

GENERAL CORPORATION TAX RETURN

To be filed by S Corporations only. All C Corporations must file Form NYC-2 or NYC-2A

	For CALENDAR YEAR 2015 or FISCAL Y	EAR b	eginning	J		2015 a	and ending			
	Name	Name Name Change								
	In Care Of	In Care Of								
	Address (number and street) City and State Business Telephone Number Date business be	Address (number and street) Address Change								
	City and State Zip Code		Country (BI	JSINESS C	ODE NUMBER AS PER FEDERAL F	 RETURN		
	Business Telephone Number Date business be	gan in N	NYC							
	Final return		Fill	ing a 52		k taxable y	/ear			
	Special short period return (See Instr.)		Αŗ	oro-forn	na federa	I return is	attached			
	Claim any 9/11/01-related federal tax benefits (see inst.)		En	ter 2-cha	racter sp	ecial condit	ion 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 char	•		of Final ermination				
	SCHEDULE A Computation of Tax - BEGIN WITH SCHEDU	LE B ON		•	ALL OTHER	SCHEDULES.		HEDULE A.		
	A. Payment Amount being paid electronically with this return	rn				A.	Payment Amount			
1.	Allocated net income (from Schedule B, line 26) 1.				3880.	1.				
2a.	Allocated capital (from Schedule E, line 14) 2a.			2	.0015	2a.				
2b.	Total allocated capital - Cooperative Housing Corps 2b.				(.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:					4.				
5.	Allocated subsidiary capital (see instructions) 5.			X .000	75	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.				
8.	Tax after UBT Credit (line 6 less line 7)					8.				
9a.	REAP Credit (attach Form NYC-9.5)					9a.				
9b.	LMREAP Credit (attach Form NYC-9.8)					9b.				
10a.	Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits	(attac	ch Forr	n NYC	-9.6)	10a.				
10b.	Biotechnology Credit (attach Form NYC-9.10)					10b.				
11.	Net tax after credits (line 8 less total of lines 9a through 10b)					11.				
12.	First installment of estimated tax for period following that covered by this re	eturn	:							
	(a) If application for extension has been filed, enter amount from line 2 of Fo	rm N	YC-EX	(T		12a.				
	(b) If application for extension has not been filed and line 11 exceeds \$1,000	, ente	er 25%	of line	e 11	12b.				
13.	Total of lines 11, 12a and 12b					13.				
14.	Prepayments (from Prepayments Schedule, page 2, line G) (see instruction	ns)				14.				
15.	Balance due (line 13 less line 14)					15.				
16.	Overpayment (line 14 less line 13)					16.				
17a.	Interest (see instructions)	a								
17b.	Additional charges (see instructions)	o								
17c.	Penalty for underpayment of estimated tax (attach Form NYC-222) 176	c								
18.	Total of lines 17a, 17b and 17c					18.				
19.	Net overpayment (line 16 less line 18)					19.				
20.	Amount of line 19 to be: (a) Refunded - Direct deposit - fill out line 20c	OR	☐ F	aper o	check	20a.				
	(b) Credited to 2016 estimated tax					20b.				
20c.	Routing Account Number			COUNT						
	Number Number Number	_	hecking		Savings					
21.	TOTAL REMITTANCE DUE (see instructions)					21.				

For	m NYC-3L - 2015 NAME: EIN:				Р	age 2					
SCHEDULE A - Continued Computation of Tax - BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.											
22.	Issuer's allocation percentage (from Schedule E, line 15)	. [%						
23.	NYC rent deducted on federal tax return or NYC rent from Schedule G, Part 1.										
	THIS LINE MUST BE COMPLETED (see instr.)	. -									
24.	Gross receipts or sales from federal return										
25.	EIN of Parent Corporation					<u> </u>					
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%				%						
С	OMPOSITION OF PREPAYMENTS SCHEDULE										
	PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 14 DATE			AM	TNUC						
A.	Mandatory first installment paid with preceding year's tax										
B.	Payment with Declaration, Form NYC-400 (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.	Overpayment from preceding year credited to this year	H									
G.	TOTAL of A through F (enter on Schedule A, line 14)										
Α	ALTERNATIVE TAX SCHEDULE Refer to page 7 of instructions before con	puti	ing	g the alterna	tive tax.						
Net	income/loss (See instructions)	1.	. \$	\$							
Ente	er 100% of salaries and compensation for the taxable year paid to stockholders owning more than 5% of the taxpayer's stock. (See instr.) .	2.	. \$	\$							
Tota	al (line 1 plus line 2)	3.	. \$	\$							
Stat	tutory 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.	. 9	\$							
Net	amount (line 3 minus line 4)	5.	. 9	s							
15%	% of net amount (line 5 x 15%)	6.	. 5	s							
	estment income to be allocated (amount on Schedule B, line 22b x 15%. Do not enter more than the amount on line 6 above.		,	-							
	er "0" if not applicable.)	7.	. \$	\$							
Bus	siness income to be allocated (line 6 minus line 7)	8.	. \$	\$							
Allo	ocated investment income (line 7 x investment allocation % from Schedule. D, line 2F)	9.	. \$	\$							
Allo	ocated business income (line 8 x business allocation % from Schedule H, line 5)	10.	. \$	\$							
Tax	table net income (line 9 plus line 10)	11.	. \$	\$							
Tax	rate	12.		8.85	% (.0885)						
Δlta	ernative tax (line 11 x line 12) Transfer amount to page 1, Schedule A, line 3	12		•							
7110		13.	. 4	Ψ							



Form NYC-3L - 2015	NAME:		EIN:		Page :	3
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SCHEDULE B Computation and Allocation of Entire Net Income

	<u> </u>				
1.	Federal taxable income before net operating loss deduction and special deducti	ons (see	instructions)	1.	
2.	Interest on federal, state, municipal and other obligations not included in I				
3.	Deductions directly attributable to subsidiary capital (attach list) (see instru				
4.	Deductions indirectly attributable to subsidiary capital (attach list) (see ins	-			
	NYS Franchise Tax, including MTA taxes and other business taxes deducted on the fede		·		
	NYC General Corporation Tax deducted on federal return (see instructions				
_		3)		. 30.	
6.	New York City adjustments relating to (see instructions):			C-	
	(a) Employment opportunity relocation costs credit and IBZ credit				
	(b) Real estate tax escalation credit				
_	(c) ACRS depreciation and/or adjustment (attach Form NYC-399 and/or I	VYC-399	92)	. 6C.	
7.	Additions:				
	(a) Payment for use of intangibles				
	(b) Domestic Production Activities Deduction (see instructions)				
	(c) Other (see instructions) (attach rider)			. 7c.	
	Total additions (add lines 1 through 7c)			8.	
	Dividends from subsidiary capital (itemize on rider) (see instr.)				
	Interest from subsidiary capital (itemize on rider) (see instructions)				
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)				
	NYC and NYS tax refunds included in Sch. B, line 8 (see instructions)				
	Wages and salaries subject to federal jobs credit (attach federal				
	Form 5884 (see instructions)	. 14.			
15.	Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instr.)	. 15.			
16.	Other deductions: (see instructions) (attach rider)				
17.	Total deductions (add lines 9a through 16)			17	
	Entire net income (line 8 less line 17) (see instructions)				
	If the amount in line 18 is not correct, enter correct amount here and explain				
	Investment income - (complete lines a through h below) (see instructions)		(/		
	(a) Dividends from nonsubsidiary stocks held for investment (see instructions)			20a.	
	(b) Interest from investment capital (include federal, state and municipal oblig				
	(c) Net capital gain (loss) from sales or exchanges of nonsubsidiary securities				
	(itemize on rider or attach Federal Schedule D)			20c.	
	(d) Income from assets included on line 3 of Schedule D				
	(e) Add lines 20a through 20d inclusive				
	(f) Deductions directly or indirectly attributable to investment income (attach				
	(g) Balance (line 20e less line 20f)				
	(h) Interest on bank accounts included in income reported on line 20d	zog.			
24			widow) (o o o in-tro)	24	
	New York City net operating loss deduction apportioned to investment income				
	Investment income (line 20g less line 21)				
	Investment income to be allocated (see instructions)				
	Business income to be allocated (line 18 or line 19 less line 22b)				
	Allocated investment income (line 22b multiplied by:% - Schedule D,		•		
25.	Allocated business income (line 23 multiplied by:% - Schedule H, I	line 5)		25	
26	Total allocated net income (line 24 plus line 25 (enter at Schedule A line 1))	26			



FORM N 1 C-3L - 2015 NA	IVIE.				=							Page 4
SCHEDULE C	Subsidiar	y Capit	al and A	Allocation								
А		·	В	С	1	D		Е		F		G
DESCRIPTION OF SUE	BSIDIARY CAPITA	\L	% of Voting	Average	Liabiliti	ies Directly or In-	Not	– Average Valu	10	Issuer's	Val	lue Allocated
LIST EACH ITEM	EMPLOYER IDENTI		Stock	Value	direct	ly Attributable to	(col	lumn Č minus		Allocation		to NYC
(USE RIDER IF NECESSARY)	NUMBER		Owned		Sub	sidiary Capital		column D)	F	Percentage	(colum	nn E x column F)
			%							%		
1. Total Cols C, D and E	(including itom	ao on rido	r\ 1									
			· .		la a alcel a - A							
2. Total Column G - Alloc	ated subsidiar	y capital:	Transfer	this total to Sc	nedule A	i, line 5				2.		
SCHEDULE D	Investo	nent C	anital	and Alloca	tion							
	mvesti							T _				
Α		В		; [)	E		F		G		Н
DESCRIPTION OF INVE		No. of Shares			s Directly or	Net Average		Issuer's		Value Alloca		Gross Income from
LIST EACH STOCK AND SI (USE RIDER IF NECES)		or Amount of Securities	Val		Attributable nent Capital	(column C minus o	column D)	Allocation Percentag		to NYC lumn E x co		Investment
(00011110111111111111111111111111111111	,							0	%			
								,	/6			
1. Totals (including items or	rider) 1.											
2. Investment allocation per	,	livided by line	1E rounded t	to the nearest one hur	dredth of a r	percentage point)	2	0	%			
•	•	ivided by iiiie	TETOURIGE	lo the nearest one har	idicatii oi a p			,	/ 0			
3. Cash - (To treat cash as in you must include it	t on this line.)	3										
Investment capital (total	l of lines 1E and	I 3E - ente	r on Sche	dule E, line 10)	4.							
SCHEDULE E	Compu	tation	and Al	location o	t Capi	tai						
Basis used to determine average value	ue in column C. <i>Che</i>	ck one. (Atta	ch detailed s	schedule.)								
- Annually - Sem	ni-annually		autaul.									
- Annually - Sem	ii-annualiy	Qu	arterly	CC	LUMN A		COLUN	MN B			COLI	UMN C
- Monthly - Wee	kly	- Dai	ly	Begin	ning of Ye	ar	End of	Year			Averaç	ge Value
Total assets from fede	ral return									1.		
 Real property and mark 										2.		
3. Subtract line 2 from line										3.		
 Real property and marketable 										4.		
 Adjusted total assets (a 										5.		
 Total liabilities (see inst 										6.		
7. Total capita	Loolumn C line	 o 5 loce o	olumn C	lino 6)						_		
				, line 6) , line 1)								
				, iine 1)ss line 8) <i>(see ir</i>								
		•	•	ss line 8) (see ir ee instructions) .		,						
			, ,	,								
				0/								
12. Allocate				%								
13. Allocate				% fro								
14. Iotal allo			•	pital (line 12 plus li	, ,) 1 4	4.		
15. Issuer's				E, line 14 and S						_		%
rounded	to the nearest of	one nunar	edin or a p	percentage point	.) (enter o	n page 2 - <i>III</i> 1	e 22. 3	See Instr.)) 1:	5		
SCHE	EDULE F	Cei	rtain S	tockholdei	rs							
Include all stock			axpayer's iss	ued capital stock who	received anv	compensation, inc	cluding co	mmissions.				
				<u> </u>			Ī			Salary 8	All Othe	er Compensation
Name, Co	ountry and US Zip	Code (Att	ach rider if	necessary)	Socia	I Security Numb	ber	Official 7	Title	Rece	ived from	n Corporation enter "0")
										+		211C1 0)
										+		
										+		
										<u></u>		
1. Total inc	cluding any an	nount on	rider. (Fn	ter on Schedul	e A. line	28)			1.			

Forr	n NYC-3L - 2015	NAME:				EIN: _					Page 9
S		_E G Comp									
		on of, and rent paid or									s office, ex
ecui		arehouse, contractor,	converter, e	Rent		e of Activities	No. of Employees	Wages, Sa			uties
NUMB	ER AND STREET			1.0	- Tata	0.7.0	ito: o: z.i.p.oyees	Tragos, oa			41100
CITY		STATE	ZIP								
NUMB	ER AND STREET										
CITY		STATE	ZIP								
NUMB	ER AND STREET										
CITY		STATE	ZIP								
NUMB	ER AND STREET										
CITY		STATE	ZIP								
Tak	-1										
IOI	٦١	>	-								
		on of, and rent paid or warehouse, contracto		•			* '		•	-	
		lete Address		Rent	Natur	re of Activities	No. of Employees	Wages, Sa	laries, Etc.	Dı	uties
	ER AND STREET										
CITY		STATE	ZIP								
NUMB	ER AND STREET		-								
CITY		STATE	ZIP								
NUMB	ER AND STREET	'									
CITY		STATE	ZIP								
NUMB	ER AND STREET										
CITY		STATE	ZIP								
Tota	al										
2.	If this is your firs	n election to use fa	making th	ne election to use	fair market v	alue in the prop	perty factor?	Y CO	_	Yes Yes EVERYW	No No
1a.		ned						1a.			
1b. 1c.		nted - multiply by 8 ned						1b.			
1d.		nal property owned						1d.			
1e.		nal property rented						1e.			
								1f.			
1g.		New York City (col									%
1h.	•	by 10		-	•			- F			
		•		ourse of business							
	2a.	Sales of tangible pe									
		are made to poin									
	2b.	All sales of tangib	ole person	al property				2b.			
	2c.	Services perform	ed		2c.			2c.			
	2d.	Rentals of proper	ty		2d.			2d.			
	2e.	Royalties						2e.			
	2f.	Other business re	-					2f.			
	2g.	Total			-			2g.			0/
	2h.	_			-						%
	2i.							2i.			
	3a.	Wages, salaries ar						3a.			
	21-	except general ex Percentage in Ne									 %
	2g. 2h. 2i. 3a. 3b. 3c.	_			-						/(
		Multiply line 3b by Weighted Fact						3C.			
	4a	Add lines 1h, 2i a						4a.			
	4b.										
		total of the weight	s of the fa	ctors present. Ent	ter as percent	age. Round to	the nearest				<u>~</u>
								4b.			%
	5.	Business Alloc Enter percentage		-	dule I enter	nercentage from	m nart 1	ľ			
	J.							5.			%

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Form	NYC-3L - 2015	N/	AME:		·	EIN:			Pa	age 6
S	CHEDUI	LE I	Business Allo	ocation for Aviat	tion Corp	orations a	nd Corporation	s Operating \	Vessels	
			ocation for aviation	corporations						
							AVERAGE FO			
1.	Aircraft arrival	e and o	lenartures		1	COLUMN A -	NEW YORK CITY	COLUMN B - EV	ERYWHERE	
2.			•	ded by column B)	L					%
3.	-	-								
4.				ded by column B)						%
5.	Originating rev	enue .			5.					
6.	-		-	ded by column B)	٠. ا					%
7.					[%
8.	Allocation percer	ntage (li	ne 7 divided by three ro	unded to the nearest on	e hundredth o	f a percentage p	point) (enter on Schedu	ıle H, line 5) 8		%
Pá	art 2 Busine	ss allo	cation for corporati	ions operating vess	els in forei	gn commerce	•			
						COLUMN A -	NEW YORK CITY TERRITORIAL WATERS	COLUMN B -	EVERYWHER	₹E
1.	Aggregate nur	mber o	f working days		1.					
2.				mn B rounded to the near	,	edth of a percent	age point) (enter on Sch	nedule H line 5) 2		%
	•									
1a.	CHEDULI New York City		The following informated business activity	ation must be entered f			e. (REFER TO INSTRUCTIO	JNS BEFORE COMPLET	IING THIS SECT	ION.)
1b.	•		•	chedule, see instruction						
2.	ŭ		,	ent from name entered	,					
3.			-	federal return?					/FS	NO
٥.	·									1110
4.				group of corporations as			enter here and on pag	ge 2, line 25		
4.	disregarding a	ny exclı	usion by reason of para	agraph (b)(2) of that sec	ction?		o, 		ES	NO
				e, if any						
5.				v York State Departmen			enter here and on pag	e 2, line 2/		
				se reported in a prior ye			er audit?		YES	NO
	If "YES", by wh	nom?	Internal Revenue Serv	vice	Sta	ite period(s): E	Beg.:	End.:		
					0.		MMDDYY		MMDDYY	
			New York State Depar	rtment of Taxation and Finan	ice Sta	te period(s): E	Beg.:	End.:	MMDDYY	
6.	If "YES" to que	estion 5,	has Form(s) NYC-336	60 (Report of Federal/St	tate Change i	n Tax Base) bee	en filed?		YES	NO
	7.			payments treated as inte						
				ndividually or in the ago "YES", complete the fol					/FS	NO
				TEO, complete the for						
				Total Indebte						
	0		•							 NO
	8.	If "YES	3", attach schedule listi	per of a partnership or joing name(s) and Emplo	yer Identificat	tion Number(s).	ar ?		res _	INO
	9.			year, did the corporation ng interest in an entity o					YES	NO
•			/ES" to 9, attach a sche ress, borough, block ar	edule of such property, in nd lot number.	ndicating the r	ature of the inte	erest and including the	street		
	11. 12. 13.	pro	perty acquired or transf	(including a leasehold i	onsideration?			∐`		NO
		,	•	plete liquidation of the cration's ownership transferre	•				YES	NO NO
1	44	,	·	vas a Real Property Tra	•	•				NO NO
	11.								1E3 L	INO
ĺ	12.			no or more qualified sub					/E9	NO
	13.	If "YES	S": Attach a schedule sh	ne or more qualified sub nowing the name, addre ed to file a City busines	ss and EIN, if	any, of each QS	SSS and indicate wheth		IEO L	INU

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

☐ NO □ NO

14. Enter the number of Fed K1 returns attached:_

SCH	HEDULE K	Federal Return Information			
The follo	owing information n	nust be entered for this return to be compl	ete.		
Enter on	lines 1 through 10 in	the Federal Amount column the amounts repor	ed on your federal Form 1	120S. (See ins	ructions)
Federal 11	120				▼ Federal Amount ▼
1. Divid	ends			1	
2. Intere	est income			2	
3. Capit	tal gain net income			3	
4. Othe	r income			4.	
5. Total	income			5.	
6. Bad	debts			6	
7. Intere	est expense			7	
8. Othe	r deductions			8	
9. Total	deductions			9.	
10. Net c	perating loss deduction	on		10.	
		CERTIFICATION OF AN ELECTED	OFFICER OF THE CO	RPORATION	l
-	•	ling any accompanying rider, is, to the best of my knowled to discuss this return with the preparer listed be	•		's Email Address:
SIGN HERE:	Signature of officer	Title	Da	te	Preparer's Social Security Number or PTIN
PREPARER'S USE -> ONLY	Preparer's signature	Preparer's printed name	Check if self- employed ✔ Da	te	
J					Firm's Employer Identification Number
	▲ Firm's name (or yours	, if self-employed) ▲ Address	A :	Zip Code	_

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 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 3933

NEW YORK, NY 10008-3933

RETURNS CLAIMING REFUNDS

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



Form NYC-3L - 2015

NAME: