.	252,711,156
2.	6,883,231	2,948,872	9,832,103		2.	9,832,103
3.	220,000,000	22,879,053	242,879,053		3.	242,879,053
4.	110,232,504	14,394,472	124,626,976		4.	124,626,976
5.					5.	51.31 %
6.	175,637	451,000	626,637		6.	626,637
7.					7.	243,505,690

SCHEDULE E Computation of combined capital (use average values)

1.	778,551,814	101,051,685	879,603,499		1.	879,603,499
2.	62,852,342	10,999,630	73,851,972		2.	73,851,972
3.	715,699,472	90,052,055	805,751,527		3.	805,751,527
4.	87,500,000	13,750,000	101,250,000		4.	101,250,000
5.	803,199,472	103,802,055	907,001,527		5.	907,001,527
6.	368,953,081	-2,905,342	366,047,739		6.	366,047,739
7.					7.	540,953,788
8.					8.	7,510,000
9.					9.	533,443,788
10.					10.	243,505,690
11.					11.	289,938,098

SCHEDULE F Computation of combined salaries and compensation of certain stockholders

1.	3,563,291	128,917	3,692,208		1.	3,692,208
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SCHEDULE H**Computation of combined business allocation percentage****PROPERTY FACTOR**

- 1a(A). NYC real estate owned
- 1a(B). Everywhere real estate owned
- 1b(A). NYC real estate rented
- 1b(B). Everywhere real estate rented
- 1c(A). NYC inventories owned.....
- 1c(B). Everywhere inventories owned
- 1d(A). NYC tangible personal property owned
- 1d(B). Everywhere tangible personal property owned
- 1e(A). NYC tangible personal property rented.....
- 1e(B). Everywhere tangible personal property rented
- 1f(A). Total NYC property (add lines 1a (A), 1b(A), 1c(A), 1d(A), 1e(A))
- 1f(B). Total Everywhere property (add lines 1a (B), 1b(B), 1c(B), 1d(B), 1e(B)).....
- 1g. Combined NYC property factor (divide 1f(A), column E by 1f(B), column E).....
- 1h. Multiply line 1g by 13.5.....

RECEIPTS FACTOR

Receipts in the regular course of business from:

- 2a. Sales of tangible personal property where shipments are made to points within New York City
- 2b. Everywhere sales of tangible personal property
- 2c(A). NYC services performed
- 2c(B). Everywhere services performed.....
- 2d(A). NYC rentals of property.....
- 2d(B). Everywhere rentals of property
- 2e(A). NYC royalties
- 2e(B). Everywhere royalties.....
- 2f(A). Other NYC business receipts.....
- 2f(B). Other Everywhere business receipts
- 2g(A). Total NYC receipts (add lines 2a, 2c(A), 2d(A), 2e(A), 2f(A)).....
- 2g(B). Total Everywhere receipts (add lines 2b, 2c(B), 2d(B), 2e(B), 2f(B))
- 2h. Combined NYC receipts factor (divide 2g(A), column E by 2g(B), column E).....
- 2i. Multiply line 2h by 73.....

PAYROLL FACTOR

- 3a(A). NYC wages, salaries and other compensation of employee, except general executive officers
- 3a(B). Everywhere wages, salaries and other compensation of employee, except general executive officers.....
- 3b. Combined NYC payroll factor (divide 3a(A), column E by 3a(B), column E)
- 3c. Multiply line 3b by 13.5

Weighted Factor Allocation

- 4a. Add lines 1h, 2i and 3c.....
- 4b. Divide line 4a by 100 if no factors are missing. If a factor is missing, divide line 4a by the total of the weights of the factors present. Enter as percentage. Round nearest one hundredth of a percentage point

Combined Business Allocation Percentage

5. Enter percentage from above



SCHEDULE H**Computation of combined business allocation percentage**

	COLUMN A Reporting Corporation	COLUMN B Total Subsidiaries From NYC-3A/B	COLUMN C Subtotal Column A plus Column B	COLUMN D Intercorporate Eliminations (attach rider)		COLUMN E Combined Total Column C less Column D
1a(A).	7,990,000	4,999,000	12,989,000		1a(A).	12,989,000
1a(B).	49,703,943	12,324,243	62,028,186		1a(B).	62,028,186
1b(A).	960,000	396,000	1,356,000		1b(A).	1,356,000
1b(B).	1,600,000	876,000	2,476,000		1b(B).	2,476,000
1c(A).	8,350,000	2,250,000	10,600,000		1c(A).	10,600,000
1c(B).	24,538,312	8,643,170	33,181,482		1c(B).	33,181,482
1d(A).					1d(A).	
1d(B).					1d(B).	
1e(A).	12,000,000	1,476,000	13,476,000		1e(A).	13,476,000
1e(B).	52,982,000	3,430,408	56,412,408		1e(B).	56,412,408
1f(A).	29,300,000	9,121,000	38,421,000		1f(A).	38,421,000
1f(B).	128,824,255	25,273,821	154,098,076		1f(B).	154,098,076
1g.					1g.	24.9328 %
1h.					1h.	336.5928
2a.	9,500,000	10,575,000	20,075,000		2a.	20,075,000
2b.	35,000,000	24,933,977	59,933,977		2b.	59,933,977
2c(A).					2c(A).	
2c(B).					2c(B).	
2d(A).	956,000	400,000	1,356,000		2d(A).	1,356,000
2d(B).	24,000,000	1,727,325	25,727,325		2d(B).	25,727,325
2e(A).					2e(A).	
2e(B).					2e(B).	
2f(A).	8,235,000	12,750,950	20,985,950		2f(A).	20,985,950
2f(B).	35,000,000	50,310,321	85,310,321		2f(B).	85,310,321
2g(A).	18,691,000	23,725,950	42,416,950		2g(A).	42,416,950
2g(B).	94,000,000	76,971,623	170,971,623		2g(B).	170,971,623
2h.					2h.	24.8094 %
2i.					2i.	1,811.0862
3a(A).	5,300,000	950,750	6,250,750		3a(A).	6,250,750
3a(B).	28,833,991	2,025,485	30,859,476		3a(B).	30,859,476
					3b.	20.2555 %
					3c.	273.4493
					4a.	2,421.1283
					4b.	24.21 %
					5.	24.21 %



SCHEDULE M Summary

			COMBINED TOTALS	
1.	New York City investment income (Schedule B, line 23b, column E x Schedule D, line 5, column E).....	1.	3,862,880	
2.	New York City business income (Schedule B, line 24, column E x Schedule H, line 5, column E).....	2.	17,427,591	
3.	Total New York City income, line 1 plus line 2	3.	21,290,471	
4.	Total on line 3.....	4.	21,290,471	
5.	Allocated combined net income from line 4 (enter here and on Schedule A, line 1)	5.	21,290,471	
6.	New York City investment capital (Schedule E, line 10, column E x Schedule D, line 5, column E)	6.	124,942,770	
7.	New York City business capital (Schedule E, line 11, column E x Schedule H, line 5, column E).....	7.	70,194,014	
8.	NYC investment & business capital (add lines 6 and 7) (enter here and on Schedule A, line 2)	8.	195,136,784	
9.	New York City subsidiary capital (Schedule C, line 4 column E) (enter here and on Schedule A, line 5).....	9.	4,700,172	
10.	Issuer's allocation percentage (Schedule M, add lines 8 and 9 divided by Schedule E, line 7, column E) Enter here and on Schedule A, line 24. (See instructions).....	10.	36.94	%
11.	Number of Subsidiaries:	11.	2	
Number of taxable subsidiaries with NYC gross receipts of:				
11a.	Not more than \$100,000:.....	11aa.		
11b.	More than \$100,000 but not over \$250,000:.....	11ba.	1	
11c.	More than \$250,000 but not over \$500,000:.....	11ca.		
11d.	More than \$500,000 but not over 1,000,000:.....	11da.		
11e.	More than \$1,000,000 but not over \$5,000,000:.....	11ea.		
11f.	More than \$5,000,000 but not over \$25,000,000:.....	11fa.	1	
11g.	Over \$25,000,000:	11ga.		
12.	Minimum tax for taxable corporations (add lines 11ab through 11gb) (enter here and on Schedule A, line 7) ...	12.	3,575	



ADDITIONAL INFORMATION REQUIRED

The following information must be entered for this return to be complete.

- 1a. New York City principal business activity Food Manufacturing
- 1b. Other significant business activities (attach schedule, see instructions) Coffee Production
- 1c. Trade name of reporting corporation, if different from name entered on page 1 _____
2. Have there been **any changes** in the **composition** of the group of corporations **included** in this Combined General Corporation Tax Return from the **prior Tax Period**? ☐ YES ☒ NO
If "YES", attach a schedule listing name(s) and EIN(s) of the corporations added and or/deleted from the prior tax return.
3. Is only one subsidiary included in this return? ☐ YES ☒ NO
If "YES", give name of corporation: _____ EIN: _____
4. Is any member corporation also a member of a controlled group of corporations as defined in IRC section 1563, disregarding any exclusion by reason of paragraph (b)(2) of that section? ☐ YES ☒ NO
If "YES", give common parent corporation's name, if any _____ EIN _____
5. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year, for the combined group, any variation of the combined group or any member corporation or are any of the same currently under audit? ☒ YES ☐ NO
If "YES", by whom? ☒ Internal Revenue Service State period(s): Beg.: 01-01-10 End.: 12-31-12
MMDDYY MMDDYY
☒ New York State Department of Taxation and Finance State period(s): Beg.: 01-01-10 End.: 12-31-12
MMDDYY MMDDYY
6. If "YES" to question 5, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? ☒ YES ☐ NO
7. Did any member corporation make any payments treated as interest in the computation of entire net income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If "YES", complete the following (if more than one, attach separate sheet) ☒ YES ☐ NO
Shareholder's name: Nick Charles SSN/EIN: 123-45-6789
Interest paid to Shareholder: 5,000 Total Indebtedness to shareholder described above: 250,000 Total interest paid: 25,000
8. Was any member corporation also a member of a partnership or joint venture during the tax year? ☐ YES ☒ NO
If "YES", attach schedule listing name(s) and Employer Identification Number(s).
9. At any time during the taxable year, did any member corporation have an interest in real property (including a leasehold interest) located in NYC or a controlling interest in an entity owning such real property? ☐ YES ☒ NO
10. a) If "YES" to 9, attach a schedule of such property, indicating owning corporation, the nature of the interest and including the street address, borough, block and lot number.
b) Was any NYC real property (including a leasehold interest) or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration? ☐ YES ☐ NO
c) Was there a partial or complete liquidation of the owning corporation? ☐ YES ☐ NO
d) Was 50% or more of the owning corporation's ownership transferred during the tax year, over a three-year period or according to a plan? ☐ YES ☐ NO
11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed? ☐ YES ☐ NO
12. If "NO" to 11, explain: _____
13. Does any member corporation have one or more qualified subchapter S subsidiaries? ☐ YES ☒ NO
If "YES": Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether the QSSS filed or was required to file a City business income tax return. (see instructions)
14. If a federal return was filed on Form 1120S, enter the number of Fed K1 returns attached: _____
15. Does any member corporation pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? ☐ YES ☒ NO
16. If "YES," were all required Commercial Rent Tax Returns filed? ☐ YES ☐ NO
Attach schedule listing name of member corporation(s) and Employer Identification Number(s) which was used on the Commercial Rent Tax Return(s).

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 CEO

Date 09-15-2015

▼ PREPARER USE ONLY ▼

Preparer's
signaturePreparer's
printed name Johnny AppleseedCheck if self-
employed ☐

Date 09-10-2015

Electronic TaxFilers, Inc.

1000 eFileDrive, Anytown, TX

75231

▲ Firm's name (or yours, if self-employed)

▲ Address

▲ Zip Code

Preparer's Social Security Number or PTIN

Firm's Employer Identification Number

Firm's Email Address

P 0 0 - 0 0 - 0 0 0 1

0 0 - 0 0 0 0 1 1

JA@eTF.com

301101491

AFFILIATIONS SCHEDULE COMPLETE THIS SCHEDULE OR ATTACH FEDERAL FORM 851

Name of reporting corporation on NYC-3A:

HIDE GCT TC TWO

Employer Identification Number:

0

0

0

0

0

0

0

2

Part I General Information

Corp. No.	Name and address of corporation	Employer Identification Number
1.	Common parent corporation on federal return: HIDE GCT TC TWO, 32 ANY STREET, ANYTOWN, TX 77287	1. 0 0 0 0 0 0 0 2
2.	Reporting corporation on NYC-3A: HIDE GCT TC TWO, 32 ANY STREET, ANYTOWN, TX 77287	2. 0 0 0 0 0 0 0 2
3.	Affiliated corporations: GREE TC TWO SUB1, 60 ANY STREET, ANYTOWN, TX 78621	3. 0 0 0 0 0 0 1 2
4.	ACME TC TWO SUB2, 61 ANY STREET, ANYTOWN, TX 78621	4. 0 0 0 0 0 0 1 3
5.		5. 0 0 0 0 0 0 0 0
6.		6. 0 0 0 0 0 0 0 0
7.		7. 0 0 0 0 0 0 0 0
8.		8. 0 0 0 0 0 0 0 0
9.		9. 0 0 0 0 0 0 0 0
10.		10. 0 0 0 0 0 0 0 0

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: Food Manufacturing	311900	1.	%	%	
2.	Reporting corporation on NYC-3A: Food Manufacturing	311900	2.	%	%	
3.	Affiliated corporations: Performing Art Company	711100	3. 100	100.00 %	100.00 %	1
4.	Crop Production	111900	4. 100	100.00 %	100.00 %	1
5.			5.	%	%	
6.			6.	%	%	
7.			7.	%	%	
8.			8.	%	%	
9.			9.	%	%	
10.			10.	%	%	



301111491



For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2013, and ending _____

Name of Reporting Corporation:

HIDE GCT TC TWO

Employer Identification Number of parent corporation:

0	0	-	0	0	0	0	0	0	2
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SCHEDULE B Entire net income

1. Federal taxable income before net operating loss deductions and special deductions (see instructions)
2. Interest on federal, state, municipal and other obligations not included in line 1 above (see instructions)
3. Deductions directly attributable to subsidiary capital (attach list) (see instructions)
4. Deductions indirectly attributable to subsidiary capital (attach list) (see instructions)
- 5a. NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (attach rider) (see instructions).....
- 5b. NYC General Corporation Tax deducted on federal return (see instructions)
6. New York City adjustments relating to (see instructions):
 - (a) Sales and compensating use tax credit
 - (b) Employment opportunity relocation cost credit and IBZ credit
 - (c) Real estate tax escalation credit
 - (d) ACRS depreciation and/or adjustments (attach Form NYC-399 and/or NYC-399Z)
7. Additions:
 - (a) Payment for use of intangibles
 - (b) Domestic Production Activities Deductions (see instructions)
 - (c) Other (see instructions) (attach rider)
- 9a. Dividends from subsidiary capital (itemize on rider) (see instructions)
- 9b. Interest from subsidiary capital (itemize on rider) (see instructions)
- 9c. Gains from subsidiary capital
10. 50% of dividends from nonsubsidiary corporations (see instructions)
12. Gain on sale of certain property acquired prior to 1/1/66 (see instructions).....
13. NYC and NYS tax refunds included in Sch. B, line 8 (see instructions).....
14. Sales tax refunds or credits from vendors or New York State (see instructions)
15. Wages and salaries subject to federal jobs credit (attach federal Form 5884) (see instructions)
16. Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instructions)
17. Other deductions (see instructions) (attach rider)
21. Investment Income - (complete lines a through h below) (see instructions):
 - (a) Dividend from nonsubsidiary stock held for investment (see instructions)
 - (b) Interest from investment capital (include federal, state and municipal obligations) (itemize on rider)
 - (c) Net capital gain (loss) from sale or exchanges of nonsubsidiary securities held for investment (itemize on rider or attach Federal Schedule D)
 - (d) Income from assets included on line 3 of Schedule D
 - (f) Deductions directly or indirectly attributable to investment income (attach list) (see instructions)
 - (h) Interest on bank accounts included in income reported on line 21d

SCHEDULE B Entire net income

If there is only one subsidiary included in the combined return, this form is not required.

COLUMN 1		COLUMN 2		COLUMN 3		TOTAL
EIN 00-0000012		EIN 00-0000013		EIN		Copy to form NYC-3A Page 4, Column B
NAME OF SUBSIDIARY GREE TC TWO SUB 1		NAME OF SUBSIDIARY ACME TC TWO SUB 2		NAME OF SUBSIDIARY		
1.	392,978	49,273,677			1.	49,666,655
2.					2.	
3.					3.	
4.					4.	
5a.					5a.	
5b.					5b.	
6a.					6a.	
6b.					6b.	
6c.					6c.	
6d.	1,630,000	7,600			6d.	1,637,600
7a.					7a.	
7b.					7b.	
7c.	7,603	178,987			7c.	186,590
9a.					9a.	
9b.		1,727,325			9b.	1,727,325
9c.					9c.	
10.					10.	
12.					12.	
13.		150,000			13.	150,000
14.					14.	
15.					15.	
16.	300,000	4,292			16.	304,292
17.		85,000			17.	85,000
21a.	1,950,000	2,400,000			21a.	4,350,000
21b.		850,000			21b.	850,000
21c.	220,747				21c.	220,747
21d.		5,000			21d.	5,000
21f.	450,000	950,000			21f.	1,400,000
21h.		5,000			21h.	5,000



SCHEDULE C **Subsidiary capital**

1. Average value.....
2. Liabilities directly or indirectly attributable to subsidiary capital
3. Net average value (line 1 less line 2)
4. Net value allocated to New York City

SCHEDULE D **Investment capital**

1. Average value
2. Liabilities directly or indirectly attributable to investment capital
3. Net average value (line 1 less line 2)
4. Value allocated to New York City

6. Cash

SCHEDULE E **Total Capital (use average values)**

1. Total assets from federal return
2. Real property and marketable securities included in line 1
3. Subtract line 2 from line 1
4. Real property and marketable securities at fair market value
5. Adjusted total asset (add lines 3 and 4)
6. Total liabilities (see instructions)

SCHEDULE F **Salaries and Compensation of certain stockholders**

1. Total Salary & All Other Compensation Received from Corporation



SCHEDULE C Subsidiary capital

COLUMN 1		COLUMN 2	COLUMN 3		TOTAL
EIN 00-0000012		EIN 00-0000013	EIN		Copy to form NYC-3A Page 6, Column B
NAME OF SUBSIDIARY GREE TC TWO SUB 1		NAME OF SUBSIDIARY ACME TC TWO SUB 2	NAME OF SUBSIDIARY		
1.		6,250,000		1.	6,250,000
2.		1,095,000		2.	1,095,000
3.		5,155,000		3.	5,155,000
4.		2,450,172		4.	2,450,172

SCHEDULE D Investment capital

1.	6,294,795	19,533,130		1.	25,827,925
2.	1,764,023	1,184,849		2.	2,948,872
3.	4,530,772	18,348,281		3.	22,879,053
4.	1,744,347	12,650,125		4.	14,394,472
6.	1,000	450,000		6.	451,000

SCHEDULE E Total Capital (use average values)

1.	40,206,236	60,845,449		1.	101,051,685
2.	5,890,005	5,109,625		2.	10,999,630
3.	34,316,231	55,735,824		3.	90,052,055
4.	9,500,000	4,250,000		4.	13,750,000
5.	43,816,231	59,985,824		5.	103,802,055
6.	19,485,825	-22,391,167		6.	-2,905,342

SCHEDULE F Salaries and Compensation of certain stockholders

1.	128,917	0		1.	128,917
----	---------	---	--	----	---------



SCHEDULE H Business allocation**PROPERTY FACTOR**

- 1a(A). NYC real estate owned
- 1a(B). Everywhere real estate owned
- 1b(A). NYC real estate rented
- 1b(B). Everywhere real estate rented
- 1c(A). NYC inventories owned.....
- 1c(B). Everywhere inventories owned
- 1d(A). NYC tangible personal property owned
- 1d(B). Everywhere tangible personal property owned
- 1e(A). NYC tangible personal property rented.....
- 1e(B). Everywhere tangible personal property rented
- 1f(A). Total NYC property (add lines 1a (A), 1b(A), 1c(A), 1d(A), 1e(A))
- 1f(B). Total Everywhere property (add lines 1a (B), 1b(B), 1c(B), 1d(B), 1e(B)).....

RECEIPTS FACTOR

Receipts in the regular course of business from:

- 2a. Sales of tangible personal property where shipments are made to points within New York City
- 2b. Everywhere sales of tangible personal property
- 2c(A). NYC services performed
- 2c(B). Everywhere services performed.....
- 2d(A). NYC rentals of property.....
- 2d(B). Everywhere rentals of property
- 2e(A). NYC royalties
- 2e(B). Everywhere royalties.....
- 2f(A). Other NYC business receipts.....
- 2f(B). Other Everywhere business receipts
- 2g(A). Total NYC receipts (add lines 2a, 2c(A), 2d(A), 2e(A), 2f(A)).....
- 2g(B). Total Everywhere receipts (add lines 2b, 2c(B), 2d(B), 2e(B), 2f(B))

PAYROLL FACTOR

- 3a(A). NYC wages, salaries and other compensation of employee, except general executive officers
- 3a(B). Everywhere wages, salaries and other compensation of employee, except general executive officers.....



SCHEDULE H Business allocation

	COLUMN 1	COLUMN 2	COLUMN 3	TOTAL
	EIN 00-0000012	EIN 00-0000013	EIN	Copy to form NYC-3A Page 8, Column B
	NAME OF SUBSIDIARY GREE TC TWO SUB 1	NAME OF SUBSIDIARY ACME TC TWO SUB 2	NAME OF SUBSIDIARY	
1a(A).	93,000	4,906,000	1a(A).	4,999,000
1a(B).	193,455	12,130,788	1a(B).	12,324,243
1b(A).	52,000	344,000	1b(A).	396,000
1b(B).	132,000	744,000	1b(B).	876,000
1c(A).		2,250,000	1c(A).	2,250,000
1c(B).		8,643,170	1c(B).	8,643,170
1d(A).			1d(A).	
1d(B).			1d(B).	
1e(A).	26,000	1,450,000	1e(A).	1,476,000
1e(B).	57,200	3,373,208	1e(B).	3,430,408
1f(A).	171,000	8,950,000	1f(A).	9,121,000
1f(B).	382,655	24,891,166	1f(B).	25,273,821
2a.	175,000	10,400,000	2a.	10,575,000
2b.	530,446	24,403,531	2b.	24,933,977
2c(A).			2c(A).	
2c(B).			2c(B).	
2d(A).		400,000	2d(A).	400,000
2d(B).		1,727,325	2d(B).	1,727,325
2e(A).			2e(A).	
2e(B).			2e(B).	
2f(A).	950	12,750,000	2f(A).	12,750,950
2f(B).	2,147	50,308,174	2f(B).	50,310,321
2g(A).	175,950	23,550,000	2g(A).	23,725,950
2g(B).	532,593	76,439,030	2g(B).	76,971,623
3a(A).	750	950,000	3a(A).	950,750
3a(B).	1,568	2,023,917	3a(B).	2,025,485



**SCHEDULES C, D, F AND G - ATTACHMENT TO FORM NYC-3A
COMBINED GENERAL CORPORATION TAX RETURN****2014****(For Reporting Corporations and/or situations in which
Form NYC-3A/B is not required - See instructions)**

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014, and ending _____

Name of Subsidiary:

Employer Identification Number of Subsidiary:

		-													
--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Reporting Corporation:

HIDE GCT TC TWO

Employer Identification Number of Reporting Corporation:

0	0	-	0	0	0	0	0	0	0	2
---	---	---	---	---	---	---	---	---	---	---

SCHEDULE C Subsidiary Capital Information

A DESCRIPTION OF SUBSIDIARY CAPITAL <small>LIST EACH ITEM (USE RIDER IF NECESSARY)</small>		B EMPLOYER IDENTIFICATION NUMBER	C % of Voting Stock Owned	D Average Value	E Liabilities Directly or In- directly Attributable to Subsidiary Capital	F Net Average Value (column C minus column D)	G Issuer's Allocation Percentage	H Value Allocated to NYC (column E x column F)
Foreign Corp #1		N/A	100.00 %	150,000	135,000	15,000	0.00 %	0
Foreign Corp #2		N/A	100.00	250,000	160,000	90,000	0.00	0
NYC Corp #1		11-1111111	100.00	1,275,000	275,000	1,000,000	100.00	1,000,000
NYC Corp #2		22-2222222	100.00	1,775,000	525,000	1,250,000	100.00	1,250,000
1. Total Cols C, D and E (including items on rider) (transfer to NYC-3A/B, schedule C, lines 1,2,and 3) 1.				3,450,000	1,095,000	2,355,000		
2. Total Column G - Allocated subsidiary capital: Transfer this total to NYC 3A/B, schedule C, line 42.								2,250,000

SCHEDULE D Investment Capital Information

A DESCRIPTION OF INVESTMENT <small>LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)</small>	B No. of Shares or Amount of Securities	C Average Value	D Liabilities Directly or Indirectly Attributable to Investment Capital	E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G Value Allocated to NYC (column E x column F)
Corporation A	100,000	15,000,000	800,000	14,200,000	25.00 %	3,550,000
Corporation B	200,000	75,000,000	600,000	74,400,000	45.60	33,926,400
Corporation C	1,000,000	100,000,000	483,231	99,516,769	60.15	59,859,337
Corporation D	500,000	36,883,231	5,000,000	31,883,231	40.45	12,896,767
1. Totals (transfer to NYC-3A/B, schedule D, lines 1, 2,3,and 4) ...1.		226,883,231	6,883,231	220,000,000		110,232,504
2. Cash - To treat cash as investment capital, you must include it on this line (transfer to NYC-3A/B, schedule D, line 6) 2.		175,637	0	175,637		
3. Investment capital (total of lines 1E and 2E) 3.				220,175,637		

SCHEDULE F Salaries and Compensation of Stockholders Information

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

Name, Country and US Zip Code (Attach rider if necessary)	Social Security Number	Official Title	Salary & All Other Compensation Received	
Doug Doe, USA, 10001	000-00-0016	CEO	1,294,635	
Jane Doe, USA, 10023	000-00-0017	CFO	1,009,528	
Tom Doe, USA, 10013	000-00-0018	COO	1,259,128	
1. Total (transfer to NYC-3A/B, schedule F, line 1)			1.	3,563,291

SCHEDULE G Business Location Information (Attach rider if necessary)

Part 1 - List location of, and rent paid or payable, if any, for each place of business INSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address			Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 123 Walnut Street			120,000	Food Manufacturing	50	5,300,000	Mfg. goods
CITY New York	STATE NY	ZIP 10001					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
Total			120,000		50	5,300,000	

Part 2 - List location of, and rent paid or payable, if any, for each place of business OUTSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address			Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 32 Any Street			80,000	Food Manufacturing & Sales	142	25,533,991	Mfg. food & Sales
CITY Anytown	STATE TX	ZIP 77287					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
Total			80,000		142	25,533,991	



CLAIM FOR REAP CREDIT APPLIED TO GENERAL CORPORATION TAX AND BANKING CORPORATION TAX

2014

ATTACH TO FORM NYC-3L, NYC-3A, NYC-1 or NYC-1A

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014 and ending _____

USE FORM NYC-9.6 IF YOU ARE FILING A CLAIM FOR EITHER A REAL ESTATE TAX ESCALATION CREDIT OR AN EMPLOYMENT OPPORTUNITY RELOCATION COSTS CREDIT. USE FORM NYC-9.8 IF YOU ARE FILING A CLAIM FOR THE LOWER MANHATTAN REAP CREDIT (LMREAP). IF YOU ARE FILING A CLAIM FOR A SALES TAX CREDIT, YOU MUST USE A FORM NYC-9.5 FOR THE APPROPRIATE PRIOR YEAR. SEE INSTRUCTIONS.

▼ Print or Type

Name as shown on NYC-3L, NYC-3A, NYC-1 or NYC-1A

HIDE GCT TC TWO

Type of Business:

Check one:

☐

COMMERCIAL

☐

INDUSTRIAL

☒

RETAIL

Corporation Tax year

for which claim is made: Date ended: month: 12, year: 2014

EMPLOYER IDENTIFICATION NUMBER

00 - 0000002

FEDERAL BUSINESS CODE

311900

Form NYC-9.5 must be attached to and submitted with General Corporation Tax Return (Form NYC-3L), Combined General Corporation Tax Return (Form NYC-3A), Banking Corporation Tax Return (Form NYC-1) or Combined Banking Corporation Tax return (Form NYC-1A) in order to claim the REAP credit.

Relocation and Employment Assistance Program (REAP) Credit

- ▲ If you have carryover credits from preceding years, complete the carryover schedule below regardless of whether you will carry over credits to the current year. Enter in column B (the applied column) the amount applied to each carryover year until the total applied agrees with the amount on line 6.

NONREFUNDABLE CREDIT APPLIED AGAINST GENERAL CORPORATION TAX OR BANKING CORPORATION TAX - SEE INSTRUCTIONS.

1. Current year's tax, including sales tax addback if applicable less the UBT Paid Credit (see instructions) 1.
2. Computation of current year's credit:
(number of eligible aggregate employment shares: .333 X the applicable amount (see instructions)) 2.
3. If line 2 is greater than line 1, enter the difference and skip lines 4 through 7. Transfer amount on line 1 to line 9 (see instructions) 3.
4. If line 2 is less than line 1, enter the difference. Complete carryover schedule below 4.
5. Total carryover credits from prior taxable years (line 8f, column A below) 5.
6. Amount of carryover credit that may be carried over to the current year.
Enter lesser of line 4 or line 5 6.
7. Total allowable credit for current year. Sum of the current year credit plus the applicable carryover from prior years. Add lines 2 and 6. Go to line 9 7.

1,891,307	
1,000	
1,890,307	
0	
0	
1,000	

REAP carryover schedule

You may not carry over the 5th preceding year's credit to next year.

- 8a. Carryover from 5th preceding year 8a.
- 8b. Carryover from 4th preceding year 8b.
- 8c. Carryover from 3rd preceding year 8c.
- 8d. Carryover from 2nd preceding year 8d.
- 8e. Carryover from 1st preceding year 8e.
- 8f. Total 8f.

COLUMN A CARRYOVER TO CURRENT YEAR (unused credit)	COLUMN B APPLIED	COLUMN C CARRYOVER TO NEXT YEAR (column A minus column B)
0		

9. Allowable nonrefundable REAP credit for current year (amount from line 1 or line 7, whichever is less) 9.

1,000

REFUNDABLE CREDIT APPLIED AGAINST GENERAL CORPORATION TAX OR BANKING CORPORATION TAX

10. COMPUTATION OF REFUNDABLE CREDIT

Number of eligible aggregate employment shares: _____ X \$3,000. 10.

0

TOTAL OF NONREFUNDABLE AND REFUNDABLE CREDITS

11. Line 9 plus line 10. Transfer amount to Form NYC-3L, Sch. A, line 8a; Form NYC-3A, Sch. A, line 10a; Form NYC-1, Sch. A, line 7a or Form NYC-1A, Sch. A, line 9a: 11.

1,000

CLAIM FOR CREDIT APPLIED TO GENERAL CORPORATION TAX

2014

ATTACH TO FORM NYC-3L OR NYC-3A

Use this form to claim:

- A. the Real Estate Tax Escalation Credit
- B. the Employment Opportunity Relocation costs Credit
- C. the Industrial Business Zone Credit.

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014 and ending _____

USE FORM NYC-9.5 IF YOU ARE FILING A CLAIM FOR A RELOCATION AND EMPLOYMENT ASSISTANCE PROGRAM (REAP) CREDIT

Print or Type ▼

Name as shown on Form NYC-3L or NYC-3A: HIDE GCT TC TWO		EMPLOYER IDENTIFICATION NUMBER <div style="border: 1px solid black; display: inline-block; padding: 2px;">00</div> - <div style="border: 1px solid black; display: inline-block; padding: 2px;">0000002</div> FEDERAL BUSINESS CODE <div style="border: 1px solid black; display: inline-block; padding: 2px;">311900</div>
Date moved into New York City: 02 — 01 — 2000	Inception date of lease: _____	
Former address: _____		

GENERAL CORPORATION TAX YEAR FOR WHICH CLAIM IS MADE. YEAR ENDED: <u>12-31-2014</u>	
TYPE OF BUSINESS: <input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL	

PART I Computation of credit

1. Real estate tax escalation credit (Section 11-604.13) (from page 2, Schedule A, line 7) 1.	300	
2. Employment opportunity relocation costs credit or IBZ credit (from page 3, Schedule B, line 6 or page 4, Schedule C, line 10) 2.		
3. TOTAL CREDITS CLAIMED (add lines 1 and 2) (include on Form NYC-3L, Schedule A, line 9a or Form NYC-3A, Sch. A, line 11a) 3.	300	

The adjustments in PART II below must be included in the New York City General Corporation Tax Return for the tax year covered by this claim for credit. If the General Corporation Tax Return has been filed without these adjustments, an amended return must be submitted with this claim form.

PART II Adjustments increasing federal taxable income

4. Real estate tax escalation excluded or deducted (line 1 above) (enter on Form NYC-3L or NYC-3A, Schedule B, line 6c (see instructions))4.	300	
5. Employment opportunity relocation costs and IBZ relocation costs excluded or deducted (line 2 above) (enter on Form NYC-3L or NYC-3A, Schedule B line 6b (see instructions))5.		

INSTRUCTIONS FOR PARTS I AND II

Form NYC-9.6 must be attached to and submitted with the General Corporation Tax Return (Form NYC-3L) or Combined General Corporation Tax Return (Form NYC-3A) in order to claim the credits described in Schedules A and B.

PART I

Enter the amounts of the credits claimed in Schedules A and B on the appropriate lines (lines 1 and 2) of part I. The total credit amount claimed (line 3) is to be included on Form NYC-3L, Schedule A, line 9a or Form NYC-3A, Schedule A, line 11a.

PART II

Taxpayers claiming these credits must make certain adjustments in com-

puting entire net income. The amounts of the various credit items claimed must be *added* to the entire net income if an exclusion or deduction for the credit item was taken in computing federal taxable income (*See Administrative Code Section 11-602.8b, subparagraphs (4-b) and (4-c).*)

Enter the required adjustments at lines 4 and 5 of part II, and on Form NYC-3L, lines 6c and 6b, or NYC-3A, Schedule B, column A, lines 6c and 6b if the adjustments relate to the reporting corporation. For the other members of the combined group, enter the amounts on NYC-3A/B. If there is only one other member of the combined group, enter the amounts for that corporation on Form NYC-3A, column B.

SCHEDULE A Real estate tax escalation credit (Administrative Code Section 11-604.13)

The real estate tax escalation credit may be claimed only if the taxpayer's eligibility to receive the credit has been approved and certified by the Industrial and Commercial Incentive Board. **No** credit will be allowed unless a copy of the Certificate of Eligibility issued by the Industrial and Commercial Incentive Board is attached to Schedule A.

A. General information

1. Number of industrial employment opportunities relocated to New York City	1.	
2. Number of commercial employment opportunities relocated to New York City	2.	10
3. TOTAL	3.	10

B. Computation of real estate tax escalation credit (see instructions)

1. *Current rent information* - for the period covered by this report, enter the following amounts if payment is required under lease:

	COLUMN A	COLUMN B	COLUMN C
a. Basic rent paid or required to be paid to landlord for premises	1a.	50,000	
b. Real estate tax payments attributable to premises	1b.	500	
c. Fuel adjustment expense paid to landlord (enter in columns A and B)	1c.		
d. Maintenance expense paid to landlord (enter in columns A and B)	1d.		
e. Other amounts paid to landlord (enter in columns A and B)	1e.		

2. *Initial rent information* - Compute amounts as if the specified rent items below were paid for same number of months as covered by this report (see instructions)

	COLUMN A	COLUMN B	COLUMN C
a. Original basic rent (see instructions)	2a.	50,000	
b. Original payments required for real estate taxes attributable to premises (see instructions)	2b.	200	
3. Increase in basic rent (line 1a less line 2a)	3.	0	
4. TOTAL column B. Add lines 1a through 1e. (enter total in columns B and C)	4.	50,500	50,500
5. TOTAL column A. Add lines 1c through 3. (enter total in columns A and C)	5.	50,200	50,200
6. Line 4 less line 5	6.		300
7. Enter amount claimed as real estate tax escalation credit (payment actually made during period covered by this report attributable to an increase or addition to the real estate taxes imposed on leased premises). This should be the same as amount entered on line 6 (if not, explain on rider) (enter on pg. 1, parts I and II, lines 1 and 4) ..	7.		300

INSTRUCTIONS FOR SCHEDULE A

A corporation subject to the General Corporation Tax that has relocated to leased premises in New York City from a location outside New York State and has created at least 100 industrial or commercial employment opportunities in the City is allowed a credit against the General Corporation Tax for the amount of any additional lease payments actually made to the taxpayer's landlord that are based solely and directly upon increased real estate taxes imposed upon the relocation premises. Before a taxpayer can claim the credit, the taxpayer's eligibility must be approved and certified by the Industrial and Commercial Incentive Board. The credit can be claimed annually for the length of the lease term, or for a period not to exceed ten years from the date of relocation, whichever period is shorter.

"Employment opportunity" means the creation of a full-time position (not less than 30 hours per week of gainful employment) for an industrial employee (one engaged in the manufacturing or assembling of tangible goods or the processing of raw materials) or commercial employee (one engaged in the buying, selling or otherwise providing of goods or services other than on a retail basis directly to the ultimate user or consumer) and the actual hiring of such employee for that position.

"Basic rent" means the rent provided for under a written lease for the use or occupancy of premises, excluding separately stated amounts required to be paid under the lease for such items as real estate taxes, maintenance expenses or fuel adjustments. If more than one premises is included in the computation of the credit, at-

tach a separate rider in the form of Schedule A for each such premises, and enter the sum of the amounts shown on such separate riders on Schedule A.

PART B, LINE 2a

Since the real estate tax escalation credit is the amount of the increased payments actually made that are solely and directly attributable to an increase or addition to the real estate taxes imposed upon the leased premises, the basic rent originally to be paid under the lease for the premises must be determined. It should be computed as an amount due for one month, notwithstanding the manner in which it is expressed in the lease for the premises. The basic monthly rent as thus determined must then be multiplied by the number of months in the taxable period covered by this report so that the period covered by this report may be compared to a comparable period based upon the basic rent originally required to be paid.

PART B, LINE 2b

If, beginning with the inception of the term, the lease for the premises requires that an amount separate from the basic rent must be paid for real estate taxes attributable to the premises, you must enter on line 2b an amount to be determined by computing the amount that would be due per month, if such required payment were figured on a monthly basis, and multiplying such amount by the number of months in the period covered by this report.

SCHEDULE B**Employment opportunity relocation costs credit (Administrative Code Section 11-604.14)**

If the taxpayer did not both relocate from outside New York State and create a minimum of ten (10) industrial or commercial employment opportunities in New York City, **do not** complete Schedule B and make **no** entry on page 1, parts I and II, lines 2 and 5, respectively.

1. Number of industrial employment opportunities relocated to New York City	Number	x \$500.00	1.		
2. Number of commercial employment opportunities relocated to New York City	Number	x \$300.00	2.		
3. TOTAL			3.		
4. Employment opportunity relocation costs incurred by the taxpayer in the relocation of the taxpayer from outside the State of New York into the City of New York (Section 11-604.14(a) (2)) ▼					
a. Cost of moving furniture, files, papers and office equipment			4a.		
b. Cost of moving and installing machinery and equipment			4b.		
c. Cost of installing telephones and other communication equipment required as a result of relocation			4c.		
d. Cost incurred in purchasing office furniture and fixtures required as a result of relocation			4d.		
e. Cost of renovating the premises to be occupied as a result of the relocation, allowable only to the extent that it does not exceed seventy-five cents (75¢) per square foot			4e.		
5. TOTAL (lines 4a through 4e)			5.		
6. Enter line 3 or line 5, whichever is less. Enter on page 1, parts I and II, lines 2 and 5			6.		

INSTRUCTIONS FOR SCHEDULE B

Effective August 30, 2005, taxpayers relocating to premises within an Industrial Business Zone established pursuant to section 22-626 of the Administrative Code for which a binding contract to purchase or lease was entered into by the taxpayer after June 30, 2005 MAY NOT take the relocation credit provided on this schedule for industrial employment opportunities but are entitled to a new one time credit for tax years beginning after December 30, 2005. See Administrative Code §§11-604.14 and 11-604.17-b as added by Chapter 635 of the Laws of 2005 and Schedule C below.

Corporations subject to the General Corporation Tax are allowed a credit against the tax for certain costs incurred in relocating commercial or industrial employment opportunities to New York City from an area outside the State of New York. In order to be eligible for this credit, a taxpayer must relocate to the City a minimum of ten such employment opportunities. The relocation costs for which the credit may be claimed are those incurred during the tax year in connection with employment opportunities relocated to the City during the tax year.

The allowable credit is based upon "employment opportunity relocation costs" incurred by the taxpayer during its taxable year, but may not exceed a maximum of:

- (a) \$300 for each commercial employment opportunity; and
- (b) \$500 for each industrial employment opportunity, relocated to the City from an area outside the State.

The relocation costs credit may be taken by the taxpayer in whole or in part in the year in which the employment opportunities are relocated by such taxpayer or in either of the two years succeeding such event.

For purposes of the credit, "employment opportunity relocation costs" means:

- a) the costs incurred by the taxpayer in moving furniture, files, papers and office equipment into the City from a location outside the State;
- b) the costs incurred by the taxpayer in moving and installing machinery and equipment into the City from a location outside the State;

- c) the costs of installing telephones and other communication equipment required as a result of the relocation to the City from a location outside the State;
- d) the cost incurred in the purchase of office furniture and fixtures required as a result of the relocation to the City from a location outside the State; and
- e) the cost of renovation of the premises to be occupied as a result of the relocation, provided, however, that such renovation costs shall be allowable only to the extent that they do not exceed seventy-five cents per square foot of the total area utilized by the taxpayer in the occupied premises.

OTHER DEFINITIONS:

- a) "Employment opportunity" means the creation of a full-time position of gainful employment for an industrial or commercial employee and the actual hiring of such employee for the position.
- b) "Industrial employee" means one engaged in the manufacturing or assembling of tangible goods or the processing of raw materials.
- c) "Commercial employee" means one engaged in the buying, selling or otherwise providing of goods or services other than on a retail basis.
- d) "Retail" means the selling or otherwise disposing of tangible goods directly to the ultimate user or consumer.
- e) "Full-time position" means a position of gainful employment where the number of hours worked by the employee is not less than 30 hours during any given work week.

SCHEDULE C Industrial Business Zone Credit (Administrative Code Section 11-604.17-b)

1. Location(s) of business operations continuously during the 24 months immediately preceding relocation

PROPERTY LOCATION		
Street Address	City & State	Zip Code

2. Date(s) of relocation _____

3. Address of business operations in the Industrial Business Zone

PROPERTY LOCATION		
Street Address	City & State	Zip Code

4. Description of Business: _____

5. Number of employees working at least 35 hours per week _____ X \$1,000 =5.

6. Number of employees working at least 15 hours but less than 35 hours per week _____ X 1/2 = _____⁰ X \$1,000 (see instr.).....6.

7. Total of lines 5 and 67.

8. Relocation costs incurred by the taxpayer (see instructions):

a. cost of moving furniture, files, papers and office equipment.....8a.

b. cost of moving and installing machinery and equipment8b.

c. cost of installing telephones and other communication equipment required as a result of relocation8c.

d. Cost of floor preparation8d.

e. Other (description and cost --attach rider if needed):

_____ 8e.

_____ 8e.

9. Total (lines 8a-8e)9.

10. Lesser of line 7 and 9 or \$100,000. Enter on page 1, parts I and II lines 2 and 5.10.

INSTRUCTIONS FOR SCHEDULE C

For taxable years beginning on or after January 1, 2006, an eligible business that first enters into a binding contract on or after July 1, 2005 to purchase or lease eligible premises to which it relocates is allowed the industrial business zone tax ("IBZ") credit, a one-time credit to be credited against its GCT liability or refunded without interest to the extent it exceeds the taxpayer's GCT liability calculated without that credit. The amount of the credit is \$1,000 per full-time employee, provided that the amount of the credit may not exceed the lesser of the actual relocation costs or \$100,000. See Ad. Code Sec. 11-604.17-b, as added by Chapter 635 of the Laws of 2005.

For purposes of this credit, the following definitions apply:

1. **"eligible business"** means any business subject to GCT that (1) has been conducting substantial business operations and engaging primarily in industrial and manufacturing activities at one or more locations within the City or outside New York State continuously during the 24 consecutive full months immediately preceding relocation, (2) has leased the premises from which it relocates continuously during the 24 consecutive full months immediately preceding relocation, (3) first enters into a binding contract on or after July 1, 2005 to purchase or lease eligible premises to which the business will relocate, (4) will be engaged primarily in industrial and manufacturing activities at the eligible premises, and (5) does not receive benefits under the REAP or Lower Manhattan REAP Program or through a grant program administered by the Business Relocation Assistance Corporation or through the New York City Printers Relocation Fund grant.
2. **"eligible premises"** means premises located entirely within an industrial business zone. For any eligible business, an industrial business zone credit will not be granted with respect to more than one eligible premises.
3. **"industrial business zone"** means an area within New York City established pursuant to section 22-626 of the Administrative Code.
4. **"industrial and manufacturing activities"** means activities involving the assembly of goods to create a different article, or the processing, fabrication, or packaging of goods. Industrial and manufacturing activities shall not include waste management or utility services.

SPECIFIC LINE INSTRUCTIONS**Line 2: "relocation"** means the physical relocation of furniture, fixtures, equipment, ma-

chinery and supplies directly to an eligible premises, from one or more locations of an eligible business, including at least one location at which such business conducts substantial business operations and engages primarily in industrial and manufacturing activities. For purposes of determining the **"date of relocation"**, enter the earlier of (1) the date of the completion of the relocation to the eligible premises, or (2) ninety days from the commencement of the relocation to the eligible premises.

Lines 5 and 6:

The amount of the credit is calculated based on the number of "full-time employees." **"Full-time employee"** means (1) one person gainfully employed in an eligible premises by an eligible business where the number of hours required to be worked by such person is not less than 35 hours per week; or (2) two persons gainfully employed in an eligible premises by an eligible business where the number of hours required to be worked by each such person is more than fifteen hours per week but less than 35 hours per week. The number of full-time employees for purpose of completing lines 5 and 6 is the average number of full-time employees, calculated on a weekly basis, employed in the eligible premises by the eligible business in the fifty-two week period immediately following the earlier of (1) the date of the completion of the relocation to eligible premises or (2) ninety days from the commencement of the relocation to the eligible premises. This credit must be taken in the taxable year in which such fifty-two week period ends.

Line 5:

Enter the average number of employees working not less than 35 hours per week.

Line 6:

Enter the average number of employees working more than 15 hours but less than 35 hours per week. If after multiplying by 1/2, the number is not a whole number, round down to the whole number.

Line 8:

"Relocation costs" means costs incurred in the relocation of the furniture, fixtures, equipment, machinery and supplies, including, but not limited to, the cost of dismantling and reassembling equipment and the cost of floor preparation necessary for the reassembly of the equipment. Relocation costs include only such costs that are incurred during the ninety-day period immediately following the commencement of the relocation to an eligible premises. Relocation costs do not include costs for structural or capital improvements or items purchased in connection with the relocation.

SCHEDULE OF NEW YORK CITY DEPRECIATION ADJUSTMENTS

DO NOT USE THIS FORM TO REPORT ADJUSTMENTS RELATING TO BONUS DEPRECIATION ALLOWED BY IRC SECTION 168(k) OR THE SPECIAL DEPRECIATION ADJUSTMENTS FOR CERTAIN SPORT UTILITY VEHICLES. USE FORM NYC-399Z.

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ and ending _____

Name (Print or Type)

HIDE GCT TC TWO

▲ Federal Form 4562 must accompany this form.

▲ This schedule must be attached to your applicable New York City tax return.

▲ See instructions on back.

EMPLOYER IDENTIFICATION NUMBER

A diagram showing base ten blocks. On the left, there is one ten rod (a vertical rectangle divided into ten horizontal sections) and two unit cubes (smaller vertical rectangles). To the right of these is a minus sign. Further right is another ten rod, which is divided into ten horizontal sections. The first eight sections are empty, and the last two sections on the right contain two unit cubes.

OR

SOCIAL SECURITY NUMBER

SCHEDULE A

Computation of allowable New York City depreciation for current year

Attach rider if necessary

A Description of Property	B Class of Property (ACRS)	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Depreciation Taken in Prior Years	F Federal ACRS Deduction	G Method of Figuring NYC Depreciation	H Life or Rate	I Allowable New York City Depreciation
Food Processors	15	01-01-06	3,625,000	1,795,882	186,236	S/L	17	213,235
Packing Equipment	10	01-01-08	3,625,000	1,553,571	307,069	S/L	14	258,929
Shipping Equipment	10	01-01-10	3,625,000	1,035,714	307,269	S/L	14	258,929
Computers	5	01-01-13	3,625,000	0	669,370	S/L	7	518,907
1. Total columns D, E, F, and I.....			14,500,000	4,385,167	1,469,944			1,250,000

Enter total of columns F and I on line 4 and line 5 of Schedule C below. (See instructions on back.)

SCHEDULE B

Disposition adjustment for property acquired on or after January 1, 1981

Attach rider if necessary

For each item of property listed below, determine the difference between federal ACRS and New York City depreciation used in the computation of federal and New York City taxable income in prior years.

- ◆ If ACRS deduction exceeds New York City depreciation, subtract column E from column D and enter in column F.
- ◆ If New York City depreciation exceeds ACRS, subtract column D from column E and enter in column G.

A Description of Property	B Class of Property (ACRS)	C Date Placed in Service; mm-dd-yy	D Total ACRS Deduction Taken	E Total NYC Depreciation Taken	F Adjustment (D <i>minus</i> E)	G Adjustment (E <i>minus</i> D)
2. Total excess ACRS deductions over NYC depreciation deductions (<i>see instructions</i>) ..						
3. Total excess NYC depreciation deductions over ACRS deductions (<i>see instructions</i>) ..						

SCHEDULE C

Computation of adjustments to New York City income

	A. Federal	B. New York City
4. Enter amount from Schedule A, line 1, column F	1,469,944	
5. Enter amount from Schedule A, line 1, column I.....		1,250,000
6. Enter amount from Schedule B, line 2		
7. Enter amount from Schedule B, line 3		
8. Totals: column A, lines 4 and 7; column B, lines 5 and 6	1,469,944	1,250,000

Enter the amount on line 8, column A, the federal adjustment, as an addition and the amount on line 8, column B, the New York City adjustment, as a deduction on the applicable New York City return.

00511491

NYC-399 - 2014

**SCHEDULES C, D, F AND G - ATTACHMENT TO FORM NYC-3A
COMBINED GENERAL CORPORATION TAX RETURN****2014****(For Reporting Corporations and/or situations in which
Form NYC-3A/B is not required - See instructions)**

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014, and ending _____

Name of Subsidiary:

GREE TC TWO SUB1

Employer Identification Number of Subsidiary:

0 0 - 0 0 0 0 0 1 2

Name of Reporting Corporation:

HIDE GCT TC TWO

Employer Identification Number of Reporting Corporation:

0 0 - 0 0 0 0 0 0 2

SCHEDULE C Subsidiary Capital Information

A DESCRIPTION OF SUBSIDIARY CAPITAL LIST EACH ITEM (USE RIDER IF NECESSARY)		B % of Voting Stock Owned	C Average Value	D Liabilities Directly or In- directly Attributable to Subsidiary Capital	E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G Value Allocated to NYC (column E x column F)
	EMPLOYER IDENTIFICATION NUMBER	%				%	
1. Total Cols C, D and E (including items on rider) (transfer to NYC-3A/B, schedule C, lines 1,2,and 3) 1.							
2. Total Column G - Allocated subsidiary capital: Transfer this total to NYC 3A/B, schedule C, line 42.							

SCHEDULE D Investment Capital Information

A DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	B No. of Shares or Amount of Securities	C Average Value	D Liabilities Directly or Indirectly Attributable to Investment Capital	E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G Value Allocated to NYC (column E x column F)
Corporation X	100,000	6,294,795	1,764,023	4,530,772	38.50 %	1,744,347
4. Totals (transfer to NYC-3A/B, schedule D, lines 1, 2,3,and 4) ...1.		6,294,795	1,764,023	4,530,772		1,744,347
2. Cash - To treat cash as investment capital, you must include it on this line (transfer to NYC-3A/B, schedule D, line 6) 2.		1,000	0	1,000		
3. Investment capital (total of lines 1E and 2E) 3.				4,531,772		

SCHEDULE F Salaries and Compensation of Stockholders Information

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

Name, Country and US Zip Code (Attach rider if necessary)	Social Security Number	Official Title	Salary & All Other Compensation Received	
Alex Doe, USA, 10001	000-00-0019	Treasurer	128,917	

1. Total (transfer to NYC-3A/B, schedule F, line 1) 1. 128,917

SCHEDULE G Business Location Information (Attach rider if necessary)**Part 1 -** List location of, and rent paid or payable, if any, for each place of business INSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 458 Oak Street	6,500	Performing Arts	100	750	Teach dance
CITY New York					
STATE NY					
ZIP 10023					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
Total	6,500		100	750	

Part 2 - List location of, and rent paid or payable, if any, for each place of business OUTSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 60 Any Street	10,000	Performing Arts	1	816	Teach dance
CITY Anytown					
STATE TX					
ZIP 78621					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
Total	10,000		1	816	



DEPRECIATION ADJUSTMENTS FOR CERTAIN POST 9/10/01 PROPERTY

 For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ and ending _____

Name (Print or Type)

GREE TC TWO SUB1

EMPLOYER IDENTIFICATION NUMBER

00 - 0000012

OR

SOCIAL SECURITY NUMBER

- - - - - - - - - -

- ▲ Federal Form 4562 must accompany this form.
- ▲ This schedule must be attached to your applicable New York City tax return.
- ▲ See instructions on back.
- ▲ Use Schedule A2 to report modifications to the deductions for certain sport utility vehicles, not Schedule A1. See instructions.

SCHEDULE A1		Computation of allowable New York City depreciation for current year						Attach rider if necessary
A Description of Property	B Class of Property	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Depreciation Taken in Prior Years	F Federal Depreciation	G Method of Figuring NYC Depreciation	H Life or Rate	I Allowable New York City Depreciation
Machinery	15	01-01-14	4,500,000	0	1,630,000	S/L	15	300,000
1a. Total columns D, E, F, and I.....			4,500,000	0	1,630,000			300,000

Enter total of columns F and I on line 4 and line 5 of Schedule C below. (See instructions on back.)

SCHEDULE A2		Computation of NYC deductions for current year for sport utility vehicles						Attach rider if necessary
A Description of Property	B Class of Property	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Deductions Taken in Prior Years	F Federal Depreciation and Section 179 Deductions	G Method of Figuring NYC Depreciation	H Life or Rate	I Total Allowable New York City Deductions
1b. Total columns D, E, F, and I.....								

SCHEDULE B		Disposition adjustment			Attach rider if necessary	
For each item of property listed below, determine the difference between federal and New York City deductions used in the computation of federal and New York City taxable income in prior years.						
▲ If federal deduction exceeds New York City deduction, subtract column E from column D and enter in column F.						
▲ If New York City deduction exceeds federal, subtract column D from column E and enter in column G.						
A	B	C	D	E	F	G
Description of Property	Class of Property (ACRS)	Date Placed in Service: mm-dd-yy	Total Federal Depreciation Taken	Total NYC Depreciation Taken	Adjustment (D minus E)	Adjustment (E minus D)
2. Total excess federal deductions over NYC deductions (see instructions)						
3. Total excess NYC deductions over federal deductions (see instructions)						0

SCHEDULE C			Computation of adjustments to New York City income	
		A. Federal	B. New York City	
4. Enter amount from Schedule A1, line 1a, column F	4.	1,630,000		
5. Enter amount from Schedule A1, line 1a, column I	5.		300,000	
6a. Enter amount from Schedule A2, line 1b, Column F	6a.			
6b. Enter amount from Schedule A2, line 1b, Column I	6b.			
7a. Enter amount from Schedule B, line 2	7a.			
7b. Enter amount from Schedule B, line 3	7b.			
8. Totals: column A, lines 4, 6a and 7b; column B, lines 5, 6b and 7a.	8.	1,630,000	300,000	

Enter the amount on line 8, column A, as an addition and the amount on line 8, column B, as a deduction on the applicable New York City return. (See instr.)

GENERAL INFORMATION

The Job Creation and Worker Assistance Act of 2002, P.L. 107-147, (the "Act") allows taxpayers an additional 30 percent depreciation deduction in the first year "qualified property" is placed in service. The Act allows a similar additional 30 percent first-year depreciation deduction for "qualified New York Liberty Zone property" and allows "qualified New York Liberty Zone leasehold improvements" to be depreciated over a five-year period using a straight-line method. The Act also allows an additional first-year expense deduction of up to \$35,000 for "qualified New York Liberty Zone property" under IRC §179 in addition to the otherwise allowable deduction. The Jobs and Growth Tax Relief Reconciliation Act of 2003, P.L. 108-27, (the "2003 Act") increased the first year federal depreciation deduction for certain qualified property to 50%.

The New York Liberty Zone generally encompasses an area of the borough of Manhattan below Canal Street. "Qualified property" (as defined in IRC §168(k)(2)) generally includes certain personal

property acquired after September 10, 2001 and before January 1, 2005 and placed in service after September 10, 2001 and before January 1, 2005 or 2006 in certain circumstances. The 2003 Act modified the definition of "qualified property" to provide that to qualify for the 50% deduction, the property must be acquired after May 5, 2003 and before January 1, 2005 and placed into service before January 1, 2005 or 2006 in certain circumstances. "Qualified New York Liberty Zone property" (as defined in IRC §1400L(b)(2)) generally includes the same types of personal property if used substantially in the New York Liberty Zone in connection with the active conduct of a trade or business in the New York Liberty Zone where the original use began with the taxpayer in the Liberty Zone after September 10, 2001. It also includes certain real property acquired to replace property damaged or destroyed in the attacks on the World Trade Center on September 11, 2001. For New York City tax purposes, property that qualifies as both "qualified property" and "qualified New York Liberty Zone property" will be eligible for enhanced depreciation and IRC §179 benefits as "qualified New York Liberty Zone property."



**SCHEDULES C, D, F AND G - ATTACHMENT TO FORM NYC-3A
COMBINED GENERAL CORPORATION TAX RETURN****2014****(For Reporting Corporations and/or situations in which
Form NYC-3A/B is not required - See instructions)**

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014, and ending _____

Name of Subsidiary:

ACME TC TWO SUB2

Employer Identification Number of Subsidiary:

0 0 - 0 0 0 0 0 1 3

Name of Reporting Corporation:

HIDE GCT TC TWO

Employer Identification Number of Reporting Corporation:

0 0 - 0 0 0 0 0 0 2

SCHEDULE C Subsidiary Capital Information

A DESCRIPTION OF SUBSIDIARY CAPITAL LIST EACH ITEM (USE RIDER IF NECESSARY)		B EMPLOYER IDENTIFICATION NUMBER	C % of Voting Stock Owned	D Average Value	E Liabilities Directly or In- directly Attributable to Subsidiary Capital	F Net Average Value (column C minus column D)	G Issuer's Allocation Percentage	H Value Allocated to NYC (column E x column F)
Domestic Corp		33-3333333	80.00 %	6,250,000	1,095,000	5,155,000	47.53 %	2,450,172
1. Total Cols C, D and E (including items on rider) (transfer to NYC-3A/B, schedule C, lines 1,2,and 3) 1.				6,250,000	1,095,000	5,155,000		
2. Total Column G - Allocated subsidiary capital: Transfer this total to NYC 3A/B, schedule C, line 42.								2,450,172

SCHEDULE D Investment Capital Information

A DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	B No. of Shares or Amount of Securities	C Average Value	D Liabilities Directly or Indirectly Attributable to Investment Capital	E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G Value Allocated to NYC (column E x column F)
Corporation Y	200,000	10,000,000	1,000,000	9,000,000	47.50 %	4,275,000
Corporation Z	500,000	9,533,130	184,849	9,348,281	89.59	8,375,125
1. Totals (transfer to NYC-3A/B, schedule D, lines 1, 2,3,and 4) ...1.		19,533,130	1,184,849	18,348,281		12,650,125
2. Cash - To treat cash as investment capital, you must include it on this line (transfer to NYC-3A/B, schedule D, line 6) 2.		450,000	0	450,000		
3. Investment capital (total of lines 1E and 2E) 3.				18,798,281		

SCHEDULE F **Salaries and Compensation of Stockholders Information**

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

Name, Country and US Zip Code (Attach rider if necessary)	Social Security Number	Official Title	Salary & All Other Compensation Received	

1. Total (transfer to NYC-3A/B, schedule F, line 1)

1.

SCHEDULE G **Business Location Information (Attach rider if necessary)**

Part 1 - List location of, and rent paid or payable, if any, for each place of business **INSIDE** New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address			Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 768 Elm Street			43,000	Sales	105	950,000	Sales
CITY Brooklyn	STATE NY	ZIP 11201					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
Total			43,000		105	950,000	

Part 2 - List location of, and rent paid or payable, if any, for each place of business **OUTSIDE** New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address			Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 61 Any Street			50,000	Crop Production	225	1,073,917	Crop Production
CITY Anytown	STATE TX	ZIP 78621					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
Total			50,000		225	1,073,917	



DEPRECIATION ADJUSTMENTS FOR CERTAIN POST 9/10/01 PROPERTY

 For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ and ending _____

Name (Print or Type)

ACME TC TWO SUB2

EMPLOYER IDENTIFICATION NUMBER

00 - 0000013

OR

SOCIAL SECURITY NUMBER

- - - - - - - - - -

- ▲ Federal Form 4562 must accompany this form.
- ▲ This schedule must be attached to your applicable New York City tax return.
- ▲ See instructions on back.
- ▲ Use Schedule A2 to report modifications to the deductions for certain sport utility vehicles, not Schedule A1. See instructions.

SCHEDULE A1		Computation of allowable New York City depreciation for current year						Attach rider if necessary
A Description of Property	B Class of Property	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Depreciation Taken in Prior Years	F Federal Depreciation	G Method of Figuring NYC Depreciation	H Life or Rate	I Allowable New York City Depreciation
Computers	5	01-01-13	10,795	2,150	3,598	S/L	5	2,150
Telephones	5	01-01-10	15,000	4,384	4,002	S/L	7	2,142
1a. Total columns D, E, F, and I.....			25,795	6,534	7,600			4,292

Enter total of columns F and I on line 4 and line 5 of Schedule C below. (See instructions on back.)

SCHEDULE A2		Computation of NYC deductions for current year for sport utility vehicles						Attach rider if necessary
A Description of Property	B Class of Property	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Deductions Taken in Prior Years	F Federal Depreciation and Section 179 Deductions	G Method of Figuring NYC Depreciation	H Life or Rate	I Total Allowable New York City Deductions
1b. Total columns D, E, F, and I.....								

SCHEDULE B			Disposition adjustment			Attach rider if necessary	
For each item of property listed below, determine the difference between federal and New York City deductions used in the computation of federal and New York City taxable income in prior years.							
▲ If federal deduction exceeds New York City deduction, subtract column E from column D and enter in column F.							
▲ If New York City deduction exceeds federal, subtract column D from column E and enter in column G.							
A	B	C	D	E	F	G	
Description of Property	Class of Property (ACRS)	Date Placed in Service: mm-dd-yy	Total Federal Depreciation Taken	Total NYC Depreciation Taken	Adjustment (D minus E)	Adjustment (E minus D)	
2. Total excess federal deductions over NYC deductions (see instructions)							
3. Total excess NYC deductions over federal deductions (see instructions)							0

SCHEDULE C			Computation of adjustments to New York City income	
		A. Federal	B. New York City	
4. Enter amount from Schedule A1, line 1a, column F	4.	7,600		
5. Enter amount from Schedule A1, line 1a, column I	5.		4,292	
6a. Enter amount from Schedule A2, line 1b, Column F	6a.			
6b. Enter amount from Schedule A2, line 1b, Column I	6b.			
7a. Enter amount from Schedule B, line 2	7a.			
7b. Enter amount from Schedule B, line 3	7b.			
8. Totals: column A, lines 4, 6a and 7b; column B, lines 5, 6b and 7a.	8.	7,600	4,292	

Enter the amount on line 8, column A, as an addition and the amount on line 8, column B, as a deduction on the applicable New York City return. (See instr.)

GENERAL INFORMATION

The Job Creation and Worker Assistance Act of 2002, P.L. 107-147, (the "Act") allows taxpayers an additional 30 percent depreciation deduction in the first year "qualified property" is placed in service. The Act allows a similar additional 30 percent first-year depreciation deduction for "qualified New York Liberty Zone property" and allows "qualified New York Liberty Zone leasehold improvements" to be depreciated over a five-year period using a straight-line method. The Act also allows an additional first-year expense deduction of up to \$35,000 for "qualified New York Liberty Zone property" under IRC §179 in addition to the otherwise allowable deduction. The Jobs and Growth Tax Relief Reconciliation Act of 2003, P.L. 108-27, (the "2003 Act") increased the first year federal depreciation deduction for certain qualified property to 50%.

The New York Liberty Zone generally encompasses an area of the borough of Manhattan below Canal Street. "Qualified property" (as defined in IRC §168(k)(2)) generally includes certain personal

property acquired after September 10, 2001 and before January 1, 2005 and placed in service after September 10, 2001 and before January 1, 2005 or 2006 in certain circumstances. The 2003 Act modified the definition of "qualified property" to provide that to qualify for the 50% deduction, the property must be acquired after May 5, 2003 and before January 1, 2005 and placed into service before January 1, 2005 or 2006 in certain circumstances. "Qualified New York Liberty Zone property" (as defined in IRC §1400L(b)(2)) generally includes the same types of personal property if used substantially in the New York Liberty Zone in connection with the active conduct of a trade or business in the New York Liberty Zone where the original use began with the taxpayer in the Liberty Zone after September 10, 2001. It also includes certain real property acquired to replace property damaged or destroyed in the attacks on the World Trade Center on September 11, 2001. For New York City tax purposes, property that qualifies as both "qualified property" and "qualified New York Liberty Zone property" will be eligible for enhanced depreciation and IRC §179 benefits as "qualified New York Liberty Zone property."



GCT Test Case Three

Begins on the next page

Taxpayer name	ANYW GCT TC THREE
EIN	00-0000003
Primary Form	NYC-3L
Associated Form(s)	None
Attachments	None
Purpose of test	Generic Form
Other instructions	None



For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014 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 Instructions)☐ Check box if a pro-forma federal return is attached☐ Check box if you claim any 9/11/01-related federal tax benefits. (See Inst.)Enter 2-character special condition code, if applicable. (See instructions): A B

Name ANYW GCT TC THREE	
In Care Of	
Address (number and street) 35 ANY STREET	
City and State ANYTOWN, NY	Zip Code 10006
Business Telephone Number 888-555-1212	Date business began in NYC 08/01/1985

Taxpayer's Email Address: poppypeed@FI.com	
EMPLOYER IDENTIFICATION NUMBER 00 - 00000003	
BUSINESS CODE NUMBER AS PER FEDERAL RETURN 522293	

SCHEDULE A Computation of Tax - BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

A. Payment		Amount being paid electronically with this return		A.		Payment Amount	
						347,264	
1.	Allocated net income (from Schedule B, line 27)	1.	38,834,479	x .0885	1.	3,436,851	
2a.	Allocated capital (from Schedule E, line 14)	2a.	495,262,222	x .0015	2a.	742,893	
2b.	Total allocated capital - Cooperative Housing Corps.	2b.		x .0004	2b.		
2c.	Cooperatives - enter:	BORO	BLOCK	LOT			
3.	Alternative Tax (from Alternative Tax Schedule on page 2) (see instructions)	3.				514,997	
4.	Minimum tax (see instructions) - NYC Gross Receipts:		0		4.	25	
5.	Allocated subsidiary capital (see instructions)	5.	0	x .00075	5.	0	
6.	Tax (line 1, 2a, 2b, 3 or 4, whichever is largest, PLUS line 5)	6.				3,436,851	
7.	UBT Paid Credit (attach Form NYC-9.7)	7.					
8a.	REAP Credit (attach Form NYC-9.5)	8a.					
8b.	LMREAP Credit (attach Form NYC-9.8)	8b.					
9a.	Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6)	9a.					
9b.	Biotechnology Credit (attach Form NYC-9.10)	9b.					
10.	Net tax after credits (line 6 less total of lines 7, 8a, 8b, 9a and 9b)	10.				3,436,851	
11.	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 2 of Form NYC-EXT	11a.					
	(b) If application for extension has not been filed and line 10 exceeds \$1,000, enter 25% of line 10	11b.				859,213	
12.	Sales tax addback per Admin. Code §11-604.12(c) and 11-604.17a(c) (see instructions)	12.					
13.	Total of lines 10, 11a, 11b and 12	13.				4,296,064	
14.	Prepayments (from Prepayments Schedule, page 2, line G) (see instructions)	14.				4,000,000	
15.	Balance due (line 13 less line 14)	15.				296,064	
16.	Overpayment (line 14 less line 13)	16.					
17a.	Interest (see instructions)	17a.	50,000				
17b.	Additional charges (see instructions)	17b.	1,200				
17c.	Penalty for underpayment of estimated tax (attach Form NYC-222)	17c.					
18.	Total of lines 17a, 17b and 17c	18.				51,200	
19.	Net overpayment (line 16 less line 18)	19.					
20.	Amount of line 19 to be: (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 20c OR <input type="checkbox"/> Paper check	20a.					
	(b) Credited to 2015 estimated tax	20b.					
20c.	Routing Number	Account Number	ACCOUNT TYPE				
			Checking <input type="checkbox"/> Savings <input type="checkbox"/>				
21.	TOTAL REMITTANCE DUE (see instructions)	21.				347,264	

SCHEDULE A - Continued **Computation of Tax** - BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

- 21a. Issuer's allocation percentage (from Schedule E, line 15)
22. NYC rent deducted on federal tax return or NYC rent from Schedule G, Part 1.
THIS LINE MUST BE COMPLETED (see instr.)
23. Federal return filed:
☒ 1120 ☐ 1120C ☐ 1120S ☐ 1120F ☐ 1120-RIC ☐ 1120-REIT ☐ 1120H ☐ Other/None
24. Gross receipts or sales from federal return
25. EIN of Parent Corporation -
26. Total assets from federal return
27. EIN of Common Parent Corporation..... -
28. Compensation of stockholders (from Sched. F, line 1)
29. Business allocation percentage (from Schedule H, line 5) - if not allocating, enter 100%

21a.	71.79 %	
22.	0	
23.		
24.	0	
25.		
26.	250,306,361	
27.		
28.	0	
29.	100.00 %	

COMPOSITION OF PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 14	DATE	AMOUNT
A. Mandatory first installment paid with preceding year's tax		400,000
B. Payment with Declaration, Form NYC-400 (1)	03-17-2014	1,500,000
C. Payment with Notice of Estimated Tax Due (2)	06-16-2014	2,100,000
D. Payment with Notice of Estimated Tax Due (3)		
E. Payment with extension, Form NYC-EXT		
F. Overpayment from preceding year credited to this year		
G. TOTAL of A through F (enter on Schedule A, line 14)		4,000,000

ALTERNATIVE TAX SCHEDULE

Refer to page 7 of instructions before computing the alternative tax.

Net income/loss (See instructions)	1.	\$	38,834,479
Enter 100% of salaries and compensation for the taxable year paid to stockholders owning more than 5% of the taxpayer's stock. (See instr.)	2.	\$	0
Total (line 1 plus line 2)	3.	\$	38,834,479
Statutory exclusion - Enter \$40,000. (if return does not cover an entire year, exclusion must be prorated based on the period covered by the return) .	4.	\$	40,000
Net amount (line 3 minus line 4)	5.	\$	38,794,479
15% of net amount (line 5 x 15%)	6.	\$	5,819,172
Investment income to be allocated (amount on Schedule B, line 23b x 15%. Do not enter more than the amount on line 6 above. Enter "0" if not applicable.)	7.	\$	
Business income to be allocated (line 6 minus line 7)	8.	\$	5,819,172
Allocated investment income (line 7 x investment allocation % from Schedule D, line 2F)	9.	\$	
Allocated business income (line 8 x business allocation % from Schedule H, line 5)	10.	\$	5,819,172
Taxable net income (line 9 plus line 10)	11.	\$	5,819,172
Tax rate	12.		8.85% (.0885)
Alternative tax (line 11 x line 12) Transfer amount to page 1, Schedule A, line 3	13.	\$	514,997



30221491

SCHEDULE B Computation and Allocation of Entire Net Income

1.	Federal taxable income before net operating loss deduction and special deductions (see instructions).....	1.	43,714,092	
2.	Interest on federal, state, municipal and other obligations not included in line 1 above (see instructions).....	2.		
3.	Deductions directly attributable to subsidiary capital (attach list) (see instructions).....	3.	120,387	
4.	Deductions indirectly attributable to subsidiary capital (attach list) (see instructions).....	4.		
5a.	NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (attach rider) (see instr.)....	5a.		
5b.	NYC General Corporation Tax deducted on federal return (see instructions)	5b.		
6.	New York City adjustments relating to (see instructions):			
	(a) Sales and compensating use tax credit	6a.		
	(b) Employment opportunity relocation costs credit and IBZ credit.....	6b.		
	(c) Real estate tax escalation credit	6c.		
	(d) ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399Z).....	6d.		
7.	Additions:			
	(a) Payment for use of intangibles	7a.		
	(b) Domestic Production Activities Deduction (see instructions).....	7b.		
	(c) Other (see instructions) (attach rider)	7c.		
8.	Total additions (add lines 1 through 7c)	8.	43,834,479	
9a.	Dividends from subsidiary capital (itemize on rider) (see instr.)	9a.	5,000,000	
9b.	Interest from subsidiary capital (itemize on rider) (see instructions).....	9b.		
9c.	Gains from subsidiary capital	9c.		
10.	50% of dividends from nonsubsidiary corporations (see instructions).....	10.		
11.	New York City net operating loss deduction (attach Form NYC-NOLD-GCT) (see instr.).....	11.		
12.	Gain on sale of certain property acquired prior to 1/1/66 (see instructions)	12.		
13.	NYC and NYS tax refunds included in Sch. B, line 8 (see instructions)	13.		
14.	Sales tax refunds or credits from vendors or New York State. Also include on page 1, Sch. A, line 12 (see instr.).....	14.		
15.	Wages and salaries subject to federal jobs credit (attach federal Form 5884 (see instructions)	15.		
16.	Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instr.).....	16.		
17.	Other deductions: (see instructions) (attach rider)	17.		
18.	Total deductions (add lines 9a through 17).....	18.	5,000,000	
19.	Entire net income (line 8 less line 18) (see instructions)	19.	38,834,479	
20.	If the amount in line 19 is not correct, enter correct amount here and explain on rider (see instr.)	20.		
21.	Investment income - (complete lines a through h below) (see instructions)			
	(a) Dividends from nonsubsidiary stocks held for investment (see instructions)	21a.		
	(b) Interest from investment capital (include federal, state and municipal obligations) (itemize on rider)	21b.		
	(c) Net capital gain (loss) from sales or exchanges of nonsubsidiary securities held for investment (itemize on rider or attach Federal Schedule D)	21c.		
	(d) Income from assets included on line 3 of Schedule D.....	21d.		
	(e) Add lines 21a through 21d inclusive.....	21e.		
	(f) Deductions directly or indirectly attributable to investment income (attach list) (see instructions)	21f.		
	(g) Balance (subtract line 21f from line 21e)	21g.		
	(h) Interest on bank accounts included in income reported on line 21d	21h.		
22.	New York City net operating loss deduction apportioned to investment income (attach rider) (see instr.).....	22.		
23a.	Investment income (line 21g less line 22)	23a.		
23b.	Investment income to be allocated (see instructions).....	23b.		
24.	Business income to be allocated (line 19 or line 20 less line 23b)	24.	38,834,479	
25.	Allocated investment income (line 23b multiplied by: _____ % - Schedule D, line 2) (see instr.)	25.		
26.	Allocated business income (line 24 multiplied by: 100.00 % - Schedule H, line 5)	26.	38,834,479	
27.	Total allocated net income (line 25 plus line 26 (enter at Schedule A, line 1))	27.	38,834,479	

S CORPORATIONS
see instructions
for line 1



30231491

ATTACH ALL PAGES OF FEDERAL RETURN

SCHEDULE C Subsidiary Capital and Allocation

A DESCRIPTION OF SUBSIDIARY CAPITAL LIST EACH ITEM (USE RIDER IF NECESSARY)		B EMPLOYER IDENTIFICATION NUMBER	C % of Voting Stock Owned	D Average Value	E Liabilities Directly or In- directly Attributable to Subsidiary Capital	F Net Average Value (column C minus column D)	G Issuer's Allocation Percentage	H Value Allocated to NYC (column E x column F)
Foreign Finance Corp		n/a	90.00 %	194,635,081	0	194,635,081	0.00 %	0
1. Total Cols C, D and E (including items on rider)				194,635,081	0	194,635,081		
2. Total Column G - Allocated subsidiary capital: Transfer this total to Schedule A, line 5								0

SCHEDULE D Investment Capital and Allocation

A DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	B No. of Shares or Amount of Securities	C Average Value	D Liabilities Directly or Indirectly Attributable to Investment Capital	E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G Value Allocated to NYC (column E x column F)	H Gross Income from Investment
					%		
1. Totals (including items on rider)	1.						
2. Investment allocation percentage (line 1G divided by line 1E rounded to the nearest one hundredth of a percentage point)	2.				%		
3. Cash - (To treat cash as investment capital, you must include it on this line.)	3.						
4. Investment capital (total of lines 1E and 3E - enter on Schedule E, line 10)	4.						

SCHEDULE E Computation and Allocation of CapitalBasis used to determine average value in column C. **Check one.** (Attach detailed schedule.)

- ☒ - Annually
 ☐ - Semi-annually
 ☐ - Quarterly
☐ - Monthly
 ☐ - Weekly
 ☐ - Daily

	COLUMN A Beginning of Year	COLUMN B End of Year		COLUMN C Average Value
1. Total assets from federal return	139,488,245	250,306,361	1.	194,897,303
2. Real property and marketable securities included in line 1	100,000,000	110,000,000	2.	105,000,000
3. Subtract line 2 from line 1			3.	89,897,303
4. Real property and marketable securities at fair market value	500,000,000	700,000,000	4.	600,000,000
5. Adjusted total assets (add lines 3 and 4)			5.	689,897,303
6. Total liabilities (see instructions)	0	0	6.	0
7. Total capital (column C, line 5 less column C, line 6)			7.	689,897,303
8. Subsidiary capital (Schedule C, column E, line 1)			8.	194,635,081
9. Business and investment capital (line 7 less line 8) (see instructions)			9.	495,262,222
10. Investment capital (Schedule D, line 4) (see instructions)			10.	
11. Business capital (line 9 less line 10)			11.	495,262,222
12. Allocated investment capital (line 10 x _____ % from Schedule D, line 2)			12.	
13. Allocated business capital (line 11 x 100.00 % from Schedule H, line 5)			13.	495,262,222
14. Total allocated business and investment capital (line 12 plus line 13) (enter at Schedule A, line 2a or 2b)			14.	495,262,222
15. Issuer's allocation percentage (sum of Sch. E, line 14 and Sch. C, col. G, line 2 ÷ Sch. E, line 7 rounded to the nearest one hundredth of a percentage point) (enter on page 2 - line 21a. See Instr.)			15.	71.79 %

SCHEDULE F Certain Stockholders

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

Name, Country and US Zip Code (Attach rider if necessary)	Social Security Number	Official Title	Salary & All Other Compensation Received from Corporation (If none, enter "0")

1. Total, including any amount on rider. (Enter on Schedule A, line 28) 1. 0

SCHEDULE G Complete this schedule if business is carried on both inside and outside NYC**Part 1 -** List location of, and rent paid or payable, if any, for each place of business INSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location. (Attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
Total					

Part 2 - List location of, and rent paid or payable, if any, for each place of business OUTSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location. (Attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
Total					

SCHEDULE H Business Allocation - see instructions before completing this schedule

1. Did you make an election to use fair market value in the property factor? 1. ☐ Yes ☐ No
2. If this is your first tax year, are you making the election to use fair market value in the property factor? 2. ☐ Yes ☐ No

	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1a. Real estate owned	1a.	1a.
1b. Real estate rented - multiply by 8 (see instr.) (attach rider)	1b.	1b.
1c. Inventories owned.....	1c.	1c.
1d. Tangible personal property owned (see instructions).....	1d.	1d.
1e. Tangible personal property rented - multiply by 8 (see instr.).....	1e.	1e.
1f. Total	1f.	1f.
1g. Percentage in New York City (column A divided by column B)		1g. %
1h. Multiply line 1g by 13.5		1h.

Receipts in the regular course of business from:

2a. Sales of tangible personal property where shipments are made to points within New York City	2a.	
2b. All sales of tangible personal property	2b.	
2c. Services performed	2c.	
2d. Rentals of property.....	2d.	
2e. Royalties	2e.	
2f. Other business receipts	2f.	
2g. Total.....	2g.	
2h. Percentage in New York City (col. A of line 2g divided by col. B)	2h.	%
2i. Multiply line 2h by 73.....	2i.	

3a. Wages, salaries and other compensation of employees, except general executive officers (see instructions) ... 3a.	3a.	
3b. Percentage in New York City (column A divided by column B)	3b.	%
3c. Multiply line 3b by 13.5	3c.	

Weighted Factor Allocation

4a. Add lines 1h, 2i and 3c.....	4a.	
4b. Divide line 4a by 100 if no factors are missing. If a factor is missing, divide line 4a by the total of the weights of the factors present. Enter as percentage. Round to the nearest one hundredth of a percentage point.	4b.	%

Business Allocation Percentage

5. Enter percentage from line 4b. (If using Schedule I, enter percentage from part 1, line 8 or part 2, line 2). See instructions.	5.	100.00 %
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SCHEDULE I Business Allocation for Aviation Corporations and Corporations Operating Vessels**Part 1 Business allocation for aviation corporations**

		AVERAGE FOR THE YEAR	
		COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1. Aircraft arrivals and departures	1.		
2. New York City percentage (column A divided by column B)	2.		%
3. Revenue tons handled	3.		
4. New York City percentage (column A divided by column B)	4.		%
5. Originating revenue	5.		
6. New York City percentage (column A divided by column B)	6.		%
7. Total of lines 2,4 and 6	7.		%
8. Allocation percentage (line 7 divided by three rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 5)	8.		%

Part 2 Business allocation for corporations operating vessels in foreign commerce

		COLUMN A - NEW YORK CITY TERRITORIAL WATERS	COLUMN B - EVERYWHERE
1. Aggregate number of working days	1.		
2. Allocation percentage (column A divided by column B rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 5) ..	2.		%

SCHEDULE J The following information must be entered for this return to be complete. (REFER TO INSTRUCTIONS BEFORE COMPLETING THIS SECTION.)

- 1a. New York City principal business activity Investments
- 1b. Other significant business activities (attach schedule, see instructions) _____
2. Trade name of reporting corporation, if different from name entered on page 1 _____
3. Is this corporation included in a consolidated federal return? ☐ YES ☒ NO
If "YES", give parent's name _____ EIN _____ enter here and on page 2, line 25
4. Is this corporation a member of a controlled group of corporations as defined in IRC section 1563, disregarding any exclusion by reason of paragraph (b)(2) of that section? ☐ YES ☒ NO
If "YES", give common parent corporation's name, if any _____ EIN _____ enter here and on page 2, line 27
5. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year, or are you currently under audit? ☐ YES ☒ NO
If "YES", by whom? ☐ Internal Revenue Service State period(s): Beg.: _____ End.: _____
MMDDYY MMDDYY
☐ New York State Department of Taxation and Finance State period(s): Beg.: _____ End.: _____
MMDDYY MMDDYY
6. If "YES" to question 5, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? ☐ YES ☐ NO
7. Did this corporation make any payments treated as interest in the computation of entire net income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If "YES", complete the following (if more than one, attach separate sheet) ☐ YES ☒ NO
Shareholder's name: _____ SSN/EIN: _____
Interest paid to Shareholder: _____ Total Indebtedness to shareholder described above: _____ Total interest paid: _____
8. Was this corporation a member of a partnership or joint venture during the tax year? ☐ YES ☒ NO
If "YES", attach schedule listing name(s) and Employer Identification Number(s).
9. At any time during the taxable year, did the corporation have an interest in real property (including a leasehold interest) located in NYC or a controlling interest in an entity owning such real property? ☐ YES ☒ NO
10. a) If "YES" to 9, attach a schedule of such property, indicating the nature of the interest and including the street address, borough, block and lot number.
b) Was any NYC real property (including a leasehold interest) or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration? ☐ YES ☐ NO
c) Was there a partial or complete liquidation of the corporation? ☐ YES ☐ NO
d) Was 50% or more of the corporation's ownership transferred during the tax year, over a three-year period or according to a plan? ☐ YES ☐ NO
11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed? ☐ YES ☐ NO
12. If "NO" to 11, explain: _____
13. Does the corporation have one or more qualified subchapter S subsidiaries? ☐ YES ☒ NO
If "YES": Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether the QSSS filed or was required to file a City business income tax return. (see instructions)
14. If a federal return was filed on Form 1120S, enter the number of Fed K1 returns attached: _____
15. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? ☐ YES ☒ NO
16. If "YES", were all required Commercial Rent Tax Returns filed? ☐ YES ☐ NO



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Please enter Employer Identification Number which was used on the Commercial Rent Tax Return: _____

SCHEDULE K Federal Return Information

The following information must be entered for this return to be complete.

Enter on lines 1 through 10 in the Federal Amount column the amounts reported on your federal return or pro-forma Federal return. (See instructions)

Federal 1120

▼ Federal Amount ▼

1. Dividends	1.	43,834,479	
2. Interest income	2.		
3. Capital gain net income	3.		
4. Other income	4.		
5. Total income	5.	43,834,479	
6. Bad debts	6.		
7. Interest expense	7.		
8. Other deductions	8.	120,387	
9. Total deductions	9.	120,387	
10. Net operating loss deduction	10.		

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.

Firm's Email Address:

I authorize the Dept. of Finance to discuss this return with the preparer listed below. (See instructions)YES ☒

SIGN HERE: Signature of officer		Title CEO	Date 03-16-2015	Preparer's Social Security Number or PTIN P 8 7 - 0 0 - 1 1 1 1
PREPARER'S USE ONLY	Preparer's signature	Preparer's printed name Johnny Appleseed	Check if self-employed <input type="checkbox"/>	Date 02-17-2015
Appleseed Brothers CPAs		123 Some Street, New York, NY	10006	Firm's Employer Identification Number 1 1 - 0 0 0 0 0 9 9
▲ Firm's name (or yours, if self-employed)		▲ Address	▲ Zip Code	

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.

The due date for the calendar year 2014 return is on or before March 16, 2015.

For fiscal years beginning in 2014, 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
GENERAL CORPORATION TAX
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

REMITTANCES

**PAY ONLINE WITH FORM NYC-200V
AT NYC.GOV/ESERVICES**

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

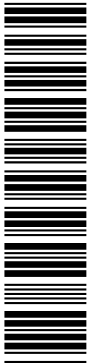
NYC DEPARTMENT OF FINANCE
GENERAL CORPORATION TAX
P.O. BOX 5563
BINGHAMTON, NY 13902-5563



GCT Test Case Four

Begins on the next page

Taxpayer name	GREA GCT TC FOUR
EIN	00-0000006
Primary Form	NYC 3L
Associated Form(s)	NYC-S-CORP-ATT, NYC-9.7, NYC-9.8, NYC-9.10, NYC-399Z
Attachments	None
Purpose of test	Form NYC-3L with credit forms S Corp data converted to C Corp data for NYC Calculate Business Allocation Percentage and complete all related missing lines.
Other instructions	If you do not support one or more of the credit forms, you may submit this test case leaving the lines for the unsupported forms blank and calculate all following lines on Page 1.



For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014 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 Instructions)☐ Check box if a pro-forma federal return is attached☐ Check box if you claim any 9/11/01-related federal tax benefits. (See Inst.)Enter 2-character special condition code, if applicable. (See instructions): ☐☐

Name	GREA GCT TC FOUR	
In Care Of		
Address (number and street)	36 ANY STREET	
City and State	BOOMTOWN, CA	Zip Code 90062
Business Telephone Number	703-555-1515	Date business began in NYC 01/01/1990

Taxpayer's Email Address: carmensandiego@greatatomic.com	
EMPLOYER IDENTIFICATION NUMBER 00 - 00000006	
BUSINESS CODE NUMBER AS PER FEDERAL RETURN 325100	

SCHEDULE A Computation of Tax - BEGIN WITH SCHEDULE B ON PAGE 3, COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

A. Payment		Amount being paid electronically with this return		A.		Payment Amount	
1.	Allocated net income (from Schedule B, line 27)	1.		X .0885	1.		
2a.	Allocated capital (from Schedule E, line 14)	2a.		X .0015	2a.		
2b.	Total allocated capital - Cooperative Housing Corps.	2b.		X .0004	2b.		
2c.	Cooperatives - enter:	BORO	BLOCK	LOT			
3.	Alternative Tax (from Alternative Tax Schedule on page 2) (see instructions)	3.					
4.	Minimum tax (see instructions) - NYC Gross Receipts:	500,000			4.		
5.	Allocated subsidiary capital (see instructions)	5.		X .00075	5.		
6.	Tax (line 1, 2a, 2b, 3 or 4, whichever is largest, PLUS line 5)	6.					
7.	UBT Paid Credit (attach Form NYC-9.7)	7.				1,332	
8a.	REAP Credit (attach Form NYC-9.5)	8a.					
8b.	LMREAP Credit (attach Form NYC-9.8)	8b.				540	
9a.	Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6)	9a.					
9b.	Biotechnology Credit (attach Form NYC-9.10)	9b.				1,500	
10.	Net tax after credits (line 6 less total of lines 7, 8a, 8b, 9a and 9b)	10.					
11.	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 2 of Form NYC-EXT	11a.					
	(b) If application for extension has not been filed and line 10 exceeds \$1,000, enter 25% of line 10	11b.					
12.	Sales tax addback per Admin. Code §11-604.12(c) and 11-604.17a(c) (see instructions)	12.					
13.	Total of lines 10, 11a, 11b and 12	13.					
14.	Prepayments (from Prepayments Schedule, page 2, line G) (see instructions)	14.				1,675	
15.	Balance due (line 13 less line 14)	15.				0	
16.	Overpayment (line 14 less line 13)	16.					
17a.	Interest (see instructions)	17a.					
17b.	Additional charges (see instructions)	17b.					
17c.	Penalty for underpayment of estimated tax (attach Form NYC-222)	17c.					
18.	Total of lines 17a, 17b and 17c	18.				0	
19.	Net overpayment (line 16 less line 18)	19.					
20.	Amount of line 19 to be: (a) Refunded - <input checked="" type="checkbox"/> Direct deposit - fill out line 20c OR <input type="checkbox"/> Paper check	20a.					
	(b) Credited to 2015 estimated tax	20b.					
20c.	Routing Number	021000021	Account Number	23764-123	ACCOUNT TYPE	Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>	
21.	TOTAL REMITTANCE DUE (see instructions)	21.					

SCHEDULE A - Continued **Computation of Tax** - BEGIN WITH SCHEDULE B ON PAGE 3, COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

21a. Issuer's allocation percentage (from Schedule E, line 15)	21a.	<input type="text"/> %	<input type="text"/>
22. NYC rent deducted on federal tax return or NYC rent from Schedule G, Part 1. THIS LINE MUST BE COMPLETED (see instr.)	22.	50,000	
23. Federal return filed: <input type="checkbox"/> 1120 <input type="checkbox"/> 1120C <input checked="" type="checkbox"/> 1120S <input type="checkbox"/> 1120F <input type="checkbox"/> 1120-RIC <input type="checkbox"/> 1120-REIT <input type="checkbox"/> 1120H <input type="checkbox"/> Other/None			
24. Gross receipts or sales from federal return	24.	1,124,560	
25. EIN of Parent Corporation <input type="text"/> - <input type="text"/>			
26. Total assets from federal return	26.	498,034	
27. EIN of Common Parent Corporation <input type="text"/> - <input type="text"/>			
28. Compensation of stockholders (from Sched. F, line 1)	28.	34,973	
29. Business allocation percentage (from Schedule H, line 5) - if not allocating, enter 100%	29.	<input type="text"/> %	<input type="text"/>

COMPOSITION OF PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 14	DATE	AMOUNT
A. Mandatory first installment paid with preceding year's tax		
B. Payment with Declaration, Form NYC-400 (1)	06-13-2014	300
C. Payment with Notice of Estimated Tax Due (2)	09-15-2014	250
D. Payment with Notice of Estimated Tax Due (3)	12-15-2014	750
E. Payment with extension, Form NYC-EXT	03-16-2015	375
F. Overpayment from preceding year credited to this year		
G. TOTAL of A through F (enter on Schedule A, line 14)		1,675

ALTERNATIVE TAX SCHEDULE

Refer to page 7 of instructions before computing the alternative tax.

Net income/loss (See instructions)	1.	\$	86,751
Enter 100% of salaries and compensation for the taxable year paid to stockholders owning more than 5% of the taxpayer's stock. (See instr.)	2.	\$	34,973
Total (line 1 plus line 2)	3.	\$	121,724
Statutory exclusion - Enter \$40,000. (if return does not cover an entire year, exclusion must be prorated based on the period covered by the return) .	4.	\$	40,000
Net amount (line 3 minus line 4)	5.	\$	81,724
15% of net amount (line 5 x 15%)	6.	\$	12,259
Investment income to be allocated (amount on Schedule B, line 23b x 15%. Do not enter more than the amount on line 6 above. Enter "0" if not applicable.)	7.	\$	
Business income to be allocated (line 6 minus line 7)	8.	\$	12,259
Allocated investment income (line 7 x investment allocation % from Schedule, D, line 2F) <input type="text"/> %	9.	\$	
Allocated business income (line 8 x business allocation % from Schedule H, line 5) <input type="text"/> %	10.	\$	
Taxable net income (line 9 plus line 10)	11.	\$	
Tax rate	12.		8.85% (.0885)
Alternative tax (line 11 x line 12) Transfer amount to page 1, Schedule A, line 3	13.	\$	



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SCHEDULE B Computation and Allocation of Entire Net Income

1.	Federal taxable income before net operating loss deduction and special deductions (see instructions).....	1.	78,264	
2.	Interest on federal, state, municipal and other obligations not included in line 1 above (see instructions).....	2.		
3.	Deductions directly attributable to subsidiary capital (attach list) (see instructions).....	3.		
4.	Deductions indirectly attributable to subsidiary capital (attach list) (see instructions).....	4.		
5a.	NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (attach rider) (see instr.)....	5a.	5,218	
5b.	NYC General Corporation Tax deducted on federal return (see instructions)	5b.	3,000	
6.	New York City adjustments relating to (see instructions):			
	(a) Sales and compensating use tax credit	6a.		
	(b) Employment opportunity relocation costs credit and IBZ credit.....	6b.		
	(c) Real estate tax escalation credit	6c.		
	(d) ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399Z).....	6d.	1,019	
7.	Additions:			
	(a) Payment for use of intangibles	7a.		
	(b) Domestic Production Activities Deduction (see instructions).....	7b.		
	(c) Other (see instructions) (attach rider)	7c.		
8.	Total additions (add lines 1 through 7c)	8.	87,501	
9a.	Dividends from subsidiary capital (itemize on rider) (see instr.)	9a.		
9b.	Interest from subsidiary capital (itemize on rider) (see instructions).....	9b.		
9c.	Gains from subsidiary capital	9c.		
10.	50% of dividends from nonsubsidiary corporations (see instructions).....	10.		
11.	New York City net operating loss deduction (attach Form NYC-NOLD-GCT) (see instr.)....	11.		
12.	Gain on sale of certain property acquired prior to 1/1/66 (see instructions)	12.		
13.	NYC and NYS tax refunds included in Sch. B, line 8 (see instructions)	13.		
14.	Sales tax refunds or credits from vendors or New York State. Also include on page 1, Sch. A, line 12 (see instr.).....	14.		
15.	Wages and salaries subject to federal jobs credit (attach federal Form 5884 (see instructions)	15.		
16.	Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instr.).....	16.	750	
17.	Other deductions: (see instructions) (attach rider)	17.		
18.	Total deductions (add lines 9a through 17).....	18.	750	
19.	Entire net income (line 8 less line 18) (see instructions)	19.	86,751	
20.	If the amount in line 19 is not correct, enter correct amount here and explain on rider (see instr.)	20.		
21.	Investment income - (complete lines a through h below) (see instructions)			
	(a) Dividends from nonsubsidiary stocks held for investment (see instructions)	21a.		
	(b) Interest from investment capital (include federal, state and municipal obligations) (itemize on rider)	21b.		
	(c) Net capital gain (loss) from sales or exchanges of nonsubsidiary securities held for investment (itemize on rider or attach Federal Schedule D)	21c.		
	(d) Income from assets included on line 3 of Schedule D.....	21d.		
	(e) Add lines 21a through 21d inclusive.....	21e.		
	(f) Deductions directly or indirectly attributable to investment income (attach list) (see instructions)	21f.		
	(g) Balance (subtract line 21f from line 21e)	21g.		
	(h) Interest on bank accounts included in income reported on line 21d.....	21h.		
22.	New York City net operating loss deduction apportioned to investment income (attach rider) (see instr.).....	22.		
23a.	Investment income (line 21g less line 22)	23a.		
23b.	Investment income to be allocated (see instructions).....	23b.		
24.	Business income to be allocated (line 19 or line 20 less line 23b)	24.	86,751	
25.	Allocated investment income (line 23b multiplied by: _____ % - Schedule D, line 2) (see instr.)	25.		
26.	Allocated business income (line 24 multiplied by: _____ % - Schedule H, line 5)	26.		
27.	Total allocated net income (line 25 plus line 26 (enter at Schedule A, line 1))	27.		

S CORPORATIONS
see instructions
for line 1



30231491

ATTACH ALL PAGES OF FEDERAL RETURN

SCHEDULE C Subsidiary Capital and Allocation

A DESCRIPTION OF SUBSIDIARY CAPITAL LIST EACH ITEM (USE RIDER IF NECESSARY)		B EMPLOYER IDENTIFICATION NUMBER	C % of Voting Stock Owned	D Average Value	E Liabilities Directly or In- directly Attributable to Subsidiary Capital	F Net Average Value (column C minus column D)	G Issuer's Allocation Percentage	H Value Allocated to NYC (column E x column F)
			%				%	
1. Total Cols C, D and E (including items on rider)		1.						
2. Total Column G - Allocated subsidiary capital: Transfer this total to Schedule A, line 5							2.	

SCHEDULE D Investment Capital and Allocation

A DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	B No. of Shares or Amount of Securities	C Average Value	D Liabilities Directly or Indirectly Attributable to Investment Capital	E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G Value Allocated to NYC (column E x column F)	H Gross Income from Investment
					%		
1. Totals (including items on rider)		1.					
2. Investment allocation percentage (line 1G divided by line 1E rounded to the nearest one hundredth of a percentage point)					2.	%	
3. Cash - (To treat cash as investment capital, you must include it on this line.)		3.					
4. Investment capital (total of lines 1E and 3E - enter on Schedule E, line 10)		4.					

SCHEDULE E Computation and Allocation of Capital

Basis used to determine average value in column C. Check one. (Attach detailed schedule.)

☒ - Annually ☐ - Semi-annually ☐ - Quarterly
☐ - Monthly ☐ - Weekly ☐ - Daily

	COLUMN A Beginning of Year	COLUMN B End of Year		COLUMN C Average Value
1. Total assets from federal return	163,333	498,034	1.	330,684
2. Real property and marketable securities included in line 1			2.	
3. Subtract line 2 from line 1			3.	330,684
4. Real property and marketable securities at fair market value			4.	
5. Adjusted total assets (add lines 3 and 4)			5.	330,684
6. Total liabilities (see instructions)	66,526	363,874	6.	215,200
7. Total capital (column C, line 5 less column C, line 6)			7.	115,484
8. Subsidiary capital (Schedule C, column E, line 1)			8.	
9. Business and investment capital (line 7 less line 8) (see instructions)			9.	115,484
10. Investment capital (Schedule D, line 4) (see instructions)			10.	
11. Business capital (line 9 less line 10)			11.	115,484
12. Allocated investment capital (line 10 x _____% from Schedule D, line 2)			12.	
13. Allocated business capital (line 11 x _____% from Schedule H, line 5)			13.	
14. Total allocated business and investment capital (line 12 plus line 13) (enter at Schedule A, line 2a or 2b)			14.	
15. Issuer's allocation percentage (sum of Sch. E, line 14 and Sch. C, col. G, line 2 ÷ Sch. E, line 7 rounded to the nearest one hundredth of a percentage point) (enter on page 2 - line 21a. See Instr.)			15.	%

SCHEDULE F Certain Stockholders

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

Name, Country and US Zip Code (Attach rider if necessary)	Social Security Number	Official Title	Salary & All Other Compensation Received from Corporation (If none, enter "0")
JANE DOE, USA, 10048	987-65-4321	PRESIDENT	34,973

1. Total, including any amount on rider. (Enter on Schedule A, line 28) 1. 34,973

SCHEDULE G Complete this schedule if business is carried on both inside and outside NYC**Part 1 -** List location of, and rent paid or payable, if any, for each place of business INSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location. (Attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 100 Elm Street	50,000	Design	1	60,000	Design
CITY New York					
STATE NY					
ZIP 10001					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
Total	50,000		1	60,000	

Part 2 - List location of, and rent paid or payable, if any, for each place of business OUTSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location. (Attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 36 Any Street	106,855	Sales	3	40,531	Sales
CITY Boomtown					
STATE CA					
ZIP 90062					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
Total	106,855		3	40,531	

SCHEDULE H Business Allocation - see instructions before completing this schedule

1. Did you make an election to use fair market value in the property factor? 1. ☐ Yes ☒ No
2. If this is your first tax year, are you making the election to use fair market value in the property factor? 2. ☐ Yes ☐ No

	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1a. Real estate owned	1a.	
1b. Real estate rented - multiply by 8 (see instr.) (attach rider)	1b. 400,000	1b. 1,254,840
1c. Inventories owned	1c.	
1d. Tangible personal property owned (see instructions)	1d. 20,000	1d. 28,683
1e. Tangible personal property rented - multiply by 8 (see instr.)	1e.	
1f. Total	1f. 420,000	1f. 1,283,523
1g. Percentage in New York City (column A divided by column B)	1g.	%
1h. Multiply line 1g by 13.5	1h.	

Receipts in the regular course of business from:

2a. Sales of tangible personal property where shipments are made to points within New York City	2a. 500,000	
2b. All sales of tangible personal property	2b.	1,124,560
2c. Services performed	2c.	
2d. Rentals of property	2d.	
2e. Royalties	2e.	
2f. Other business receipts	2f.	
2g. Total	2g. 500,000	2g. 1,124,560
2h. Percentage in New York City (col. A of line 2g divided by col. B)	2h.	%
2i. Multiply line 2h by 73	2i.	

3a. Wages, salaries and other compensation of employees, except general executive officers (see instructions) ...	3a. 60,000	3a. 100,531
3b. Percentage in New York City (column A divided by column B)	3b.	%
3c. Multiply line 3b by 13.5	3c.	

Weighted Factor Allocation

4a. Add lines 1h, 2i and 3c.	4a.	4,493.1857
4b. Divide line 4a by 100 if no factors are missing. If a factor is missing, divide line 4a by the total of the weights of the factors present. Enter as percentage. Round to the nearest one hundredth of a percentage point.	4b.	%

Business Allocation Percentage

5. Enter percentage from line 4b. (If using Schedule I, enter percentage from part 1, line 8 or part 2, line 2). See instructions.	5.	%
---	----	---

SCHEDULE I Business Allocation for Aviation Corporations and Corporations Operating Vessels**Part 1 Business allocation for aviation corporations**

		AVERAGE FOR THE YEAR	
		COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1. Aircraft arrivals and departures	1.		
2. New York City percentage (column A divided by column B)	2.		%
3. Revenue tons handled	3.		
4. New York City percentage (column A divided by column B)	4.		%
5. Originating revenue	5.		
6. New York City percentage (column A divided by column B)	6.		%
7. Total of lines 2,4 and 6	7.		%
8. Allocation percentage (line 7 divided by three rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 5)	8.		%

Part 2 Business allocation for corporations operating vessels in foreign commerce

		COLUMN A - NEW YORK CITY TERRITORIAL WATERS	COLUMN B - EVERYWHERE
1. Aggregate number of working days	1.		
2. Allocation percentage (column A divided by column B rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 5) ..	2.		%

SCHEDULE J The following information must be entered for this return to be complete. (REFER TO INSTRUCTIONS BEFORE COMPLETING THIS SECTION.)

- 1a. New York City principal business activity Design
- 1b. Other significant business activities (attach schedule, see instructions) _____
2. Trade name of reporting corporation, if different from name entered on page 1 _____
3. Is this corporation included in a consolidated federal return? ☐ YES ☒ NO
If "YES", give parent's name _____ EIN _____ enter here and on page 2, line 25
4. Is this corporation a member of a controlled group of corporations as defined in IRC section 1563, disregarding any exclusion by reason of paragraph (b)(2) of that section? ☐ YES ☒ NO
If "YES", give common parent corporation's name, if any _____ EIN _____ enter here and on page 2, line 27
5. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year, or are you currently under audit? ☒ YES ☐ NO
If "YES", by whom? ☒ Internal Revenue Service State period(s): Beg.: 01-01-10 End.: 12-31-12
MMDDYY MMDDYY
☐ New York State Department of Taxation and Finance State period(s): Beg.: _____ End.: _____
MMDDYY MMDDYY
6. If "YES" to question 5, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? ☒ YES ☐ NO
7. Did this corporation make any payments treated as interest in the computation of entire net income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If "YES", complete the following (if more than one, attach separate sheet) ☐ YES ☒ NO
Shareholder's name: _____ SSN/EIN: _____
Interest paid to Shareholder: _____ Total Indebtedness to shareholder described above: _____ Total interest paid: _____
8. Was this corporation a member of a partnership or joint venture during the tax year? ☐ YES ☒ NO
If "YES", attach schedule listing name(s) and Employer Identification Number(s).
9. At any time during the taxable year, did the corporation have an interest in real property (including a leasehold interest) located in NYC or a controlling interest in an entity owning such real property? ☐ YES ☒ NO
10. a) If "YES" to 9, attach a schedule of such property, indicating the nature of the interest and including the street address, borough, block and lot number.
b) Was any NYC real property (including a leasehold interest) or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration? ☐ YES ☐ NO
c) Was there a partial or complete liquidation of the corporation? ☐ YES ☐ NO
d) Was 50% or more of the corporation's ownership transferred during the tax year, over a three-year period or according to a plan? ☐ YES ☐ NO
11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed? ☐ YES ☐ NO
12. If "NO" to 11, explain: _____
13. Does the corporation have one or more qualified subchapter S subsidiaries? ☐ YES ☒ NO
If "YES": Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether the QSSS filed or was required to file a City business income tax return. (see instructions)
14. If a federal return was filed on Form 1120S, enter the number of Fed K1 returns attached: 2
15. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? ☐ YES ☒ NO
16. If "YES", were all required Commercial Rent Tax Returns filed? ☐ YES ☐ NO



30261491

Please enter Employer Identification Number which was used on the Commercial Rent Tax Return: _____

SCHEDULE K Federal Return Information

The following information must be entered for this return to be complete.

Enter on lines 1 through 10 in the Federal Amount column the amounts reported on your federal return or pro-forma Federal return. (See instructions)

Federal 1120

▼ Federal Amount ▼

1. Dividends	1.		
2. Interest income	2.		
3. Capital gain net income	3.	5,179	
4. Other income	4.	4,860	
5. Total income	5.	465,234	
6. Bad debts	6.		
7. Interest expense	7.	13,220	
8. Other deductions	8.	58,856	
9. Total deductions	9.	378,232	
10. Net operating loss deduction	10.		

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.

Firm's Email Address:

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 06-24-2015	Preparer's Social Security Number or PTIN
PREPARER'S USE ONLY	Preparer's signature	Preparer's printed name Johnny Appleseed	Check if self-employed <input type="checkbox"/>	Date 06-20-2015
Appleseed Brothers CPAs		123 Some Street New York, NY	10006	Firm's Employer Identification Number
▲ Firm's name (or yours, if self-employed)		▲ Address	▲ Zip Code	

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.

The due date for the calendar year 2014 return is on or before March 16, 2015.

For fiscal years beginning in 2014, 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
GENERAL CORPORATION TAX
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

REMITTANCES

**PAY ONLINE WITH FORM NYC-200V
AT NYC.GOV/ESERVICES**

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 5563
BINGHAMTON, NY 13902-5563



**CALCULATION OF FEDERAL TAXABLE
INCOME FOR S CORPORATIONS**
2014
ATTACH TO FORM NYC-3A, NYC-3L, NYC-4S OR NYC-4SEZ

All federal S Corporations must complete this schedule and include it when filing Form NYC-3A, NYC-3L, NYC-4S, or NYC-4SEZ. Amounts on Part I, Lines 1 through 8, 12 and 13 and Part II, Lines 15 through 18 are carried directly from your Federal form 1120S, Schedule K.

SPECIFIC LINE INSTRUCTIONS
PART I

Line 9 - If the calculated value for line 9 is negative, enter 0.

Line 10 - The capital loss carryover from prior years that may be used in the current tax year for City purposes. This amount may not exceed the value on line 9.

Line 11 - Subtract Line 10 from Line 9.

PART II

Line 19 - If the Domestic Production Activities Deduction

has been taken on the corporate level, do not include it on line 19, but enter it on Part II Line 20.

Line 20 - If the Domestic Production Activities Deduction has not been taken on the corporate level, or if the corporation is not eligible to take the deduction, leave line 20 blank.

PART III

Line 22 - Federal Taxable Income: Calculate the value of Part I, Line 14 minus Part II, Line 21 and enter here and on Schedule B, Line 1 of your form NYC-3L or

form NYC-4S, or on Schedule B2, Line 1 of your form NYC-4SEZ. For members of a Combined Group included in an NYC-3A, enter on Form NYC-3A, Schedule B Column A, line 1, if this form NYC-ATT-S-Corp is for the reporting corporation. For any other member of the combined group, enter on Form NYC-3A/B, Schedule B, line 1, in the column for this corporation. If there is only one other member of the combined group, enter on Form NYC-3A, Schedule B Column B, line 1.

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ and ending _____

Name as shown on NYC-3A/ATT, NYC-3L, NYC-4S or NYC-4SEZ

GRE A GCT TC FOUR

EMPLOYER IDENTIFICATION NUMBER

0 0 - 0 0 0 0 0 0 6

PART I - ADDITIONS TO ORDINARY BUSINESS INCOME

	From Federal Form 1120S			
1. Ordinary business income (loss).....	Schedule K, Line 1		1.	87,002
2. Net rental real estate income (loss)	Schedule K, Line 2		2.	2,725
3. Other net rental income (loss).....	Schedule K, Line 3c		3.	
4. Interest income.....	Schedule K, Line 4		4.	
5. Ordinary dividends	Schedule K, Line 5a		5.	
6. Royalties	Schedule K, Line 6		6.	
7. Net short-term capital gain (loss)	Schedule K, Line 7	7.		
8. Net long-term capital gain (loss)	Schedule K, Line 8a	8.		
9. Sum of lines 7 and 8	See Instructions	9.		
10. Capital Loss Carryover	See Instructions	10.		
11. Net Capital Gain.....	See Instructions		11.	
12. Net Section 1231 gain (loss).....	Schedule K, Line 9		12.	
13. Other income (loss).....	Schedule K, Line 10		13.	
14. TOTAL ADDITIONS (Sum of lines 1 through 6 plus lines 11 through 13)			14.	89,727

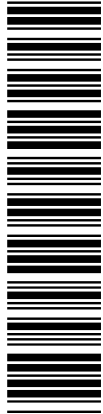
PART II - DEDUCTIONS FROM ORDINARY BUSINESS INCOME

Make applicable adjustments for C Corporation treatment of items 15 through 21

15. Section 179 deduction.....	Schedule K, Line 11		15.	11,463
16. Contributions.....	Schedule K, Line 12a		16.	
17. Investment interest expense	Schedule K, Line 12b		17.	
18. Section 59(e)(2) expenditures.....	Schedule K, Line 12c(2)		18.	
19. Other deductions (do not include Domestic Productions Activities Deduction).....	See Instructions		19.	
20. Domestic Production Activities Deduction..... (If deducted at corporate level)	See Instructions		20.	
21. TOTAL DEDUCTIONS (Sum of lines 15 through 20).....			21.	11,463

PART III - CALCULATION OF FEDERAL TAXABLE INCOME

22. Federal Taxable Income	See Instructions		22.	78,264
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**UBT PAID CREDIT**
GENERAL CORPORATION TAXPAYERS

ATTACH TO FORM NYC-3L OR NYC-3A

2014

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014 and ending _____

▼ Name as shown on NYC-3L or NYC-3A

GRE A GCT TC FOUR

EMPLOYER IDENTIFICATION NUMBER

0 0 - 0 0 0 0 0 0 6

SCHEDULE A

1a. Add total of amounts from Schedule B, line 10, for all partnerships with respect to which you are claiming a credit (see instructions)	1a.	1,332	
1b. Enter amount from Schedule C, line 9.....	1b.		
1c. Total of 1a and 1b.	1c.	1,332	
▼ FOR TAXPAYERS LIABLE FOR GCT ON ENTIRE NET INCOME ▼			
2. Tax from Form NYC-3L or NYC-3A, Schedule A, line 1 (see instructions)	2.	3,449	
3. Multiply line 2 by 4/8.85	3.	1,559	
4. UBT PAID CREDIT - Enter the lesser of line 1c and line 3 and transfer amount to Form NYC-3L, Schedule A, line 7 or Form NYC-3A, Schedule A, line 9	4.	1,332	

▼ FOR TAXPAYERS LIABLE FOR GCT ON ENTIRE NET INCOME PLUS SALARIES AND OTHER COMPENSATION ▼

5. Multiply line 1c by .3319	5.		
6. Tax from Form NYC-3L or NYC-3A, Schedule A, line 3	6.		
7. UBT PAID CREDIT - Enter the lesser of line 5 and line 6 and transfer amount to Form NYC-3L, Schedule A, line 7 or Form NYC-3A, Schedule A, line 9	7.		

SCHEDULE B**A separate Schedule B must be completed for each partnership with respect to which you are claiming this credit.**

If more than one Schedule B is used, please state number of additional schedules attached: _____

▼ Name of partnership from which you received a distributive share or guaranteed payment (distributing partnership)

PARTNERSHIP 2014 A-FOUR

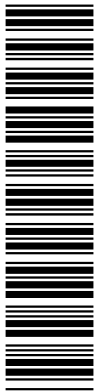
EMPLOYER IDENTIFICATION NUMBER OF DISTRIBUTING PARTNERSHIP

4 4 - 4 4 4 4 4 4 4

1. Unincorporated business tax paid by distributing partnership (from Form NYC-204, Sch. A, line 25) ..	1.	5,000	
2. Credits taken by distributing partnership on its own return (from Form NYC-204, Schedule A, lines 22 and 24a through 24d) (see instructions)	2.	200	
3. Total of lines 1 and 2	3.	5,200	
4. Your distributive share percentage with respect to the distributing partnership (from distributing partnership's Form NYC-204, Schedule C. Attach copy)	4.	50.00	
5. Multiply line 3 by the percentage on line 4	5.	2,600	
6. Tax from Form NYC-3L or NYC-3A, Schedule A, line 1 (modified if necessary - see instr.)	6.	3,449	
7. Tax from pro forma Form NYC-3L or NYC-3A, Schedule A, line 1 (see instructions)	7.	500	
8. Subtract line 7 from line 6	8.	2,949	
9. Multiply line 8 by 4/8.85 (see instructions)	9.	1,332	
10. Enter lesser of line 5 and line 9	10.	1,332	

SCHEDULE C**COMPLETE SCHEDULE C IF YOU HAVE UBT PAID CREDITS FROM PRECEDING YEARS THAT YOU MAY CARRY FORWARD TO 2014**

APPLICABLE YEAR	COLUMN A Credit Available in 2014	COLUMN B	COLUMN C Credit Carryforward to 2014. Column A Minus Column B (if less than zero, enter "0")
1. Current year			
2. 7th preceding year			
3. 6th preceding year			
4. 5th preceding year			
5. 4th preceding year			
6. 3rd preceding year			
7. 2nd preceding year			
8. 1st preceding year			
9. Total Column A, lines 2 through 8 (enter on Sch. A, line 1b).....	9.		

**CLAIM FOR LOWER MANHATTAN RELOCATION EMPLOYMENT
ASSISTANCE PROGRAM (LMREAP) CREDIT APPLIED
TO GENERAL CORPORATION TAX AND BANKING CORPORATION TAX****ATTACH TO FORM NYC-3L, NYC-3A, NYC-1 or NYC-1A**USE FORM NYC-9.5 IF YOU ARE FILING A CLAIM FOR A REAP CREDIT. USE FORM NYC-9.6 IF YOU ARE FILING A CLAIM FOR
EITHER A REAL ESTATE TAX ESCALATION CREDIT OR AN EMPLOYMENT OPPORTUNITY RELOCATION COSTS CREDIT.

▼ Print or Type

Name as shown on NYC-3L, NYC-3A, NYC-1 or NYC-1A:

GRE A GCT TC FOUR

Type of Business:
(check one)

COMMERCIAL



INDUSTRIAL



RETAIL

Corporation tax year for
which claim is made. Date ended:

06

MONTH

2014

YEAR

EMPLOYER IDENTIFICATION NUMBER

FEDERAL BUSINESS CODE

0 0 - 0 0 0 0 0 0 6

3 2 5 1 0 0

*Form NYC-9.8 must be attached to and submitted with General Corporation Tax Return (Form NYC-3L), Combined General Corporation Tax Return (Form NYC-3A), Banking Corporation Tax Return (Form NYC-1) or Combined Banking Corporation Tax return (Form NYC-1A) in order to claim the LMREAP credit.***Lower Manhattan Relocation and Employment Assistance Program (LMREAP) Credit**

▲ If credit is refundable, complete lines 1 and 11 and skip lines 2 through 10.

If credit is non-refundable, skip line 1 and complete lines 2 through 11.

REFUNDABLE CREDIT APPLIED AGAINST GENERAL CORPORATION TAX OR BANKING CORPORATION TAX**1. COMPUTATION OF REFUNDABLE CREDIT**

Number of eligible aggregate employment shares: .18 X \$3,000..... 1. 540

▲ If you have carryover credits from preceding years, complete the carryover schedule below regardless of whether you will carry over credits to the current year.
Enter in column B (the applied column) the amount applied to each carryover year until the total applied agrees with the amount on line 6.

There is no non-refundable credit until the fifth taxable year after the year of the relocation.

NONREFUNDABLE CREDIT APPLIED AGAINST GENERAL CORPORATION TAX OR BANKING CORPORATION TAX - SEE INSTRUCTIONS

2. Current year's tax, including sales tax addback if applicable less the UBT Paid Credit and the REAP Credit (see instr.).....2.

3. Computation of current year's credit:

(number of eligible aggregate employment shares: X \$3,000.....3.

4. If line 3 is greater than line 2, enter the difference and skip lines 5 through 8.

Transfer amount on line 2 to line 104.

5. If line 3 is less than line 2, enter the difference. Complete carryover schedule below5.

6. Total carryover credits from prior taxable years (line 9f, column A below)6.

7. Amount of carryover credit that may be carried over to the current year.

Enter lesser of line 5 or line 67.

8. Total allowable credit for current year. Sum of the current year credit plus

the applicable carryover from prior years. Add lines 3 and 7. Go to line 108.

LMREAP carryover schedule		COLUMN A		COLUMN B		COLUMN C	
<i>You may not carry over the 5th preceding year's credit to next year.</i>		CARRYOVER TO CURRENT YEAR (unused credit)		APPLIED		CARRYOVER TO NEXT YEAR (column A minus column B)	
9a.	Carryover from 5th preceding year ... 9a.						
9b.	Carryover from 4th preceding year ... 9b.						
9c.	Carryover from 3rd preceding year ... 9c.						
9d.	Carryover from 2nd preceding year... 9d.						
9e.	Carryover from 1st preceding year.... 9e.						
9f.	Total..... 9f.						

10. Allowable nonrefundable LMREAP credit for current year (amount from line 2 or line 8, whichever is less)..... 10. 0

CREDIT11. Line 1 or line 10. Transfer amount to Form NYC-3L, Sch. A, line 8b; Form NYC-3A, Sch. A, line 10b;
Form NYC-1, Sch. A, line 7b or Form NYC-1A, Sch. A, line 9b; 11. 540

**CLAIM FOR BIOTECHNOLOGY CREDIT**

ATTACH TO FORM NYC-3L OR NYC-3A.

2014**YOU MUST ATTACH YOUR CERTIFICATE OF TAX CREDIT TO THIS FORM.
NO CREDIT WILL BE ALLOWED WITHOUT THE CERTIFICATE.**

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014 and ending _____

Print or Type:

Name as shown on NYC-3L or NYC-3A:

GREA GCT TC FOUR

Corporation tax year for
which claim is made. Date ended: _____ 12 _____ 2014
MONTH YEAR

EMPLOYER IDENTIFICATION NUMBER

0 0 - 0 0 0 0 0 0 6

FEDERAL BUSINESS CODE

3 2 5 1 0 0

COMPUTATION OF CREDIT

1. Available Credit.....1.	1,500	
2. Enter your General Corporation Tax from Form NYC-3L, line 6 or Form NYC-3A, line 8.....2.	3,449	
3. Tax Credits claimed before Biotechnology Credit.....3.	1,872	
4. Subtract line 3 from line 2.....4.	1,577	
5. Enter the fixed dollar minimum tax (from line 4 of Form NYC-3L or the sum of lines 4 and 7 of Form NYC-3A).....5.	175	
6. Limitation - Subtract line 5 from line 4. If line 5 is greater than line 4, enter "0" on line 6....6.	1,402	
7. Enter the lesser of line 1 and line 6. This is your credit.....7.	1,402	
8. Amount of unused credit to be refunded or credited (line 1 less line 7).....8.	98	
9. Add lines 7 and 8 and transfer the total to line 9b of your Form NYC-3L or line 11b of your Form NYC-3A.....9.	1,500	

INSTRUCTIONS**GENERAL INFORMATION**

Local Law 67 of 2009 as amended, added section 11-604(21) to the Ad. Code, which provides a new biotechnology credit for tax years 2010 through 2015 to certain qualified emerging technology companies for certain costs and expenses incurred.

In order to qualify for the credit, the taxpayer must:

1. meet the eligibility criteria as specified in the above Administrative Code section and
2. must have applied for the credit and received a Certificate of Tax Credit specifying the amount of credit the taxpayer is entitled to claim.

The Certificate of Tax Credit covering expenses incurred in calendar year 2014 will indicate the credit available for the tax year that includes December 31, 2014.

Example: Taxpayer A files on a fiscal year basis with a tax year beginning April 1, 2014 and ending March 31, 2015. A Certificate of Tax Credit issued on or before February 17, 2015 will indicate the credit that may be claimed on the return covering the tax year ending March 31, 2015.

SPECIFIC LINE INSTRUCTIONS

Line 1 - Enter the amount of the credit to which the taxpayer is entitled to claim as indicated on the Certificate of Tax Credit on Line 1 of this form.

Line 3 - Enter the total amount of credits claimed on lines 7, 8a, 8b and 9a of Form NYC-3L or Lines 9, 10a, 10b and 11a of Form NYC-3A.

DEPRECIATION ADJUSTMENTS FOR CERTAIN POST 9/10/01 PROPERTY

 For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ and ending _____

Name (Print or Type)

GREY GCT TC FOUR

EMPLOYER IDENTIFICATION NUMBER

00 - 00000006

OR

SOCIAL SECURITY NUMBER

- - - - - - - - - -

- ▲ Federal Form 4562 must accompany this form.
- ▲ This schedule must be attached to your applicable New York City tax return.
- ▲ See instructions on back.
- ▲ Use Schedule A2 to report modifications to the deductions for certain sport utility vehicles, not Schedule A1. See instructions.

SCHEDULE A1		Computation of allowable New York City depreciation for current year						Attach rider if necessary
A Description of Property	B Class of Property	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Depreciation Taken in Prior Years	F Federal Depreciation	G Method of Figuring NYC Depreciation	H Life or Rate	I Allowable New York City Depreciation
Furniture	5	06/30/11	3,750	1,875	1,019	S/L	5	750
1a. Total columns D, E, F, and I.....			3,750	1,875	1,019			750

Enter total of columns F and I on line 4 and line 5 of Schedule C below. (See instructions on back.)

SCHEDULE A2		Computation of NYC deductions for current year for sport utility vehicles						Attach rider if necessary
A Description of Property	B Class of Property	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Deductions Taken in Prior Years	F Federal Depreciation and Section 179 Deductions	G Method of Figuring NYC Depreciation	H Life or Rate	I Total Allowable New York City Deductions
1b. Total columns D, E, F, and I.....								

SCHEDULE B		Disposition adjustment			Attach rider if necessary	
For each item of property listed below, determine the difference between federal and New York City deductions used in the computation of federal and New York City taxable income in prior years.						
▲ If federal deduction exceeds New York City deduction, subtract column E from column D and enter in column F.						
▲ If New York City deduction exceeds federal, subtract column D from column E and enter in column G.						
A	B	C	D	E	F	G
Description of Property	Class of Property (ACRS)	Date Placed in Service: mm-dd-yy	Total Federal Depreciation Taken	Total NYC Depreciation Taken	Adjustment (D minus E)	Adjustment (E minus D)
2. Total excess federal deductions over NYC deductions (see instructions)						
3. Total excess NYC deductions over federal deductions (see instructions)						0

SCHEDULE C			Computation of adjustments to New York City income	
		A. Federal	B. New York City	
4.	Enter amount from Schedule A1, line 1a, column F	1,019		
5.	Enter amount from Schedule A1, line 1a, column I		750	
6a.	Enter amount from Schedule A2, line 1b, Column F			
6b.	Enter amount from Schedule A2, line 1b, Column I			
7a.	Enter amount from Schedule B, line 2			
7b.	Enter amount from Schedule B, line 3			
8.	Totals: column A, lines 4, 6a and 7b; column B, lines 5, 6b and 7a.	1,019	750	

Enter the amount on line 8, column A, as an addition and the amount on line 8, column B, as a deduction on the applicable New York City return. (See instr.)

GENERAL INFORMATION

The Job Creation and Worker Assistance Act of 2002, P.L. 107-147, (the "Act") allows taxpayers an additional 30 percent depreciation deduction in the first year "qualified property" is placed in service. The Act allows a similar additional 30 percent first-year depreciation deduction for "qualified New York Liberty Zone property" and allows "qualified New York Liberty Zone leasehold improvements" to be depreciated over a five-year period using a straight-line method. The Act also allows an additional first-year expense deduction of up to \$35,000 for "qualified New York Liberty Zone property" under IRC §179 in addition to the otherwise allowable deduction. The Jobs and Growth Tax Relief Reconciliation Act of 2003, P.L. 108-27, (the "2003 Act") increased the first year federal depreciation deduction for certain qualified property to 50%.

The New York Liberty Zone generally encompasses an area of the borough of Manhattan below Canal Street. "Qualified property" (as defined in IRC §168(k)(2)) generally includes certain personal

property acquired after September 10, 2001 and before January 1, 2005 and placed in service after September 10, 2001 and before January 1, 2005 or 2006 in certain circumstances. The 2003 Act modified the definition of "qualified property" to provide that to qualify for the 50% deduction, the property must be acquired after May 5, 2003 and before January 1, 2005 and placed into service before January 1, 2005 or 2006 in certain circumstances. "Qualified New York Liberty Zone property" (as defined in IRC §1400L(b)(2)) generally includes the same types of personal property if used substantially in the New York Liberty Zone in connection with the active conduct of a trade or business in the New York Liberty Zone where the original use began with the taxpayer in the Liberty Zone after September 10, 2001. It also includes certain real property acquired to replace property damaged or destroyed in the attacks on the World Trade Center on September 11, 2001. For New York City tax purposes, property that qualifies as both "qualified property" and "qualified New York Liberty Zone property" will be eligible for enhanced depreciation and IRC §179 benefits as "qualified New York Liberty Zone property."



GCT Test Case Five

Begins on the next page

Taxpayer name	TREE GCT TC FIVE
EIN	00-0000009
Primary Form	NYC-3L
Associated Form(s)	NYC-S-CORP-ATT, NYC-NOLD-GCT, NYC-399Z
Attachments	None
Purpose of test	Conversion of S Corp to C Corp Business allocation using two factors Net Operating Loss Deduction and Net Operating Loss Deduction apportioned to investment income
Other instructions	None



For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014 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 Instructions)☐ Check box if a pro-forma federal return is attached☐ Check box if you claim any 9/11/01-related federal tax benefits. (See Inst.)Enter 2-character special condition code, if applicable. (See instructions): ☐☐

Name TREE GCT TC FIVE	
In Care Of	
Address (number and street) 39 ANY STREET	
City and State ANYTOWN, OK	Zip Code 74002
Business Telephone Number 301-555-1212	Date business began in NYC 05/31/1999

Taxpayer's Email Address: talberttoaks@treefixr.com	
EMPLOYER IDENTIFICATION NUMBER 00 - 00000009	
BUSINESS CODE NUMBER AS PER FEDERAL RETURN 541320	

SCHEDULE A Computation of Tax - BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

A. Payment		Amount being paid electronically with this return		A.		Payment Amount	
						966,580	
1.	Allocated net income (from Schedule B, line 27)	1.	15,043,943	x .0885	1.	1,331,389	
2a.	Allocated capital (from Schedule E, line 14)	2a.	53,491,639	x .0015	2a.	80,237	
2b.	Total allocated capital - Cooperative Housing Corps.	2b.		x .0004	2b.		
2c.	Cooperatives - enter:	BORO	BLOCK	LOT			
3.	Alternative Tax (from Alternative Tax Schedule on page 2) (see instructions)	3.				255,325	
4.	Minimum tax (see instructions) - NYC Gross Receipts:		0		4.	25	
5.	Allocated subsidiary capital (see instructions)	5.	2,500,000	x .00075	5.	1,875	
6.	Tax (line 1, 2a, 2b, 3 or 4, whichever is largest, PLUS line 5)	6.			6.	1,333,264	
7.	UBT Paid Credit (attach Form NYC-9.7)	7.			7.		
8a.	REAP Credit (attach Form NYC-9.5)	8a.			8a.		
8b.	LMREAP Credit (attach Form NYC-9.8)	8b.			8b.		
9a.	Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6)	9a.			9a.		
9b.	Biotechnology Credit (attach Form NYC-9.10)	9b.			9b.		
10.	Net tax after credits (line 6 less total of lines 7, 8a, 8b, 9a and 9b)	10.			10.	1,333,264	
11.	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 2 of Form NYC-EXT	11a.			11a.		
	(b) If application for extension has not been filed and line 10 exceeds \$1,000, enter 25% of line 10	11b.			11b.	333,316	
12.	Sales tax addback per Admin. Code §11-604.12(c) and 11-604.17a(c) (see instructions)	12.			12.		
13.	Total of lines 10, 11a, 11b and 12	13.			13.	1,666,580	
14.	Prepayments (from Prepayments Schedule, page 2, line G) (see instructions)	14.			14.	700,000	
15.	Balance due (line 13 less line 14)	15.			15.	966,580	
16.	Overpayment (line 14 less line 13)	16.			16.		
17a.	Interest (see instructions)	17a.			17a.		
17b.	Additional charges (see instructions)	17b.			17b.		
17c.	Penalty for underpayment of estimated tax (attach Form NYC-222)	17c.			17c.		
18.	Total of lines 17a, 17b and 17c	18.			18.		
19.	Net overpayment (line 16 less line 18)	19.			19.		
20.	Amount of line 19 to be: (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 20c OR <input type="checkbox"/> Paper check	20a.			20a.		
	(b) Credited to 2015 estimated tax	20b.			20b.		
20c.	Routing Number	Account Number	ACCOUNT TYPE				
			Checking <input type="checkbox"/> Savings <input type="checkbox"/>				
21.	TOTAL REMITTANCE DUE (see instructions)	21.			21.	966,580	

SCHEDULE A - Continued **Computation of Tax** - BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

<p>21a. Issuer's allocation percentage (from Schedule E, line 15)</p> <p>22. NYC rent deducted on federal tax return or NYC rent from Schedule G, Part 1. THIS LINE MUST BE COMPLETED (see instr.)</p> <p>23. Federal return filed: <input type="checkbox"/> 1120 <input type="checkbox"/> 1120C <input checked="" type="checkbox"/> 1120S <input type="checkbox"/> 1120F <input type="checkbox"/> 1120-RIC <input type="checkbox"/> 1120-REIT <input type="checkbox"/> 1120H <input type="checkbox"/> Other/None</p> <p>24. Gross receipts or sales from federal return</p> <p>25. EIN of Parent Corporation <input type="text"/> - <input type="text"/></p> <p>26. Total assets from federal return</p> <p>27. EIN of Common Parent Corporation..... <input type="text"/> - <input type="text"/></p> <p>28. Compensation of stockholders (from Sched. F, line 1)</p> <p>29. Business allocation percentage (from Schedule H, line 5) - if not allocating, enter 100%</p>	<p>21a. 79.52 %</p> <p>22. 2,000,000</p> <p>24. 1,900,670,400</p> <p>26. 560,500,183</p> <p>28. 8,500,400</p> <p>29. 49.52 %</p>
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COMPOSITION OF PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 14	DATE	AMOUNT
A. Mandatory first installment paid with preceding year's tax		175,000
B. Payment with Declaration, Form NYC-400 (1)	03-17-2014	175,000
C. Payment with Notice of Estimated Tax Due (2)	06-16-2014	175,000
D. Payment with Notice of Estimated Tax Due (3)	09-15-2014	175,000
E. Payment with extension, Form NYC-EXT		
F. Overpayment from preceding year credited to this year		
G. TOTAL of A through F (enter on Schedule A, line 14)		700,000

ALTERNATIVE TAX SCHEDULE

Refer to page 7 of instructions before computing the alternative tax.

<p>Net income/loss (See instructions).....</p> <p>Enter 100% of salaries and compensation for the taxable year paid to stockholders owning more than 5% of the taxpayer's stock. (See instr.)</p> <p>Total (line 1 plus line 2)</p> <p>Statutory exclusion - Enter \$40,000. (if return does not cover an entire year, exclusion must be prorated based on the period covered by the return) .</p> <p>Net amount (line 3 minus line 4)</p> <p>15% of net amount (line 5 x 15%)</p> <p>Investment income to be allocated (amount on Schedule B, line 23b x 15%. Do not enter more than the amount on line 6 above. Enter "0" if not applicable.)</p> <p>Business income to be allocated (line 6 minus line 7).....</p> <p>Allocated investment income (line 7 x investment allocation % from Schedule D, line 2F)</p> <p>Allocated business income (line 8 x business allocation % from Schedule H, line 5)</p> <p>Taxable net income (line 9 plus line 10)</p> <p>Tax rate</p> <p>Alternative tax (line 11 x line 12) Transfer amount to page 1, Schedule A, line 3</p>	<p>1. \$ 28,323,743</p> <p>2. \$ 8,500,400</p> <p>3. \$ 36,824,143</p> <p>4. \$ 40,000</p> <p>5. \$ 36,784,143</p> <p>6. \$ 5,517,621</p> <p>7. \$ 448,733</p> <p>8. \$ 5,068,888</p> <p>9. \$ 374,916</p> <p>10. \$ 2,510,113</p> <p>11. \$ 2,885,029</p> <p>12. 8.85% (.0885)</p> <p>13. \$ 255,325</p>
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SCHEDULE B Computation and Allocation of Entire Net Income

1.	Federal taxable income before net operating loss deduction and special deductions (see instructions).....	1.	668,503	
2.	Interest on federal, state, municipal and other obligations not included in line 1 above (see instructions).....	2.		
3.	Deductions directly attributable to subsidiary capital (attach list) (see instructions).....	3.		
4.	Deductions indirectly attributable to subsidiary capital (attach list) (see instructions).....	4.		
5a.	NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (attach rider) (see instr.)....	5a.	10,980,990	
5b.	NYC General Corporation Tax deducted on federal return (see instructions)	5b.	3,000,000	
6.	New York City adjustments relating to (see instructions):			
	(a) Sales and compensating use tax credit	6a.		
	(b) Employment opportunity relocation costs credit and IBZ credit.....	6b.		
	(c) Real estate tax escalation credit	6c.		
	(d) ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399Z).....	6d.	17,000	
7.	Additions:			
	(a) Payment for use of intangibles	7a.		
	(b) Domestic Production Activities Deduction (see instructions).....	7b.		
	(c) Other (see instructions) (attach rider)	7c.	15,000,000	
8.	Total additions (add lines 1 through 7c)	8.	29,666,493	
9a.	Dividends from subsidiary capital (itemize on rider) (see instr.)	9a.		
9b.	Interest from subsidiary capital (itemize on rider) (see instructions).....	9b.		
9c.	Gains from subsidiary capital	9c.		
10.	50% of dividends from nonsubsidiary corporations (see instructions).....	10.	1,250,000	
11.	New York City net operating loss deduction (attach Form NYC-NOLD-GCT) (see instr.).....	11.	80,000	
12.	Gain on sale of certain property acquired prior to 1/1/66 (see instructions)	12.		
13.	NYC and NYS tax refunds included in Sch. B, line 8 (see instructions)	13.		
14.	Sales tax refunds or credits from vendors or New York State. Also include on page 1, Sch. A, line 12 (see instr.).....	14.		
15.	Wages and salaries subject to federal jobs credit (attach federal Form 5884 (see instructions)	15.		
16.	Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instr.).....	16.	12,750	
17.	Other deductions: (see instructions) (attach rider)	17.		
18.	Total deductions (add lines 9a through 17).....	18.	1,342,750	
19.	Entire net income (line 8 less line 18) (see instructions)	19.	28,323,743	
20.	If the amount in line 19 is not correct, enter correct amount here and explain on rider (see instr.)	20.		
21.	Investment income - (complete lines a through h below) (see instructions)			
	(a) Dividends from nonsubsidiary stocks held for investment (see instructions)	21a.	1,250,000	
	(b) Interest from investment capital (include federal, state and municipal obligations) (itemize on rider)	21b.	2,500,000	
	(c) Net capital gain (loss) from sales or exchanges of nonsubsidiary securities held for investment (itemize on rider or attach Federal Schedule D)	21c.		
	(d) Income from assets included on line 3 of Schedule D.....	21d.		
	(e) Add lines 21a through 21d inclusive.....	21e.	3,750,000	
	(f) Deductions directly or indirectly attributable to investment income (attach list) (see instructions)	21f.	750,000	
	(g) Balance (subtract line 21f from line 21e)	21g.	3,000,000	
	(h) Interest on bank accounts included in income reported on line 21d.....	21h.		
22.	New York City net operating loss deduction apportioned to investment income (attach rider) (see instr.).....	22.	8,448	
23a.	Investment income (line 21g less line 22)	23a.	2,991,552	
23b.	Investment income to be allocated (see instructions).....	23b.	2,991,552	
24.	Business income to be allocated (line 19 or line 20 less line 23b)	24.	25,332,191	
25.	Allocated investment income (line 23b multiplied by: <u>83.55</u> % - Schedule D, line 2) (see instr.)	25.	2,499,442	
26.	Allocated business income (line 24 multiplied by: <u>49.52</u> % - Schedule H, line 5)	26.	12,544,501	
27.	Total allocated net income (line 25 plus line 26 (enter at Schedule A, line 1))	27.	15,043,943	

S CORPORATIONS
see instructions
for line 1



30231491

ATTACH ALL PAGES OF FEDERAL RETURN

SCHEDULE C **Subsidiary Capital and Allocation**

A DESCRIPTION OF SUBSIDIARY CAPITAL LIST EACH ITEM (USE RIDER IF NECESSARY)		B EMPLOYER IDENTIFICATION NUMBER	C % of Voting Stock Owned	D Average Value	E Liabilities Directly or In- directly Attributable to Subsidiary Capital	F Net Average Value (column C minus column D)	G Issuer's Allocation Percentage	H Value Allocated to NYC (column E x column F)
Fixupper Co		11-0000021	100.00 %	10,000,000	5,000,000	5,000,000	50.00 %	2,500,000
1. Total Cols C, D and E (including items on rider) 1.				10,000,000	5,000,000	5,000,000		
2. Total Column G - Allocated subsidiary capital: Transfer this total to Schedule A, line 5							2.	2,500,000

SCHEDULE D **Investment Capital and Allocation**

A DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	B No. of Shares or Amount of Securities	C Average Value	D Liabilities Directly or Indirectly Attributable to Investment Capital	E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G Value Allocated to NYC (column E x column F)	H Gross Income from Investment
ABCD Corporation	100,000	25,000,000	3,000,000	22,000,000	90.00 %	19,800,000	1,220,000
WXYZ Corporation	50,000	60,000,000	20,000,000	40,000,000	80.00	32,000,000	1,280,000
1. Totals (including items on rider) 1.		85,000,000	23,000,000	62,000,000		51,800,000	2,500,000
2. Investment allocation percentage (line 1G divided by line 1E rounded to the nearest one hundredth of a percentage point)..... 2.					83.55 %		
3. Cash - (To treat cash as investment capital, you must include it on this line.) 3.							
4. Investment capital (total of lines 1E and 3E - enter on Schedule E, line 10) 4.				62,000,000			

SCHEDULE E **Computation and Allocation of Capital**Basis used to determine average value in column C. **Check one.** (Attach detailed schedule.)

☒ - Annually ☐ - Semi-annually ☐ - Quarterly
☐ - Monthly ☐ - Weekly ☐ - Daily

	COLUMN A Beginning of Year	COLUMN B End of Year		COLUMN C Average Value
1. Total assets from federal return	273,801,800	560,500,183	1.	417,150,992
2. Real property and marketable securities included in line 1	20,000,000	20,000,000	2.	20,000,000
3. Subtract line 2 from line 1			3.	397,150,992
4. Real property and marketable securities at fair market value	20,000,000	20,000,000	4.	20,000,000
5. Adjusted total assets (add lines 3 and 4)			5.	417,150,992
6. Total liabilities (see instructions)	200,062,400	493,411,479	6.	346,736,940
7. Total capital (column C, line 5 less column C, line 6)			7.	70,414,052
8. Subsidiary capital (Schedule C, column E, line 1)			8.	5,000,000
9. Business and investment capital (line 7 less line 8) (see instructions).....			9.	65,414,052
10. Investment capital (Schedule D, line 4) (see instructions)			10.	62,000,000
11. Business capital (line 9 less line 10)			11.	3,414,052
12. Allocated investment capital (line 10 x 83.55 % from Schedule D, line 2)			12.	51,801,000
13. Allocated business capital (line 11 x 49.52 % from Schedule H, line 5)			13.	1,690,639
14. Total allocated business and investment capital (line 12 plus line 13) (enter at Schedule A, line 2a or 2b)			14.	53,491,639
15. Issuer's allocation percentage (sum of Sch. E, line 14 and Sch. C, col. G, line 2 ÷ Sch. E, line 7 rounded to the nearest one hundredth of a percentage point) (enter on page 2 - line 21a. See Instr.) ..			15.	79.52 %

SCHEDULE F **Certain Stockholders**

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

Name, Country and US Zip Code (Attach rider if necessary)	Social Security Number	Official Title	Salary & All Other Compensation Received from Corporation (If none, enter "0")
MARY LANE USA 10039	123.45.6789	CFO	4,500,400
JANE DOE USA 10038	987-65-4321	COO	4,000,000

1. Total, including any amount on rider. (Enter on Schedule A, line 28) 1. 8,500,400

SCHEDULE G Complete this schedule if business is carried on both inside and outside NYC**Part 1 -** List location of, and rent paid or payable, if any, for each place of business INSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location. (Attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 500 Fifth Avenue CITY New York STATE NY ZIP 10005	2,000,000	Showroom, Offices	25	3,124,990	Various
NUMBER AND STREET CITY STATE ZIP					
NUMBER AND STREET CITY STATE ZIP					
NUMBER AND STREET CITY STATE ZIP					
Total	2,000,000		25	3,124,990	

Part 2 - List location of, and rent paid or payable, if any, for each place of business OUTSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location. (Attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 2643 Rue de la Lynn CITY Paris STATE NV ZIP 89109	1,000,000	Showroom	25	2,500,000	Sales
NUMBER AND STREET 1040 Park Avenue CITY Jersey City STATE NJ ZIP 07307	500,000	Warehouse	15	747,065	Various
NUMBER AND STREET CITY STATE ZIP					
NUMBER AND STREET CITY STATE ZIP					
Total	1,500,000		40	3,247,065	

SCHEDULE H Business Allocation - see instructions before completing this schedule

1. Did you make an election to use fair market value in the property factor? 1. ☒ Yes ☐ No
2. If this is your first tax year, are you making the election to use fair market value in the property factor? 2. ☐ Yes ☐ No

	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1a. Real estate owned	1a.	
1b. Real estate rented - multiply by 8 (see instr.) (attach rider)	1b.	
1c. Inventories owned	1c.	
1d. Tangible personal property owned (see instructions)	1d.	
1e. Tangible personal property rented - multiply by 8 (see instr.)	1e.	
1f. Total	1f.	
1g. Percentage in New York City (column A divided by column B)	1g.	50.0000 %
1h. Multiply line 1g by 13.5	1h.	675.0000

Receipts in the regular course of business from:

2a. Sales of tangible personal property where shipments are made to points within New York City	2a.	
2b. All sales of tangible personal property	2b.	
2c. Services performed	2c.	
2d. Rentals of property	2d.	
2e. Royalties	2e.	
2f. Other business receipts	2f.	
2g. Total	2g.	
2h. Percentage in New York City (col. A of line 2g divided by col. B)	2h.	%
2i. Multiply line 2h by 73	2i.	

3a. Wages, salaries and other compensation of employees, except general executive officers (see instructions) ...	3a.	3,124,990	3a.	6,372,055	
3b. Percentage in New York City (column A divided by column B)	3b.		3b.	49.0421	%
3c. Multiply line 3b by 13.5	3c.		3c.	662.0684	

Weighted Factor Allocation

4a. Add lines 1h, 2i and 3c.	4a.		4a.	1,337.0684	
4b. Divide line 4a by 100 if no factors are missing. If a factor is missing, divide line 4a by the total of the weights of the factors present. Enter as percentage. Round to the nearest one hundredth of a percentage point.	4b.		4b.	49.52	%

Business Allocation Percentage

5. Enter percentage from line 4b. (If using Schedule I, enter percentage from part 1, line 8 or part 2, line 2). See instructions.	5.		5.	49.52	%
---	----	--	----	-------	---

SCHEDULE I Business Allocation for Aviation Corporations and Corporations Operating Vessels**Part 1 Business allocation for aviation corporations**

		AVERAGE FOR THE YEAR	
		COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1. Aircraft arrivals and departures	1.		
2. New York City percentage (column A divided by column B)	2.		%
3. Revenue tons handled	3.		
4. New York City percentage (column A divided by column B)	4.		%
5. Originating revenue	5.		
6. New York City percentage (column A divided by column B)	6.		%
7. Total of lines 2,4 and 6	7.		%
8. Allocation percentage (line 7 divided by three rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 5)	8.		%

Part 2 Business allocation for corporations operating vessels in foreign commerce

		COLUMN A - NEW YORK CITY TERRITORIAL WATERS	COLUMN B - EVERYWHERE
1. Aggregate number of working days	1.		
2. Allocation percentage (column A divided by column B rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 5) ..	2.		%

SCHEDULE J The following information must be entered for this return to be complete. (REFER TO INSTRUCTIONS BEFORE COMPLETING THIS SECTION.)

- 1a. New York City principal business activity Landscape architecture
- 1b. Other significant business activities (attach schedule, see instructions) _____
2. Trade name of reporting corporation, if different from name entered on page 1 _____
3. Is this corporation included in a consolidated federal return? ☐ YES ☒ NO
If "YES", give parent's name _____ EIN _____ enter here and on page 2, line 25
4. Is this corporation a member of a controlled group of corporations as defined in IRC section 1563, disregarding any exclusion by reason of paragraph (b)(2) of that section? ☐ YES ☒ NO
If "YES", give common parent corporation's name, if any _____ EIN _____ enter here and on page 2, line 27
5. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year, or are you currently under audit? ☒ YES ☐ NO
If "YES", by whom? ☒ Internal Revenue Service State period(s): Beg.: 01-01-09 End.: 12-31-12
MMDDYY MMDDYY
☒ New York State Department of Taxation and Finance State period(s): Beg.: 01-01-08 End.: 12-31-11
MMDDYY MMDDYY
6. If "YES" to question 5, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? ☒ YES ☐ NO
7. Did this corporation make any payments treated as interest in the computation of entire net income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If "YES", complete the following (if more than one, attach separate sheet) ☐ YES ☒ NO
Shareholder's name: _____ SSN/EIN: _____
Interest paid to Shareholder: _____ Total Indebtedness to shareholder described above: _____ Total interest paid: _____
8. Was this corporation a member of a partnership or joint venture during the tax year? ☐ YES ☒ NO
If "YES", attach schedule listing name(s) and Employer Identification Number(s).
9. At any time during the taxable year, did the corporation have an interest in real property (including a leasehold interest) located in NYC or a controlling interest in an entity owning such real property? ☐ YES ☒ NO
10. a) If "YES" to 9, attach a schedule of such property, indicating the nature of the interest and including the street address, borough, block and lot number.
b) Was any NYC real property (including a leasehold interest) or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration? ☐ YES ☐ NO
c) Was there a partial or complete liquidation of the corporation? ☐ YES ☐ NO
d) Was 50% or more of the corporation's ownership transferred during the tax year, over a three-year period or according to a plan? ☐ YES ☐ NO
11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed? ☐ YES ☐ NO
12. If "NO" to 11, explain: _____
13. Does the corporation have one or more qualified subchapter S subsidiaries? ☐ YES ☒ NO
If "YES": Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether the QSSS filed or was required to file a City business income tax return. (see instructions)
14. If a federal return was filed on Form 1120S, enter the number of Fed K1 returns attached: _____
15. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? ☒ YES ☐ NO
16. If "YES", were all required Commercial Rent Tax Returns filed? ☒ YES ☐ NO



30261491

Please enter Employer Identification Number which was used on the Commercial Rent Tax Return: 00-0000009

SCHEDULE K Federal Return Information

The following information must be entered for this return to be complete.

Enter on lines 1 through 10 in the Federal Amount column the amounts reported on your federal return or pro-forma Federal return. (See instructions)

Federal 1120

▼ Federal Amount ▼

1. Dividends	1.	2,480,000	
2. Interest income	2.	2,500,000	
3. Capital gain net income	3.		
4. Other income	4.	420,200	
5. Total income	5.	40,989,850	
6. Bad debts	6.		
7. Interest expense	7.	120,100	
8. Other deductions	8.	20,140,029	
9. Total deductions	9.	58,480,797	
10. Net operating loss deduction	10.		

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.

Firm's Email Address:

I authorize the Dept. of Finance to discuss this return with the preparer listed below. (See instructions)YES ☒

SIGN HERE: Signature of officer		Title CFO	Date 09-15-2015	Preparer's Social Security Number or PTIN P 9 9 - 0 6 - 0 0 0 7
PREPARER'S USE ONLY	Preparer's signature	Preparer's printed name Johnny Appleseed	Check if self-employed <input type="checkbox"/>	Date 09-15-2015
	John Apple, CPA	99 Any Street, Anytown, OK	74002	Firm's Employer Identification Number 1 1 - 0 0 0 0 0 1 1
▲ Firm's name (or yours, if self-employed)		▲ Address	▲ Zip Code	

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.

The due date for the calendar year 2014 return is on or before March 16, 2015.

For fiscal years beginning in 2014, 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
GENERAL CORPORATION TAX
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

REMITTANCES

**PAY ONLINE WITH FORM NYC-200V
AT NYC.GOV/ESERVICES**

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 5563
BINGHAMTON, NY 13902-5563



**CALCULATION OF FEDERAL TAXABLE
INCOME FOR S CORPORATIONS**
2014
ATTACH TO FORM NYC-3A, NYC-3L, NYC-4S OR NYC-4SEZ

All federal S Corporations must complete this schedule and include it when filing Form NYC-3A, NYC-3L, NYC-4S, or NYC-4SEZ. Amounts on Part I, Lines 1 through 8, 12 and 13 and Part II, Lines 15 through 18 are carried directly from your Federal form 1120S, Schedule K.

SPECIFIC LINE INSTRUCTIONS
PART I

Line 9 - If the calculated value for line 9 is negative, enter 0.

Line 10 - The capital loss carryover from prior years that may be used in the current tax year for City purposes. This amount may not exceed the value on line 9.

Line 11 - Subtract Line 10 from Line 9.

PART II

Line 19 - If the Domestic Production Activities Deduction

has been taken on the corporate level, do not include it on line 19, but enter it on Part II Line 20.

Line 20 - If the Domestic Production Activities Deduction has not been taken on the corporate level, or if the corporation is not eligible to take the deduction, leave line 20 blank.

PART III

Line 22 - Federal Taxable Income: Calculate the value of Part I, Line 14 minus Part II, Line 21 and enter here and on Schedule B, Line 1 of your form NYC-3L or

form NYC-4S, or on Schedule B2, Line 1 of your form NYC-4SEZ. For members of a Combined Group included in an NYC-3A, enter on Form NYC-3A, Schedule B Column A, line 1, if this form NYC-ATT-S-Corp is for the reporting corporation. For any other member of the combined group, enter on Form NYC-3A/B, Schedule B, line 1, in the column for this corporation. If there is only one other member of the combined group, enter on Form NYC-3A, Schedule B Column B, line 1.

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ and ending _____

Name as shown on NYC-3A/ATT, NYC-3L, NYC-4S or NYC-4SEZ

TREE GCT TC FIVE

EMPLOYER IDENTIFICATION NUMBER

0 0 - 0 0 0 0 0 0 9

PART I - ADDITIONS TO ORDINARY BUSINESS INCOME

	From Federal Form 1120S			
1. Ordinary business income (loss).....	Schedule K, Line 1		1.	(17,490,947)
2. Net rental real estate income (loss)	Schedule K, Line 2		2.	
3. Other net rental income (loss).....	Schedule K, Line 3c		3.	
4. Interest income.....	Schedule K, Line 4		4.	2,500,000
5. Ordinary dividends	Schedule K, Line 5a		5.	2,480,000
6. Royalties	Schedule K, Line 6		6.	
7. Net short-term capital gain (loss)	Schedule K, Line 7	7.		
8. Net long-term capital gain (loss)	Schedule K, Line 8a	8.		
9. Sum of lines 7 and 8	See Instructions	9.		
10. Capital Loss Carryover	See Instructions	10.		
11. Net Capital Gain.....	See Instructions		11.	
12. Net Section 1231 gain (loss).....	Schedule K, Line 9		12.	
13. Other income (loss).....	Schedule K, Line 10		13.	13,500,000
14. TOTAL ADDITIONS (Sum of lines 1 through 6 plus lines 11 through 13)			14.	989,053

PART II - DEDUCTIONS FROM ORDINARY BUSINESS INCOME

Make applicable adjustments for C Corporation treatment of items 15 through 21

15. Section 179 deduction.....	Schedule K, Line 11		15.	
16. Contributions.....	Schedule K, Line 12a		16.	
17. Investment interest expense	Schedule K, Line 12b		17.	340
18. Section 59(e)(2) expenditures.....	Schedule K, Line 12c(2)		18.	
19. Other deductions (do not include Domestic Productions Activities Deduction).....	See Instructions		19.	320,210
20. Domestic Production Activities Deduction..... (If deducted at corporate level)	See Instructions		20.	
21. TOTAL DEDUCTIONS (Sum of lines 15 through 20)			21.	320,550

PART III - CALCULATION OF FEDERAL TAXABLE INCOME

22. Federal Taxable Income	See Instructions		22.	668,503
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NET OPERATING LOSS DEDUCTION COMPUTATION

GENERAL CORPORATION TAX

2014

ATTACH TO FORM NYC-3A, NYC-3L, NYC-4S or NYC-4SEZ

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014 and ending _____

Print or Type ▼

Name as shown on NYC-3A, NYC-3L, NYC-4S or NYC-4SEZ:

GRE A GCT TC FIVE

EMPLOYER IDENTIFICATION NUMBER

0 0 - 0 0 0 0 0 0 9

SCHEDULE A - NYC Net Operating Loss Deduction Schedule (NOLD)

APPLICABLE YEAR	COLUMN A - Tax Year	COLUMN B - Federal Taxable Income (Loss) before NOL and special deductions	COLUMN C - Amount from NYC-3A, NYC-3L, NYC-4S or NYC-4SEZ (See instructions)	COLUMN D - NYC Net Operating Loss Generated (attach rider for Separate Return Limitation Year (SRLY) Loss)	COLUMN E - NYC Net Operating Loss Utilized	COLUMN F - NYC Net Operating Loss Expired	COLUMN G - NYC Net Operating Loss Remaining
A. NOL Carryforward from prior years →							
1. 20th preceding yr							
2. 19th preceding yr							
3. 18th preceding yr							
4. 17th preceding yr							
5. 16th preceding yr							
6. 15th preceding yr							
7. 14th preceding yr							
8. 13th preceding yr							
9. 12th preceding yr							
10. 11th preceding yr							
11. 10th preceding yr							
12. 9th preceding yr							
13. 8th preceding yr							
14. 7th preceding yr							
15. 6th preceding yr							
16. 5th preceding yr							
17. 4th preceding yr							
18. 3rd preceding yr							
19. 2nd preceding yr							
20. 1st preceding yr	2013	(100,000)	(80,000)	(80,000)	0		80,000
21. Current year	2014	668,503	28,403,743	0	80,000		0

Note: Current Year's Net Operating Loss Utilized should be carried forward to NYC-3A or NYC-3L, Sch. B, Line 11 or NYC-4S, Sch. B, Line 6a or NYC-4SEZ, Sch.B2, line 4.

Were there any special federal Net Operating Loss elections? ☐ YES ☒ NO

SCHEDULE B - Complete the Net Operating Loss Apportionment to Investment Income (If applicable)

NYC Net Operating Loss Apportionment To Investment Income

DESCRIPTION

	AMOUNT
1. Investment Income before Net Operating Loss from NYC-3A or NYC-3L, Sch. B line 21g	3,000,000
2. Entire Net Income before Net Operating Loss from NYC-3A or NYC-3L, Sch. B line 19 or 20 plus line 11	28,403,743
3. Ratio: (Divide line 1 by line 2)	10.56 %
4. Net Operating Loss (NYC-3A or NYC 3L, Sch. B line 11)	80,000
5. Net Operating Loss Apportionment to Investment Income (multiply line 3 by line 4 and enter on NYC-3A or NYC-3L, Sch. B line 22)..	8,448



DEPRECIATION ADJUSTMENTS FOR CERTAIN POST 9/10/01 PROPERTY

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ and ending _____

Name (Print or Type)
TREE GCT TC FIVE

EMPLOYER IDENTIFICATION NUMBER

00 - 00000009

OR

SOCIAL SECURITY NUMBER

- - - - -

- ▲ Federal Form 4562 must accompany this form.
- ▲ This schedule must be attached to your applicable New York City tax return.
- ▲ See instructions on back.
- ▲ Use Schedule A2 to report modifications to the deductions for certain sport utility vehicles, not Schedule A1. See instructions.

SCHEDULE A1 Computation of allowable New York City depreciation for current year							Attach rider if necessary	
A Description of Property	B Class of Property	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Depreciation Taken in Prior Years	F Federal Depreciation	G Method of Figuring NYC Depreciation	H Life or Rate	I Allowable New York City Depreciation
Computer Equipment	3	01-01-2012	51,000	12,750	17,000	S/L	5	12,750
1a. Total columns D, E, F, and I.....			51,000	12,750	17,000			12,750

Enter total of columns F and I on line 4 and line 5 of Schedule C below. (See instructions on back.)

SCHEDULE A2 Computation of NYC deductions for current year for sport utility vehicles							Attach rider if necessary	
A Description of Property	B Class of Property	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Deductions Taken in Prior Years	F Federal Depreciation and Section 179 Deductions	G Method of Figuring NYC Depreciation	H Life or Rate	I Total Allowable New York City Deductions
1b. Total columns D, E, F, and I.....								

SCHEDULE B		Disposition adjustment			Attach rider if necessary	
For each item of property listed below, determine the difference between federal and New York City deductions used in the computation of federal and New York City taxable income in prior years.						
▲ If federal deduction exceeds New York City deduction, subtract column E from column D and enter in column F.						
▲ If New York City deduction exceeds federal, subtract column D from column E and enter in column G.						
A	B	C	D	E	F	G
Description of Property	Class of Property (ACRS)	Date Placed in Service: mm-dd-yy	Total Federal Depreciation Taken	Total NYC Depreciation Taken	Adjustment (D minus E)	Adjustment (E minus D)
2. Total excess federal deductions over NYC deductions (see instructions)						
3. Total excess NYC deductions over federal deductions (see instructions)						0

SCHEDULE C			Computation of adjustments to New York City income	
		A. Federal	B. New York City	
4.	Enter amount from Schedule A1, line 1a, column F	17,000		
5.	Enter amount from Schedule A1, line 1a, column I		12,750	
6a.	Enter amount from Schedule A2, line 1b, Column F			
6b.	Enter amount from Schedule A2, line 1b, Column I			
7a.	Enter amount from Schedule B, line 2			
7b.	Enter amount from Schedule B, line 3			
8.	Totals: column A, lines 4, 6a and 7b; column B, lines 5, 6b and 7a.	17,000	12,750	

Enter the amount on line 8, column A, as an addition and the amount on line 8, column B, as a deduction on the applicable New York City return. (See instr.)

GENERAL INFORMATION

The Job Creation and Worker Assistance Act of 2002, P.L. 107-147, (the "Act") allows taxpayers an additional 30 percent depreciation deduction in the first year "qualified property" is placed in service. The Act allows a similar additional 30 percent first-year depreciation deduction for "qualified New York Liberty Zone property" and allows "qualified New York Liberty Zone leasehold improvements" to be depreciated over a five-year period using a straight-line method. The Act also allows an additional first-year expense deduction of up to \$35,000 for "qualified New York Liberty Zone property" under IRC §179 in addition to the otherwise allowable deduction. The Jobs and Growth Tax Relief Reconciliation Act of 2003, P.L. 108-27, (the "2003 Act") increased the first year federal depreciation deduction for certain qualified property to 50%.

The New York Liberty Zone generally encompasses an area of the borough of Manhattan below Canal Street. "Qualified property" (as defined in IRC §168(k)(2)) generally includes certain personal

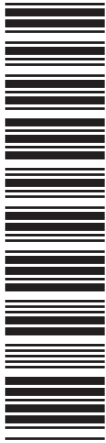
property acquired after September 10, 2001 and before January 1, 2005 and placed in service after September 10, 2001 and before January 1, 2005 or 2006 in certain circumstances. The 2003 Act modified the definition of "qualified property" to provide that to qualify for the 50% deduction, the property must be acquired after May 5, 2003 and before January 1, 2005 and placed into service before January 1, 2005 or 2006 in certain circumstances. "Qualified New York Liberty Zone property" (as defined in IRC §1400L(b)(2)) generally includes the same types of personal property if used substantially in the New York Liberty Zone in connection with the active conduct of a trade or business in the New York Liberty Zone where the original use began with the taxpayer in the Liberty Zone after September 10, 2001. It also includes certain real property acquired to replace property damaged or destroyed in the attacks on the World Trade Center on September 11, 2001. For New York City tax purposes, property that qualifies as both "qualified property" and "qualified New York Liberty Zone property" will be eligible for enhanced depreciation and IRC §179 benefits as "qualified New York Liberty Zone property."



GCT Test Case Six

Begins on the next page

Taxpayer name	WORK GCT TC SIX
EIN	00-0000007
Primary Form	NYC-4S
Associated Form(s)	NYC-ATT-S-CORP, NYC-NOLD-GCT
Attachments	Alternative Tax Calculation
Purpose of test	Short year return, Conversion of S Corp to C Corp, Net Operating Loss Deduction
Other instructions	None

**GENERAL CORPORATION TAX RETURN****2014**

For CALENDAR YEAR 2014 or FISCAL YEAR beginning 01/01/14 2014 and ending 06/30/14

Enter 2-character special condition code, if applicable (see inst.): **A A**

- ☐ Amended return ☐ Final return Check box if the corporation has ceased operations. ☐ Special short period return (See Instructions) ☐ Check box if you are filing a 52-53-week taxable year
- ☐ Check box if a pro-forma federal return is attached ☐ Check box if you claim any 9/11/01-related federal tax benefits (see inst.)

Name WORK GCT TC SIX		Taxpayer's Email Address: khiryfarr@workNall.com	
In Care Of		EMPLOYER IDENTIFICATION NUMBER 00 - 00000007	
Address (number and street) 37 ANY STREET		BUSINESS CODE NUMBER AS PER FEDERAL RETURN 321900	
City and State ANYTOWN, NC		Zip Code 28041-0280	
Business Telephone Number 310-555-1212	Date business began in NYC 01/01/2009	Date business ended in NYC	

SCHEDULE A Computation of Tax

BEGIN WITH SCHEDULES B THROUGH E ON PAGE 2. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

A. Payment		Amount being paid electronically with this return.....		A.		Payment Amount	
1.	Net income (from Schedule B, line 8).....	1.	53,104	x .0885	1.	4,700	
2a.	Total capital (from Schedule C, line 7) (see instr.).....	2a.	1,065,106	x .0015	2a.	1,598	
2b.	Total capital - Cooperative Housing Corps. (see instr.).....	2b.		x .0004	2b.		
2c.	Cooperatives - enter: BORO BLOCK LOT						
3a.	Compensation of stockholders (from Schedule D, line 1).....	3a.	161,698				
3b.	Alternative tax (see instructions).....	3b.				2,586	
4.	Minimum tax (see instructions) - NYC Gross Receipts: 11,468,259	4.				1,750	
5.	Tax (line 1, 2a, 2b, 3b or 4, whichever is largest).....	5.				4,700	
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 2 of Form NYC-EXT..... (b) If application for extension has not been filed and line 5 exceeds \$1,000, enter 25% of line 5 (see instructions).....	6a.				12,000	
		6b.					
7.	Total before prepayments (add lines 5 and 6a or 6b).....	7.				16,700	
8.	Prepayments (from Prepayments Schedule, line G) (see instructions).....	8.				18,000	
9.	Balance due (line 7 less line 8).....	9.				0	
10.	Overpayment (line 8 less line 7).....	10.				1,300	
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.				0	
13.	Net overpayment (line 10 less line 12).....	13.				1,300	
14.	Amount of line 13 to be: (a) Refunded - <input checked="" type="checkbox"/> Direct deposit - fill out line 14c OR <input type="checkbox"/> Paper check.....	14a.				1,300	
	(b) Credited to 2015 estimated tax.....	14b.					
14c.	Routing Number 021000021 Account Number 619-023754 ACCOUNT TYPE Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>						
15.	TOTAL REMITTANCE DUE (see instr.).....	15.					
16.	NYC rent deducted on federal tax return (see instr.) THIS LINE MUST BE COMPLETED. 16.		160,574				
17.	Federal return filed: <input type="checkbox"/> 1120 <input type="checkbox"/> 1120C <input checked="" type="checkbox"/> 1120S <input type="checkbox"/> 1120F <input type="checkbox"/> 1120H <input type="checkbox"/> Other/None						
18.	Gross receipts or sales from federal return.....	18.				11,468,259	
19.	Total assets from federal return.....	19.				3,605,885	

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

SIGN HERE	I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.		Firm's Email Address:	
	I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions)...YES <input checked="" type="checkbox"/>			
PREPARER'S USE ONLY	Officer's signature:	Title: CEO	Date: 01-25-2015	Preparer's Social Security Number or PTIN P 55 - 55 - 5555
	Preparer's signature:	Preparer's printed name: Johnny Appleseed	Check if self-employed: <input type="checkbox"/>	Date: 01-20-2015
	John Appleseed, CPA		100 Efile Drive, Anytown, TX	78621
	Firm's name (or yours, if self-employed)		Address	
		Zip Code		Firm's Employer Identification Number 11 - 0000011

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.

SCHEDULE B Computation of NYC Taxable Net Income

1.	Federal taxable income before net operating loss deduction and special deductions (see instructions)	1.	18,610	
2.	Interest on federal, state, municipal and other obligations not included in line 1	2.		
3a.	NYS Franchise Tax and other income taxes, including MTA taxes, deducted on federal return (attach rider) (see instr.)	3a.	27,594	
3b.	NYC General Corporation Tax deducted on federal return (see instructions)	3b.	9,000	
4.	ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399Z) (see instructions)	4.		
5.	Total (sum of lines 1 through 4)	5.	55,204	
6a.	New York City net operating loss deduction (see instructions)	6a.	2,100	
6b.	Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instr.)	6b.		
6c.	NYC and NYS tax refunds included in Schedule B, line 1 (see instr.)	6c.		
7.	Total (sum of lines 6a through 6c)	7.	2,100	
8.	Taxable net income (line 5 less line 7) (enter on page 1, Schedule A, line 1) (see instructions)	8.	53,104	

S CORPORATIONS
see instructions
for line 1

SCHEDULE C Total CapitalBasis used to determine average value in column C. **Check one.** (Attach detailed schedule)

- ☒ - Annually ☐ - Semi-annually ☐ - Quarterly
☐ - Monthly ☐ - Weekly ☐ - Daily

	COLUMN A Beginning of Year	COLUMN B End of Year	COLUMN C Average Value
1. Total assets from federal return	4,688,476	3,605,885	4,147,181
2. Real property and marketable securities included in line 1 ...	50,206	60,043	55,125
3. Subtract line 2 from line 1			4,092,056
4. Real property and marketable securities at fair market value	180,000	250,554	215,277
5. Adjusted total assets (add lines 3 and 4)			4,307,333
6. Total liabilities (see instructions)	2,860,276	1,493,968	2,177,122
7. Total capital (column C, line 5 less column C, line 6) (enter on page 1, Schedule A, line 2a or 2b) (see Instr.)			1,065,106

SCHEDULE D Certain Stockholders

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

Name, Country and US Zip Code (Attach rider if necessary)	Social Security Number	Official Title	Salary & All Other Compensation Received from Corporation (If none, enter "0")
KHIRY U FARR, USA, 10001	123-45-6789	CEO	80,849
KHIRY U NEARR, USA, 10002	024-68-0246	COO	80,849
1. Total, including any amount on rider (enter on page 1, Schedule A, line 3a)			161,698

SCHEDULE E The following information must be entered for this return to be complete

1. New York City principal business activity: Manufacturing
2. Does the corporation have an interest in real property located in New York City? (see instructions)..... YES ☐ NO ☒
3. If "YES": (a) Attach a schedule of such property, including street address, borough, block and lot number.
(b) Was a controlling economic interest in this corporation (i.e., 50% or more of stock ownership) transferred during the tax year?... YES ☐ NO ☐
4. Does the corporation have one or more qualified subchapter s subsidiaries (QSSS)?..... YES ☐ NO ☒
If "YES" Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether the QSSS filed or was required to file a City business income tax return. See instructions.
5. If a federal return was filed on Form 1120S, enter the number of Fed K1 returns attached:
6. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity?..... YES ☐ NO ☒
7. If "YES", were all required Commercial Rent Tax Returns filed?

Please enter Employer Identification Number which was used on the Commercial Rent Tax Return:

COMPOSITION OF PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 8	DATE	AMOUNT
A. Mandatory first installment paid with preceding year's tax ..		3,000
B. Payment with Declaration, Form NYC-400 (1)	03-17-2014	3,000
C. Payment with Notice of Estimated Tax Due (2)		
D. Payment with Notice of Estimated Tax Due (3)		
E. Payment with extension, Form NYC-EXT	03-16-2015	12,000
F. Overpayment from preceding year credited to this year ...		
G. TOTAL of A through F (enter on Schedule A, line 8)		18,000

MAILING INSTRUCTIONS**ALL RETURNS EXCEPT REFUND RETURNS**

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

REMITTANCES

PAY ONLINE WITH FORM NYC-200V
AT NYC.GOV/ESERVICES

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 5563
BINGHAMTON, NY 13902-5563

30421491

The due date for the calendar year 2014 return is on or before March 16, 2015.

For fiscal years beginning in 2014, file on the 15th day of the third month after the close of fiscal year.

WORK GCT TC SIX
00-0000007
Form NYC-4S Alternative Tax Calculation

Net Income (loss)	1	53,104
100% of salaries and compensation to shareholders owing more than 5% of taxpayer's stock	2	161,698
Total	3	214,802
Statutory exclusion (reduced for partial year)	4	20,000
Net amount	5	194,802
15% of net amount	6	29,220
Tax Rate	7	8.85%
Alternative tax	8	2,586

**CALCULATION OF FEDERAL TAXABLE
INCOME FOR S CORPORATIONS**
2014
ATTACH TO FORM NYC-3A, NYC-3L, NYC-4S OR NYC-4SEZ

All federal S Corporations must complete this schedule and include it when filing Form NYC-3A, NYC-3L, NYC-4S, or NYC-4SEZ. Amounts on Part I, Lines 1 through 8, 12 and 13 and Part II, Lines 15 through 18 are carried directly from your Federal form 1120S, Schedule K.

SPECIFIC LINE INSTRUCTIONS
PART I

Line 9 - If the calculated value for line 9 is negative, enter 0.

Line 10 - The capital loss carryover from prior years that may be used in the current tax year for City purposes. This amount may not exceed the value on line 9.

Line 11 - Subtract Line 10 from Line 9.

PART II

Line 19 - If the Domestic Production Activities Deduction

has been taken on the corporate level, do not include it on line 19, but enter it on Part II Line 20.

Line 20 - If the Domestic Production Activities Deduction has not been taken on the corporate level, or if the corporation is not eligible to take the deduction, leave line 20 blank.

PART III

Line 22 - Federal Taxable Income: Calculate the value of Part I, Line 14 minus Part II, Line 21 and enter here and on Schedule B, Line 1 of your form NYC-3L or

form NYC-4S, or on Schedule B2, Line 1 of your form NYC-4SEZ. For members of a Combined Group included in an NYC-3A, enter on Form NYC-3A, Schedule B Column A, line 1, if this form NYC-ATT-S-Corp is for the reporting corporation. For any other member of the combined group, enter on Form NYC-3A/B, Schedule B, line 1, in the column for this corporation. If there is only one other member of the combined group, enter on Form NYC-3A, Schedule B Column B, line 1.

For CALENDAR YEAR 2014 or FISCAL YEAR beginning 01/01/14 and ending 06/30/14

Name as shown on NYC-3A/ATT, NYC-3L, NYC-4S or NYC-4SEZ

WORK GCT TC SIX

EMPLOYER IDENTIFICATION NUMBER

0 0 - 0 0 0 0 0 0 7

PART I - ADDITIONS TO ORDINARY BUSINESS INCOME

	From Federal Form 1120S			
1. Ordinary business income (loss).....	Schedule K, Line 1		1.	424,118
2. Net rental real estate income (loss)	Schedule K, Line 2		2.	
3. Other net rental income (loss).....	Schedule K, Line 3c		3.	
4. Interest income.....	Schedule K, Line 4		4.	71,147
5. Ordinary dividends	Schedule K, Line 5a		5.	
6. Royalties	Schedule K, Line 6		6.	
7. Net short-term capital gain (loss)	Schedule K, Line 7	7.	78,649	
8. Net long-term capital gain (loss)	Schedule K, Line 8a	8.		
9. Sum of lines 7 and 8	See Instructions	9.	78,649	
10. Capital Loss Carryover	See Instructions	10.		
11. Net Capital Gain.....	See Instructions		11.	78,649
12. Net Section 1231 gain (loss).....	Schedule K, Line 9		12.	
13. Other income (loss).....	Schedule K, Line 10		13.	10,000
14. TOTAL ADDITIONS (Sum of lines 1 through 6 plus lines 11 through 13)			14.	583,914

PART II - DEDUCTIONS FROM ORDINARY BUSINESS INCOME

Make applicable adjustments for C Corporation treatment of items 15 through 21

15. Section 179 deduction.....	Schedule K, Line 11		15.	62,935
16. Contributions.....	Schedule K, Line 12a		16.	
17. Investment interest expense	Schedule K, Line 12b		17.	
18. Section 59(e)(2) expenditures.....	Schedule K, Line 12c(2)		18.	
19. Other deductions (do not include Domestic Productions Activities Deduction).....	See Instructions		19.	502,369
20. Domestic Production Activities Deduction..... (If deducted at corporate level)	See Instructions		20.	
21. TOTAL DEDUCTIONS (Sum of lines 15 through 20)			21.	565,304

PART III - CALCULATION OF FEDERAL TAXABLE INCOME

22. Federal Taxable Income	See Instructions		22.	18,610
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NET OPERATING LOSS DEDUCTION COMPUTATION

GENERAL CORPORATION TAX

2014

ATTACH TO FORM NYC-3A, NYC-3L, NYC-4S or NYC-4SEZ

For CALENDAR YEAR 2014 or FISCAL YEAR beginning 01/01/14 2014 and ending 06/30/14

Print or Type ▼

Name as shown on NYC-3A, NYC-3L, NYC-4S or NYC-4SEZ:

WORK GCT TC SIX

EMPLOYER IDENTIFICATION NUMBER

0	0	0	0	0	0	0	7
---	---	---	---	---	---	---	---

SCHEDULE A - NYC Net Operating Loss Deduction Schedule (NOLD)

APPLICABLE YEAR	COLUMN A - Tax Year	COLUMN B - Federal Taxable Income (Loss) before NOL and special deductions	COLUMN C - Amount from NYC-3A, NYC-3L, NYC-4S or NYC-4SEZ (See instructions)	COLUMN D - NYC Net Operating Loss Generated (attach rider for Separate Return Limitation Year (SRLY) Loss)	COLUMN E - NYC Net Operating Loss Utilized	COLUMN F - NYC Net Operating Loss Expired	COLUMN G - NYC Net Operating Loss Remaining
A. NOL Carryforward from prior years							
1. 20th preceding yr							
2. 19th preceding yr							
3. 18th preceding yr							
4. 17th preceding yr							
5. 16th preceding yr							
6. 15th preceding yr							
7. 14th preceding yr							
8. 13th preceding yr							
9. 12th preceding yr							
10. 11th preceding yr							
11. 10th preceding yr							
12. 9th preceding yr							
13. 8th preceding yr							
14. 7th preceding yr							
15. 6th preceding yr							
16. 5th preceding yr							
17. 4th preceding yr							
18. 3rd preceding yr							
19. 2nd preceding yr	2012	(800)	(600)	(600)			600
20. 1st preceding yr	2013	(2,000)	(1,500)	(1,500)			2,100
21. Current year	2014	18,610	55,204	0	2,100		0

Note: Current Year's Net Operating Loss Utilized should be carried forward to NYC-3A or NYC-3L, Sch. B, Line 11 or NYC-4S, Sch. B, Line 6a or NYC-4SEZ, Sch.B2, line 4.

Were there any special federal Net Operating Loss elections? ☐ YES ☐ NO

SCHEDULE B - Complete the Net Operating Loss Apportionment to Investment Income (If applicable)

NYC Net Operating Loss Apportionment To Investment Income

DESCRIPTION

	AMOUNT
1. Investment Income before Net Operating Loss from NYC-3A or NYC-3L, Sch. B line 21g	1.
2. Entire Net Income before Net Operating Loss from NYC-3A or NYC-3L, Sch. B line 19 or 20 plus line 11	2.
3. Ratio: (Divide line 1 by line 2)	3. %
4. Net Operating Loss (NYC-3A or NYC 3L, Sch. B line 11)	4.
5. Net Operating Loss Apportionment to Investment Income (multiply line 3 by line 4 and enter on NYC-3A or NYC-3L, Sch. B line 22)..	5.

GCT Test Case Seven

Begins on the next page

Taxpayer name	RMNI GCT TC SEVEN
EIN	00-0000600
Primary Form	NYC-4SEZ
Associated Form(s)	None
Attachments	None
Purpose of test	Generic Form
Other instructions	None



For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014 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.)Enter 2-character special condition code, if applicable (see inst.): ☐☐

Name RMNI GCT TC SEVEN	
In Care Of	
Address (number and street) 1234 MAIN STREET	
City and State NEW YORK, NY	Zip Code 10007
Business Telephone Number 212-321-7654	Date business began in NYC 01/01/2000

Taxpayer's Email Address: sam.brintz@rmni.com	
EMPLOYER IDENTIFICATION NUMBER 00 - 0000600	
BUSINESS CODE NUMBER AS PER FEDERAL RETURN 485320	

SCHEDULE A Computation of Tax

BEGIN WITH SCHEDULES B1 or B2 ON PAGE 2. TRANSFER APPLICABLE AMOUNT TO SCHEDULE A.

A. Payment		Amount being paid electronically with this return.....		A.		Payment Amount	
1.	Net income (from Schedule B1, line 3 or B2, line 6).	13,290	X .0885 ...	1.	1,176		
2.	Minimum tax (See instructions) - NYC Gross Receipts:	5,450		2.	25		
3.	Tax (line 1 or 2, whichever is larger)			3.	1,176		
4.	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 2 of Form NYC-EXT			4a.			
	(b) If application for extension has not been filed and line 3 exceeds \$1,000, enter 25% of line 3 (see instructions)			4b.	294		
5.	Total before prepayments (add lines 3 and 4a or 4b)			5.	1,470		
6.	Prepayments (see instructions)			6.	1,000		
7.	Balance due (line 5 less line 6)			7.	470		
8.	Overpayment (line 6 less line 5)			8.			
9.	Interest (see instructions)		7	9.			
10.	Amount of line 8 to be: (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 10c OR <input type="checkbox"/> Paper check.....			10a.			
	(b) Credited to 2015 estimated tax			10b.			
10c.	Routing Number	Account Number	Checking <input type="checkbox"/> Savings <input type="checkbox"/>				
11.	TOTAL REMITTANCE DUE (see instructions)			11.	477		
12.	Federal return filed: <input type="checkbox"/> 1120 <input type="checkbox"/> 1120C <input type="checkbox"/> 1120S <input type="checkbox"/> 1120H <input checked="" type="checkbox"/> 1120F <input type="checkbox"/> Other/None						
13.	Gross income			13.	25,240		

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

SIGN HERE	I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.			Firm's Email Address:	
	I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions)...YES <input checked="" type="checkbox"/>				
PREPARER'S USE ONLY	Officer's signature:	Title: CFO	Date: 08-28-2015	Preparer's Social Security Number or PTIN	
	Preparer's signature:	Preparer's printed name: John E Suiter	Check if self-employed: <input type="checkbox"/>	Date: 08-20-2015	P 000 - 000 - 00007
	AAA Tax Service	4000 3rd Ave, Ste.100, Portland, OR	97201	Firm's Employer Identification Number	
	▲ Firm's name (or yours, if self-employed)	▲ Address	▲ Zip Code	00 - 00000300	

NAME RMNI GCT TC SEVENEIN 00-0000600**SCHEDULE B1**

To be used by New York State C Corporations that elect to use NYS entire net income. See instructions.

1. New York State Entire Net Income..... 1.
2. General Corporation Tax deducted in computing amount on 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 Corporations that do not elect to use Schedule B1. See instructions.

1. Federal Taxable Income before net operating loss deduction and special deductions 1.
2. State and local income and MTA taxes deducted on federal return (see instructions)..... 2.
3. Total of lines 1 and 2..... 3.
4. New York City net operating loss deduction (see instructions) 4.
5. New York City and New York State income tax refunds included in Schedule B2, line15.
6. Taxable net income. Line 3 less the sum of lines 4 and 5. (Enter on page 1, Schedule A, Line 1) 6.

12,340	
1,000	
13,340	
50	
13,290	

ADDITIONAL REQUIRED INFORMATION - See Instructions

1. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity?..... ☒ YES ☐ NO
2. If "YES", were all required Commercial Rent Tax Returns filed?..... ☒ YES ☐ NO

Please enter Employer Identification Number which was used on the Commercial Rent Tax Return: 00-0000600**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.

The due date for the calendar year 2014 return is on or before March 16, 2015.

For fiscal years beginning in 2014, 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
GENERAL CORPORATION TAX
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

REMITTANCES
PAY ONLINE WITH FORM NYC-200V
AT NYC.GOV/ESERVICES

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 5563
BINGHAMTON, NY 13902-5563



31121491

GCT Test Case Eight

Begins on the next page

Taxpayer name	HELP GCT TC EIGHT
EIN	00-0000001
Primary Form	NYC-3360
Associated Form(s)	None
Attachments	None
Purpose of test	New Generic Form
Other instructions	None

**GENERAL CORPORATION TAX REPORT OF CHANGE IN
TAX BASE MADE BY INTERNAL REVENUE SERVICE AND/OR
NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE**

TO BE FILED WITHIN 90 DAYS (120 DAYS FOR A COMBINED GROUP) AFTER A FINAL DETERMINATION

For CALENDAR YEAR 2013 or FISCAL YEAR beginning _____ and ending _____

ARE YOU REPORTING A CHANGE IN FILING STATUS? (SEE INSTR.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NEW FILING STATUS: <input type="checkbox"/> SEPARATE <input type="checkbox"/> COMBINED <input type="checkbox"/> CHANGE IN COMBINED GROUP		ORIGINAL RETURN WAS FILED ON: <input type="checkbox"/> NYC-4S <input checked="" type="checkbox"/> NYC-3L <input type="checkbox"/> NYC-3A <input type="checkbox"/> NYC-4S-EZ	
Name HELP GCT TC EIGHT		Email Address roger.rabbit@help.com		EMPLOYER IDENTIFICATION NUMBER 00 - 00000001	
In Care of				Date of Final Determination: <input checked="" type="checkbox"/> Federal 10 - 18 - 14 <input type="checkbox"/> New York State - - -	
Address (number and street) 31 ANY STREET		Zip Code 20901			
City and State ANYTOWN, MD		Person to contact ROGER RABBIT			
Business Telephone Number 703-555-1515					

A. Payment		Amount being paid electronically with this return..... A.		Payment Amount	
Calculation of General Corporation Tax		COLUMN 1 Original Amount as last adjusted	COLUMN 2 Net Change	COLUMN 3 Correct Amount	
1. Net income allocated to New York City 1.		145,100	24,900	1.	170,000
2. Tax at <u>8.85 %</u> (see instructions)..... 2.		12,841		2.	15,045
3. Total capital allocated to New York City .. 3.		2,689,722		3.	2,689,722
4. Tax at <u>0.15 %</u> (see instructions)..... 4.		4,035		4.	4,035
5a. Alternative tax base (see instructions)..... 5a.		21,909		5a.	25,644
5b. Alternative tax (see instructions)..... 5b.		1,939		5b.	2,269
6. NYC Gross Receipts..... 6.		684,525		6.	684,525
6a. Minimum tax (see instructions)..... 6a.		500		6a.	500
7. Subsidiary capital..... 7.		0		7.	0
8. Tax at <u>0.075 %</u> (see instructions)..... 8.		0		8.	0
9. Tax, (line 2, 4, 5b, or 6a, whichever is largest, plus line 8)..... 9.		12,841		9.	15,045
10. Minimum tax for subsidiaries 10.				10.	
11. Total tax (line 9 plus line 10)..... 11.		12,841		11.	15,045
12. Tax Credits (see instructions)..... 12.				12.	
13. Net tax (line 11 minus line 12) 13.		12,841		13.	15,045

Additional Tax (or Refund) Due		COLUMN A - Additional Tax Due	COLUMN B - Refund Due
14. If line 13 (col. 3) exceeds line 13 (col. 1), enter the difference in column A 14.		2,204	
15. If line 13 (col. 3) is less than line 13 (col. 1), enter the difference in column B			15.
16. Interest (see instructions) 16.		126	
17. Additional charges (see instructions) 17.			
18. Total amount due (add lines 14, 16, and 17) 18.		2,330	
19. Refund due (enter amount from line 15 above) 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.				Firm's Email Address	
I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions)YES <input checked="" type="checkbox"/>					
SIGN HERE →	Signature of officer		Title CEO	Date 01-15-2015	Preparer's Social Security Number or PTIN P 1 1 - 1 1 - 1 1 1 1
	Preparer's signature		Preparer's printed name Johnny Appleseed	Check if self-employed <input type="checkbox"/>	Date 01-15-2015
PREPARER'S USE → ONLY	Electronic Tax Filers, Inc.		100 Efile Drive, Anytown, TX	75231	Firm's Employer Identification Number 00 - 000000011
▲ Firm's name (or yours, if self-employed)		▲ Address		▲ Zip Code	

**MAILING
INSTRUCTIONS****30011491****ALL RETURNS EXCEPT REFUND RETURNS**
NYC DEPARTMENT OF FINANCE
GENERAL CORPORATION TAX
P.O. BOX 5564
BINGHAMTON, NY 13902-5564**REMITTANCES**
PAY ONLINE WITH FORM NYC-200V
AT NYC.GOV/ESERVICES - 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 5563
BINGHAMTON, NY 13902-5563Attach copies of federal and/or New York State
changes and explanation of items. 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 cred-
it, you must enter your
correct Employer
Identification Number
on your form and remit-
tance.

GCT Test Case Nine

Begins on the next page

Taxpayer name	RMNI GCT TC NINE
EIN	00-0000600
Primary Form	NYC-400
Associated Form(s)	None
Attachments	None
Purpose of test	Generic Form
Other instructions	None

For CALENDAR YEAR 2015 or FISCAL YEAR beginning _____, _____ and ending _____, _____

Print or Type:

Name (If combined filer, give name of reporting corporation) See Instructions RMNI GCT TC NINE		Taxpayer's Email Address sam.brintz@rmni.com											
In Care of		EMPLOYER IDENTIFICATION NUMBER											
Address (number and street) 1234 MAIN STREET		<table border="1"> <tr> <td>0</td><td>0</td><td>-</td><td>0</td><td>0</td><td>0</td><td>0</td><td>6</td><td>0</td><td>0</td> </tr> </table>		0	0	-	0	0	0	0	6	0	0
0	0	-	0	0	0	0	6	0	0				
City and State NEW YORK, NY		Zip Code 10007											
Business telephone number 212-321-7654		BUSINESS CODE NUMBER AS PER FEDERAL RETURN											
Person to contact SAMUEL L. BOOKER		<table border="1"> <tr> <td>4</td><td>8</td><td>5</td><td>3</td><td>2</td><td>0</td> </tr> </table>		4	8	5	3	2	0				
4	8	5	3	2	0								

COMPUTATION OF ESTIMATED TAX

		Payment Amount	
A.	Payment Amount included with form - Make payable to: <i>NYC Department of FinanceA.</i>	400,000	
1.	Declaration of estimated tax for current year	1,200,000	
2.	Estimated Payment Amount	400,000	

MAILING INSTRUCTIONS:

MAIL FORM TO:
NYC DEPARTMENT OF FINANCE
GENERAL CORPORATION TAX
P.O. BOX 3922
NEW YORK, NY 10008-3922

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 declaration
and remittance.

KEEP A COPY OF THIS FORM FOR YOUR RECORDS. SEE INSTRUCTIONS ON THE REVERSE SIDE.**ELECTRONIC FILING**

Register for electronic filing. It is an easy, secure and convenient way to file a declaration and an extension and pay taxes on-line.
For more information log on to **NYC.gov/eservices**

GCT Test Case Ten

Begins on the next page

Taxpayer name	TREE GCT TC TEN
EIN	00-0000009
Primary Form	NYC-EXT.1
Associated Form(s)	None
Attachments	None
Purpose of test	Generic Form
Other instructions	None

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____, 2014 and ending _____

Print or Type:

Name (if combined corporate filer, give name of reporting corporation - see instructions)

TREE GCT TC TEN

In Care of

Address (number and street)

39 ANY STREET

City and State

ANYTOWN, OK

Zip Code

74002

TAXPAYER'S EMAIL ADDRESS

talbertoaks@treefixr.com

EMPLOYER IDENTIFICATION NUMBER

00 0000009

BUSINESS CODE NUMBER AS PER FEDERAL RETURN

541320

Check the tax type for which this extension is being requested:

General Corporation Tax (GCT)



Banking Corporation Tax (BCT)

TYPE OF RETURN TO BE FILED:*(check only one box)*

NYC-3L



NYC-3A



NYC-4S



NYC-4S-EZ



NYC-1



NYC-1A

The taxpayer named above requests an additional 3-month extension of time until 09 - 15 - 2015 to file its tax return.
MM DD YYYY**Explain in detail why an additional extension of time to file is needed.**

Our accountant was arrested and all his files are being held as evidence. We will not be able to get them until they are released by the FBI.

SCHEDULE A**This schedule should be completed by NYC combined return filers (Form NYC-3A or NYC-1A)**List name and Employer Identification Number for **each** member in the combined group. Attach rider for additional names.

	NAME OF MEMBER CORPORATION (EXCLUDING REPORTING CORPORATION)	EMPLOYER IDENTIFICATION NUMBER
1.		
2.		
3.		
4.		
5.		
6.		

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.***SIGN HERE:**

Signature of Officer:

Title:

PRESIDENT

Date:

06-15-2015

MAILING INSTRUCTIONS**To receive proper credit, you must enter your correct Employer Identification Number on your application.****Mail your completed application to the following address:**

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

GCT Test Case Eleven

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Taxpayer name	RMNI GCT TC ELEVEN
EIN	00-0000600
Primary Form	NYC-245
Associated Form(s)	None
Attachments	None
Purpose of test	New Generic Form
Other instructions	None

ACTIVITIES REPORT OF CORPORATIONS

TO BE FILED ONLY BY CORPORATIONS DISCLAIMING LIABILITY FOR TAX.
THE FILING OF THIS REPORT DOES NOT CONSTITUTE THE FILING OF A RETURN

☐ Check box if the corporation has ceased operations ☐ Check this box if you claim an overpayment. Refund Amount: \$ _____

For CALENDAR YEAR 2013 or FISCAL YEAR beginning _____ and ending _____

Print or Type ▼

Name:

RMNI TC ELEVEN

In Care of

Address (number and street):

1234 MAIN STREET

City and State:

SYDNEY, VICTORIA, AUSTRALIA

Zip Code:

30000

Location of Executive or Main Office:

SAME AS ABOVE

Date incorporated 09 - 15 - 2000 under laws of AUSTRALIA

TAXPAYER'S EMAIL ADDRESS

sam.brintz@rmni.com

EMPLOYER IDENTIFICATION NUMBER

00 - 0000600

BUSINESS CODE NUMBER AS PER FEDERAL RETURN

485320

NYC PRINCIPAL BUSINESS ACTIVITY

LIMOUSINE SERVICE

1. OFFICES AND OTHER PLACES OF BUSINESS IN NEW YORK CITY

LOCATION	NATURE OF ACTIVITY	DATE ESTABLISHED
456 ANY STREET, NEW YORK, NY 10007	LIMOUSINE SERVICE	09-15-2000

2. OTHER OFFICES AND PLACES OF BUSINESS

LOCATION (CITY AND STATE)	NATURE OF ACTIVITY	DATE ESTABLISHED
SYDNEY, VICTORIA, AUSTRALIA	LIMOUSINE SERVICE	09-15-2000

3. OFFICERS, AGENTS AND REPRESENTATIVES IN NEW YORK CITY

(Attach a full description of duties for each officer, agent or representative)

NAME	RESIDENCE ADDRESS	OFFICIAL TITLE
NONE	NONE	NONE

4. Number of employees in New York City 0 (give number, titles, and duties of each class on a rider)

5. The corporation is exempt from General Corporation Tax as

- a) an insurance corporation (attach copy of New York State Certificate of Authority) **5a.** ☐ YES ☒ NO
- b) a nonstock, nonprofit organization (see instructions) **5b.** ☐ YES ☒ NO

6. Did the corporation:

- a) own or lease real property in New York City? **6a.** ☐ YES* ☒ NO
- b) own or lease tangible personal property in New York City? **6b.** ☐ YES* ☒ NO
- c) employ any other assets in New York City? **6c.** ☐ YES* ☒ NO
- d) own merchandise located in New York City for sale? **6d.** ☐ YES* ☒ NO
- e) own assets located in New York City which are leased to others? **6e.** ☐ YES* ☒ NO
- f) perform any construction, erection, installation or repair work or other services in New York City? **6f.** ☐ YES* ☒ NO
- g) file a New York State Franchise Tax Report? If "Yes," attach a copy of report. **6g.** ☐ YES ☒ NO
- h) file a New York State Activities Report (CT-245)? If "Yes," attach a copy of report. **6h.** ☐ YES ☒ NO
- i) regularly solicit business by representatives going into New York City? **6i.** ☐ YES* ☒ NO
- j) participate in a partnership or joint venture doing business in New York City? **6j.** ☐ YES* ☒ NO

* If "Yes," attach schedule giving full details.

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

Signature of Officer:

Title: CFO

Date: 01-15-2015

ALL RETURNS EXCEPT REFUND RETURNS
 NYC DEPT. OF FINANCE, GENERAL CORPORATION TAX
P.O. BOX 5564, BINGHAMTON, NY 13902-5564
RETURNS CLAIMING REFUNDS
 NYC DEPT. OF FINANCE, GENERAL CORPORATION TAX
P.O. BOX 5563, BINGHAMTON, NY 13902-5563

**ENTER YOUR CORRECT
EMPLOYER IDENTIFICATION
NUMBER**

30811491

NYC-245 2014