

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

19. 20. 21. 22. 23. 24. 26.	(b) Credited to TOTAL REMITTANCE DUE (see instruction Issuer's allocation percentage rounded to the Combined total receipts (Sch. J, part 1, line 6, col. C Combined taxable assets (Sch. M, line 44, col. C) NYC rent deducted on federal tax return	2022 estimated tax	a percentage poin	25. (construction of the construction of the c	Combined counded to ercentage	ch workshee entire net inco the nearest or point (Sch. J, ORATION complete.	t) t) me alloo e hundr part 1, I	20b. 21. 22. ation p edth of ine 14, 26.	fa	ity Number	% % or PTIN
19. 20. 21. 22. 23. 24.	(b) Credited to TOTAL REMITTANCE DUE (see instruction Issuer's allocation percentage rounded to the Combined total receipts (Sch. J, part 1, line 6, col. C Combined taxable assets (Sch. M, line 44, col. C) NYC rent deducted on federal tax return	2022 estimated tax	a percentage poin	25. (p	cons) (atta combined counded to ercentage	ch workshee entire net inco the nearest or point (Sch. J,	t) t) me alloo e hundr part 1, I	20b. 21. 22. ation p edth of ine 14, 26.	f a col. C) 25.		
19. 20. 21. 22. 23. 24.	(b) Credited to TOTAL REMITTANCE DUE (see instruction Issuer's allocation percentage rounded to the Combined total receipts (Sch. J, part 1, line 6, col. C Combined taxable assets (Sch. M, line 44, col. C)	2022 estimated tax	a percentage poin	t (see instructi	Cons) (atta Combined counded to ercentage	ch workshee entire net inco the nearest or point (Sch. J,	 t) me alloc ie hundr	20b. 21. 22. ation peedth of ine 14,	fa		
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19. 20. 21. 22.	(b) Credited to TOTAL REMITTANCE DUE (see instruction Issuer's allocation percentage rounded to the	2022 estimated taxns)e nearest one hundredth of		t <i>(see instruct</i> i	ions) (atta	ch workshee	 t)	20b. 21. 22.	ercentage		%
19. 20. 21.	(b) Credited to	2022 estimated taxns).						20b. 21.			%
19. 20.	(b) Credited to	2022 estimated tax						20b.			
19.	* *										
19.	Amount of line 19 to be: (a) Refunded										
	, , , ,							20a.			
40	Net overpayment (line 16 less line 18)							10. 19.			
17c.	Penalty for underpayment of estimated tax (Total of lines 17a, 17b and 17c	,		17c.				18.			T
	Additional charges (see instructions for Forr	,		17b.							
	Interest (see instructions for Form NYC-1)			17a.							
	Overpayment (line 14 less line 13)							16.			
	Balance due (line 13 less line 14)							15.			
	Total prepayments (listed on each attached	,						14.			
13.	Total of lines 11 and 12a or 12b							13.			
	b) If application for extension has not bee	n filed and line 11 exceeds	\$1,000, enter 25°	% of line 11				12b.			
	a) If application for extension has been file	_		⟨Т				12a.			
	Net Tax (line 9 less lines 10a and 10b) First installment of estimated tax for period							11.			
	LMREAP Credit (see instructions and attach	•						10b.			-
	Relocation and employment assistance pro-							10a.			
	Tax after UBT Paid Credit (line 7 less line 8)							9.			
	UBT Paid Credit (attach Form NYC-9.7B)							8.			
	Total combined tax (line 5 plus line 6)							7.			
	Combined tax (line 1, 2, 3, or 4, whichever is	· ,				X \$125		5. 6.			
	Combined tax (line 1, 2, 3, or 4, whichever is							4. 5.			"
	Allocated taxable assets (from Sch. M, line 47 and multiply by the Fixed minimum tax - for parent corporation of		3	han 10 mantha	L	.00002		.0001 4.	J.	125	00
	Allocated combined alternative entire net inc	,	2.		-	X 3% (.03)	_	2.	3.		
	Allocated combined entire net income (from		1.			X 9% (.09)		1.			
١.	5 01	onically with this return						A.	- ayment	-	
	CHEDULE A - Computatio	n of Tax							Payment	Amount	
YPE OF B	BUSINESS (S) WITHIN NYC: 1. BRANCH 2. AGENCY	3. REPRESENTATIVE	OFFICE .	4. LOAN PRODUCT	ION OFFICE	<u> </u>	NONE		6. OTHER (Specify)		
	5. Cother t	than Clearing House) 6.	. CLEARING HOUSE		☐ 7. CR	REDIT CARD BAN	K		8. OTHER		
TYPE OF (Check one	CORPORATION: 1. EDGE	CTIC COMMEDCIAL	. ALIEN COMMERCIAL			VINGS AND LOA			4. TRUST		
TATE OR	R COUNTRY OF ORGANIZATION:	DATE ORGANI	ZED: -		DATE	BUSINESS BEG	AN IN NE	W YORK	CITY: -		
	5		, crieck trie appropriat	le box: N	YS change	Det	minauo	" 🗀			
	Amended retu	urn If the purpose of the ar		ho hov:	RS change	Deta	of Final				
		period return (See Instr.)			Enter 2	2-character sp	ecial co	ndition	code, if applicable (see	inst.)	
	Final return - 0	Check this box if you have ceas	ed operations in NYO	c	Claim a	any 9/11/01-re	ated fed	leral ta	x benefits (see inst.)		
	Business Telephone Nun	nber	Taxpayer's Email A	Address							
	City and State		Zip Code	Coun	try (if not U	S)	BUSINE	SSCO	DDE NUMBER AS PER	FEDERAL R	EIURI
		ccij				hange 📖 📗					
	Address (number and str	reet)			Λ	ddress —			•		
	In Care of									1 1	
	Name of Parent (see inst	.ructions)				ame hange	Е	MPLO	YER IDENTIFICATION	N NUMBER	R
			LENDAR YEAR 202	21 or FISCAL	EAR beg	inning			_, 2021 and ending		

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 11-64 Are you substantially engaged in providing management, administrative, or dis are defined in Administrative Code section 11-642(b)(1-a)? If you answered "Yes" to both questions, see instructions concerning "Allocation for 	tribution services to an investmen	nt company as such terms	
Part 1 - Computation of combined entire net income allocation percen	tage		
New York City wages (Form NYC-1, Sch. G, part 1, col. A, line 1a)			
Multiply column C, line 1 by 80%			
3. Total wages (Form NYC-1, Sch. G, part 1, col. B, line 1a)			
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)10.			
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 to	he 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 allocate	ion 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	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	Δ		
22. New York City wages (Form NYC-1, Sch. G, part 3, col. A, line 1a)			
 23 Multiply Column C, line 22 by 80%			
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 24) 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)			
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)			
Sch. G, part 3, col. A, line 4c) 30.			
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 instr	uctions)		
34. Total of NYC percentages shown on lines 25, 28, 29, 32 ar			
25. COMPINED TAYABLE ACCETS ALL OCATION DEDOCATAGE. Divide line 24			

	COLUMN A TOTAL (see instructions)		COLUMN B INTERCORPORATE ELIMINATI (explain on rider)	ONS	COLUMN C COMBINED TOTAL (column A minus column B)			
	Part 1 -	Computation	of co	mbined entire net incom	ne allo	ocation percentage		
1.		· ·						
2.								
3.								
4.							%	
5.								
6.							%	
7. 8.							%	
9.								
10.								
11.							%	
12. 13.							% %	
14.							%	
	Part 2 -	Computation	ot con	nbined alternative entire r	net ind	come allocation percentage		
15.								
16. 17.							%	
18.							%	
19.							%	
20.							%	
21.							%	
	Part 3 -	Computation	of cor	mbined taxable assets allo	ncatio	on nercentage		
22.	T art 5 -	Computation	01 001	indirect taxable assets and	cano	Прогостадо		
23.								
24.								
25.							%	
26.								
27.								
28.							%	
29.							%	
30.								
31.								
32.							%	
33.							%	
34.							%	
35.						i	%	



If more than one Page 4 is used, please state total number of Page 4 attached:	NAME OF PARENT Employer Identification Numbe	NAME OF PRINCIPAL BANKING SUBSIDIARY Employer Identification Number	NAME OF SUBSIDIARY #2
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		
40. Alternative entire net income -	re Net income		
40. Alternative entire het 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.			
48. Compute net worth ratio: $\frac{\text{Net worth on last day of the tax year}}{\text{Total assets on last day of the tax year}} = \frac{1}{48}$	9	<u>%</u>	
49. Compute of mortgages included in total assets: Average quarterly balance of mortgages Average quarterly balance of total assets = 40	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 ELIMINATIO (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.			



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	federal income tax return:

	Part I General Information		
Corp. No.	Name and address of corporation	Em	ployer Identification Number
1.	Common parent corporation on federal return: 1.		
2.	Reporting corporation on NYC-1A:		
3.	Affiliated corporations: 3.		
4.	4.		
5.	5.		
6.	6.		
7.	7.	1	
8.	8.		
9.	9.	1	
10.	10.	1	

Part II Principal Business Activity, Voting Stock Information, 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 -

YES

YES

NO

NO

NO

NO

NO

				NAME OF PARENT CORPORATION:		EIN OF PARENT CORPORATION:				
			THE FOLLOWIN	NG INFORMATION MUST BE PROVI Refer to instructions be				RED C	OMPL	ETE.
			PART 1	General Information						
		A.	in NYC in the	mber corporation pay rent greater borough of Manhattan south of 90 ny trade, business, profession, vo	6th Street for the	e purpose of		ES		_ N
	_		If "YES," were	all required Commercial Rent Ta	x Returns filed?)	Y	ES		N
				lle listing name of member corpor Number(s) which was used on the			ı(s).			
1.	a.	companies re	quired to file a c	corporations other than banking combined return because they are uirements of Administrative Code	taxpayers mee	eting the 80%	. <u> </u>	ES		_ N

Administrative Code §11-646(f)(2)(ii) **NOT** included in this return?..... **YES** 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 filing on a combined basis? (See instructions, page 1).....

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

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
	Companies (RICs)" in the instructions.)

2. 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:	
Z.	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 2021 return is on or before March 15, 2022.

For fiscal years beginning in 2021, 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

