

To be filed by S Corporations only. All C Corporations must file Form NYC-2 or NYC-2A
Attach copy of all pages of your federal return 1120S

For CALENDAR YEAR 2015 or FISCAL YEAR beginning

2015 and ending



NAME OR PRINT

Name Name Change

In Care Of

Address (number and street) Address Change

City and State Zip Code Country (if not US)

Business Telephone Number Taxpayer's Email Address:

EMPLOYER IDENTIFICATION NUMBER

BUSINESS CODE NUMBER AS PER FEDERAL RETURN

CHECK ALL THAT APPLY

Final return Claim any 9/11/01-related federal tax benefits (see inst.)

Special short period return (See Instr.) Enter 2-character special condition code, if applicable (see inst.)

Amended return If the purpose of the amended return is to report a federal or state change, check the appropriate box: IRS change NYS change

Date of Final Determination --

STATE OR COUNTRY OF ORGANIZATION: _____ DATE ORGANIZED: -- DATE BUSINESS BEGAN IN NEW YORK CITY: --

TYPE OF CORPORATION: 1. EDGE ACT 2. ALIEN COMMERCIAL 3. SAVINGS AND LOAN 4. TRUST 5. DOMESTIC COMMERCIAL (other than Clearing House)

Check One 6. CLEARING HOUSE 7. CAPTIVE REIT 8. CAPTIVE RIC 9. CREDIT CARD BANK 10. OTHER

TYPE OF BUSINESS LOCATION(S) WITHIN NYC: 1. BRANCH 2. AGENCY 3. REPRESENTATIVE OFFICE 4. LOAN PRODUCTION OFFICE 5. NONE 6. OTHER (Specify) _____

SCHEDULE A - Computation of Tax

A. Payment	Amount being paid electronically with this return	A.	Payment Amount
1.	Allocated taxable entire net income (from Sch. B, line 31) 1.	<input checked="" type="checkbox"/> 9% (.09).....	1.
2.	Allocated taxable alternative entire net income (from Sch. C, line 6) 2.	<input checked="" type="checkbox"/> 3% (.03).....	2.
3.	Allocated taxable assets (from Sch. D, line 4 and multiply by the appropriate tax rate, mark in the box)... 3.	<input type="checkbox"/> .00002 <input type="checkbox"/> .00004 <input type="checkbox"/> .0001	3.
4.	Fixed minimum tax - No reduction is permitted for a period of less than 12 months.....		4. 125 00
5.	Tax (line 1, 2, 3, or 4, whichever is largest)		5.
6.	UBT Paid Credit (attach Form NYC-9.7B)		6.
7.	Tax after UBT Paid Credit (line 5 less line 6)		7.
8a.	Relocation and employment assistance program (REAP) credit (see instructions and attach Form NYC-9.5)		8a.
8b.	LMREAP Credit (see instructions and attach Form NYC-9.8)		8b.
9.	Net Tax (line 7 less lines 8a and 8b).....		9.
10.	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		10a.
b)	If application for extension has not been filed and line 9 exceeds \$1,000, enter 25% of line 9		10b.
11.	Total of lines 9 and 10a or 10b.....		11.
12.	Prepayments (from Composition of Prepayments Claimed, page 6, item G) (see instructions)		12.
13.	Balance due (line 11 less line 12)		13.
14.	Overpayment (line 12 less line 11).....		14.
15a.	Interest (see instructions).....	15a.	
15b.	Additional charges (see instructions).....	15b.	
15c.	Penalty for underpayment of estimated tax (attach Form NYC-222B).....	15c.	
16.	Total of lines 15a, 15b and 15c	16.	
17.	Net overpayment (line 14 less line 16).....	17.	
18.	Amount of line 17 to be: (a) Refunded	18a.	
	(b) Credited to 2016 estimated tax	18b.	
19.	TOTAL REMITTANCE DUE (see instructions).....	19.	
20.	Issuer's allocation percentage rounded to the nearest one hundredth of a percentage point (see instructions) (attach worksheet)....	20.	%
21.	Total receipts (Sch. G, part 1, line 2f, col. B).....	21.	
22.	Total capital from federal return.....	22.	
23.	Total assets from federal return	23.	
24.	EIN of parent corporation.....	24.	
25.	EIN of common parent corporation.....	25.	
26.	Entire net income allocation percentage rounded to the nearest one hundredth of a percentage point (Sch. G, part 1, line 7).....	26.	%
27.	IBF Formula Allocation Method (✓)	27.	<input type="checkbox"/>
28.	NYC rent deducted on federal tax return - THIS LINE MUST BE COMPLETED	28.	

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 Date

Preparer's signature Preparer's printed name Check if self-employed Date

Firm's Email Address: _____

Preparer's Social Security Number or PTIN _____

Firm's Employer Identification Number _____

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

SCHEDULE B - Computation and Allocation of Entire Net Income

1. Federal taxable income before net operating loss deduction and special deductions (see instructions).....		1.		
- ADDITIONS -	2a. Dividends and interest effectively connected with the conduct of a trade or business in the United States NOT included on line 1		2a.	
	2b. Any other income not included on line 1 or line 2a which is exempt by treaty from federal income tax, but would otherwise be treated as effectively connected with the conduct of a trade or business in the U.S.		2b.	
	3a. Dividends not included on line 1		3a.	
	3b. Interest not included on line 1		3b.	
	4. Enter the sum of lines 2a and 2b or the sum of lines 3a and 3b, whichever is applicable		4.	
	5. Income taxes paid to the U.S., its possessions or foreign countries deducted on federal return		5.	
	6. New York State Franchise Tax deducted on federal return (see instructions).....		6.	
	7. New York City General, Business or Banking Corporation taxes deducted on federal return (see instructions).....		7.	
	8. Enter total amount of federal depreciation adjustment from forms NYC-399 and/or NYC-399Z		8.	
	9. Amount deducted on federal return as a result of safe harbor lease election.....		9.	
	10. Amount which would have been required to be included in federal taxable income had safe harbor lease election not been made		10.	
	11. Any other federal deduction previously allowable as a deduction under Subchapter 3 of Chapter 6 (see instructions).....		11.	
	12. Other additions to federal taxable income (attach rider).....		12.	
13. Total additions (add lines 4 through 12).....		13.		
- SUBTRACTIONS -	14. Interest and other expenses not deducted on federal return which are applicable to lines 2a, 2b, 3a or 3b.....		14.	
	15. Enter total amount of allowable NYC depreciation adjustment from forms NYC-399 and/or NYC-399Z		15.	
	16. Federal income or gain from installment method transactions previously includible under Subchapter 3, Chapter 6.....		16.	
	17. Amount of Internal Revenue Code Section 78 dividends included on lines 1, 2a, 2b, 3a and 3b		17.	
	18. Amount included in federal taxable income as a result of safe harbor lease election		18.	
	19. Amount which would have been required to be excluded from federal taxable income had safe harbor lease election not been made		19.	
	20. Wages and salaries subject to federal jobs credit and not deducted on federal return (attach form 5884).....		20.	
	21. Amount of money received from Federal Deposit Insurance Corp. or from Federal Savings and Loan Insurance Corp. and included on line 1		21.	
	22. Interest income from subsidiary capital (attach rider).....		22.	
	23. Dividend income from subsidiary capital (not included on line 17) (attach rider)		23.	
	24. Net gains from subsidiary capital (attach rider)		24.	
	25. Interest income on obligations of N.Y. State, its political subdivisions, or of the U.S. (attach rider)		25.	
	26. Adjusted eligible net income or loss of an International Banking Facility (from Schedule F, line 34)		26.	
	27. New York City net operating loss (NOL) deduction (see instructions).....		27.	
	28. Other subtractions from federal taxable income (attach rider)		28.	
29. Total subtractions (add lines 14 through 28)		29.		
30. ENTIRE NET INCOME (line 1 plus line 13 minus line 29).....		30.		
31. Allocated entire net income - line 30 x <input type="text"/> % (From Schedule G, part 1, line 7)(enter on page 1, Schedule A, line 1)		31.		



SCHEDULE C - Computation and Allocation of Alternative Entire Net Income

1.	Entire net income (from Schedule B, line 30)	1.		
2.	Interest income from subsidiary capital (from Schedule B, line 22)	2.		
3.	Dividend income, gains and losses from subsidiary capital (from Schedule B, line 23 and 24)	3.		
4.	Interest income on obligations of N.Y. State, its political subdivisions, or of the U.S. (from Schedule B, line 25)....	4.		
5.	Alternative entire net income (add lines 1 through 4).....	5.		
6.	Allocated alternative entire net income - line 5 x <input type="text"/> % (from Schedule G, part 2, line 5 rounded to the nearest one hundredth of a percentage point) (enter on page 1, Schedule A, line 2)	6.		

SCHEDULE D - Computation and Allocation of Taxable Assets

1.	Average value of total assets	1.		
2.	Money or other property received from the Federal Deposit Insurance Corporation or from the Federal Savings and Loan Insurance Corporation	2.		
3.	Taxable assets (line 1 less line 2).....	3.		
4.	Allocated taxable assets - line 3 x <input type="text"/> % (from Schedule G, part 3, line 7 rounded to the nearest one hundredth of a percentage point) (enter on page 1, Schedule A, line 3)	4.		
5.	Compute net worth ratio: $\frac{\text{Net worth on the last day of the tax year}}{\text{Total assets on the last day of the tax year}} =$	5.		%
6.	Compute percentage of mortgages included in total assets: $\frac{\text{Average quarterly balance of mortgages}}{\text{Average quarterly balance of total assets}} =$	6.		%

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

Mark an X in the appropriate box in the last column and use this rate on line 3 of Schedule A.

If the net worth ratio (from line 5) is:	And the % of mortgages included in total assets (from line 6) is:	The tax rate is:	Indicate the appropriate tax rate:
Less than 4%	33% or more	.00002	
At least 4% but less than 5%	33% or more	.00004	
All others	All others	.0001	

SCHEDULE E - Federal Return Information - All Banks

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 1120S.

		▼ Federal Amount ▼
1.	Interest income	
2.	Other income	
3.	Total income	
4.	Compensation of officers.....	
5.	Salaries and wages	
6.	Bad debts	
7.	Interest expense	
8.	Other deductions	
9.	Total deductions.....	
10.	Taxable income before NOL.....	

Enter on lines 1 through 5, in the Federal Amount column, the amounts reported on your Federal 1120S.

		▼ Federal Amount ▼
1.	Net income (loss) per books	
2.	Income subject to tax not recorded on books this year	
3.	Expenses recorded on books this year not deducted on this return.....	
4.	Income recorded on books this year not included on this return	
5.	Deductions on this return not charged against book income this year	

Enter on lines 1 and 2 in the Federal Amount column the amounts reported on your Federal 1120S.

		▼ Federal Amount ▼
1.	Total assets (Beginning of tax year, Schedule L, Column b)	
2.	Total assets (End of tax year, Schedule L, Column d)	



SCHEDULE F - Computation of International Banking Facility Adjusted Eligible Net Income or Loss (Pursuant to Section 11-641 (f) of the Administrative Code)

If the corporation has an IBF located in New York State, check the appropriate box below and see instructions.

The corporation computed entire net income using the: IBF modification method or IBF formula allocation method

If using the modification method, complete lines 1 through 34; if using the formula allocation method, complete lines 1 through 18 only.

Table with 4 columns: COMPUTATION OF ELIGIBLE GROSS INCOME, COLUMN A Total IBF Gross Income, COLUMN B Ineligible IBF Gross Income, and COLUMN C Eligible Gross Income (column A minus column B). Rows 1-5 include interest income, fee income, and total eligible gross income.

Table with 4 columns: COMPUTATION OF APPLICABLE EXPENSES, COLUMN A Direct Expenses, COLUMN B Indirect Expenses, and COLUMN C Total (column A plus column B). Rows 6-17 list various expenses like salaries, taxes, and depreciation, leading to total applicable expenses on line 18.

Table with 4 columns for COMPUTATION OF INELIGIBLE FUNDING AMOUNT. Rows 19-24 calculate the ineligible funding amount based on net income and liabilities, resulting in the remaining amount on line 24.

Table with 4 columns for COMPUTATION OF FLOOR AMOUNT. Rows 25-34 calculate the floor amount based on average aggregate amounts of loans and deposits, leading to the adjusted eligible net income or loss on line 34.



Part 3 (Schedule G (cont'd)) Computation of taxable assets allocation percentage

ALL ACTIVITIES OF AN IBF ARE TO BE INCLUDED IN BOTH THE NUMERATOR (COL. A) AND THE DENOMINATOR (COL. B) WHEN COMPUTING THE TAXABLE ASSETS ALLOCATION PERCENTAGE.		COLUMN A NEW YORK CITY		COLUMN B EVERYWHERE	
1a.	Wages, salaries and other personal service compensation of employees, except general executive officers	1a.			
1b.	Multiply column A x 80%.....	1b.			
1c.	Percentage in New York City (line 1b, column A divided by line 1a, column B)	1c.			%
2.	Receipts arising during the taxable period from:				
a.	Interest income from loans and financing leases	2a.			
b.	Other income from loans and financing leases	2b.			
c.	Lease transactions and rents	2c.			
d.	Interest from bank, credit, travel, entertainment and other credit card receivables	2d.			
e.	Service charges and fees from bank, credit, travel, entertainment and other credit cards.....	2e.			
f.	Receipts from merchant discounts	2f.			
g.	Income from trading activities and investment activities	2g.			
h.	Fees or charges from letters of credit, traveler's checks and money orders ..	2h.			
i.	Performance of services.....	2i.			
j.	Royalties	2j.			
k.	All other business receipts	2k.			
l.	Totals	2l.			
m.	Percentage in New York City (line 2l, column A divided by line 2l, column B)	2m.			%
3.	Additional receipts factor (enter percentage from line 2m (see instructions on weighted factor allocation))	3.			%
4.	Deposits maintained in branches				
a.	Deposits of \$100,000 or more	4a.			
b.	Deposits of less than \$100,000	4b.			
c.	Total of line 4a and line 4b	4c.			
d.	Percentage in New York City (line 4c, column A divided by line 4c, column B) .	4d.			%
5.	Additional deposits factor (enter percentage from line 4d (see instructions on weighted factor allocation))	5.			%
6.	Total of NYC percentages shown on lines 1c, 2m, 3, 4d and 5 (see instructions on weighted factor allocation)	6.			%
7.	Taxable assets allocation percentage (divide line 6 by five or by the actual number of percentages used if less than five) (round to the nearest one hundredth of a percentage point and transfer to Schedule D, line 4)	7.			%

Composition of Prepayments claimed on Schedule A, line 12

	DATE	AMOUNT
A. Mandatory first installment paid with preceding year's tax.....		
B. Payment with declaration, Form NYC-400B (1).....		
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		
F. Carryover credit from preceding year other than UBT Paid Credit carryover.....		
G. TOTAL of A through F (enter on Schedule A, line 12).....		



SCHEDULE J - Additional Required Information

- 1. Is the Internal Revenue Service or the New York State Department of Taxation and Finance auditing any taxable income reported in a prior year? YES NO
If "YES", state periods: _____
- 2. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income reported in a prior year? YES NO
If "YES", state periods: _____
- 3. Has Form(s) NYC-3360, NYC-3360B or NYC-3360F been filed? YES NO
If "YES", provide dates of final determinations: _____
- 4. Did you calculate a depreciation deduction by the application of the Federal Accelerated Cost Recovery System (ACRS)? YES NO
- 5. Were you a participant in a "safe harbor leasing" transaction during the period covered by this return? YES NO
- 6. At any time during the taxable year, did the corporation have an interest in real property (including a leasehold interest) located in NYC or in an entity owning such real property? YES NO
- 7. If "YES" to 6:
 - a. Attach a schedule of such property, including the nature of the interest and including the street address, borough, block and lot number.
 - b. Was any NYC real property or interest (including a leasehold interest) in an entity owning 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
- 8. If "YES" to 7b, 7c, or 7d, was a Real Property Transfer Tax Return filed? YES NO
- 9. If "NO" to 8, explain: _____
- 10. Are you a member of:
 - a. a federal consolidated group YES NO Number of members: _____
 - b. a New York State combined group YES NO Number of members: _____
 - c. a New York City combined group YES NO Number of members: _____
- 11. If you answered:
 - "YES" to 10a. indicate total federal consolidated taxable income of group before net operating loss deduction \$ _____
 - "YES" to 10b. compute total federal consolidated taxable income before net operating loss deduction for those corporations not included in the New York City combined group but included in the New York State combined group \$ _____
 - "YES" to 10c. compute total federal consolidated taxable income before net operating loss deduction for those corporations not included in the New York City combined group but in the federal consolidated group \$ _____
- 12. Balance sheet information as of end of the year as per federal income tax return:
 - Total assets \$ _____
 - Total liabilities \$ _____
 - Total capital \$ _____
- 13. If you are a member of a New York City combined group, compute combined New York City balance sheet information as of end of the year.
 - Total assets \$ _____
 - Total liabilities \$ _____
 - Total capital \$ _____
- 14. Attach a list of offices and branches located outside New York City.
- 15. Do you have an International Banking Facility in New York City? YES NO
If "YES", provide the date established [] - [] - [] Date business began in NYC [] - [] - []
Provide the date approval was obtained from Federal Reserve Bank [] - [] - []
- 16. 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 Finance Memorandum 99-3 online at: http://home2.nyc.gov/html/dof/html/pdf/99pdf/fm99_3.pdf
- 17. 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
- 18. 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 _____



Attach copy of all pages of your federal tax return 1120S.
 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 2015 return is on or before March 15, 2016.
 For fiscal years beginning in 2015, file on or before the 15th day of the 3rd month following the close of the fiscal year.

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

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 3933
 NEW YORK, NY 10008-3933

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