

BUSINESS CORPORATION TAX RETURN

2017

To be filed by C Corporations ONLY - All Subchapter S Corporations must file Form NYC-1, NYC-3L, NYC-4S or NYC-4SEZ

		For CALENDAR YEAR 2017 or FISCAL YEAR beginning		2017 and	d ending	
		Name Nam				
		Chai	Employer Id	entificatio	n Number	
		Address (number and street) Addi	ress —	-		: 1
		Chai City and State Zip Code Country (if not US	nge 🔲			
			Business Co	ode Numb	er as per federal return	
=		Business telephone number Taxpayer's email address:				
		State or country of organization Date organized	2-character	special co	ondition code,	\neg
		Date business began in NYC Final If final return, date business ended in NY Return	C if applicable	(See ins	structions):	
	ECK ALL AT APPLY	Special short period return 52/53-week taxable year Pro-forma federal r	return attached	Clair	m any 9/11/01-related federal tax b	benefits
		Amended return If the purpose of the amended return is to report a federal or state change, check the appropriate box: NYS change	Date of Final Determination			
		any of the following	NYC-2.3	Form NYC	C-2.4 Form NY	/C-2.5
S	CHEDULE	A - Computation of Balance Due or Overpayment				
1	A. Paymen	Amount being paid electronically with this return		. A.	Payment Amount	
1.	Tax on busin	ess income base (from Schedule B, line 38)		1.		
2.		al base (from Schedule C, Part 3, line 4) Maximum Tax is \$10,000,000				
3.						
4.		e amount from line 1, 2 or 3, whichever is largest)				
5.	,	edit (attach Form NYC-9.7C)				
6.		T Paid Credit (subtract line 5 from line 4)				
7.	REAP Credit	(attach Form NYC-9.5)		7.		
8.	Real Estate	Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6))	8.		
9.	LMREAP Cr	edit (see instructions and attach Form NYC-9.8)		9.		
10.	Biotechnolog	y Credit (attach Form NYC-9.10)		10.		
11.	Beer Produc	tion Credit (attach Form NYC-9.12)		11.		
12.	Net Tax after	credits (subtract lines 7, 8, 9, 10 and 11 from line 6)		12.		
13.	Total prepay	ments (from Composition of Prepayments Schedule, page 8, line G)		13.		
14.	Balance due	(subtract line 13 from line 12)		14.		
15.	Overpaymen	t (subtract line 12 from line 13)		15.		
16a.	Interest (see	instructions)		_		
16b.	Additional ch	arges (see instructions)		-		
16c.	Penalty for u	nderpayment of estimated tax (attach Form NYC-222)				
17.	Total of lines	16a, 16b and 16c		17.		
18.		ment (subtract line 17 from line 15)				-
19.	Amount of lin	ne 18 to be: a. Refunded - Direct deposit - fill out line 19c OR Paper check		19a.		
		b. Credited to 2018 estimated tax		19b.		
19c.	Routing Number:	Account Number:	Account Type: Checking Savings	_		
20.	TOTAL REM	ITTANCE DUE. (see instructions)		20.		
21.	NYC rent de	ducted on federal tax return or NYC rent from Schedule E, part 1		21.		
22.	Federal Retu	ırn Filed: 🗌 1120 🔲 1120C 🔲 1120F 🔲 1120-RIC 🔲 1120-REIT 🔲 11	20-H Other / None	•		
23.	Gross receip	ts or sales from federal return		23.		-
24.	Total assets	from federal return		24.		
25.	Business allo	ocation percentage (from Schedule F, line 5) (if not allocating, enter 100%)		25.		%

	m NYC-2 - 2017	NAME:	_ EIN:	Page 2
SC	HEDULE B -	Computation of Tax on Business Income Base		
1.	Federal taxable	income (FTI) before net operating loss (NOL) and special de-	eductions (see instructions). 1.	
2.		nterest effectively connected with the conduct of a trade or buded on line 1 by alien corporations		
3.	-	not included on line 1 which is exempt by treaty from federal inconvely connected with the conduct of a trade or business in the United		
l.	Dividends not in	cluded on line 1 by non-alien corporations	4.	
5.	Interest on feder	al, state, municipal and other obligations not included on line 1 l	by non-alien corporations5.	
.	Income taxes pa	id to the US or its possessions deducted on federal return	6.	
.	NYS Franchise Ta	x, including MTA taxes and other business taxes deducted on the federal	al return (see inst; attach rider)7.	
3.	NYC Corporate	Taxes deducted on federal return (see instructions)	8.	
).	Adjustments rel	ating to employment opportunity relocation cost credit and IB	Z credit 9.	
0.	Adjustments rel	ating to real estate tax escalation credit	10.	
1.	ACRS deprecia	tion and/or adjustments (attach Form NYC-399 and/or NYC-	<i>399Z</i>) 11.	
2.	Payment for use	e of intangibles	12.	
3.	Domestic produ	ction activities deduction (see instructions)	13.	
4.	Other additions	(see instructions; attach rider)	14.	
5.	Total of lines 1	hrough 14	15.	
6.	Gain on sale of	certain property acquired prior to 1/1/66 (see instructions)	16.	
7.	NYC and NYS	ax refunds included in line 15 (see instructions)	17.	
8.	Wages and sala	ries subject to federal jobs credit (see instructions)	18.	
9.	•	d/or adjustment calculated under pre-ACRS or pre - 9/11/01 ru BZ; see instructions)	,	
0.	Other subtraction	ns (see instructions) (attach rider)	20.	
21.	Total subtraction	ns (add lines 16 through 20)	21.	
22.	Net modification	s to federal taxable income (subtract line 21 from line 15)	22.	
23.	Subtraction modif	ication for qualified banks and other qualified lenders (from Form NYC-2.	2, Schedule A, line 1; see instructions) 23.	
24.	Entire net incon	ne (ENI) (subtract line 23 from line 22)	24.	
25.	Investment and	other exempt income (from Form NYC-2.1, Schedule D, line	1)25.	

Note: If you make an entry on line 23, 25, 27, 29, 33 or 35, you must complete and file the appropriate attachment form.

%

%



26.

28.

30.

31.

32b.

33. 34.

35.

36.

37.

38.

Allocated business income less prior net operating loss conversion subtraction (see instructions)............ 34.

Excess interest deductions attributable to investment income, investment capital and other

Addback of income previously reported as investment income (from Form NYC-2.1, Schedule F,

Form NYC-2 - 2017	NAME:	EIN:	Page 3

	CHEDULE C - Computation of Tax on Capital Base				
	art 1 - Computation of Total Business Capital				
Ва	sis used to determine average value in column C. <i>Check one. (Attach</i> - Annually	COLUMN A	COLUMN B	COLUMN C	
$\overline{\Box}$	- Monthly - Weekly - Daily	Beginning of Year	End of Year	Average Value	
1.	Total assets from federal return1.				
2.	Real property and marketable securities included in line 12.				
3.	Subtract line 2 from line 1				
4.	Real property and marketable securities at fair market value4.				
5.	Adjusted total assets (add lines 3 and 4)				
6.	Total liabilities (see instructions)6.				
7.	Total capital (subtract line 6, column C, from line 5, column C)		7.		
8.	Investment capital (from Schedule D, line 4; if zero or less, enter C				
9.	Business capital (subtract line 8 from line 7)				
	Addback of capital previously reported as investment capital (from Sche				
	Total business capital (add lines 9 and 10) (see instructions)		· I		
	Business allocation percentage (from Schedule F, line 5; if not allocation		l l		%
		-			_
	rt 2 - Computation of Liabilities Attributable to Investment Capital and		COLUMN A	COLUMN B	
	Total liabilities (Schedule C, Part 1, line 6) (see instructions)				
2.	Liabilities directly attributable to investment capital (Form NYC-2.1, Part 4, Column G, line 4) (see instructions)				
3.	Liabilities directly attributable to business capital	3.			
4.	Total liabilities directly attributable (add lines 2 and 3)	4.	_		
5.	Total liabilities indirectly attributable (subtract line 4 from line 1)	5.			
6.	Average FMV of investment capital before subtraction of liabilities attribu (Form NYC-2.1, Schedule E, Part 4, Column F, line 4) (see instructions)	I			
7.	Average FMV of adjusted total assets (Schedule C, Part 1, line 5) (see	instructions)7.			
8.	Investment capital factor (divide line 6 by line 7)	8.			
	Liabilities indirectly attributable to investment capital (multiply line 5				
	Average FMV of business capital before subtraction of liabilities attr (subtract line 6 from line 7)	ributable			
11.	Liabilities indirectly attributable to business capital (subtract line 9 fr				
	Liabilities directly and indirectly attributable to business capital (add and 11; if this line 12 exceeds line 10, STOP and do not go further) (see	l lines 3			
13	Liabilities directly attributable to Insurance and Utility Capital	,			
	Liabilities directly attributable to General Business Capital				
	Average FMV of Insurance and Utility Capital before subtraction of liabilities				
	Insurance and Utility Capital factor (divide line 15 by line 10)				
	Liabilities indirectly attributable to Insurance and Utility Capital (multiply line				
18.	Liabilities attributable to Insurance and Utility Capital (add lines 13 a	and 17)18.			
19.	Net Insurance and Utility Capital (subtract line 18 from line 15 and add any n from line 22, if this line 19 has a positive value without such addition) (•			
20.	Allocated Insurance and Utility Capital (multiply line 19 by the business percentage from Schedule F, line 5.				
21.	Liabilities attributable to General Business Capital (subtract line 2, line 13 and line 17 from line 1)				
22.	Net General Business Capital (subtract line 15 and line 21 from line amount on Schedule C, Part 1, line 10 and add any negative value if this line 22 has a positive value without such addition) (see instruc	e 10, add any from line 19,			



Forn	n NYC-2 - 2017	NAME:			EIN:	!			Pa	age 4
sc	HEDULE C - (C	ontinued)								
Pa	rt 3 - Computati	on of tax on capital	base							
1a.		Business Capital (multiply ne 5)		•			1	а.		
1b.	At tax rate 0.15%	(multiply line 1a, column l	B, by 0.15%)				1	b.		
2a.	Allocated insurance	e and utility capital (Scheo	dule C, Part 2 line 2	0) (see instructions)			2	a.		
2b.	At tax rate 0.075%.	Check the appropriate box:	Utility Corp.	Insurance Corp. (mu	ıltiply i	line 2a by 0.075%)	2	b.		
3a.	Cooperative housing	ng corporations (see instru	,				3	a.		
3b.	At tax rate 0.04% (multiply line 3a, co	Enter Boro Bloc			•		」 3	b.		
4.	•	e (add line 1b plus line 2b p 2)						4.		
SC	CHEDULE D - C	omputation of Invest	ment Capital fo	r the Current Yea	r (se	e instructions)				
				A Average fair mark value as reporte		B Liabilities attributa to column A amor			C Net average valı <i>(column A - colum</i>	
1.	apportionable to I	generates income claime New York under the U.S. -2.1, Schedule E, line 1)	Constitution					1.		
2.		ctually held for more tha -2.1, Schedule E, line 2)	•					2.		
3.		resumed held for more t NYC-2.1, Schedule E, lii						3.		
4.		capital for the current ye C, line 8; if zero or less						4.		
Ac	dback to busii	ness capital of stoc	k presumed and	d claimed as inve	estm		reviou	ıs y		
				A Average fair mark value as reporte		B Liabilities attributa to column A amo			C Net average val <i>(column A - colum</i>	

5.

5. Total of stocks previously presumed held for more than one year, but did **not** meet the holding period *(from Form NYC-2.1,*

Schedule F, line 1; enter here and on Schedule C, line 10)5.

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SCHEDULE E - Location of Places of Business Inside and Outside New York City

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)

			·		N 15 1)	D ::
	ete 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	l l						
CITY	STATE	ZIP	-				
NUMBER AND STREET					+		
СІТҮ	STATE	ZIP					
Total							

		COLUMN A - NEW YORK CITY	C	OLUMN B - EVERYWHE	RE
1a.	Real estate owned 1a.		1a.		
1b.	Real estate rented - multiply by 8 (see instr.) (attach rider) 1b.		1b.		
1c.	Inventories owned		1c.		
1d.	Tangible personal property owned (see instructions)1d.		1d.		
1e.	Tangible personal property rented - multiply by 8 (see instr., attach rider) 1e.		1e.		
1f.	Total		1f.		
1g.	Percentage in New York City (divide line 1f, column A by line 1f, column	ımn B)	1g.		%
1h.	Multiply line 1g by 3.5		1h.		
2a.	Receipts (from Form NYC-2.5, line 54)		2a.		
2b.	Percentage in New York City (divide line 2a, column A by line 2a, col	lumn B)	2b.		%
2c.	Multiply line 2b by 93		2c.		
За.	Wages, salaries and other compensation of employees, except general executive officers (see instructions)				
3b.	Percentage in New York City (divide line 3a, column A by line 3a, column	lumn B)	3b.		%
3c.	Multiply line 3b by 3.5	, , , , , , , , , , , , , , , , , , ,	3c.		
Sur	n of Weighted Factors				
4.	Add lines 1h, 2c and 3c		4.		
Ru	iness Allocation Percentage				
5.	Divide line 4 by 100 if no factors are missing. If a factor is missing, div	ide line 4 by the total of the weights			
	of the factors present. Enter as percentage. Round to the nearest one				_
	This is your business allocation percentage		5.		9



Forn	NYC-2 - 2017 NAME:	EIN:			Page 6
SC	HEDULE G - Additional Required Information				
1.	List all significant business activities in NYC and everywhere (see instruc	tions; if necessary,	attach list)		
2.	Enter your Secondary Business Code (see instructions)				
3.	Trade name of reporting corporation, if different from name entered on pa	age 1			
4.	Is this corporation included in a consolidated federal return?			YES	☐ NO
	If "YES", give parent's name:		EIN:		
5.	Is this corporation a member of a controlled group of corporations as defi any exclusion by reason of paragraph (b)(2) of that section?			YES	□ №
	If "YES", give common parent corporation's name		EIN:		
6.	Has the Internal Revenue Service or the New York State Department of Taxable income or other tax base reported in a prior year, or are you curre			YES	□ NO
	If "YES",	State period(s):	Beg.:		
	by whom?		MMDDYY	MMD	DYY
	☐ New York State Department of Taxation and Finance	State period(s):	Beg.:	End.:	DDYY
7.	If "YES" to question 6, has Form(s) NYC-3360 (Report of Federal/State C for years prior to 1/1/15. For years beginning on or after 1/1/15, file an a				□ NO
8.	Did this corporation make any payments treated as interest in the computate directly or indirectly, individually or in the aggregate, more than 50% of the configuration of the second of the s	orporation's issued a Interest paid to sha	and outstanding capital stock? areholder,		□ NO
9.	Was this corporation a member of a partnership or joint venture during the If "YES", attach schedule listing name(s) and Employer Identification Num			YES	□NO
10.	At any time during the taxable year, did the corporation have an interest in real located in NYC or a controlling interest in an entity owning such real prop			YES	□ NO
11a.	If "YES" to question 10, attach a schedule of such property, indicating the r borough, block and lot number.	ature of the interest	and including the street addr	ess,	
11b.	Was any NYC real property (including a leasehold interest) or controlling interacquired or transferred with or without consideration?			YES	□ NO
11c.	Was there a partial or complete liquidation of the corporation?			YES	\square NO
11d.	Was 50% or more of the corporation's ownership transferred during the tax	year, over a three-ye	ear period or according to a pl	an? 🗌 YES	□ NO
12.	If "YES" to questions 11b, 11c or 11d, was a Real Property Transfer Tax F	Return (Form NYC-I	RPT) filed?	YES	□ NO
13.	If "NO" to question 12, explain:				
14.	Does this taxpayer pay rent greater than \$200,000 for any premises in N for the purpose of carrying on any trade, business, profession, vocation of	•			□NO
15.	If "YES" to question 14, were all required Commercial Rent Tax Returns f	iled?		YES	□ NO
	Please enter Employer Identification Number which was used on the Cor				
16.	Are you claiming an exception to the related member expense addback up				□ NO
10.			0000 3000011 11-002(0)(11)(2)	("/: 🗀 TE3	
	If yes, enter applicable exception and amount of royalty payments.	EXCEPTION		AMOUNT	
17.	If you filed federal form 1120F, did you have Effectively Connected Incom	e (ECI)?		YES	\square NO

Did this corporation carry out any commercial banking business (as defined by Section 11-640(b) of the Ad. Code) during this filing period?.... 🗌 YES

Did you include a disregarded entity in this return? If YES, attach a schedule giving the legal name and EIN of each disregarded entity included.......



	NAME AND ADDRESS OF THE PROPERTY OF THE PROPER	-1814		B7
	n NYC-2 - 2017 NAME: E CHEDULE H - DETERMINATION OF TAX RATE	EIN:		Page 7
	Enter the tax rate computed or used below (see instructions)	Α.		
	Enter the line number of the tax rate computed or used below			
	Enter your unallocated business income from Schedule B, line 30 (see instructions)			
	If the amount on line Ca is not correct, enter correct amount here and explain in rider (s			
		,		
D.				
E.	If you are a Qualified Manufacturing Corporation mark an X in the box <i>(see instructions)</i>			
	AX RATE COMPUTATION FOR BUSINESS CORPORATIONS NOT SPECI	FIED BELOW (see	instructions)	
1.	If unallocated business income (Schedule B, line 30) is less than \$2M and allocated business income (Schedule B, line 32a or 32b if used) is less than \$1M.		6.50%	
2.	If unallocated business income (Schedule B, line 30) is equal to or greater than \$3M (regardless of the amount of allocated business income)		8.85%	
3.	If allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$1.5M (regardless of the amount of unallocated business income)		8.85%	
4.	If unallocated business income (Schedule B, line 30) is equal to or greater than \$2M but less than \$3M and allocated business income (Schedule B, line 32a or 32b if used) is less than \$1M, use unallocated formula	6.50% + (2.35% X line	2 30 - 2,000,000) =	%
5.	If unallocated business income (Schedule B, line 30) is less than \$2M and allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$1M but less than \$1.5M, use allocated formula	6.50% + (2.35% X line	$\frac{32a \text{ or } 32b - 1,000,000}{500,000}) = -$	%
6.	If unallocated business income (Schedule B, line 30) is equal to or greater than \$2M but less than \$3M and allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$1M but less than \$1.5M, compute tax rates using both formulas. Use the greater of the two computed tax rates.		$\frac{930 - 2,000,000}{1,000,000}) = \frac{32a \text{ or } 32b - 1,000,000}{500,000} = \frac{32a \text{ or } 32b - 1,000,000}{3200,000}$	
		Enter the greater of the t	wo computed tax rates:	%
T	AX RATE COMPUTATION FOR QUALIFIED MANUFACTURING CORPOR	-	·	~
7.	If unallocated business income (Schedule B, line 30) is less than \$20M and allocated business income (Schedule B, line 32a or 32b if used) is less than \$10M	-	4.425%	
8.	If unallocated business income (Schedule B, line 30) is equal to or greater than \$40M (regardless of the amount of allocated business income)		8.85%	
9.	If allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$20M (regardless of the amount of unallocated business income)		8.85%	
10	. If unallocated business income (Schedule B, line 30) is equal to or greater than \$20M but less than \$40M and allocated business income (Schedule B, line 32a or 32b if used) is less than \$10M, use unallocated formula	4.425% + (4.425% X lin	e 30 - 20,000,000 20,000,000	<u></u> %
11.	. If unallocated business income (Schedule B, line 30) is less than \$20M and allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$10M but less than \$20M, use allocated formula	4.425% + (4.425% X line	e 32a or 32b - 10,000,000 10,000,000	<u></u> %
12	If unallocated business income (Schedule B, line 30) is equal to or greater than \$20M but less than \$40M and allocated business income (Schedule B, line 32a or 32b if		e 30 - 20,000,000 20,000,000	
	used) is equal to or greater than \$10M but less than \$20M, compute tax rates using both formulas. Use the greater of the two computed tax rates		e 32a or 32b - 10,000,000 10,000,000	
		Enter the greater of the t	wo computed tax rates: _	%



13. Financial Corporations as defined in Administrative Code Section 11-654(1)(e)(1)(i)

TAX RATE COMPUTATION FOR CERTAIN FINANCIAL CORPORATIONS (see instructions)

9.00%

Form NYC-2 - 2017	NAME:	EIN:	Page

COMPOSITION OF PREPAYMENTS SCHEDULE										
	PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 13	DATE	AMOUNT							
Α.	Mandatory First Installment									
В.	Payment with Declaration, Form NYC-400									
C.	Payment with Notice of Estimated Tax Due									
D.	Payment with Notice of Estimated Tax Due									
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 13)									

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	Signature					Firm's email						
			Title	Date		address						
۲						F	Preparer's Social Security Number or PTIN					
8	Preparer's	Prepa	arer's	Check if self-								
SE	signature	printe	d name	employed 🗸 🗀	Date		==					
n s							Firm's Employer Identification Number					
띭												
A												
뿚	Preparer's signature ▲ Firm's name (or yours, if self-employed)	A	Address		▲ Zi	p Code						

MAILING INSTRUCTIONS

Attach copy of all pages of your federal tax return or pro forma federal tax return. The due date for the calendar year 2017 return is on or before April 17, 2018. For fiscal years beginning in 2017, file on or before the 15th day of the 4th month following the close of the fiscal year.

ALL RETURNS EXCEPT REFUND RETURNS

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

