BUSINESS CORPORATION TAX RETURN

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 2018 or FISCAL YEAR beginning	2018 and ending
	Name Name Change Change	
	In case of	lentification Number
	Address (number and street) City and State Zip Code Country (if not US) Business Co]=
	Change ☐ Change ☐ Change ☐ Change ☐ City and State	ode Number as per federal return
	Business telephone number Taxpayer's email address:	The remaining as per reason recent
	State or country of organization Date organized	
		special condition code, e (See instructions):
	Special short period return 52/53-week taxable year Pro-forma federal return attached	Claim any 9/11/01-related federal tax benefits
THA	If the purpose of the amended return is to report IRS change Date of Final	
	Amended return a federal or state change, check the appropriate box: NYS change Determination	
	ve you attached any of the following ms to this return? If yes, check all that apply. Form NYC-2.1 Form NYC-2.2 Form NYC-2.3	Form NYC-2.4 Form NYC-2.5
S	CHEDULE A - Computation of Balance Due or Overpayment	
	A. Payment Amount being paid electronically with this return	Payment Amount
1.	Tax on business income base (from Schedule B, line 38)	1.
2.	Tax on capital base (from Schedule C, Part 3, line 5) Maximum Tax is \$10,000,000	2.
3.	Minimum tax - (see instructions) - NYC Gross Receipts:	
4.	Tax (enter the amount from line 1, 2 or 3, whichever is largest)	4.
5.	UBT Paid Credit (attach Form NYC-9.7C)	5.
6.	Tax after UBT Paid Credit (subtract line 5 from line 4)	6.
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 Credit (see instructions and attach Form NYC-9.8)	9.
10.	Biotechnology Credit (attach Form NYC-9.10)	10.
11.	Beer Production 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 prepayments (from Composition of Prepayments Schedule, page 9, line G)	13.
14.	Balance due (subtract line 13 from line 12)	14.
15.	Overpayment (subtract line 12 from line 13)	
16a.	Interest (see instructions)	
16b.	Additional charges (see instructions)	
16c.	Penalty for underpayment of estimated tax (attach Form NYC-222)	
17.	Total of lines 16a, 16b and 16c	17.
18.	Net overpayment (line 15 less line 17)	18.
19.	Amount of line 18 to be: a. Refunded - Direct deposit - fill out line 19c OR Paper check	19a.
	b. Credited to 2019 estimated tax	19b.
19c.	Routing Number: Account Number: Account Type: Savings	
20.	TOTAL REMITTANCE DUE. (see instructions)	20.
21.	NYC rent deducted on federal tax return or NYC rent from Schedule E, part 1	21.
22.	Federal Return Filed: 1120 1120C 1120F 1120-RIC 1120-REIT 1120-H Other / None	e
23.	Gross receipts or sales from federal return	23.
24.	Total assets from federal return	24.
25	Rusiness allocation percentage (from Schedule F. Part 1. line 2 or Schedule F. Part 2. line 5: if not allocating enter 100%)	25

	rm NYC-2 - 2018 NAME: EIN:		Page 2
SC	CHEDULE B - Computation of Tax on Business Income Base		
1.	Federal taxable income (FTI) before net operating loss (NOL) and special deductions (see in	instructions). 1.	
2.	Dividends and interest effectively connected with the conduct of a trade or business in the US tates NOT included on line 1 by alien corporations		
3.	Any other income not included on line 1 which is exempt by treaty from federal income tax but would of treated as effectively connected with the conduct of a trade or business in the United States by alien of the conduct of a trade or business in the United States by alien of the conduct of the conduc		
4.	Dividends not included on line 1 by non-alien corporations	4.	
5.	Interest on federal, state, municipal and other obligations not included on line 1 by non-alien co	rporations5.	
6.	Income taxes paid to the US or its possessions deducted on federal return	6.	
7.	NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (see inst;	attach rider) 7.	
8.	NYC Corporate Taxes deducted on federal return (see instructions)	8.	
9.	Adjustments relating to employment opportunity relocation cost credit and IBZ credit	9.	
10.	Adjustments relating to real estate tax escalation credit	10.	
11.	ACRS depreciation and/or adjustments (attach Form NYC-399 and/or NYC-399Z)	11.	
12.	Payment for use of intangibles	12.	
13.	Intentionally Omitted	13.	
14.	Other additions (see instructions; attach rider)	14.	
15.	Total of lines 1 through 14	15.	
16.	Gain on sale of certain property acquired prior to 1/1/66 (see instructions)	16.	
17.	NYC and NYS tax refunds included in line 15 (see instructions)	17.	
18.	Wages and salaries subject to federal jobs credit (see instructions)	18.	
19.	Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (attach Form and/or NYC-399Z; see instructions)	n NYC-399	
20.	Other subtractions (see instructions) (attach rider)	20.	
21.	Total subtractions (add lines 16 through 20)	21.	
22.	Net modifications to federal taxable income (subtract line 21 from line 15)	22.	
23.	Subtraction modification for qualified banks and other qualified lenders (from Form NYC-2.2, Schedule A, line 1; se	ee instructions) 23.	
24.	Entire net income (ENI) (subtract line 23 from line 22)	24.	
25.	Investment and other exempt income (from Form NYC-2.1, Schedule D, line 1)	25.	
26.	Entire net income less investment and other exempt income	26.	
27.	Excess interest deductions attributable to investment income, investment capital and other exempt income (from Form NYC-2.1, Schedule D, line 2)	27.	
28.	Business income (add lines 26 and 27)	28.	
29.	Addback of income previously reported as investment income (from Form NYC-2.1, Schedu Part 2, line 6; if zero or less, enter 0; see instructions)		
30.	Business income after addback (add lines 28 and 29)	30.	
31.	Business allocation percentage (from Schedule F, Part 1, line 2 or Schedule F, Part 2, line 5; if not allocating, enter 100	0%) 31.	%
32a.	. Allocated business income after addback (multiply line 30 by line 31)	32a.	
32b.	. If the amount on line 32a is not correct, enter correct amount here and explain in rider (see instruc	ctions)32b.	
33.	Prior net operating loss conversion subtraction (from Form NYC-2.3, Schedule C, line 4)	33.	
34.	Allocated business income less prior net operating loss conversion subtraction (see instruct	tions) 34	

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

%



35.

36.

37.

38.

Tax on business income base (multiply line 36 by line 37 and enter here and on Schedule A, line 1) 38.

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S	CHEDULE C - Computation of Tax on Capital Base				
F	art 1 - Computation of Total Business Capital				
Ва	asis used to determine average value in column C. Check one. (Attack	h detailed schedule.)			
	- Annually - Semi-annually - Quarterly	COLUMN A	COLUMN B	COLUMN C	
	- 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 13.				
4.	Real property and marketable securities at fair market value4.				
5.	Adjusted total assets (add lines 3 and 4)5.				
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	· 0)	8.		
9.	Business capital (subtract line 8 from line 7)		9.		
10	. Addback of capital previously reported as investment capital (from Sch	nedule D, line 5, column C;	if zero or less, enter 0) 10.		
11	. Total business capital (add lines 9 and 10) (see instructions)		11.		
12	2. Business allocation percentage (from Schedule F, Part 1, line 2 or Schedule F, Part 1, line 2	dule F, Part 2, line 5; if not a	llocating, enter 100%) . 12.		%
P	art 2 - Computation of Liabilities Attributable to Investment Capital and	d Within Business Capital	COLUMN A	COLUMN B	
	Total liabilities (Schedule C, Part 1, line 6) (see instructions)				
	Liabilities directly attributable to investment capital (see instruction			·	
	Liabilities directly attributable to business capital	,			
	Total liabilities directly attributable (add lines 2 and 3)				
	Total liabilities indirectly attributable (subtract line 4 from line 1)				
	Average FMV of investment capital before subtraction of liabilities attril				
•	(Form NYC-2.1, Schedule E, Part 4, Column F, line 4) (see instruction				
7.	Average FMV of adjusted total assets (Schedule C, Part 1, line 5) (see	e instructions)			
8.	Investment capital factor (divide line 6 by line 7)	8.			
9.	Liabilities indirectly attributable to investment capital (multiply line	5 by line 8) 9.			
	Average FMV of business capital before subtraction of liabilities at				
	(subtract line 6 from line 7)				
11.	Liabilities indirectly attributable to business capital (subtract line 9	from line 5) 11.			
12.	Liabilities directly and indirectly attributable to business capital (ac	ld lines 3			
	and 11; if this line 12 exceeds line 10, STOP and do not go further) (s	ee instructions) 12.			
	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 liabilit				
	Insurance and Utility Capital factor (divide line 15 by line 10)				
	Liabilities indirectly attributable to Insurance and Utility Capital (multiply line	- · · · · · · · · · · · · · · · · · · ·			
	Liabilities attributable to Insurance and Utility Capital (add lines 13 Net Insurance and Utility Capital (subtract line 18 from line 15 and add any				
	from line 22, if this line 19 has a positive value without such addition)	(see instructions)19.			
20.	Allocated Insurance and Utility Capital (multiply line 19 by the business percentage from Schedule F, Part 1, line 2 or Schedule F, Part 2,				
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 of the control of the	ne 10, add any			



if this line 22 has a positive value without such addition) (see instructions)22.

Forn	n NYC-2 - 2018	NAME:	EIN	ı:		Pa	age 4
SC	HEDULE C - (C	ontinued)					
		on of tax on capital base					
1a.		Business Capital (multiply Schedule C, Part 2 Part 1, line 2 or Schedule F, Part 2, line 5)	•		1a.		
1b.	At tax rate 0.15%	(multiply line 1a by 0.15%)			1b.		
2a.	Allocated insurance	e and utility capital (Schedule C, Part 2 line 2	0) (see instructions)		2a.		
2b.	At tax rate 0.075%.	Check the appropriate box: Utility Corp.	Insurance Corp. (multiply	line 2a by 0.075%)	2b.		
3a.	Cooperative housing	ng corporations (see instructions)			3a.		
3b.	At tax rate 0.04% (multiply line 3a by	Enter Boro Block 0.04%)	Lot		3b.		
4.	Sum of taxes on	capital (Enter the sum of lines 1b, 2b and 3	3b here)		4.		
5.	Tax on capital base	e (Subtract \$10,000 from line 4; If zero or less,	enter 0 here and on Schedu	ule A, line 2)	5.		
90	HEDIUE D. C	omputation of Investment Capital fo	r the Current Year (se	oo instructions)			
		omputation of investment Capital lo	A	B		С	
			Average fair market value as reported	Liabilities attributable to column A amount		Net average val (column A - colum	ue n B)
1.	apportionable to I	generates income claimed to not be New York under the U.S. Constitution -2.1, Schedule E, line 1)1.			1.		
2.		ctually held for more than one year -2.1, Schedule E, line 2)2.			2.		
3.		resumed held for more than one NYC-2.1, Schedule E, line 3)3.			3.		
4.		capital for the current year (add Column C C, Part 1, line 8; if zero or less, enter 0)			4.		
Ac	ldback to busin	ness capital of stock presumed and	d claimed as investn	nent capital in prev	ious y	ear	
			A Average fair market value as reported	B Liabilities attributable to column A amount		C Net average val (column A - colum	ue n B)
5.	year, but did not m	viously presumed held for more than one eet the holding period (from Form NYC-2.1, enter here and on Schedule C, Part 1, line 10)5.			5.		,

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Forn	n NYC-2 - 2018 NAM	E:				EIN: _			Page 5
SC	HEDULE E - Locatio	n of Plac	es of Bus	iness Inside	and Ou	tside New York C	ity		
All	taxpayers must complete	Schedule E	, Parts 1 a	nd 2.					
Pa	art 1 - List location for each	ch place o	f business	INSIDE New Y	ork City	(see instructions; a	ttach rider if nece	essary)	
	Complete Add	ress		Rent	1	lature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUM	BER AND STREET								
CITY		STATE	ZIP						
CITY		STATE	ZIP						
NUM	BER AND STREET								
CITY		STATE	ZIP	-					
NUM	BER AND STREET								
CITY		STATE	ZIP						
101	tal								
Pa	art 2 - List location for each	ch place o	f business	OUTSIDE Nev	v York C	ty (see instructions	; attach rider if ne	ecessary)	
	Complete Addr	ress		Rent	N	ature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUM	BER AND STREET								
CITY		STATE	ZIP						
NUM	BER AND STREET								
CITY		STATE	ZIP						
CITT		SIAIL	ZIF						
NUM	BER AND STREET								
CITY		STATE	ZIP						
Tot	al								
		СОМ	PLETE O	NLY SCHEDU	JLE F, F	PART 1 OR SCHE	DULE F, PART	2	
W	ere your NYC receipts grea	ater than \$5	50.000.0003	>				YES	NO
	YES, fill out Schedule F, Pa		, ,						
	NO, and you allocate busin		and husin	ess canital outsi	ide New `	∕ork City you may m	ake a one-time ele	ction	
	allocate income and capita								
	chedule F, Part 2 (see instru								
SC	CHEDULE F, Part 1 - C	Computati	ion of Sin	ale Receints	Factor	Rusiness Allocati	ion Percentage	(see instructions)	
	•	<u> </u>		·				•). Calaadula
	xpayers who do not allocat Part 1, line 12, Schedule E				tai outside	e New York City must	enter 100% on So	chedule F, Part 1, line 2	z, Schedule
ĺ (xpayers who allocate busing	•		•	low Vork	City must complete S	chedule F Part 1	and enter percentage fr	om
	hedule F, Part 1, line 2, on							and enter percentage if	OIII
						COLUMN A - NEV		COLUMN B - EVE	RVWHEDE
						COLUMN A - NEV	TORK CITT	COLUMN B - EVE	II WIIERE
1.	Receipts (from Form N	YC-2.5, lin	e 54)		1.				
2.	Business Allocation Per Round to the nearest te			-			2.		%



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SCHEDULE F, Part 2 - Computation of three Factor Business Allocation Percentage (see instructions)

Taxpayers with NYC receipts of \$50,000,000 or less who allocate business income and business capital and have made the election by checking the box above Schedule F, Part 1, may use the three factor Business Allocation Percentage computation by completing Schedule F, Part 2. Enter the percentage from line 5 on Schedule B, line 31 and Schedule A, line 25.

		COLUMN A - NEW YORK CITY	С	OLUMN B - EVERYWHE	RE
1a.	Real estate owned1a.		1a.		
1b.	Real estate rented - multiply by 8 (see instr.) (attach rider) 1b.		1b.		
1c.	Inventories owned1c.		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.	Total1f.		1f.		
1g.	Percentage in New York City (divide line 1f, column A by line 1f, col	umn 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, co	olumn B)	2b.		%
2c.	Multiply line 2b by 93				
3a.	Wages, salaries and other compensation of employees, except general executive officers (see instructions) 3a.				
3b.	Percentage in New York City (divide line 3a, column A by line 3a, co	olumn B)	3b.		%
3c.	Multiply line 3b by 3.5		. 3c.		
Sur	n of Weighted Factors				
4.	Add lines 1h, 2c and 3c		. 4.		
Bus	siness Allocation Percentage				
5.	Divide line 4 by 100 if no factors are missing. If a factor is missing, divided the factors present. Enter as percentage. Round to the nearest tender (See instructions). This is your business allocation percentage	thousandth of a percentage point.	5.		%



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SC	HEDULE G - Additional Required Information				
1.	List all significant business activities in NYC and everywhere (see instruct	ions; if necessary,	attach list)		
2.	Enter your Secondary Business Code (see instructions)				
3.	Trade name of reporting corporation, if different from name entered on page	ge 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 definany exclusion by reason of paragraph (b)(2) of that section?			YES	□NO
	If "YES", give common parent corporation's name		EIN:		
6.	Has the Internal Revenue Service or the New York State Department of Tataxable income or other tax base reported in a prior year, or are you curre	axation and Financ	e corrected any		□ NO
	If "YES",	State period(s):	Beg.:	_ End.:	
	by whom?		MMDDYY	MME	DYY
	New York State Department of Taxation and Finance	State period(s):	Beg.:	_ End.:	DYY
7.	If "YES" to question 6: 7a. For years prior to 1/1/15, has Form(s) NYC-3360 (Report of Federal/S 7b. For years beginning on or after 1/1/15, has an amended return(s) bee				□ NO
8.	Did this corporation make any payments treated as interest in the computation directly or indirectly, individually or in the aggregate, more than 50% of the coll f "YES", please attach a schedule giving Shareholder's name, SSN/EIN, I Total indebtedness to shareholder and Total interest paid	orporation's issued a nterest paid to sha	and outstanding capital stoor	ck?	□ 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 prope			YES	□ NO
11a.	If "YES" to question 10, attach a schedule of such property, indicating the national borough, block and lot number.	ature of the interest	and including the street ac	ddress,	
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 y	ear, over a three-ye	ear period or according to a	plan? YES	□ NO
12.	If "YES" to questions 11b, 11c or 11d, was a Real Property Transfer Tax R	eturn <i>(Form NYC-I</i>	R <i>PT</i>) filed?	YES	□ NO
13.	If "NO" to question 12, explain:				
14.	Does this taxpayer pay rent greater than \$200,000 for any premises in NY for the purpose of carrying on any trade, business, profession, vocation or	'C in the borough o			□ NO
15.	If "YES" to question 14, were all required Commercial Rent Tax Returns fil				□ NO
-	Please enter Employer Identification Number which was used on the Com				
16.	Are you claiming an exception to the related member expense addback un				□ NO
	If yes, enter applicable exception and amount of royalty payments.			_, 120	110
	jos, onter applicable exception and amount of regally payments.	EXCEPTION		AMOUNT	
17.	If you filed federal form 1120F, did you have Effectively Connected Income	e (ECI)?		YES	☐ NO
18.	Did this corporation carry out any commercial banking business (as defined by Se	ection 11-640(b) of the	e Ad. Code) during this filing	period? YES	\square NO

19. 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.......



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SC	HEDULE H - DE	TERMINATION OF TAX RATE					
A.	Enter the tax rate c	omputed or used below (see instructions)		A.			
В.	Enter the line numb	er of the tax rate computed or used below (see in	structions)	В.			_
Ca.	Enter your unalloca	ted business income from Schedule B, line 30 (se	e instructions)	Ca.			_
Cb.	If the amount on lin	e Ca is not correct, enter correct amount here and	l explain in rider (s	see instructions)Cb.			_
D.	Enter your allocated	d business income from Schedule B, line 32a or 32	2b if used	D.			_
E.	If you are a Qualifie	d Manufacturing Corporation as defined in Adminis	trative Code Secti	on 11-654(1)(k)(4), mark	an x in the box (see ins	str.) E.	
F.	If you are a Financi	al Corporation as defined in Administrative Code S	Section 11-654(1)(e)(1)(i), mark an X in the	box (see instr.)	F.	_
TA	XX RATE COMPL	TATION FOR BUSINESS CORPORATION	NS NOT SPECI	FIED BELOW (see i	nstructions)		
1.		ness income <i>(Schedule B, line 30)</i> is less than \$2N Schedule B, line 32a or 32b if used) is less than \$			6.50%		
2.		ness income (Schedule B, line 30) is equal to or gramount of allocated business income)	eater than \$3M		8.85%		
3.		ess income (Schedule B, line 32a or 32b if used, Il (regardless of the amount of unallocated busines			8.85%		
4.	but less than \$3M	ness income (Schedule B, line 30) is equal to or grand allocated business income (Schedule B, line \$1M, use unallocated formula		6.50% + (2.35% X line	30 - 2,000,000 1,000,000	9,	%
5.	business income	ness income <i>(Schedule B, line 30)</i> is less than \$2N <i>(Schedule B, line 32a or 32b if used)</i> is equal to (\$1.5M, use allocated formula		6.50% + (2.35% X line 3	2a or 32b - 1,000,000 500,000	9,	%
6.		ness income <i>(Schedule B, line 30)</i> is equal to or gr and allocated business income <i>(Schedule B, line</i>		6.50% + (2.35% X line			
	used) is equal to o	or greater than \$1M but less than \$1.5M, compute e the greater of the two computed tax rates.		6.50% + (2.35% X line 3	$\frac{2a \text{ or } 32b - 1,000,000}{500,000} = \underline{\qquad}$	<u></u> %	
				Enter the greater of the to	vo computed tax rates: _		%
T/	AX RATE COMPL	TATION FOR QUALIFIED MANUFACTU	RING CORPOR	ATIONS (see instru	ictions)		
7.		ness income <i>(Schedule B, line 30)</i> is less than \$20 <i>Schedule B, line 32a or 32b if used)</i> is less than \$			4.425%		
8.		ness income (Schedule B, line 30) is equal to or gr amount of allocated business income)	eater than \$40M		8.85%		
9.		ess income (Schedule B, line 32a or 32b if used (regardless of the amount of unallocated busines			8.85%		
10.	but less than \$40	ness income (Schedule B, line 30) is equal to or gr M and allocated business income (Schedule B, li \$10M, use unallocated formula		4.425% + (4.425% X line	(20,000,000) =	,	%
11.	business income (ness income <i>(Schedule B, line 30)</i> is less than \$20 Schedule B, line 32a or 32b if used) is equal to or gr II, use allocated formula		4.425% + (4.425% X line	$\frac{32a \text{ or } 32b - 10,000,000}{10,000,000}) = -$		%
12.		ness income (Schedule B, line 30) is equal to or gr		4.425% + (4.425% X line	20,000,000) =	% 	
	used) is equal to o	M and allocated business income (Schedule B, library greater than \$10M but less than \$20M, computed the greater of the two computed tax rates		4.425% + (4.425% X line	$\frac{32a \text{ or } 32b - 10,000,000}{10,000,000}) = \underline{}$	% 	

TAX RATE COMPUTATION FOR CERTAIN FINANCIAL CORPORATIONS	(see instructions)
13. Financial Corporations as defined in Administrative Code Section 11-654(1)(e)(1)(i)	9.00%

Enter the greater of the two computed tax rates: $_$



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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 2018 return is on or before April 15, 2019. For fiscal years beginning in 2018, 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

