		NVC .	IS _{E7} GEI	NERAL C	ORPO	ORATI	ON TAX	RETURN	20	16	
		Department of Finance						C-2, NYC-2S or NYC-2A			
			For CAL	ENDAR YEAR 2016 or	FISCAL YEA	R beginning		2016 and ending			
		Name				Name Change		Taxpayer's Email Addr	ess:		
		In Care Of									
		Address (number and street) Address Change					EMPLC				
		City and State		Zip Code	Country	(if not US)		•			
		Business Telephone Num	ber		ate business	began in NYC	BUSINESS C	ODE NUMBER AS PER F	EDERAL RE	ETURN	
					r						
		Final return 발표	eriod return (See Instr.)		Ĺ		a 52- 53-week ta 2-character specia	axable year al condition code, if applic	ahle (see ir	nst)	
			If the number of t	the amended return is to	report a	IRS change				,	
		Amended retu	federal or state ch	hange, check the appropriate the second	riate box:	NYS change	Determi				
S	CHEDULE A	A Computatio	on of Tax	BEGIN WITH SCH	IEDULES B, I	LINE 6 ON PAG	E 2. TRANSFER AP	PLICABLE AMOUNT TO S Payment A		<i>۱.</i>	
Α.	Payment Am	nount being paid elect	ronically with this re	eturn			A.				
1	Net income (from (Schedule B, line 6) .	1				(.0885 1.				
		instructions) - NYC (2.				
		hichever is larger)	•	L							
		f estimated tax for									
		or extension has be	•				Т 4а.			ļ	
		or extension has no ine 3 <i>(see instructic</i>					4b.				
5.	Total before prepa	ayments (add lines	3 and 4a or 4b)				5.				
6.	Prepayments (see	e instructions)					6.			L	
7.	Balance due (line	5 less line 6)					7.				
8.	Overpayment (line	e 6 less line 5)					8.				
9a.	Interest (see instru	ructions))a.						
9b.	Additional charges	s (see instructions))b.						
9c.	Penalty for underp	payment of estimate	ed tax (attach Fo	rm NYC-222)	e.						
10.	Total of lines 9a, 9	9b and 9c					10.				
11.	Net Overpayment	(line 8 less line 10)					11.			l	
12.	Amount of line 11	to be: (a) Refunded	l - 🗌 Direct depo	sit - <i>fill out line 10</i>	c OR	Paper	check 12a.			l	
10			to 2017 estimate	d tax							
120.	Routing Number		count Imber		Che		UNT TYPE Savings				
13.	TOTAL REMITTA	NCE DUE (see ins	tructions)				13.				
14.	Gross income						14.				
	I horoby coutify that they										
SIGN HERE	I authorize the Dept. o	turn, including any accompar If Finance to discuss this				-		mail Address:			
SIGN	Officer's signature:		т	ïtle:		Date:		Preparer's Social Securit	y Number o	or PTIN	
i LY	Preparer's signature:		Preparer's printed name:		Check if self- employed:	Date:		Eirm's Employer Ident			
PREPARER'S USE ON LY	<u> </u>					2410.		Firm's Employer Identi	incation NL	nnoer	
<u> −</u> ⊃	▲ Firm's name (or your	rs. if self-employed)		Address		A 7	Zip Code				

NAME

EIN _

SCHEDULE B

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)	
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 line15.	
6.	Taxable net income. Line 3 less the sum of lines 4 and 5 (enter on page 1, Schedule A, Line 1)	

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:					
3.	Enter the number of Federal K1 returns attached:					

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 2016 return is on or before March 15, 2017.

For fiscal years beginning in 2016, 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 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

REMITTANCES

RETURNS CLAIMING REFUNDS

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



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