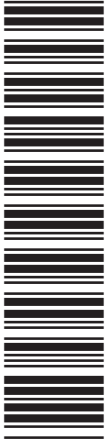


To be filed by S Corporations only. All C Corporations must file Form NYC-2, NYC-2S or NYC-2A

For CALENDAR YEAR 2018 or FISCAL YEAR beginning _____ 2018 and ending _____



| | | | |
|--|----------|--|--|
| Name Name Change <input type="checkbox"/> | | Taxpayer's Email Address: | |
| In Care Of | | EMPLOYER IDENTIFICATION NUMBER | |
| Address (number and street) Address Change <input type="checkbox"/> | | BUSINESS CODE NUMBER AS PER FEDERAL RETURN | |
| City and State | Zip Code | | |
| Business Telephone Number | | Date business began in NYC | |

CHECK ALL THAT APPLY

| | |
|---|--|
| <input type="checkbox"/> Final return | <input type="checkbox"/> Filing a 52- 53-week taxable year |
| <input type="checkbox"/> Special short period return (See Instr.) | <input type="checkbox"/> Enter 2-character special condition code, if applicable (see inst.) |
| <input type="checkbox"/> Amended return | <input type="checkbox"/> IRS change |
| If the purpose of the amended return is to report a federal or state change, check the appropriate box: | |
| <input type="checkbox"/> NYS change | Date of Final Determination <input type="text"/> - <input type="text"/> - <input type="text"/> |

SCHEDULE A Computation of Tax

BEGIN WITH SCHEDULES B, LINE 6 ON PAGE 2. TRANSFER APPLICABLE AMOUNT TO SCHEDULE A.

| | | | Payment Amount | |
|-------------------|--|----------------------|--------------------|------------|
| A. Payment | Amount being paid electronically with this return..... | A. | | |
| 1. | Net income (from Schedule B, line 6) 1. | <input type="text"/> | X .0885 ... | 1. |
| 2. | Minimum tax (See instructions) - NYC Gross Receipts: <input type="text"/> | | | 2. |
| 3. | Tax (line 1 or 2, whichever is larger) | | | 3. |
| 4. | First installment of estimated tax for period following that covered by this return: | | | |
| | (a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT | | | 4a. |
| | (b) If application for extension has not been filed and line 3 exceeds \$1,000, enter 25% of line 3 (see instructions) | | | 4b. |
| 5. | Total before prepayments (add lines 3 and 4a or 4b) | | | 5. |
| 6. | Prepayments (see instructions) | | | 6. |
| 7. | Balance due (line 5 less line 6) | | | 7. |
| 8. | Overpayment (line 6 less line 5) | | | 8. |
| 9a. | Interest (see instructions) | 9a. | | |
| 9b. | Additional charges (see instructions) | 9b. | | |
| 9c. | Penalty for underpayment of estimated tax (attach Form NYC-222) | 9c. | | |
| 10. | Total of lines 9a, 9b and 9c..... | 10. | | |
| 11. | Net Overpayment (line 8 less line 10)..... | 11. | | |
| 12. | Amount of line 11 to be: (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 10c OR <input type="checkbox"/> Paper check .. | 12a. | | |
| | (b) Credited to 2019 estimated tax | 12b. | | |
| 12c. | Routing Number <input type="text"/> Account Number <input type="text"/> ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/> | | | |
| 13. | TOTAL REMITTANCE DUE (see instructions) | 13. | | |
| 14. | Gross income | 14. | | |

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

| | | | | |
|----------------------------|---|--------------------------|--|---|
| SIGN HERE | I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete. | | Firm's Email Address: | |
| | I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions)... YES <input type="checkbox"/> | | | |
| PREPARER'S USE ONLY | Officer's signature: | Title: | Date: | Preparer's Social Security Number or PTIN |
| | Preparer's signature: | Preparer's printed name: | Check if self-employed: <input type="checkbox"/> | Date: |
| | ▲ Firm's name (or yours, if self-employed) | | | Firm's Employer Identification Number |
| | ▲ Address | | ▲ 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)..... | 2. | | |
| 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 line1 | 5. | | |
| 6. Taxable net income. Line 3 less the sum of lines 4 and 5 (enter on page 1, Schedule A, Line 1) | 6. | | |

ADDITIONAL REQUIRED INFORMATION - See Instructions

- 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
 - 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 2018 return is on or before March 15, 2019.

For fiscal years beginning in 2018, 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

**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
GENERAL CORPORATION TAX
P.O. BOX 5563
BINGHAMTON, NY 13902-5563

