

# Department of Finance - 2A Department of Finance - 2A COMBINED BUSINESS CORPORATION TAX RETURN To be filed by C Corporations ONLY - All Subchapter S Corporations must file Form NYC-1A, NYC-3A, NYC-3L, NYC-4S or NYC-4SEZ

	For CALENDAR YEAR 2017 or	FISCAL YEAR beginning		2017 and	ending
Name of designated agent			ame hange	Employer Identification	Number
In care of					
Address (number and street)			ddress	Business Code Numbe	er as per federal return
City and State		Zip Code Co	ountry (if not US)		
Business telephone number	Taxpayer's e	mail address			
State or country of organization	Date organiz	red		2-character special con if applicable (See inst	
Date business began in NYC	Final Return	If final return, date busine	ss ended in NYC		
CHECK ALL Special short period return	52/53-week taxable year	Pro-forma fee	deral return attache	ed Clain	n any 9/11/01-related federal tax benefits
	urpose of the amended return is to a lor state change, check the appropriate			Date of Final Determination	
Have you attached any of the following forms to this return? If yes, check all that apply.	n NYC-2.1 Form	NYC-2.2	Form NYC-2.3	Form NYC	C-2.4 Form NYC-2.5A
SCHEDULE A - Computation of Bala	ance Due or Overpay	ment			Payment Amount
A. Payment Amount being paid electro	onically with this return			A.	Fayment Amount
1. Tax on combined business income base	(from Schedule B, line 38	8)		1.	
2. Tax on combined capital base (from Sch	edule C, Part 3, line 4) M	aximum Tax is \$10,00	00,000	2.	
3. Minimum tax for designated agent only (	see instructions) - NYC G	aross Receipts: 3a.		3.	
4. Tax (enter amount from line 1, 2 or 3, wh	nichever is <b>largest</b> )			4.	
5. Sum of minimum taxes for taxable group					
<ol> <li>Total combined tax (add lines 4 and 5)</li> </ol>	`	,			
7. UBT Paid Credit (attach Form NYC-9.70					
8. Combined tax after UBT Paid Credit (sul					
9. REAP credits (attach Form NYC-9.5)					
10. Real Estate Tax Escalation, Employment					
11. LMREAP Credit (attach Form NYC-9.8).		```````````````````````````````````````		11.	
12. Biotechnology Credit (attach Form NYC-					
13. Beer Production Credit (attach Form NY					
14. Net combined tax after credits (subtract	,				
15. Total prepayments (from Prepayment Sc		,			
16. Balance due (subtract line 15 from line 1					
17. Overpayment (subtract line 14 from line					
18a. Interest (see instructions)					
18b. Additional charges (see instructions)					
<b>18c.</b> Penalty for underpayment of estimated t					
19. Total of lines 18a, 18b and 18c					
20. Net overpayment (subtract line 19 from )					
21. Amount of line 20 to be:	·				
	b. Credited to 2018 estir				
21c. Routing	Account			Checking	
Number:	Number:		Account Ty	be: Savings	
22. TOTAL REMITTANCE DUE. (see instru	ictions)			22.	

#### Form NYC-2A - 2017 NAME OF DESIGNATED AGENT:

SC	HEDULE A - Computation of Balance Due or Overpayment - Continued		
23.	NYC rent deducted on federal tax return or NYC rent from Schedule E, part 4, line 5	23.	
24.			
25.	Gross receipts or sales (see instructions)	. 25.	 
26.	Total assets (Schedule C, line 1, column D)	. 26.	
27.	Combined business allocation percentage (from Schedule F, line 5) (if not allocating, enter 100%)	. 27.	 %
28a.	Is the designated agent making or has it made the irrevocable commonly owned group election? By making the election, each corporation in the commonly owned group will be bound by the election and the election will apply to any member that subsequently enters the group. See "Who must file a combined return" instructions	NO	
28b.	If YES, enter the beginning and ending dates of the first year of election: Beginning Ending		
29.	Total number of combined group members (do not include the designated agent)	29.	 
30.	Total number of taxable combined group members (do not include the designated agent)	30.	
Des	ignated agent's information		
31.	Federal separate taxable income (see instructions)	31.	 
32.	Value of your assets (see instructions) 32a. Beginning 32b. Ending	32c.	 
33.	Value of your liabilities (see instructions) 33a. Beginning 33b. Ending	33c.	 
34.	Prior net operating loss conversion (PNOLC) subtraction pool (from Form NYC-2.3) (see instructions)	34.	 
35.	Unabsorbed net operating loss (UNOL) at the end of the base year (from Form NYC-2.3) (see instructions)	35.	
36.	PNOLC subtraction annual allotment (from Form NYC-2.3) (see instructions)		

#### COMPOSITION OF PREPAYMENTS SCHEDULE

	PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 15	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 prepayments from group members (attach rider)			
н.	TOTAL of A through G (enter on Schedule A, line 15)			

#### **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 Signature of officer Firm's email Title Date address Preparer's Social Security Number or PTIN Preparer's Preparer's Check if selfsignature printed name employed $\checkmark$ Date Firm's Employer Identification Number ▲ Firm's name (or yours, if self-employed) ▲ Address ▲ Zip Code MAILING INSTRUCTIONS

SIGN HERE

'reparer's use only

	ur federal tax return or pro forma federal tax retu e April 17, 2018. For fiscal years beginning in 2 close of the fiscal year.	
ALL RETURNS EXCEPT REFUND RETURNS	REMITTANCES PAY ONLINE WITH FORM NYC-200V AT NYC.GOV/ESERVICES	RETURNS CLAIMING REFUNDS
NYC DEPARTMENT OF FINANCE BUSINESS CORPORATION TAX P.O. BOX 5564 BINGHAMTON, NY 13902-5564	OR Mail Payment and Form NYC-200V ONLY to: NYC DEPARTMENT OF FINANCE P.O. BOX 3933 NEW YORK, NY 10008-3933	NYC DEPARTMENT OF FINANCE BUSINESS CORPORATION TAX P.O. BOX 5563 BINGHAMTON, NY 13902-5563

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#### Form NYC-2A - 2017 NAME OF DESIGNATED AGENT:

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SC	HEDULE B - (	Computation of Tax on Combined Bus	DESIGNATED AGENT	TOTAL OF ALL AFFILIATES	INTERCORPORATE ELIMINATIONS	COMBINED GROUP TOTAL		
1a.	Federal consolic	lated taxable income (CTI) of New York City co	mbined aroup (see i	nstructions)				
		consolidated net operating loss deduction (NC						
1d.		dividends paid deduction (DPD) of captive RE						
1e.		pre federal NOLD, federal DRD, and disallowed						
1f.		tercorporate dividends (see instructions)		<b>o</b> ,				
1g.		ore New York City additions and subtractions (s						
2.	conduct of a trac	nterest effectively connected with the de or business in the United States NOT 1g by alien corporations						
3.	treaty from federal effectively connect	not included on line 1g which is exempt by income tax but would otherwise be treated as ted with the conduct of a trade or business in by alien corporations						
4.	Dividends not inc	luded on line 1g by non-alien corporations4.						
5.		I, state, municipal and other obligations not 1g by non-alien corporations <b>5.</b>						
6.	Income taxes paid to	the US or its possessions deducted on federal return6.						
7.		, including MTA taxes and other business taxes deral return (see instructions; attach rider) <b>7.</b>						
8.	NYC Corporate T	axes deducted on federal return (see instr.)8.						
9.		ting to employment opportunity relocation BZ credit <b>9.</b>						
10.	Adjustments rela	ating to real estate tax escalation credit10.						
11.		ion and/or adjustments (attach Form NYC-399Z)11.						
12.	Payment for use	of intangibles12.						
13.	Domestic produc	tion activities deduction (see instructions)13.						
14.	Other additions	(see instructions; attach rider)14.						
15.	Total lines 1g th	rough 1415.						
16.	Gain on sale of cer	tain property acquired prior to 1/1/66 (see instr.)16.						
17. 18.		refunds included in line 15 <i>(see instructions)</i> <b>17.</b> ries subject to federal jobs credit						
	(							
19.	or pre - 9/11/01 r	or adjustment calculated under pre-ACRS or ules (attach Form NYC-399 and/or instructions)19.						
20.	Other subtractio	ns (see instructions) (attach rider)20.						
21.	Total subtraction	s (add lines 16 through 20)			21.			
22.	Net modification	s to federal taxable income (subtract line 21 fro	om line 15)					
23.	Subtraction modi	fication for qualified banks and other qualified len	ders (from Form NYC-	2.2, Schedule A, line 1;	see instructions) 23.			
24.	Combined entire	e net income (ENI) (subtract line 23 from line 2	2)					
25.	Investment and	other exempt income (from Form NYC-2.1, Sci	hedule D, line 1)		25.			
26.		e less investment and other exempt income						
27.	Excess interest de	ductions attributable to investment income and othe	er exempt income (fro	m Form NYC-2.1, Sche	edule D, line 2) 27.			
28.	Combined Busir	less income (add lines 26 and 27)						
29.	Addback of income	e previously reported as investment income (from For	m NYC-2.1, Schedule F	; line 6; if zero or less, e	nter 0; see instr.) <b>29.</b>			
30.		ss income after addback (add lines 28 and 29)			-			
	31.	Combined business allocation percentage (from	Schedule F, line 5; if n	ot allocating, enter 100°	%) 31.	%		
	32a.	Allocated combined business income after ad		-				
	32b.	If the amount on line 32a is not correct, enter of						
	33.	Prior net operating loss conversion subtractio	n (from Form NYC-2	.3, Schedule C, line 4,	) 33.			
	34.	Allocated business income less prior net oper	ating loss conversior	n subtraction <i>(see inst</i>	ructions) 34.			
	35.	Net operating loss deduction (from Form NYC	-2.4, line 6)		35.			
	36.	Combined business income base (subtract line 35						
	37.	Tax rate (see instructions)	,			%		
	38.	Tax on combined business income base (mul						
		and enter here and on Schedule A, line 1)						

		NAME OF DESIGNATED A		_ EIN:	Page 4
Recor	nciliation of	Aggregate of Federal S	eparate Taxable Income to Federal Consolidate	-	
ITEM			A IEMBER NAME	B MEMBER EIN	C OWNERSHIP PERCENTAGE
Α					%
в					%
с					%
D					%
Е					%
F					%
G					%
н					%
					%
J					
					%
к					%
L					%
М					%
N					%
0					%
Р					%
ITEM	IF PART OF GROUP,	D A FEDERAL CONSOLIDATED MARK AN X IN THE BOX	E FEDERAL FORM FILED	F EIN OF PARENT OF FEDERAL CONSOLIDATED RETURN	G FEDERAL SEPARATE TAXABLE INCOME
Α					
в					
С					
D					
Е					
F					
G					
н					
I					
J					
к					
L					
 M					
N					
0					
Р					
			me (add amounts in column G)		
			easury Regulations section 1.1502-12		
3. Aç			me for consolidated purposes (combine lines 1 and 2) application of Treasury Regulations section 1.1502-1		
	4. 5.		required under IRC to arrive at federal CTI of	1 4.	
	5.		roup		
	6.		City combined group (combine lines 3, 4 and 5)		
	Cer	tain items reported on line	2 or 4		
	7.	Deferral or recognition of i	ntercompany income, expense, gain or loss		
	8.		ain		
	9.		ontributions deduction		
	10.	Consolidated IRC section	1231 net loss	10.	
		41701			

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## SCHEDULE C - Computation of Tax on Combined Capital Base

#### Part 1 - Computation of Total Combined Business Capital

Basis used to determine average value in column D. Check one. (Attach detailed schedule.)

	- Annually - Semi-annually - Quarterly	Α	В	С	D	
	- Monthly - Weekly - Daily	Designated agent	Total of all affiliates	Intercorporate eliminations	Combined group to	tal
1.	Total assets from federal return1.					
2.	Real property and marketable securities included in line 1 .2.					
3.	Subtract line 2 from line 13.		-			
4.	Real property and marketable securities at fair market value .4.					
5.	Adjusted total assets (add lines 3 and 4)5.		1	1		
6.	Total liabilities (see instructions)6.					
7.	Total Capital (subtract line 6, column D from	line 5, column D)				
8.	Investment capital (from Schedule D, line 4; if 2	zero or less, enter 0)				
9.	Business capital (subtract line 8 from line 7)					
10	Addback of capital previously reported as invest	tment capital (from Schedu	ıle D, line 5, column C; if zer	ro or less, enter 0) 10.		
11.	Total combined business capital (add lines 9 ar	nd 10) (see instructions)		11.		
12	. Combined business allocation percentage (from	n Schedule F, line 5; if not a	llocating, enter 100%)			%
P	art 2 - Computation of Liabilities Attributable	to Investment Capital and	Within Business Capital	COLUMN A	COLUMN B	
1.	Total liabilities (Schedule C, Part 1, line 6)	(see instructions)	1.			
2.	Liabilities directly attributable to investmen Part 4, Column G, line 4) (see instructions				_	
3.	Liabilities directly attributable to business cap	ital	3.			
4.	Total Liabilities directly attributable (add lines	s 2 and 3)	4.			
5.	Total liabilities indirectly attributable (subtract	line 4 from line 1)	5.	I		
6.	Average FMV of investment capital before su (Form NYC-2.1, Schedule E, Part 4, Column				_	
7.	Average FMV of adjusted total assets (Sched	lule C, Part 1, line 5) (see	instructions)7.			
8.	Investment capital factor (divide line 6 by	ine 7)				
9.	Liabilities indirectly attributable to investme	ent capital (multiply line 5	5 by line 8) <b>9.</b>		_	
10.	Average FMV of business capital before so (subtract line 6 from line 7)				_	
11.	Liabilities indirectly attributable to business	capital (subtract line 9 f	from line 5) <b>11.</b>		_	
12.	Liabilities directly and indirectly attributable and 11; if this line 12 exceeds line 10, STOP				_	
13.	Liabilities directly attributable to Insurance	and Utility Capital			_	
	Liabilities directly attributable to General B				_	
	Average FMV of Insurance and Utility Capital b					
	Insurance and Utility Capital factor (divide	• •				
	Liabilities indirectly attributable to Insurance and				-	
	Liabilities attributable to Insurance and Util		,		-	
	Net Insurance and Utility Capital (subtract line 18 from line 22, if this line 19 has a positive value	ue without such addition)	(see instructions)19.			
	Allocated Insurance and Utility Capital (multipercentage from Schedule F, line 5		20.			
	Liabilities attributable to General Business line 13 and line 17 from line 1)					
22.	Net General Business Capital (subtract line amount on Schedule C, Part 1, line 10 and if this line 22 has a positive value without s	l add any negative value	from line 19,			



SC	HEDULE C - (Continued)	
Pa	rt 3 - Computation of tax on capital base	
1a.	Allocated General Business Capital (multiply Schedule C, Part 2, line 22 by the business allocation percentage from Schedule F, line 5	
1b.	At tax rate 0.15% (multiply line 1a, column B, by 0.15%)1b.	
2a.	Allocated insurance and utility capital (Schedule C, Part 2 line 20) (see instructions)	
2b.	At tax rate 0.075%. Check the appropriate box: Utility Corp. Insurance Corp. (multiply line 2a by 0.075%)2b.	
3a.	Cooperative housing corporations (see instructions)	
3b.	At tax rate 0.04% Enter Boro Block Lot	
4.	Tax on capital base (add line 1b plus line 2b plus line 3b and subtract \$10,000; if zero or less, enter 0 here and on Schedule A, line 2)	

s	SCHEDULE D - Computation of Combined Investment Capital for the Current Year (see instructions)							
		Α		В			С	
		Average fair mark value as reported		Liabilities attributa to column A amo			Net average valu	
		value as reported	<u>ــــــــــــــــــــــــــــــــــــ</u>	to column A amo	uni		(column A - columr	10)
1.	Total combined capital that generates income claimed to not be allocable to New York under the U.S.							
	Constitution (from Form NYC-2.1, Schedule E, line 1)					1.		
2.	Total of stocks actually held for more than one year (from Form NYC-2.1, Schedule E, line 2)					2.		
3.	Total of stocks presumed held for more than one year (from Form NYC-2.1, Schedule E, line 3)					3.		
4.	Total combined investment capital for the current year (add here and on Schedule C, line 8; if zero or less, enter 0)					4.		

#### Addback of capital previously reported as investment capital

· · · · ·				
	<b>A</b> Average fair market value as reported	<b>B</b> Liabilities attributable to column A amount		<b>C</b> Net average value (column A - column B)
5. Total of stocks previously presumed held for more than one year, but did not meet the holding period ( <i>from Form NYC-2.1,</i> <i>Schedule F, line 1; enter here and on Schedule C, line 10</i> )			5.	



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

#### Part 1 - Designated Agent (inside NYC)

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					
1. Totals of Designated Ag	gent <b>inside</b>	NYC:					

#### Part 2 - Designated Agent (outside NYC)

Complete Addre	ss		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					
2. Totals of Designated Ag	gent <b>outsi</b> e	de NYC:					

Part 3 - Affiliates (from affiliates' forms NYC-2A/BC)	Rent	Wages, Salaries, Etc.
3. Total rent and wages paid by all affiliates inside NYC		
4. Total rent and wages paid by all affiliates outside NYC		

Ρ	art 4 - Combined Group	Rent	Wages, Salaries, Etc.
5	<ol> <li>Total rent and wages paid by combined group inside NYC (Sum of lines 1 and 3; enter here and enter rent paid on Schedule A, line 23)</li> </ol>		
6	6. Total rent and wages paid by combined group outside NYC (Sum of lines 2 and 4)		
7	7. Total rent and wages paid by combined group everywhere (Sum of lines 5 and 6)		



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### Form NYC-2A - 2017 NAME OF DESIGNATED AGENT:

EIN: \_\_\_\_\_ Page 8

SCHI	EDULE F - Computation of Con	nbined Business A	Ilocation Percent	age		
		A Designated Agent	B Total of all affiliates	C Intercorporate eliminations	D Combined group NYC total (A + B - C)	E Combined group Everywhere total (A + B - C)
1a.	Real estate owned					
1a(A).	New York City					
1a(B).	Everywhere					
1b.	Real estate rented - multiply by 8 (s	ee instructions) (att	ach rider)		1	
1b(A).	New York City					
1b(B).	Everywhere					
1c.	Inventories owned					
1c(A).	New York City					
1c(B).	Everywhere					
1d.	Tangible personal property owned	2				
1d(A).	New York City					
1d(B).	Everywhere					
1e.	Tangible personal property rented - r	h-	tr., attach rider)			
1e(A).	New York City					
	·					
1e(B). 1f(A).	Everywhere Total Property New York City (add colu					
. ,			0 ( )/			
1f(B). 1a	Total Property Everywhere (add colum Percentage in New York City (divide li					
1g.	Multiply line 1g by 3.5					
1h.						
2a(A).	New York City receipts (from Form NY		,			
2a(B).	Everywhere receipts (from From NYC	-2.5A, line 54, column	E)			
2b.	Percentage in New York City (divide line	e 2a(A), column D by lii	ne 2a(B), column E)			
2c.	Multiply line 2b by 93					
3.	Wages, salaries and other compensation	n of employees, except	t general executive off	cers (see instructions)		
3a(A).	New York City					
3a(B).	Everywhere					
3b.	Percentage in New York City (divide lin		line 3a(B). column E)			,
3c.	Multiply line 3b by 3.5					
	of Weighted Factors					
	-					
4.	Add lines 1h, 2c and 3c					
	Business Allocation Perce	0				
			-	sing, divide line 4 by th t one hundredth of a p	-	
	This is your business	allocation percentage				

For	m NYC-2A - 2017	NAME OF DESIGNATED AGENT:		EIN:		Page 9
S	CHEDULE G -	Additional Required Information				
	All information	on on the Affiliations Schedule (see instruct	ions) must be	entered for this retu	rn to be comp	olete
1.	List all significar	nt business activities in NYC and everywhere (see instruct	ions; if necessary, a	attach list)		
2.	Enter your Seco	ondary Business Code (see instructions)				
3.	Trade name of	designated agent corporation, if different from name entered	ed on page 1			
4.	Is the designate	d agent corporation included in a consolidated federal retu	ırn?		Yes	🗌 NO
	If "YES", give pa	arent's name:		EIN:		
5.		corporation also a member of a controlled group of corporation also a member of a controlled group of corporation (b)(2) of that section?			🗌 YES	
	If "YES", give co	mmon parent corporation's name		EIN:		
6.	taxable income	Revenue Service or the New York State Department of Ta or other tax base reported in a prior year, for the combined ember corporation or are there any of the same currently u	d group, or any var	iation of the combined	🗌 YES	□ NO
	If "YES",	Internal Revenue Service	State period(s):	Beg.:	End.:	
	by whom?	New York State Department of Taxation and Finance		Beg.:		
7.		tion 6, has Form(s) NYC-3360 (Report of Federal/State Cl o 1/1/15. For years beginning on or after 1/1/15, file an an				
8.	directly or indirectly or indirectly or indirectly of indirectly of indirectly of indirectly of the second	r corporation make any payments treated as interest in the co ctly, individually or in the aggregate, more than 50% of the co attach a schedule giving Shareholder's name, SSN/EIN, I and Total interest paid.	prporation's issued a nterest paid to sha	and outstanding capital stock reholder, Total indebtednes	<br s	□ NO
9.		er corporation a member of a partnership or joint venture or schedule listing name(s) and Employer Identification Num		?	🗌 YES	□ NO
10.		g the taxable year, did any member of the combined group co hold interest) located in NYC or a controlling interest in an e			🗌 YES	
11a	. If "YES" to ques borough, block	tion 10, attach a schedule of such property, indicating ownin and lot number.	g corporation, the r	nature of the interest and inc	cluding the street a	ddress,
11b		eal property (including a leasehold interest) or controlling inte sferred with or without consideration?			🗌 YES	
11c	. Was there a par	tial or complete liquidation of the owning corporation?			YES	□ NO
11d	. Was 50% or mor	e of the owning corporation's ownership transferred during the ta	ax year, over a three	-year period or according to a	plan? 🗌 YES	🗌 NO
12.	If "YES" to ques	tions 11b, 11c or 11d, was a Real Property Transfer Tax R	eturn (Form NYC-F	RPT) filed?	YES	🗌 NO
13.	If "NO" to quest	ion 12, explain:				
14.		per corporation pay rent greater than \$200,000 for any pre or the purpose of carrying on any trade, business, professio		0		
	15.	If "YES" to question 14, were all required Commercial Re	ent Tax Returns file	d?	🗌 YES	🗌 NO
		Please enter Employer Identification Number which was use	ed on the Commercia	al Rent Tax Return:		
	16.	Are you claiming an exception to the related member expense add	back under Administrat	ive Code section 11-652(8)(n)(2	)(ii)? 🗌 YES	🗌 NO
		If yes, enter applicable exception and amount of royalty			AMOUNT	
	17.	If any member corporation filed federal form 1120F, did it	have Effectively C	onnected Income (ECI)?	🗌 YES	□ NO
	17. 18. 19.	Does any member of the combined group carry out any of Section 11-640(b) of the Ad. Code) during this filing period			Yes	
	19.	Did you include a disregarded entity in this return? If "YES", attach a schedule giving the legal name and Ell	N of each disregare	ded entity included	🗌 YES	

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Fo	rm NYC-2A - 2017 NAME OF DESIGNATED AGENT: EI	N:	 Page 10
S	CHEDULE H - Determination of Tax Rate		
Α.	Enter the tax rate computed or used below (see instructions)	A.	 %
в.	Enter the line number of the tax rate computed or used below	В.	
Ca.	Enter your combined unallocated business income from Schedule B, line 30 (see instructions)	Ca.	
Cb.	If the amount on line Ca is not correct, enter correct amount here and explain in rider (see instructions)	Cb.	
D.	Enter your combined allocated business income from Schedule B, line 32a or 32b if used	<b>D</b> .	
E.	If you are a Qualified Manufacturing Corporation mark an X in the box (see instructions)	E.	

Ia	x Rate Computation For Business Corporations Not Specified Belov	v (see instructions)
1.	If combined unallocated business income ( <i>Schedule B, line 30</i> ) is less than \$2M and allo- cated combined business income ( <i>Schedule B, line 32a or 32b if used</i> ) is less than \$1M.	6.50%
2.	If combined unallocated business income (Schedule B, line 30) is equal to or greater than \$3M (regardless of the amount of combined allocated business income)	8.85%
3.	If combined allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$1.5M (regardless of the amount of combined unallocated business income)	8.85%
4.	If combined unallocated business income ( <i>Schedule B, line 30</i> ) is equal to or greater than \$2M but less than \$3M and combined allocated business income ( <i>Schedule B, line 32a or 32b if used</i> ) is less than \$1M, use unallocated formula	$6.50\% + (2.35\% X \frac{\text{line } 30 - 2,000,000}{1,000,000}) =$
5.	If combined unallocated business income <i>(Schedule B, line 30)</i> is less than \$2M and combined allocated business income <i>(Schedule B, line 32a or 32b if used)</i> is equal to or greater than \$1M but less than \$1.5M, use allocated formula	$6.50\% + (2.35\% X \frac{\text{line 32a or 32b - 1,000,000}}{500,000}) = -\frac{\%}{500,000}$
6.	If combined unallocated business income <i>(Schedule B, line 30)</i> is equal to or greater than \$2M but less than \$3M and combined allocated business income <i>(Schedule B, line 32a or 32b if used)</i> 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.	$6.50\% + (2.35\% X \frac{\text{line } 30 - 2,000,000}{1,000,000}) = \underline{\qquad}^{\%}$ $6.50\% + (2.35\% X \frac{\text{line } 32a \text{ or } 32b \cdot 1,000,000}{500,000}) = \underline{\qquad}^{\%}$
_		Enter the greater of the two computed tax rates:%
Ta	x Rate Computation For Qualified Manufacturing Corporations (see	instructions)
7.	If combined unallocated business income <i>(Schedule B, line 30)</i> is less than \$20M and com- bined allocated business income <i>(Schedule B, line 32a or 32b if used)</i> is less than \$10M	4.425%
8.	If combined unallocated business income (Schedule B, line 30) is equal to or greater than \$40M (regardless of the amount of combined allocated business income)	8.85%
9.	If combined allocated business income (Schedule B, line 32a or 32b ikf used) is equal to or greater than \$20M (regardless of the amount of combined unallocated business income)	8.85%
10.	If combined unallocated business income ( <i>Schedule B, line 30</i> ) is equal to or greater than \$20M but less than \$40M and combined allocated business income ( <i>Schedule B,</i>	4.425% + (4.425% X line 30 - 20,000,000) =%

<b>12.</b> If combined unallocated business income ( <i>Schedule B, line 30</i> ) is equal to or greater than \$20M but less than \$40M and combined allocated business income ( <i>Schedule B, line 32a or 32b if used</i> ) 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
Tax Rate Computation For Certain Financial Corporation
<ol> <li>Financial Corporations as defined in Administrative Code Section 11-654(1)(e)(1)(i)</li> </ol>

line 32a or 32b if used) is less than \$10M, use unallocated formula

or greater than \$10M but less than \$20M, use allocated formula

11. If combined unallocated business income (Schedule B, line 30) is less than \$20M and

combined allocated business income (Schedule B, line 32a or 32b if used) is equal to

Tax Rate Computation For Certain Financial Corporations (see instructions)

20,000,000

10.000.000

line 30 - 20,000,000

20,000,000

line 32a or 32b - 10,000,000

10,000,000

9.00%

%

%

%

%

4.425% + (4.425% X line 32a or 32b - 10,000,000

Enter the greater of the two computed tax rates:

4.425% + (4.425% X

4.425% + (4.425% X

EIN: