

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

| | | | |
|---------------|---|--|--|
| PRINT OR TYPE | Name <input type="checkbox"/> Name Change | Taxpayer's Email Address: | |
| | In Care Of | EMPLOYER IDENTIFICATION NUMBER | |
| | Address (number and street) <input type="checkbox"/> Address Change | BUSINESS CODE NUMBER AS PER FEDERAL RETURN | |
| | City and State Zip Code Country (if not US) | | |
| | Business Telephone Number Date business began in NYC Date business ended 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"/> A pro-forma federal return is attached |
| <input type="checkbox"/> Claim any 9/11/01-related federal tax benefits (see inst.) | <input type="checkbox"/> Enter 2-character special condition code, if applicable (see inst.) |
| <input type="checkbox"/> Amended return If the purpose of the amended return is to report a federal or state change, check the appropriate box: | <input type="checkbox"/> IRS change Date of Final Determination <input type="text"/> - <input type="text"/> - <input type="text"/> |
| | <input type="checkbox"/> NYS change |

SCHEDULE A Computation of Tax BEGIN WITH SCHEDULES B THROUGH E ON PAGE 2. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

| A. Payment | Amount being paid electronically with this return..... | A. | Payment Amount |
|------------|---|------|----------------|
| 1. | Net income (from Schedule B, line 8)..... | 1. | |
| 2a. | Total capital (from Schedule C, line 7) (see instr.)..... | 2a. | |
| 2b. | Total capital - Cooperative Housing Corps. (see instr.)..... | 2b. | |
| 2c. | Cooperatives - enter: <input type="text"/> BORO <input type="text"/> BLOCK <input type="text"/> LOT | | |
| 3a. | Compensation of stockholders (from Schedule D, line 1)..... | 3a. | |
| 3b. | Alternative tax (see instructions)..... | 3b. | |
| 4. | Minimum tax (see instructions) - NYC Gross Receipts: <input type="text"/> | 4. | |
| 5. | Tax (line 1, 2a, 2b, 3b or 4, whichever is largest)..... | 5. | |
| 6. | 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..... | 6a. | |
| | (b) If application for extension has not been filed and line 5 exceeds \$1,000, enter 25% of line 5 (see instructions)..... | 6b. | |
| 7. | Total before prepayments (add lines 5 and 6a or 6b)..... | 7. | |
| 8. | Prepayments (from Prepayments Schedule, line G) (see instructions)..... | 8. | |
| 9. | Balance due (line 7 less line 8)..... | 9. | |
| 10. | Overpayment (line 8 less line 7)..... | 10. | |
| 11a. | Interest (see instructions)..... | 11a. | |
| 11b. | Additional charges (see instructions)..... | 11b. | |
| 11c. | Penalty for underpayment of estimated tax (attach Form NYC-222)..... | 11c. | |
| 12. | Total of lines 11a, 11b and 11c..... | 12. | |
| 13. | Net overpayment (line 10 less line 12)..... | 13. | |
| 14. | Amount of line 13 to be: (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 14c OR <input type="checkbox"/> Paper check..... | 14a. | |
| | (b) Credited to 2019 estimated tax..... | 14b. | |
| 14c. | Routing Number <input type="text"/> Account Number <input type="text"/> ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| 15. | TOTAL REMITTANCE DUE (see instr.)..... | 15. | |
| 16. | NYC rent deducted on federal tax return (see instr.)..... | 16. | |
| 17. | Gross receipts or sales from federal return..... | 17. | |
| 18. | Total assets from federal return..... | 18. | |

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 signature: | Preparer's printed name: | Check if self-employed: <input type="checkbox"/> Date: |
| | ▲ Firm's name (or yours, if self-employed) | | ▲ Address |
| | ▲ Zip Code | | Preparer's Social Security Number or PTIN <input type="text"/> |
| | | Firm's Employer Identification Number <input type="text"/> | |

ATTACH COPY OF ALL PAGES OF YOUR FEDERAL TAX RETURN 1120S. SEE PAGE 2 FOR MAILING INSTRUCTIONS.

SCHEDULE B Computation of NYC Taxable Net Income

Table with 8 rows for SCHEDULE B. Rows include: 1. Federal taxable income before net operating loss deduction... 2. Interest on federal, state, municipal and other obligations... 3a. NYS Franchise Tax and other income taxes... 3b. NYC General Corporation Tax... 4. ACRS depreciation and/or adjustment... 5. Total (sum of lines 1 through 4)... 6a. New York City net operating loss deduction... 6b. Depreciation and/or adjustment calculated under pre-ACRS or pre-9/11/01 rules... 6c. NYC and NYS tax refunds included in Schedule B, line 1... 7. Total (sum of lines 6a through 6c)... 8. Taxable net income (line 5 less line 7)...

SCHEDULE C Total Capital

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

- Annually - Semi-annually - Quarterly
 - Monthly - Weekly - Daily

Table with 7 rows for SCHEDULE C. Columns: COLUMN A Beginning of Year, COLUMN B End of Year, COLUMN C Average Value. Rows include: 1. Total assets from federal return... 2. Real property and marketable securities included in line 1... 3. Subtract line 2 from line 1... 4. Real property and marketable securities at fair market value... 5. Adjusted total assets (add lines 3 and 4)... 6. Total liabilities... 7. Total capital (column C, line 5 less column C, line 6)...

SCHEDULE D Certain Stockholders

Include all stockholders owning in excess of 5% of taxpayer's issued capital stock who received any compensation, including commissions.

Table with 4 columns: Name, Country and US Zip Code (Attach rider if necessary); Social Security Number; Official Title; Salary & All Other Compensation Received from Corporation (If none, enter '0'). Row 1: Total, including any amount on rider (enter on page 1, Schedule A, line 3a)...

SCHEDULE E The following information must be entered for this return to be complete

- 1. New York City principal business activity:
2. Does the corporation have an interest in real property located in New York City? (see instructions) YES NO
3. If "YES": (a) Attach a schedule of such property, including street address, borough, block and lot number. (b) Was a controlling economic interest in this corporation (i.e., 50% or more of stock ownership) transferred during the tax year? YES NO
4. Does the corporation have one or more qualified subchapter s subsidiaries (QSSS)? YES NO
If "YES" Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether the QSSS filed or was required to file a City business income tax return. See instructions.
5. Enter the number of Fed K1 returns attached:
6. 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
7. 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: _____

COMPOSITION OF PREPAYMENTS SCHEDULE

Table with 3 columns: PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 8; DATE; AMOUNT. Rows include: A. Mandatory first installment paid with preceding year's tax... B. Payment with Declaration, Form NYC-400 (1)... C. Payment with Notice of Estimated Tax Due (2)... D. Payment with Notice of Estimated Tax Due (3)... 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 8)...

MAILING INSTRUCTIONS

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

