Department of	Finance	- 4	12
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Donovémont of	Einonco		
Department of	Finance		-

GENERAL CORPORATION TAX RETURN

2020

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

		•		ENDAR YFAR 2020 or Fi			inc ionii ni	2020 and ending			
	For CALENDAR YEAR 2020 or FISCAL YEAR beginningName Name							Taxpayer's Email Address:			
				. ,,,							
		In Care Of									
		Address (number and s	treet)	EMPL	LOYER IDENTIFICATION NUMBER						
		· ·	,								
		City and State		Zip Code	Country (if no	t US)	BUSINESS (CODE NUMBER AS PER FEDE	RAI RETURN		
		Business Telephone Nu	mber Date but	siness began in NYC Da	te business en	ded in NYC		T T T T T T T T T T T T T T T T T T T			
							L				
		Final return -	Check this box if you have	e ceased operations in NY	′C	Filing a	a 52- 53-weel	k taxable year			
		Final return - Special short	orma federal	a federal return is attached							
		Claim any 9/	11/01-related federal tax	benefits (see inst.)		Enter 2	-character spe	acter special condition code, if applicable (see inst.)			
		Amended re		of the amended return is to rechange, check the appropria		IRS change		of Final rmination			
		5				NYS change					
	CHEDULE A	_						APPLICABLE AMOUNTS TO SCHE Payment Amou			
	,	- 01		turn							
1.	Net income (from Sche)885 1 .				
2a. 2b.	Total capital (from Sche Total capital - Cooperat						0015 2a .				
2c.	Cooperatives - ente		BLO	_	LOT	X.C	J004 ZD.				
3a.	Compensation of ste										
3b.	Alternative tax (see	•		•			3b.				
4.	Minimum tax (see in						4.				
5.	Tax (line 1, 2a, 2b, 3		• '				5.				
6.	First installment of e (a) If application for e						60				
	(b) If application for					-LA1	va.				
	enter 25% of line	I									
7.	Total before prepay										
8.	Prepayments (from Balance due (line 7										
9. 10.	Overpayment (line 8	•									
	Interest (see instruc	,					10.				
	Additional charges							_			
11c.	Penalty for underpayr	ment of estimated	tax (attach Form N'	/C-222) 11c.							
12.	Total of lines 11a, 1	1b and 11c									
13.	Net overpayment (li										
14.	Amount of line 13 to b										
		` '		tax		COUNT TYP					
14C.	Routing Number		ccount umber		Checking		ings				
15.	TOTAL REMITTAN	CE DUE (see in	str.)				15.				
16.	NYC rent deducted on fe	deral tax return (see in	str.)	16.							
17.	Gross receipts or sa	ales from federal	return				17.				
18.	Total assets from fe										
		0555504									
Щ.	I hereby certify that this return			LECTED OFFIC t of my knowledge and bel			_	Email Address:			
里	I authorize the Dept. of F										
SIGN	Officer's signature:		_T	itle:		Date:		Preparer's Social Security Nu	ımber or PTIN		
σ >:	Preparer's		Preparer's		ck if self-		_ 				
PREPARER'S USE ONLY	signature:		printed name:	emp	oloyed: -	Date:		Firm's Employer Identifica	tion Number		
PRE	A Firmle reserve	and annular a		Address		. =	Code				
	▲ Firm's name (or yours, if	sen-employed)		Address		▲ Zip	Coue				

BINGHAMTON, NY 13902-5564

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