



Attach one Form NYC-3A/ATT for each corporation in the combined group (including the reporting corporation).

For CALENDAR YEAR 2020 or FISCAL YEAR beginning _____ 2020, and ending _____

Name of Subsidiary:	Employer Identification Number of Subsidiary: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>
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Name of Reporting Corporation:	Employer Identification Number of Reporting Corporation: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>
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SCHEDULE C Subsidiary Capital Information

A DESCRIPTION OF SUBSIDIARY CAPITAL <small>LIST EACH ITEM (USE RIDER IF NECESSARY)</small>		B <small>% of Voting Stock Owned</small>	C <small>Average Value</small>	D <small>Liabilities Directly or In- directly Attributable to Subsidiary Capital</small>	E <small>Net Average Value (column C minus column D)</small>	F <small>Issuer's Allocation Percentage</small>	G <small>Value Allocated to NYC (column E x column F)</small>
		%				%	
1. Total Cols C, D and E (including items on rider) (transfer to NYC-3A/B, schedule C, lines 1,2,and 3) 1.							
2. Total Column G - Allocated subsidiary capital: Transfer this total to NYC 3A/B, schedule C, line 4							2.

SCHEDULE D Investment Capital Information

A DESCRIPTION OF INVESTMENT <small>LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)</small>	B <small>No. of Shares or Amount of Securities</small>	C <small>Average Value</small>	D <small>Liabilities Directly or Indirectly Attributable to Investment Capital</small>	E <small>Net Average Value (column C minus column D)</small>	F <small>Issuer's Allocation Percentage</small>	G <small>Value Allocated to NYC (column E x column F)</small>
					%	
1. Totals (transfer to NYC-3A/B, schedule D, lines 1, 2, 3 and 4) ..1.						
2. Cash - To treat cash as investment capital, you must include it on this line (transfer to NYC-3A/B, schedule D, line 6)						2.
3. Investment capital (total of lines 1E and 2E)						3.

SCHEDULE F Salaries and Compensation of Stockholders Information

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

Name, Country and US Zip Code (Attach rider if necessary)	Social Security Number	Official Title	Salary & All Other Compensation Received

1. Total (transfer to NYC-3A/B, schedule F, line 1) 1.

SCHEDULE G Locations of Places of Business Inside and Outside New York City

ALL TAXPAYERS MUST COMPLETE SCHEDULE G, PARTS 1 AND 2.

Part 1 - Location for each place of business INSIDE New York City (see instructions; attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
Total					

Part 2 - Location for each place of business OUTSIDE New York City (see instructions; attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
Total					

