



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

			F	or CALEND	AR YEAR 2018 d	or FISCAL	YEAR beginni	ng	2	018 and	l ending	
		Name						Name Change				
		In care of							Employer Ide	ntificatior	n Number	
		Address (number and street)	1					Address Change		-		
		City and State			Zip Code		Country (if no	-	Business Cod	e Numbe	er as per federal return	
		Business telephone number			Taxpayer email ad	Idress:					· · · · · · · · · · · · · · · · · · ·	
		State or country of organizat	ion		Date organized				2-character s	pecial co	ndition code,	
		Date business began in NYC	;	Final Return	If final re	eturn, date bu	usiness ended ir	NYC	if applicable	(See inst	tructions):	
	ECK ALL T APPLY	Special short period ret	urn	52/53-week	taxable year		Pro-forma fede	ral return attache	ed	Claim	n any 9/11/01-related federal tax	benefits
		Amended return			amended return is ge, check the approp		IRS chang		Date of Fina Determination			
		Federal form filed:	1120	1120C	11:	20F	1120-Н		Other/None			
S	CHEDULE	A - Computation	of Balance	e Due or	Overpaym	ent						
	. Paymen									Α.	Payment Amount	
1.	Tax on busi	ness income base (from	Schedule B li	ne 13)						1		
2.		al base (from Schedule										
2. 3.		x - (see instructions) - N			is ¢10,000,000)							
		. ,)							
4.		he amount from line 1, 2										
5.		ments (from Compositio				,						
6.		e (subtract line 5 from lin										
7.		nt (subtract line 4 from li	,				Γ			. 7.		
8a.	Interest (see	e instructions)					8a.			-		
8b.	Additional c	harges (see instructions,)				8b.			-		
8c.	Penalty for	underpayment of estimat	ted tax (attach	Form NYC-	-222)		8c.			-		1
9.	Total of line	s 8a, 8b and 8c								9.		
10.	Net overpay	ment (line 7 less line 9)								. 10.		
11.	Amount of li	ne 10 to be: a. Refur	nded - 🗌 Direc	ct deposit - i	fill out line 11c	OR	Paper check.			. 11a.		
		b. Credi	ited to 2019 es	timated tax						. 11b.		
11c.	Routing	1 1 1 1 1 1		ccount					Checking	- I		
	Number:			umber:				Account Typ	pe: Savings	- I		
12.	TOTAL RE	MITTANCE DUE. (see in	nstructions)						-	. 12.		
13.		educted on federal tax re	,									
14.		ots or sales from federal	,	,								
15.		from federal return								. 15.		
15.	10121 233613									. 19. [
					F AN ELEC							
	-	-		-							e, correct and complete	е.
		Dept. of Finance to	aiscuss thi	s return \	with the prep	arer liste	ea pelow. (See Instruc	Y	E9 [
SIGN HERE	Signature of officer			Title			Date		Firm's em address	ail		
Γ								16 16	1	Prepa	rer's Social Security Number	or PTIN
SE ON	Preparer's signature			reparer's rinted name	9		Check employ		ate			
PREPARER'S USE ONLY							I			 Firm	s Employer Identification I	Number
AREF												
PREF	▲ Firm's na	me (or yours, if self-emplo	yed)	Addres	S				Zip Code			

SC	HEDULE B - Computation of Tax on Business Income	e Base							
1.	Federal taxable income (FTI) before net operating loss (NOL) and special deductions (see instructions). 1.								
2.	Interest on federal, state, municipal and other obligations not included on line 1								
3.	Income taxes paid to the US or its possessions deducted on federal return								
4.	NYS Franchise Tax, including MTA taxes and other business taxes deducted on federal return (see inst; attach rider) .4.								
5.	NYC Corporate Taxes deducted on federal return (see instruct	ctions)	5.						
6.	ACRS depreciation and/or adjustments (attach Form NYC-39	99 and/or NYC-399Z).	6.						
7.	Total additions (add lines 1 through 6)		7.						
8.	NYC and NYS tax refunds included on line 7 (see instructions	,							
9.	Depreciation and/or adjustment calculated under pre-ACRS or and/or NYC-399Z; see instructions)								
10.	Total subtractions (add lines 8 and 9)		10.						
11.	Net Business Income (subtract line 10 from line 7) (see instru-								
12.	Tax rate (see instructions)					%			
13.	Tax on business income base (multiply line 11 by line 12 and	enter here and on So	chedule A, line 1) 13.						
SC	HEDULE C - Computation of Tax on Capital Base								
Basi	s used to determine average value in column C. Check one. (Atta	ach detailed schedule	e.)						
_	Annually - Semi-annually - Quarterly	COLUMN A	COLUMN B		COLUMN C				
<u> </u>	Monthly - Weekly - Daily	Beginning of Year	End of Year		Average Value	e			
1.	Total assets from federal return			1.		_			
2.	Real property and marketable securities included on line 1			2.		_			
3.	Subtract line 2 from line 1		1	3.		_			
4.	Real property and marketable securities at fair market value .			4.		_			
5.	Adjusted total assets (add lines 3 and 4)			5.		_			
6.	Total liabilities (see instructions)			6.					
7.	Net business capital (subtract line 6, column C, from line 5, colum	nn C)		7.					
Cor	nputation of tax on capital base:								
001		A Business	B		c Tax on				
		Capital	Tax Rate		Business Capital	Base			
8a.	At tax rate 0.15% 8a.		X 0.0015	8a.					
8b.	At tax rate 0.04%, enter borough, block and lot numbers:								
	Boro Block Lot 8b.		X 0.0004	8b.					
9.	Sum of taxes on capital before exclusion (Enter the sum of lines 8a plus	s line 8b)		9.					
10. ⁻	ax on capital base (Subtract \$10,000 from line 9; If zero or less, enter 0	0 here and on Schedule A	A, line 2)	10.					
SC	HEDULE D - Additional Required Information								
1.	List all significant business activities in NYC and everywhere (see	e instructions; if necess	sary, attach list)						
2.	At any time during the taxable year, did the corporation have an intere NYC or a controlling interest in an entity owning such real property? .	1 1 2 (0 ,			NO			
3a.	If "YES" to question 2, attach a schedule of such property, indicating the nature of the interest and including the street address, borough, block and lot number.								
3b.	Was any NYC real property (including a leasehold interest) or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration?								
4.	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?								

6.	Did this corporation carry out any commercial banking business (as defined by Section 11-640(b) of the Ad. Code) during this filing period?	🗌 י	YES	NO

NO

If "YES" to question 4, were all required Commercial Rent Tax Returns filed?



5.

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

For	m NYC-2S - 2018 NAME: EIN:	Page 3
S	CHEDULE E - DETERMINATION OF TAX RATE	
Α.	Enter the tax rate computed or used below (see instructions)	%
В.	Enter the line number of the tax rate computed or used below (see instructions)	
C.	Enter your business income from Schedule B, line 11	
D.	If you are a Qualified Manufacturing Corporation as defined in Administrative Code Section 11-654(1)(k)(4), mark an x in the box (see instr.)	D.

TAX RATE COMPUTATION FOR BUSINESS CORPORATIONS NOT SPECIFIED BELOW (see instructions)

1.	If business income (Schedule B, line 11) is less than \$1M.	6.50%
2.	If business income <i>(Schedule B, line 11)</i> is equal to or greater than \$1M but less than \$1.5M	$6.50\% + (2.35\% X \frac{\text{line } 11 - 1,000,000}{500,000}) =\%$
3.	If business income (Schedule B, line 11) is equal to or greater than \$1.5M	8.85%

T/	TAX RATE COMPUTATION FOR QUALIFIED MANUFACTURING CORPORATIONS (see instructions)							
4.	If business income (Schedule B, line 11) is less than \$10M	4.425%						
5.	If business income <i>(Schedule B, line 11)</i> is equal to or greater than \$10M but less than \$20M	$4.425\% + (4.425\% X \frac{\text{line } 11 - 10,000,000}{10,000,000}) =$						
6.	If business income (Schedule B, line 11) is equal to or greater than \$20M	8.85%						

COMPOSITION OF PREPAYMENTS SCHEDULE							
PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 5	DATE	AMOUNT					
A. Mandatory First Installment							
B. 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 5)							

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



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