

COMBINED TAX RETURN FOR BANKING CORPORATIONS To be filed by S Corporations only. All C Corporations must file Form NYC-2 or NYC-2A

		Department of Finance		io be ii	ieu by 5 Ci	or por actions	ouny. 1	All C C	orporacio	ilio illus	t ille r	OIIII N 10-2 (л N10-2	iA.	
		Name of Parent (see instru	otions\	For CALI	ENDAR YEA	R 2020 or FIS	SCAL YE			1		_, 2020 and en	ding		
		Name of Farent (see mond	ctions)						Name Change		EMPLO	OYER IDENTII	FICATION	N NUMBEF	R
		In Care of Address (number and stree										•		T	
		Address (number and stree	et)						Address	╢┕╜					
					Zip Code		Country		Change L	BUSIN	ESS C	DDE NUMBER	AS PER F	EDERAL R	ETURN
		Business Telephone Numb	er		Taxpayer's E	Email Address				-					
		Final return - Ch Special short pe Amended return	riod return (Se		ended return i	s to report a	=		2-character [ondition	ax benefits (see code, if applica	•	nst.)	
STATE OF	R COUNTRY OF ORGANIZAT	ION:		DATE ORGANIZ	ED:			DATE	BUSINESS E	BEGAN IN N	IEW YOR	к сіту:			
TYPE OF Check one	CORPORATION:	1. EDGE AC DOMEST (other tha	CT IC COMMERCIA n Clearing House	L	ALIEN COMMER			_	AVINGS AND L				TRUST		
TYPE OF E	BUSINESS ((s) WITHIN NYC: 1. BE	RANCH 2. AGENCY	3.	REPRESENTATIVE C	FFICE	4. LOAN P	RODUCTION	N OFFICE		5. NONE	[6. OTHER (Spe	cify)		
	* *	A - Computation	of Tax									P	ayment Aı	mount	
Α.	Payment Ar	mount being paid electro	nically with the	his return							A.				
1.	Allocated combined e	entire net income (from S	ch. K, line 3	7)	1.				X 9% (.09	9)	1.				<u> </u>
2.	Allocated combined a	alternative entire net inco	me (from Sch	. L, line 41)	2.		-		X 3% (.0		2.				-
3.	,	n Sch. M, line 47 and multiply by the ap		,	3.				.00002		.0001	3.		125	00
4.		for parent corporation or	•								4.			123	- 00
5.	•	, 2, 3, or 4, whichever is	• ,								5.				+
6.		ım tax for subs No reducti							X \$125		6.				
7.	,	ine 5 plus line 6)									7.				
8.	•	ach Form NYC-9.7B)									8.				
9. 10a.		Credit (line 7 less line 8) . oyment assistance progr									9. 10a.				
10a. 10b.		e instructions and attach									10a. 10b.				
11.	,	ines 10a and 10b)		,							11.				
12.	First installment of es a) If application for	stimated tax for period fo extension has been filed	llowing that enter amou	covered by thi int from line 2	s return: of Form NY	C-EXT					12a.				
42	, , , , ,	extension has not been									12b.				
13.		12a or 12b									13. 14.				
14. 15.		sted on each attached re less line 14)									15.				
16.		4 less line 13)									16.				
17a.		ions for Form NYC-1)													
17b.	,	see instructions for Form													
17c.	• ,	ment of estimated tax (a	,												
18.	Total of lines 17a, 17	b and 17c									18.				<u> </u>
19.	Net overpayment (lin	e 16 less line 18)									19.				-
20.	Amount of line 19 to	be: (a) Refunded									20a.				-
		(b) Credited to 2	021 estimate	ed tax							20b.				
21.	TOTAL REMITTANC	E DUE (see instructions									21.				
22.	Issuer's allocation per	rcentage rounded to the r	nearest one l	hundredth of a	percentage	· · · · ·		, ,		,	22.				%
23.	•	s (Sch. J, part 1, line 6, col. C)	23.						entire net in the nearest						
24.	Combined taxable asse	ets (Sch. M, line 44, col. C)	24.									, col. C)	25.		%
26.	NYC rent deducted on	federal tax return									26.				
•		including any accompany nance to discuss this	ing rider, is,		ny knowledg	e and belief,	true, corr	rect and	d complete.	Fi	rm's En	nail Address:			
Sign HERE:	Signature of office	er			Title				Date		Ī	Preparer's Soci	al Securit	y Number o	or PTIN
	Preparer's		Preparer's	s	,		ck if self-				_ [-	[]
Prepared \rightarrow			printed na			emp	loyed 🗸	· ⊔	Date			Firm's Emplo	var Idant	ification N	umbor
ONLY												I IIII S EIIIPIO	yer identi	IIIoauOII INL	111061
	▲ Firm's name (or	r yours, if self-employed)		▲ Addre	SS					▲ Zip Co	ode				

If more than one Page 2 is used, please state total number of Page 2 attached:	NAME OF PARENT Employer Identification Number	NAME OF PRINCIPAL BANKING SUBSIDIARY Employer Identification Number	NAME OF SUBSIDIARY #2 Employer Identification Number
SCHEDULE J - Computation of Combined Allocation Percentages			
◆ Are you a banking corporation described in Administrative Code section 11-640	(a)(9)?		Yes No
◆ Are you substantially engaged in providing management, administrative, or dist are defined in Administrative Code section 11-642(b)(1-a)?			Yes No
If you answered "Yes" to both questions, see instructions concerning "Allocation for	r Certain Banking Corporations."		
Part 1 - Computation of combined entire net income allocation percents	age		
New York City wages (Form NYC-1, Sch. G, part 1, col. A, line 1a)			
2. Multiply column C, line 1 by 80%			
3. Total wages (Form NYC-1, Sch. G, part 1, col. B, line 1a) 3.			
4. Percentage in New York City (col. C, line 2 ÷ col. C, line 3)			
5. New York City receipts (Form NYC-1, Sch. G, part 1, col. A, line 2I)			
6. Total receipts (Form NYC-1, Sch. G, part 1, col. B, line 2I)			
7. Percentage in New York City (col. C, line 5 ÷ col. C, line 6)			
8. Additional receipts factor. Enter % from line 7. (see instructions)			
9. Deposits maintained at NYC branches			
(Form NYC-1, Sch. G, part 1, col. A, line 4c)			
10. Total deposits (Form NYC-1, Sch. G, part 1, col. B, line 4c)			
11. Percentage in New York City (col. C, line 9 ÷ col. C, line 10)			
12. Additional deposits factor. Enter % from line 11. (See instructions)			
13. Total of NYC percentages shown on lines 4, 7, 8, 11 and 12. (See instructions)			
14. COMBINED ENTIRE NET INCOME ALLOCATION PERCENTAGE - Divide line 13 by 5 or by the	ne actual number of percentages if le	ss than 5 and round to the nearest or	ne hundredth of a percentage point
Part 2 - Computation of combined alternative entire net income allocation	on percentage		
15. New York City wages (Form NYC-1, Sch. G, part 2, col. A, line 1a)			
16. Total wages (Form NYC-1, Sch. G, part 2, col. B, line 1a)			
17. Percentage in New York City (col. C, line 15 ÷ col. C, line 16)			
18. Combined receipts factor (Sch. J, col. C, line 7)			
19. Combined deposits factor (Sch. J, col. C, line 11)			
20. Total of NYC percentages shown on lines 17, 18 and 19			
21. COMBINED ALTERNATIVE ENTIRE NET ALLOCATION PERCENTAGE - Divide line 20 by 3 or b	by the actual number of percentages if	less than 3 and round to the nearest	one hundredth of a percentage point
Part 3 - Computation of combined taxable assets allocation percentage			
	7		
22. New York City wages (Form NYC-1, Sch. G, part 3, col. A, line 1a) 22.			
23 Multiply Column C, line 22 by 80%			
24. Total wages (Form NYC-1, Sch. G, part 3, col. B, line 1a)24.			
25. Percentage in New York City (col. C, line 23 ÷ col. C, line 24)			
26. New York City receipts (Form NYC-1, Sch. G, part 3, col. A, line 2l) 26.			
27. Total receipts (Form NYC-1, Sch. G, part 3, col. B, line 2l)			
28. Percentage in New York City (col. C, line 26 ÷ col. C, line 27) 29. Additional receipts factor. Enter % from line 28. (See instructions) 30. Deposits maintained at NYC branches (Form NYC-1, Sch. G, part 3, col. A, line 4c) 31. Total deposits (Form NYC-1, Sch. G, part 3, col. B, line 4c) 32. Percentage in New York City (col. C, line 30 ÷ col. C, line 31) 33. Additional deposits factor. Enter % from line 32. (See instructions) 34. Total of NYC percentages shown on lines 25, 28, 29, 32 and			
30. Deposits maintained at NYC branches (Form NYC-1,			
Sch. G, part 3, col. A, line 4c) 30.			
31. Total deposits (Form NYC-1, Sch. G, part 3, col. B, line 4c)			
31. Total deposits (Form NT C-1, Sch. G, part 3, col. B, line 40)			
33. Additional deposits factor. Enter % from line 32. (See instru	uctions)		
34. Total of NYC percentages shown on lines 25, 28, 29, 32 and	,		
35. COMBINED TAYARI E ASSETS ALL OCATION DEPCENTAGE - Divide line 34	,	ages if less than E and round to the near	act and hundredth of a paraentage point

	COLUMN A TOTAL (see instructions)		COLUMN B INTERCORPORATE ELIMINATIO (explain on rider)	ONS	COLUMN C COMBINED TOTAL (column A minus column B)	
	Part 1 - Computation	of co	mbined entire net incom	e allo	ocation percentage	
1.						=
2.						
3.		_				
4.						%
5.						
6.						%
7. 8.						%
9.						
10.						
11.						%
12. 13.						% %
14.						%
	David O O O O O O O O O O O O O O O O O O O	- (and the second and the second three second three second			
	Part 2 - Computation	ot cor	nbinea aiternative entire n I	et ind	come allocation percentage	_
15.						_
16. 17.						%
18.						%
19.						%
20.					(%
21.					(%
	Part 3 - Computation	of cor	mbined taxable assets allo	catio	n percentage	
22.	primit				,	_
23.						_
24.						
25.						%
26.						_
27.						
28. 29.						% %
4 3.						, 0
30.						
31.						
32.						%
33.						%
34.						%



If more than one Page 4 is used, please state total number of Page 4 attached:	NAME OF PARENT Employer Identification Numbe	er –	NAME OF PRINCIPAL BANKING SUBSIDIARY Employer Identification Num	per ¬	NAME OF SUBSIDIARY #2	per ¬
SCHEDULE K - Computation of Allocated Combined Entire Net Income						
36. Entire net income -						
(Form NYC-1, Schedule B, line 30)						
37. Allocated combined entire net income - Multiply column C, line 36 by Schedule J, line 14 TRANSFER TO SCHEDULE A, LINE 1						
SCHEDULE L - Computation of Allocated Combined Alternative Enti	re Net Income	Ì				
· · · · · · · · · · · · · · · · · · ·						
40. Alternative entire net income -						
(Form NYC-1, Schedule C, line 5)						
41. Allocated combined alternative entire net income - Multiply column C, line 40 by Schedule J, line 21 TRANSFER TO SCHEDULE A, LINE 2						
SCHEDULE M - Computation of Allocated Combined Taxable Assets						
44. Average value of total assets44.						
45. Money or other property received from the FDIC, FSLI, or RTC (see instr.)45.						
46. Taxable assets (subtract line 45 from line 44)46.						
47. Allocated taxable assets (multiply line 46 by \(\frac{\%}{\} \) from Sch. J, line 35.) Also enter next to Schedule A, line 347.		Ц				
48. Compute net worth ratio: Net worth on last day of the tax year Total assets on last day of the tax year 48.	G	%				
49. Compute of mortgages included in total assets: Average quarterly balance of mortgages Average quarterly balance of total assets = 49.	9	%				

Use the chart below to determine your tax rate. This rate must be used to compute the alternative minimum tax measured by taxable assets. You must meet both the net worth ratio and percentage of mortgages included in the total assets requirements to qualify for the lower tax rates.

Mark an X in the appropriate box in the last column and use this rate on line 3 of Schedule A.							
If the net worth ratio (from line 48) is:	And the % of mortgages included in total assets (from line 49) is:	The tax rate is:	Indicate the appropriate tax rate:				
Less than 4%	33% or more	.00002					
At least 4% but less than 5%	33% or more	.00004					
All others	All others	.0001					



	COLUMN A TOTAL (see instructions)	COLUMN B INTERCORPORATE ELIMINATION (explain on rider)	COLUMN C COMBINED TOTAL (column A minus column B)
	Schedule K		
36.			
37.			
	Schedule L		
40.			
41.			
	Schedule M		
44.			
45.			
46.			
47.			
48.			
10.			



AFFILIATIONS SCHEDULE



COMPLETE THIS SCHEDULE OR ATTACH FEDERAL FORM 851

	Tax year beginning,	and ending,,
	Name of reporting corporation on NYC-1A:	Employer Identification Number:
	Name of common parent corporation on consolidated fede	eral income tax return:
Part I	General Information	

	Part I General Information	
Corp.	Name and address of corporation	Employer Identification Number
1.	Common parent corporation on federal return: 1.	
2.	Reporting corporation on NYC-1A: 2.	
3.	Affiliated corporations: 3.	
4.	4.	
5.	5.	
6.	6.	
7.	7.	
8.	8.	
9.	9.	
10.	10.	

	Part II Principal Business Activity,	Voting 9	St	ock Info	mation,	Etc.	
				STOCKHO	LDINGS AT I	BEGINNING	OF YEAR
Corp. No.	Principal business activity (PBA)	NAICS		number of shares	percent of voting power	percent of value	Owned by corporation number
1.	Common parent corporation on federal return:		1.		%	%	
2.	Reporting corporation on NYC-1A:		2.		%	%	
3.	Affiliated corporations:		3.		%	%	
4.			4.		%	%	
5.			5.		%	%	
6.			6.		%	%	
7.			7.		%	%	
8.			8.		%	%	
9.			9.		%	%	
10.			10.		%	%	

COMBINED GROUP INFORMATION SCHEDULE -

NO

NO

NO

				NAME OF PARENT CORPORATION:			EIN	OF PARE	NT CO	RPORA	TION:		
						I		I			1	T	
				NG INFORMATION MUST BE PROVID Refer to instructions bei							D CO	MPL	ETE
			ART 1	General Information				_					
		A. [n NYC in the	mber corporation pay rent greater tl borough of Manhattan south of 96 ny trade, business, profession, voc	th Street fo	or the pu	rpose	of		YES			N
		<u></u> В. н	f "YES," were	e all required Commercial Rent Tax	Returns f	iled?				YES			N
				ule listing name of member corpora Number(s) which was used on the 0	` '		-	urn(s).					
1.	a.	companies requi	ired to file a	corporations other than banking co combined return because they are uirements of Administrative Code §	taxpayers	meeting	the 80)%		YES			N

- b. If your answer to question (a) is "NO", are any other banking corporations or bank holding companies, whether or not taxpayers, that meet the stock ownership requirements of Administrative Code §11-646(f)(2)(ii) **NOT** included in this return?..... **YES** NO
- c. Have there been ANY CHANGES in the COMPOSITION of the group of banking corporations INCLUDED in this Combined Banking Corporation Tax Return from the PRIOR TAX PERIOD OR ANY MATERIAL CHANGES in the ACTIVITY of any member of the group or ANY corporation NOT INCLUDED in the group that meets the stock ownership requirements for YES filing on a combined basis? (See instructions, page 1).....
- d. Does the group include a captive real estate investment trust or captive regulated investment company? (See "Captive Real Estate Investment Trusts (REITs) and Regulated Investment YES NO Companies (RICs)" in the instructions.)
- Check this box and attach an explanation if you meet ANY of the following conditions:
 - a. NO MEMBERS of this group FILED or REQUESTED AN EXTENSION to file a combined return under the New York State Tax Law for the TAX PERIOD COVERED BY THIS REPORT, OR
 - b. TWO (2) OR MORE MEMBERS of this group FILED or REQUESTED AN EXTENSION to file a New York State combined return for the tax period covered by this report but there are differences in the membership of this group and the group that filed or will file a New York State combined return, OR
 - c. A COMBINED FILING BY ANY MEMBER(S) of this group has been REVISED or DISALLOWED by New York State for THIS or ANY PRIOR TAX PERIOD.
- You MUST complete Part 2 of this schedule if you meet ANY of the following conditions:
 - This is the FIRST Combined Banking Corporation Tax Return being FILED FOR THIS GROUP of corporations, or
 - b. There have been CHANGES in the COMPOSITION of the group of corporations SINCE the PRIOR TAX PERIOD, IN-CLUDING CHANGES AS A RESULT OF THE REQUIREMENTS THAT ANY CORPORATION MUST USE WEIGHTED FACTOR ALLOCATION IN THIS TAX PERIOD, OR
 - c. There have been ANY MATERIAL CHANGES in the STOCK OWNERSHIP or ACTIVITY of ANY corporation INCLUDED in the group or in ANY corporation NOT INCLUDED in the group that meets the stock ownership requirements for filing on a combined basis. (See instructions, page 1)

PART 2

General Information

A. Complete this schedule A for each **CORPORATION INCLUDED** in the Combined Banking Corporation Tax Return (i) that was **not included** in the Combined Banking Corporation Tax Return for the prior tax period; or (ii) for which there has been any material change in the stock ownership or activity during the tax period covered by this return.

Explain how the filing of a return on a separate basis distorts the corporation's tax liability in New York City, including the nature of the business conducted by the corporation, the source and amount of its gross receipts and expenses and the portion of each derived from transactions with other corporations listed on the Affiliations Schedule.

	NAME OF CORPORATION / EIN	REASON(S) INCLUDED IN COMBINED RETURN
	Name:	
1.	EIN:	
2.	Name:	
4.	EIN:	

IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE THIS FORMAT ON A SEPARATE SHEET AND ATTACH IT TO THIS PAGE.

B. Complete this schedule B for each CORPORATION EXCLUDED from the Combined Banking Corporation Tax Return that was (i) was included in the Combined Banking Corporation Tax Return for the prior tax period; or (ii) for which there has been any material change in the stock ownership or activity during the tax period covered by this return.

Explain the reason(s) for the exclusion of each corporation for the combined return, including a description of the nature of the business conducted by the corporation, the source and amount of its gross receipts and expenses and the portion of each derived from transactions with other corporations listed on the Affiliations Schedule.

	NAME OF CORPORATION / EIN	REASON(S) EXCLUDED IN COMBINED RETURN
	Name:	
1.		
	EIN:	
	Name:	
2.		
	EIN:	

IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE THIS FORMAT ON A SEPARATE SHEET AND ATTACH IT TO THIS PAGE.

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 2020 return is on or before March 15, 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

