

## TAX RETURN FOR BANKING CORPORATIONS

2020

To be filed by S Corporations only. All C Corporations must file Form NYC-2 or NYC-2A Attach copy of all pages of your federal return 1120S

			For CALE	IDVD AEVD 3030	or EISCAL V	/EAD boginnin	a		20	20 and anding	
		Name	FOI CALE	NDAR YEAR 2020	OI FISCAL		lame $\Box$		20	20 and ending	
							change	EN	ИPLO	YER IDENTIFICATION NUMBER	₹
		In Care Of ⊢									
		Address (number and stre	-4\			٨	ddress —				
		Address (number and stre	et)				Change				
		City and State		Zip Code		Country (if not U	IS)	BUSINE	ss cc	DE NUMBER AS PER FEDERAL RE	ETURN
		Business Telephone Numb	er	Taxpayer's Email A	Address:						
		Final return - Cl	neck this box if you have co	eased operations ir	n NYC	Claim	any 9/11/01	related fed	deral ta	ax benefits (see inst.)	
		Special short pe	eriod return (See Instr.)			Enter	2-character	special cor	ndition	code, if applicable (see inst.)	
			If the number of the	amended return is	to report a	IRS change	, D	ate of Final	_		
		Special short pe	n federal or state char			NYS change	D	etermination	n 🔲		
STATE O	R COUNTRY OF ORGAN	NIZATION:	DATE ORGA	NIZED:		DA	ATE BUSINESS	BEGAN IN N	NEW YO	PRK CITY:	
VDE OE	CORPORATION:	1. EDGE ACT	2. ALIEN COMMERCIAL		SAVINGS AND	LOAN	4. TRUS	т		5 DOMESTIC COMMERCIAL	
Check C		6. CLEARING HOUSE	7. CAPTIVE REIT		CAPTIVE RIC	LOAN		' DIT CARD BA	NK	5. (other than Clearing House	*)
YPF OF	BUSINESS	J C. CLEARING HOUGE	T. OAI IIVE KEII		OAI TIVE TO		O. OKLL	DIT OARD BA	11411	10. OHILIK	
		1. BRANCH 2. AGENCY	3. REPRESENTAT	IVE OFFICE	4. LOAN PF	RODUCTION OFFICE		5. NONE		6. OTHER (Specify)	
SC	HEDULE	E A - Computa	tion of Tax							Downwood Amount	
A. Pa	ayment Amo	ount being paid electro	nically with this retu	urn					A.	Payment Amount	
1.		entire net income (from Sci					9)				
2.		Iternative entire net income (fro	·			,	3)		2.		
3.		s (from Sch. D, line 4 and multiply by the appro	. ,			,	.00004		3.		
4.		ax - No reduction is permitte	, ,	nan 12 months					4.	125	00
5.		or 4, whichever is largest)	•						5.		
6.		(attach Form NYC-9.7B)							6.		
7.		id Credit (line 5 less line 6)							7.		
8a.	Relocation and e	mployment assistance progr	am (REAP) credit (see	instructions and	attach For	m NYC-9.5) .			8a.		
8b.	LMREAP Credit (	see instructions and attach	Form NYC-9.8)						8b.		
9.	Net Tax (line 7 les	ss lines 8a and 8b)							9.		
10.		of estimated tax for period for									
		for extension has been file									
	,	for extension has <b>not</b> bee									
11.		nd 10a or 10b									
12. 13.	' '	m Composition of Prepayme 11 less line 12)	71 0 7	, ,	,				12. 13.		
14.	,	e 12 less line 11)							14.		
15a		ructions)							1-1.		
15b.		es (see instructions)									
15c.	•	payment of estimated tax (a									
16.	,	, 15b and 15c		,					16.		
17.		(line 14 less line 16)							17.		
18.	Amount of line 17										
		• ,	2021 estimated tax								
19.	TOTAL REMITTA	ANCE DUE (see instructions	)						19.		
20.	Issuer's allocation	percentage rounded to the	nearest one hundredth	of a percentage	point <i>(see i</i>	nstructions) (a	attach works	heet)	20.		%
21.	Total receipts (Sch.	G, part 1, line 2l, col. B) 21.			22. Total	assets from fee	deral return		22.		
23.	Total capital from fe	ederal return 23.									
24.	EIN of parent corpo	oration 24.			25. EIN (	of common pare	ent corporation	n	25.		
26.	Entire net income a	allocation percentage rounded to percentage point (Sch. G, part	o the nearest	%	27. IBF	Formula Allocat	ion Method (	√) 27. [			
28.		on federal tax return							28.		
		CERTI	ICATION OF AN E	LECTED OF	FICER OI	THE COR	PORATIO	N TEIRE	'e Em	ail Address:	
	•	urn, including any accompan	ying rider, is, to the best	of my knowledge	e and belief,	true, correct a	and complete	I HIRM	ıs⊨m	iali Address:	
autho Sign	orize the Dept. of	f Finance to discuss this	return with the pre	parer listed be	low. (see	instructions	)…YES ∟ □	J [			
IERE:	Signature of o	fficer		Title			Date		_ P	reparer's Social Security Number	or PTIN
	Preparer's		Preparer's			ck if self-					
REPAREI			printed name		emp	oyed 🗸 🗀	Date		_	Firm's Employer Identification No	umber
NLY											
	▲ Firm's name	e (or yours, if self-employed)	▲ Ad	dress			4	Zip Cod	е		

NAME:

ATTACH COPY OF ALL PAGES OF YOUR FEDERAL FORM 1120S Page 2 Form NYC-1 2020 SCHEDULE B - Computation and Allocation of Entire Net Income Federal taxable income before net operating loss deduction and special deductions (see instructions)...... ALIEN CORPORATIONS ▼ ALL OTHERS ▼ Dividends and interest effectively connected with the conduct of a trade or business in the United States NOT included on line 1 ..... 2b. Any other income not included on line 1 or line 2a which is exempt by treaty from federal income tax, but would otherwise be treated as effectively connected with the conduct of a trade or business in the U.S. ...... 2b. Ø 3a. Dividends not included on line 1 z 3b. 0 Enter the sum of lines 2a and 2b or the sum of lines 3a and 3b, whichever is applicable ...... 4. Income taxes paid to the U.S., its possessions or foreign countries deducted on federal return ...... 5. New York State Franchise Tax deducted on federal return (see instructions)..... 6. New York City General, Business or Banking Corporation taxes deducted on federal return (see instructions)..... 7. Enter total amount of federal depreciation adjustment from forms NYC-399 and/or NYC-399Z ..... Amount deducted on federal return as a result of safe harbor lease election..... Amount which would have been required to be included in federal taxable income had safe harbor lease election not been made 10. 11. Any other federal deduction previously allowable as a deduction under Subchapter 3 of Chapter 6 (see instructions)...... 11. 12. Other additions to federal taxable income (attach rider)..... 12. 13. 13. Total additions (add lines 4 through 12)..... 14. Interest and other expenses not deducted on federal return which are applicable to lines 2a, 2b, 3a or 3b,..... 14. 15. Enter total amount of allowable NYC depreciation adjustment from forms NYC-399 and/or NYC-399Z ...... 15. 16. Federal income or gain from installment method transactions previously includible under Subchapter 3, Chapter 6..... 16. z 0 Amount of Internal Revenue Code Section 78 dividends included on lines 1, 2a, 2b, 3a and 3b ...... 17. 18. Amount included in federal taxable income as a result of safe harbor lease election 18. O 19. Amount which would have been required to be excluded from federal taxable income had safe harbor lease election 19. Œ 20. 21. Amount of money received from Federal Deposit Insurance Corp. or from Federal Savings and Loan Insurance Corp. and included on line 1 21. 22. Interest income from subsidiary capital (attach rider)..... 22. Ø 23. \$ Dividend income from subsidiary capital (not included on line 17) (attach rider) 23. x 60% 24. 24. Net gains from subsidiary capital (attach rider)..... x 22 1/2% 25. Interest income on obligations of N.Y. State, its political subdivisions, or of the U.S. (attach rider) 25 26. 

Other subtractions from federal taxable income (attach rider) 

## ENTIRE NET INCOME (line 1 plus line <u>13 minus line</u> 29)..... Allocated entire net income - line 30 x

#### MAILING INSTRUCTIONS

(From Schedule G, part 1, line 7)(enter on page 1, Schedule A, line 1).. 31.

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 2020 return is on or before March 16, 2021.

For fiscal years beginning in 2020, 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 BANKING 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 BANKING CORPORATION TAX P.O. BOX 5563 BINGHAMTON, NY 13902-5563



27.

28.

NAME	:			EIN:		
Form	NYC-1 2020	ATTAC	CH COPY OF ALL PAGES OF YOUR FEDE	RAL FORM 1120S		Page
sc	HEDULE C - Com	outation and <i>i</i>	Allocation of Alternative En	tire Net Income		
1.	Entire net income (from Sche	dule B, line 30)		1.		
2.	Interest income from subsidia	ry capital (from Sch	nedule B, line 22)	2.		
3.		• • •	rry capital (from Schedule B, line 23 ar			
4.		m Schedule B, line 25) 4.				
	· ·		,	,		
5.			n 4)			
6.	Allocated alternative entire ne			part 2, line 5 rounded to		
			) (enter on page 1, Schedule A, line 2)			
SC	HEDULE D - Comp	outation and A	Allocation of Taxable Asset	S		
1.	Average value of total assets			1.		
2.			al Deposit Insurance Corporation or fro			
3.	Taxable assets (line 1 less line	e 2)				
4.	Allocated taxable assets - line	9 3 x	% (from Schedule G, part 3, line 7	rounded to the nearest		
		e point) (enter on p	page 1, Schedule A, line 3)	4.		
5.	Compute net worth ratio:	Net Tota	worth on the last day of the tax year al assets on the last day of the tax year	= 5.		%
6.	Compute percentage of mortg			= 6.		%
0.	included in total assets:		erage quarterly balance of total assets	= 6.		/0
			rate must be used to compute the alter included in the total assets requiremen			ı must mee
	M		ropriate box in the last column and use	this rate on line 3 of Schedule	e A.	
	If the net worth ratio (from line 5) is:	Α	and the % of mortgages included in total assets (from line 6) is:	The tax rate is:	Indicate the appropria	ate tax rate
	Less than 4%		33% or more	.00002		
	At least 4% but less than 5 All others	5%	33% or more All others	.00004		
	All others		All others	.0001		
sc	HEDULE E - Fede					
			RMATION MUST BE ENTERED FOR		LETE	
		nes 1 through 10, deral 1120S.	in the Federal Amount column, the	amounts reported	▼ Federal Amount <b>▼</b>	•
				1.	V Tederal Amount	
	3. Total ir	ncome		3.		
	4. Compe	ensation of officers.		4.		
	5. Salarie	s and wages		5.		
	6. Bad de	ebts		6.		
_	7. Interes	t expense		7. <u> </u>		
	8. Other	deductions		8.		
	9. Total d	eductions		9.		
	10. Taxabl	e income before NO	DL	10.		
	Enter on lir	os 1 through 5 in	the Federal Amount column, the an	nounts reported on		
	your Feder	_	the rederal Amount column, the an	nounts reported on	▼ Federal Amount ▼	7
	1. Net inc		ks	1.		
		` ' '	recorded on books this year			
	3. Expens		oks this year not deducted on this retu			
	4. Income		s this year not included on this return			
			not charged against book income this			
=		nes 1 and 2 in the	Federal Amount column the amount		▼ Federal Amount <b>▼</b>	7
	•		tax year, Schedule L, Column b)	1		
1			ear, Schedule L, Column d)			
		y ·	,			

	E:	

EIN:

Page 4

Form NYC-1 2020

ATTACH COPY OF ALL PAGES OF YOUR FEDERAL FORM 1120S

# SCHEDULE F - Computation of International Banking Facility Adjusted Eligible Net Income or Loss (Pursuant to Section 11-641 (f) of the Administrative Code)

If the corporation has an IBF located in New York State, check the appropriate box below and see instructions.

	COMPUTATION OF ELIGIBLE GROSS INCOME	COLUMN A Total IBF Gross Income	COLUMN B Ineligible IBF Gross Income		COLUMN C Eligible Gross Incor (column A minus column B	
1.	Interest income from loans			1.		
2.	Interest income from deposits			2.		
3.	Income from foreign exchange trading and hedging transactions.			3.		
4.	Fee income			4.		
5.	ELIGIBLE GROSS INCOME (add lines 1 through 4 of column C)			5.		
	COMPUTATION OF APPLICABLE EXPENSES	COLUMN A Direct Expenses	COLUMN B Indirect Expenses		COLUMN C Total (column A plus column B)	
6.	Salaries and wages			6.		
7.	Repairs			7.		
8.	Bad debts			8.		
9.	Rents			9.		
10.	Taxes			10.		
11.	Interest			11.		
12.	Contributions			12.		
13.	Depreciation			13.		
14.	Advertising			14.		
15.	Pension, profit sharing, etc., plans			15.		
16.	Employee benefit programs			16.		
17.	Other expenses			17.		
18.	TOTAL APPLICABLE EXPENSES (add lines 6 through 17 of colu	ımn C)		18.		
	COMPUTATION OF INELIGIBLE FUNDING AMOUNT					
19.	Eligible net income (line 5 minus line 18)			19.		
20.	Average aggregate liabilities and other sources of funds of the IBF	which are not owed to or recei	ved from foreign persons	20.		
21.	All average aggregate liabilities and other sources of funds of the	IBF		21.		
22	Divide line 20 by line 21			22		

#### COMPUTATION OF FLOOR AMOUNT

23.

24.

25.

	taxable years 1975, 1976 and 1977	
26.	Statutory percentage for the current taxable year26.	
27.	Multiply line 25 by line 26	
28.	Average aggregate amount of loans to and deposits with foreign persons in financial accounts within New York State	
	(other than IBF) for the current taxable year, but not in excess of amount on line 27	
29.	Balance (line 27 minus line 28)29.	
30.	Average aggregate amount of loans to and deposits with foreign persons in financial accounts of the IBF for the current taxable year30.	
31.	Enter the number "1" or line 29 divided by line 30, whichever is less	
32.	Remaining amount (enter amount from line 24)	
33.	Floor amount (line 31 x line 32)	
24	AD HIGTER ELICIDIE NET INCOME OD LOSS (line 22 minus line 22) (transfer amount to Schedule P. line 26)	



Remaining amount (line 19 minus line 23) (transfer amount to line 32 below) .....

Average aggregate amount of loans to and deposits with foreign persons in financial accounts within New York State for

NAME: EIN:

Form NYC-1 2020

ATTACH COPY OF ALL PAGES OF YOUR FEDERAL FORM 1120S

P	an	_	ı
	ay	-	•

		G - Allocation Percentages - Parts 1, 2 and 3 g corporation described in Administrative Code section 11-640(a)(9)	?			Yes	No
	-	ially engaged in providing management, administrative, or distribution				🗀 100	, 110
	•	e defined in Adm. Code section 11-642(b)(1-a)?		•	-	Yes	No
If you	answered "Yes	s" to <b>both</b> questions, see instructions concerning "Allocation for Cell	tain Bai	nking Corporations."			
Par	t 1 Comput	ation of entire net income allocation					
	•	s an IBF located in New York State, check the appropriate box belo		ee instructions.			
	•	puted entire net income using the: LIF modification me	thod	or	allocat	tion method	
	-	n allocation outside NYC, attach a rider to explain the outside NYC upon which you base your right to allocate.		COLUMN A NEW YORK CITY		COLUMN B EVERYWHERE	
	•	s and other personal service compensation of employees, executive officers	1a.				
1b. I	Multiply column	A x 80%	1b.				
1c. I	Percentage in N	New York City (line 1b, column A divided by line 1a, column B)	1c.				%
2.	Receipts arising	g during the taxable period from:					
		ome from loans and financing leases	2a.				
k		ne from loans and financing leases	2b.				
c	c. Lease trans	actions and rents	2c.				
c	d. Interest fror	n bank, credit, travel, entertainment and other credit card					
			2d.				
6	e. Service cha	arges and fees from bank, credit, travel, entertainment and					
	other credit	cards	2e.				
f	. Receipts fro	om merchant discounts	2f.				
ç	g. Income fron	n trading activities and investment activities	2g.				
ŀ		arges from letters of credit, traveler's checks and money orders	2h.				
i	. Performanc	e of services	2i.				
j	. Royalties		2j.				
ŀ	k. All other bu	siness receipts	2k.				
ı	. Total (transf	rer amount from column B to page 1, line 21)	21.				
r		in New York City (line 2 <i>l</i> , column A, divided by line 2 <i>l</i> , column B).	2m.				%
3.	_	pts factor (enter percentage from line 2m (see instructions))			3.		%
4. 1	Deposits mainta	ained in branches					
		\$100,000 or more	4a.				
	·	less than \$100,000	4b.				
	·	4a and line 4b	4c.				
		in New York City (line 4c, column A divided by line 4c, column B)	4d.				%
	•	sits factor (enter percentage from line 4d (see instructions))	_		5.		%
	•	ercentages shown on lines 1c, 2m, 3, 4d and 5 (see instructions)					%
	7.	Entire net income allocation percentage (divide line 6 by five or by					
		percentages used if less than five) (round to the nearest one hund point and transfer to Schedule B, line 31 and to Schedule A, line 2			7		%
	D.	art 2 Computation of alternative entire net income allocation percent		COLUMN A	··	COLUMN B	
		2011 parametri of anomalive entire flor moenie anocalien percent	ugo ]	NEW YORK CITY		EVERYWHERE	
	1a.	Wages, salaries and other personal service compensation of					
		employees, except general executive officers	1a.		_		
	1b.	Percentage in New York City (line 1a, column A divided by line 1a	, colum	n B)	1b.		%
	2.	Receipts factor - enter percentage from Schedule G, part 1, line 2					%
	3.	Deposits factor - enter percentage from Schedule G, part 1, line 4			3.		%
	4.	Total of lines 1b, 2 and 3			4.		%
	1a. 1b. 2. 3. 4. 5.	Alternative entire net income allocation percentage (divide line 4 l of percentages used if less than three) (round to the nearest one l and transfer to Schedule C, line 6)	undredt	th of a percentage point	5.		%
		and transfer to defined to 0, line 0,			۷. ∟		

Form NYC-1 2020

#### ATTACH COPY OF ALL PAGES OF YOUR FEDERAL FORM 1120S.

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	41C-	ATTACTICOPT OF ALL PAGES OF TOOK	FEDERA	L FORW 11203		Г	aye u
Pa	art 3	(Schedule G (cont'd)) Computation of taxable assets allocation percent	ntage				
((	COL.	CTIVITIES OF AN IBF ARE TO BE INCLUDED IN BOTH THE NUMERA A) AND THE DENOMINATOR (COL. B) WHEN COMPUTING THE TAXA TS ALLOCATION PERCENTAGE.	-	COLUMN A NEW YORK CITY		COLUMN B EVERYWHERE	
1a.	Wa	ges, salaries and other personal service compensation of employees,					
	exc	ept general executive officers	1a.				
1b.	Mu	Itiply column A x 80%	1b.		_		
1c.	Per	centage in New York City (line 1b, column A divided by line 1a, column B)	1c.				%
2.	Red	ceipts arising during the taxable period from:					
	a.	Interest income from loans and financing leases	2a.				
	b.	Other income from loans and financing leases	2b.				
	C.	Lease transactions and rents	2c.				
	d.	Interest from bank, credit, travel, entertainment and other credit card					
		receivables	2d.				
	e.	Service charges and fees from bank, credit, travel, entertainment and					
		other credit cards	2e.				
	f.	Receipts from merchant discounts	2f.				
	g.	Income from trading activities and investment activities	2g.				
	h.	Fees or charges from letters of credit, traveler's checks and money orders	2h.				
	i.	Performance of services	2i.				
	j.	Royalties	2j.				
	k.	All other business receipts	2k.				
	l.	Totals	21.		_		
	m.	Percentage in New York City (line 2l, column A divided by line 2l, column B)	2m.				%
3.		ditional receipts factor (enter percentage from line 2m (see instructions))			3.		%
4.	Dep	posits maintained in branches					
	a.	Deposits of \$100,000 or more	4a.				
	b.	Deposits of less than \$100,000	4b.				
	c.	Total of line 4a and line 4b	4c.		_		
	d.	Percentage in New York City (line 4c, column A divided by line 4c, column B) .	4d.				%
5.	Add	ditional deposits factor (enter percentage from line 4d (see instructions))			5.		%
6.	Tota	al of NYC percentages shown on lines 1c, 2m, 3, 4d and 5 (see instructions)			6.		%
7.	Tax	able assets allocation percentage (divide line 6 by five or by the actual number of	percenta	ages used if less than five)			
	(rou	and to the nearest one hundredth of a percentage point and transfer to Schedule D	line 4)		7.		%

С	Composition of Prepayments claimed on Schedule A, line 12					
		DATE	AMOUNT			
Α.	Mandatory first installment paid with preceding year's tax					
B.	Payment with declaration, Form NYC-400B (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.	Carryover credit from preceding year other than UBT Paid Credit carryover					
G	TOTAL of A through E (enter on Schedule A line 12)					



NAME:				
1474111-				
	NAME:	NAME:	NAME:	NAME:

EIN:

For	m NYC-1 2020 ATTACH COPY OF ALL PAGES OF YOUR FEDERAL FORM 1120S		Page 7
S	CHEDULE J - Additional Required Information		
1.	Are you currently under audit by the Internal Revenue Service or the New York State Department of Taxation and Finance?	YES	□ NO
	If "YES", by whom? Internal Revenue Service state periods: Beg.: End.:		
	MM-DD-YYYY MM-DD-YYYY		
	New York State state periods: Beg.: End.: Dept. of Taxation and Finance MM-DD-YYYY MM-DD-YYYY		
	Dopt of takanon and financo		
2.	Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year	YES	□ NO
	If "YES", by whom? Internal Revenue Service state periods: Beg.: End.:		
	MM-DD-YYYY MM-DD-YYYY		
	New York State state periods: Beg.: End.: Dept. of Taxation and Finance MM-DD-YYYY MM-DD-YYYY		
3.	If "YES" to question 2:		
•	3a. For years prior to 1//1/15, has Form(s) NYC-3360B (Banking Corporation Report of Federal /State Change in Taxable Income) been filed?	YES	□ NO
	3b. For years beginning on or after 1/1/15, has an amended return(s) been filed?	YES	□ NO
4.	Did you calculate a depreciation deduction by the application of the Federal Accelerated Cost Recovery System (ACRS)?	YES	□ NO
5.	Were you a participant in a "safe harbor leasing" transaction during the period covered by this return?		□ NO
6.	At any time during the taxable year, did the corporation have an interest in real property (including a leasehold interest)		
	located in NYC or in an entity owning such real property?	YES	L NO
7.	If "YES" to 6:		
	a. Attach a schedule of such property, including the nature of the interest and including the street address, borough, block and lo	t number.	
	Was any NYC real property or interest (including a leasehold interest) in an entity owning real property acquired or transferred with or without consideration?	YES	□ NO
	c. Was there a partial or complete liquidation of the corporation?		□ NO
	d. Was 50% or more of the corporation's ownership transferred during the tax year, over a three-year period or according to a plan?		□ NO
8.	If "YES" to 7b, 7c, or 7d, was a Real Property Transfer Tax Return filed?		□ NO
9.	If "No" to 8, explain:		
	Are you a member of:		
	a. a federal consolidated group		
	b. a New York State combined group YES NO Number of members:		
	c. a New York City combined group		
11.	If you answered:  "YES" to 10a. indicate total federal consolidated taxable income of group before net operating loss deduction \$		
	"YES" to 10a. indicate total federal consolidated taxable income of group before net operating loss deduction \$		
	not included in the New York City combined group but included in the New York State combined group\$		
	"YES" to 10c. compute total federal consolidated taxable income before net operating loss deduction for those corporations not included in the New York City combined group but in the federal consolidated group		
12.	Balance sheet information as of end of the year as per federal income tax return:		
	Total assets \$		
	Total liabilities \$		
	Total capital \$		
	13. If you are a member of a New York City combined group, compute  combined New York City balance sheet information as of end of the year.		
	Total assets \$  Total liabilities \$		
	Total capital \$		
	14. Attach a list of offices and branches located outside New York City.		
	15. Do you have an International Banking Facility in New York City?	YES	□ NO
	If "YES", provide the date established:Date business began in NYC:		
	Provide the date approval was obtained from Federal Reserve Bank:		
	16. Does the corporation have one or more qualified subchapter S subsidiaries?	YES	□ NO
	Total capital \$  14. Attach a list of offices and branches located outside New York City.  15. Do you have an International Banking Facility in New York City?		
	17. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south	YES	□NO
	18. If "YES", were all required Commercial Rent Tax Returns filed?		□NO
	Please enter Employer Identification Number which was used on the Commercial Bent Tax Beturn		
-	0072091		