

# COMBINED TAX RETURN FOR BANKING CORPORATIONS 2015 To be filed by \$ Corporations only. All C Corporations must file Form NYC-2 or NYC-2A 2015

				ENDAR YEAR 2015 or	FISCAL YEAR be	eginning		_, 2015 and ending		
		Name of Parent (see instruct	ions)			Name				
		In Care of				Change	EMPLO			۲ ۱
	PRINT	In Cale of					'  .	-		·
	H H	Address (number and street)	1			Address				
	Ко					Change				
	ЦАРЕ	City and State		Zip Code	Country (if not	US)	BUSINESS CO	DDE NUMBER AS PER		ETURN
		D . TI I N I		T 15 1411					'	
		Business Telephone Number		Taxpayer's Email Addre	ess					
		2								
		Final return			Clain	n any 9/11/01-r	elated federal ta	ax benefits (see inst.)		
		Special short period	od return (See Instr.)		Ente	r 2-character s	pecial condition	code, if applicable (see	inst.)	
		Amended return	If the purpose of the am	ended return is to report	a 📃 IRS chang	e Da	ate of Final			
			federal or state change,	check the appropriate box	C NYS change	ge De	etermination			
	COUNTRY OF ORGANIZATIO	N:	DATE ORGANIZ	ED:		TE BUSINESS BE	GAN IN NEW YOR			
TYPE OF Check one	CORPORATION:			LIEN COMMERCIAL	3.	SAVINGS AND LC	DAN	4. TRUST		
		5. DOMESTIC	COMMERCIAL 6. C	CLEARING HOUSE	7.	CREDIT CARD BA	ANK	8. OTHER		
TYPE OF B		NCH 2. AGENCY				- □	5. NONE			
	(S) WITHIN NYC: 1. BRA		3. REPRESENTATIVE C		AN PRODUCTION OFFIC	E [];	D. NONE	6. OTHER (Specify)		
		- Computation						Payment /	Amount	
A.	-	0.	cally with this return							
		tire net income (from Sc	, ,	1.		X 9% (.09)				
2.		ernative entire net incom	,	2.		X 3% (.03)		2		
3.		Sch. M, line 47 and multiply by the appr		3.		.00002		3.	125	00
4.			<ul> <li>No reduction is permitted to</li> </ul>						125	00
5.			irgest)							
6.			n is permitted for a period of le			X \$125 .				
7.		• •								
8.		,								
9.		· · · · · · · · · · · · · · · · · · ·								
10a.			m (REAP) credit <i>(see in</i>							
10b.			orm NYC-9.8)							
11. 12.	•	,	owing that covered by thi				11.			
			enter amount from line 2				12a.			
	b) If application for ex	ktension has <b>not</b> been fi	led and line 11 exceeds	\$1,000, enter 25% of	line 11		12b.			
13.	Total of lines 11 and 12	2a or 12b					13.			
14.	Total prepayments (list	ed on each attached ret	urn)				14.			
15.	Balance due (line 13 le	ess line 14)					15.			
16.	Overpayment (line 14	less line 13)					16.			
17a.	Interest (see instructio	ns for Form NYC-1)			a.			_		
17b.	Additional charges (se	e instructions for Form N	IYC-1)	17	b.					
17c.	Penalty for underpaym	ent of estimated tax (att	ach Form NYC-222B)		c.					
18.	Total of lines 17a, 17b	and 17c					18.			<u> </u>
19.	Net overpayment (line	16 less line 18)					19.			<u> </u>
20.	Amount of line 19 to be	e: (a) Refunded					20a.			<u> </u>
		(b) Credited to 20	16 estimated tax				20b.			
21.	TOTAL REMITTANCE	DUE (see instructions).					21.			
22.	Issuer's allocation perc	entage rounded to the ne	earest one hundredth of a	percentage point(se	e instructions) (a	ttach workshe	eet) 22.			%
23.	Combined total receipts (	Sch. J, part 1, line 6, col. C)	23.				ome allocation			
24.	Combined taxable assets	6 (Sch. M, line 44, col. C)	24.				one hundredth c J, part 1, line 14			%
26.	NVC rent deducted on fe	deral tay return - THIS I IN	IE MUST BE COMPLET	ED						
20.	in o rem deducted off le							L		1
l hereby	certify that this return in		IFICATION OF AN EL				Firm's En	nail Address:		
-	•	• • • •	eturn with the prepare			· _				
SIGN HERE:	Signature of officer			Title		Date		Preparer's Social Secur	ity Number c	or PTIN
	Preparer's		Preparer's		Check if self-				-	
			printed name		employed V	Date				
				I				Firm's Employer Ider	tification Nu	umber
	Firm's name (or )	yours, if self-employed)	▲ Addre	SS		A	Zip Code			
101111				SS				NVC-	IA 2015 - Bev. 0	18 24 2016

# Form NYC-1A 2015

If more than one Page 2 is used, please state total number of Page 2 attached:	NAME OF PARENT	NAME OF PRINCIPAL BANKING SUBSIDIARY	NAME OF SUBSIDIARY #2
SCHEDULE J - Computation of Combined Allocation Percentages			
<ul> <li>Are you a banking corporation described in Administrative Code section 11-640</li> </ul>	)(a)(9)?		Yes No
<ul> <li>Are you substantially engaged in providing management, administrative, or dis are defined in Administrative Code section 11-642(b)(1-a)?</li> </ul>	tribution services to an investr	nent company as such terms	
If you answered "Yes" to <b>both</b> questions, then you must allocate using weighted fa (see instructions concerning "Weighted Factor Allocation for Certain Banking Corp			
Part 1 - Computation of combined entire net income allocation percent	age		1
1. New York City wages (Form NYC-1, Sch. G, part 1, col. A, line 1a) 1.			
2. Multiply column C, line 1 by 80%			
3. Total wages (Form NYC-1, Sch. G, part 1, col. B, line 1a) 3.			
4. Percentage in New York City (col. C, line 2 ÷ col. C, line 3)			1
5. New York City receipts (Form NYC-1, Sch. G, part 1, col. A, line 21)			
6. Total receipts (Form NYC-1, Sch. G, part 1, col. B, line 2I) 6.			
7. Percentage in New York City (col. C, line 5 ÷ col. C, line 6)			
8. Additional receipts factor. Enter % from line 7. (see instructions on weighted f	actor allocation)		1
9. Deposits maintained at NYC branches			
(Form NYC-1, Sch. G, part 1, col. A, line 4c)			
10. Total deposits (Form NYC-1, Sch. G, part 1, col. B, line 4c) 10.			
11. Percentage in New York City (col. C, line 9 ÷ col. C, line 10)			
12. Additional deposits factor. Enter % from line 11. (See instructions on weighter	d factor allocation)		
13. Total of NYC percentages shown on lines 4, 7, 8, 11 and 12. (See instructions	s on weighted factor allocation	)	
14. COMBINED ENTIRE NET INCOME ALLOCATION PERCENTAGE - Divide line 13 by 5 or by t	he actual number of percentages	if less than 5 and round to the nearest o	ne hundredth of a percentage point
Part 2 - Computation of combined alternative entire net income allocat	ion percentage		
15. New York City wages (Form NYC-1, Sch. G, part 2, col. A, line 1a)			
16. Total wages (Form NYC-1, Sch. G, part 2, col. B, line 1a)			
17. Percentage in New York City (col. C, line 15 ÷ col. C, line 16)		· ·	
18. Combined receipts factor (Sch. J, col. C, line 7)			
19. Combined deposits factor (Sch. J, col. C, line 11)			
20. Total of NYC percentages shown on lines 17, 18 and 19			
21. COMBINED ALTERNATIVE ENTIRE NET ALLOCATION PERCENTAGE - Divide line 20 by 3 or	by the actual number of percentage	es if less than 3 and round to the nearest	one hundredth of a percentage point
Part 3 - Computation of combined taxable assets allocation percentage	9		
22. New York City wages (Form NYC-1, Sch. G, part 3, col. A, line 1a)			
23 Multiply Column C, line 22 by 80%			
24. Total wages (Form NYC-1, Sch. G, part 3, col. B, line 1a)			
25. Percentage in New York City (col. C, line 23 ÷ col. C, line 24)			•
26. New York City receipts (Form NYC-1, Sch. G, part 3, col. A, line 2I) 26.			
27. Total receipts (Form NYC-1, Sch. G, part 3, col. B, line 2l) 27.			
		· ·	
<ul> <li>29. Additional receipts factor. Enter % from line 28. (See instru</li> </ul>	ictions on weighted factor allo	cation)	
30. Deposits maintained at NYC branches (Form NYC-1,			
<ol> <li>Percentage in New York City (col. C, line 26 ÷ col. C, line 27)</li> <li>Additional receipts factor. Enter % from line 28. (See instru</li> <li>Deposits maintained at NYC branches (Form NYC-1, Sch. G, part 3, col. A, line 4c)</li> <li>Total deposits (Form NYC-1, Sch. G, part 3, col. B, line 4c)</li> <li>Total deposits (Form NYC-1, Sch. G, part 3, col. B, line 4c)</li> <li>Percentage in New York City (col. C, line 30 ÷ col. C, line 31)</li> <li>Additional deposits factor. Enter % from line 32. (See instru</li> <li>Total of NYC percentages shown on lines 25, 28, 29, 32 and 33. (See</li> </ol>			
31. Total deposits (Form NYC-1, Sch. G, part 3, col. B, line 4c) 31.			
31. Forda deposits (Form Miller), our d, part 6, col. C, line 40,			I
<ul> <li>33. Additional deposits factor. Enter % from line 32. (See instri</li> </ul>	uctions on weighted factor allo	cation)	
33. Additional deposits factor. Enter 76 norm file 52. (See institutional deposits factor). Enter 76 norm file 52. (See institutional deposits factor). Second statements and the second statements and	-		
	by E or by the actual number of rear	enteres if less than 5 and round to the res	

Part 1 - Computation of combined entire net income allocation percentage	Image:		COLUMN A TOTAL (see instructions)	I	COLUMN B INTERCORPORATE ELIMINAT (explain on rider)	IONS	COLUMN C COMBINED TOTAL (column A minus column B)
		Part	1 - Computatio	on of co	mbined entire net incor	ne alle	Discretion percentage
				1			
Part 3 -       Computation of combined taxable assets allocation percentage         Image: Computatin taxable assets allocatin taxable assets al	Image:	Part	2 - Computation	n of cor	ndined alternative entire	net ind	come allocation percentage
Part 3 -       Computation of combined taxable assets allocation percentage         Image: Computatin taxable assets allocatin taxable assets al	Image: Second						
Part 3 - Computation of combined taxable assets allocation percentage	Image:						
Part 3 - Computation of combined taxable assets allocation percentage	tation of combined taxable assets allocation percentage         tation of combined taxable assets allocation percentage         Image: I						
Part 3 - Computation of combined taxable assets allocation percentage	tation of combined taxable assets allocation percentage         tation of combined taxable assets a						
Part 3 - Computation of combined taxable assets allocation percentage	tation of combined taxable assets allocation percentage         Image:						
	Image: state	Part	3 - Computatio	n of cor	nbined taxable assets al	locatio	on percentage
				_	r	1	
				_		1	
					·		



# Form NYC-1A 2015

If more than one Page 4 is used, please state total number of Page 4 attached:	NAME OF PARENT	NAME OF PRINCIPAL BANKING SUBSIDIARY	NAME OF SUBSIDIARY #2
SCHEDULE K - Computation of Allocated Combined Entire Net Income			
<ol> <li>Entire net income - (Form NYC-1, Schedule B, line 30)</li></ol>			
<ul> <li>37. Allocated combined entire net income - Multiply column C, line 36 by Schedule J, line 14</li> <li>TRANSFER TO SCHEDULE A, LINE 1</li> </ul>			

# SCHEDULE L - Computation of Allocated Combined Alternative Entire Net Income

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

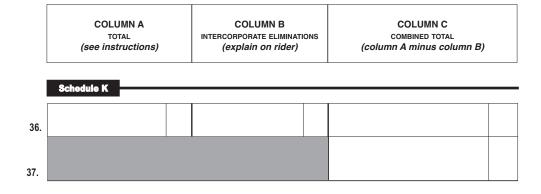
# SCHEDULE M - Computation of Allocated Combined Taxable Assets

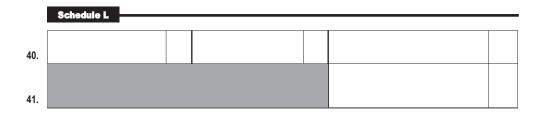
44.	Average value of total ass	sets	.44.			
45.	Money or other property receive	ed from the FDIC, FSLI, or RTC (see instr.) .	.45.			
46.	Taxable assets (subtract li	ine 45 from line 44)	.46.			
47.	Allocated taxable assets ( from Sch. J, line 35.) Also e	multiply line 46 by% enter next to Schedule A, line 3	47.			
48.	Compute net worth ratio:	Net worth on last day of the tax year Total assets on last day of the tax year	48.	 %		
49.		Average quarterly balance of mortgages Average quarterly balance of total assets	<sup>=</sup> 49.	%		

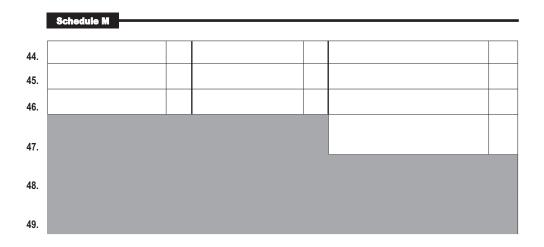
Use the chart below to determine your tax rate. This rate must be used to compute the alternative minimum tax measured by taxable assets. You must meet both the net worth ratio and percentage of mortgages included in the total assets requirements to qualify for the lower tax rates.

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











# **AFFILIATIONS SCHEDULE**

# COMPLETE THIS SCHEDULE OR ATTACH FEDERAL FORM 851

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

	Part I General Information										
Corp. No.	Name and address of corporation		E	mp	loye	r Ide	entifi	catio	on Nu	umbe	r
1.	Common parent corporation on federal return:	1.		•	1		1	1	1		
2.	Reporting corporation on NYC-1A:	2.			I		1	1	I		
3.	Affiliated corporations:	3.			 		1				
4.		4.			1		1	1	1		
5.		5.			1		1				
6.		6.		•	I		1	I	I		
7.		7.					1				
8.		8.		•	 		1				
9.		9.			I		1	1	I	I	1
10.	1	0.			1		1	1	1		

# Part II

# Principal Business Activity, Voting Stock Information, Etc.

	5				LDINGS AT I	BEGINNING	OF YEAR
Corp. No.	Principal business activity (PBA)	NAICS		number of shares	percent of voting power	percent of value	Owned by corporation number
1.	Common parent corporation on federal return:		1.		%	%	
2.	Reporting corporation on NYC-1A:		2.		%	%	
3.	Affiliated corporations:		3.		%	%	
4.			4.		%	%	
5.			5.		%	%	
6.			6.		%	%	
7.			7.		%	%	
8.			8.		%	%	
9.			9.		%	%	
10.			10.		%	%	

1.

# - COMBINED GROUP INFORMATION SCHEDULE -

	NAME OF PARENT CORPORATION:
	THE FOLLOWING INFORMATION MUST BE PROVIDED FOR THIS RETURN TO BE CONSIDERED COMPLETE
	Refer to instructions before completing this section.
	THE FOLLOWING INFORMATION MUST BE PROVIDED FOR THIS RETURN TO BE CONSIDERED COMPLETE         Refer to instructions before completing this section.         PART 1       General Information         A. 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
	<b>A.</b> 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? <b>YES NO</b>
	B. If "YES," were all required Commercial Rent Tax Returns filed?
	Attach schedule listing name of member corporation(s) and Employer
	Identification Number(s) which was used on the Commercial Rent Tax Return(s).
-	
. a.	
	companies required to file a combined return because they are taxpayers meeting the 80%
	or more stock ownership requirements of Administrative Code §11-646(f)(2)(i)? YES
b.	If your answer to question (a) is "NO", are any other banking corporations or bank holding
	companies, whether or not taxpayers, that meet the stock ownership requirements of
	Administrative Code §11-646(f)(2)(ii) <b>NOT</b> included in this return?
C.	Have there been <b>ANY CHANGES</b> in the <b>COMPOSITION</b> of the group of banking corporations
	INCLUDED in this Combined Banking Corporation Tax Return from the PRIOR TAX PERIOD
	OR ANY MATERIAL CHANGES in the ACTIVITY of any member of the group or ANY
	corporation <b>NOT INCLUDED</b> in the group that meets the stock ownership requirements for
	filing on a combined basis? (See instructions, page 1) VES
d.	Does the group include a captive real estate investment trust or captive regulated investment
	company? (See "Captive Real Estate Investment Trusts (REITs) and Regulated Investment
	Companies (RICs)" in the instructions.)

- **2.** Check this box and attach an explanation if you meet **ANY** of the following conditions:
  - a. NO MEMBERS of this group FILED or REQUESTED AN EXTENSION to file a combined return under Article 32B of the New York State Tax Law for the TAX PERIOD COVERED BY THIS REPORT, OR
  - b. TWO (2) OR MORE MEMBERS of this group FILED or REQUESTED AN EXTENSION to file a New York State combined return for the tax period covered by this report but there are differences in the membership of this group and the group that filed or will file a New York State combined return, OR
  - c. A COMBINED FILING BY ANY MEMBER(S) of this group has been REVISED or DISALLOWED by New York State for THIS or ANY PRIOR TAX PERIOD.
- 3. You MUST complete Part 2 of this schedule if you meet ANY of the following conditions:
  - a. This is the FIRST Combined Banking Corporation Tax Return being FILED FOR THIS GROUP of corporations, or
  - b. There have been CHANGES in the COMPOSITION of the group of corporations SINCE the PRIOR TAX PERIOD, IN-CLUDING CHANGES AS A RESULT OF THE REQUIREMENTS THAT ANY CORPORATION MUST USE WEIGHTED FACTOR ALLOCATION IN THIS TAX PERIOD, OR
  - c. There have been **ANY MATERIAL CHANGES** in the **STOCK OWNERSHIP** or **ACTIVITY** of **ANY** corporation **INCLUDED** in the group or in **ANY** corporation **NOT INCLUDED** in the group that meets the stock ownership requirements for filing on a combined basis. (See instructions, page 1)

# PART 2 General Information

A. Complete this schedule A for each CORPORATION INCLUDED in the Combined Banking Corporation Tax Return (i) that was not included in the Combined Banking Corporation Tax Return for the prior tax period; or (ii) for which there has been any material change in the stock ownership or activity during the tax period covered by this return.

Explain how the filing of a return on a separate basis distorts the corporation's tax liability in New York City, including the nature of the business conducted by the corporation, the source and amount of its gross receipts and expenses and the portion of each derived from transactions with other corporations listed on the Affiliations Schedule.

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

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

B. Complete this schedule A for each CORPORATION EXCLUDED from the Combined Banking Corporation Tax Return that was (i) was included in the Combined Banking Corporation Tax Return for the prior tax period; or (ii) for which there has been any material change in the stock ownership or activity during the tax period covered by this return.

Explain the reason(s) for the exclusion of each corporation for the combined return, including a description of the nature of the business conducted by the corporation, the source and amount of its gross receipts and expenses and the portion of each derived from transactions with other corporations listed on the Affiliations Schedule.

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

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

# MAILING INSTRUCTIONS

Attach copy of all pages of your federal tax return 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



10181591