

# BUSINESS CORPORATION TAX RETURN 2021

To be filed by C Corporations ONLY - All Subchapter S Corporations must file Form NYC-1, NYC-3L, NYC-4S or NYC-4SEZ

For CALE!	IDAR YEAR 2021 or FISCAL YEAR beginning	2021 and ending
Name	Name Change	Employer Identification Number:
In care of		
Address (number and street)	Address	
Address (number and street) City and State Rusinges telephane number	Change L	Business Code Number as per federal return:
Business telephone number	Taxpayer's email address:	
State or country of organization	Date organized	
Date business began in NYC Final Check this I Return Check this I	Dox if you have If final return, date business ended in NYC rations in NYC	2-character special condition code, if applicable (See instructions):
CHECK ALL Special short period return 52/53-w	veek taxable year Pro-forma federal return attach	ed Claim any 9/11/01-related federal tax benefits
If the purpose of the ame		Date of Final
	NYS change	
Have you attached any of the following forms to this return? If yes, check all that apply. Form NYC-2.1	Form NYC-2.2 Form NYC-2.3	Form NYC-2.4 Form NYC-2.5
SCHEDULE A - Computation of Balance Due of	or Overpayment	
	this return	Payment Amount
1. Tax on business income base (from Schedule B, line 38)		1.
2. Tax on capital base (from Schedule C, Part 3, line 5) Maximu	um Tax is \$10,000,000	
3. Minimum tax - (see instructions) - NYC Gross Receipts:		
4. Tax (enter the amount from line 1, 2 or 3, whichever is large	st)	
5. UBT Paid Credit (attach Form NYC-9.7C)		
6. Tax after UBT Paid Credit (subtract line 5 from line 4)		
7. REAP Credit (attach Form NYC-9.5)		
8. Real Estate Tax Escalation, Employment Opportunity Reloca	tion and IBZ Credits (attach Form NYC-9.6)	
9. LMREAP Credit (see instructions and attach Form NYC-9.8)		
10. Intentionally left blank		10.
11. Beer Production Credit (attach Form NYC-9.12)		11.
12. Net Tax after credits (subtract lines 7, 8, 9 and 11 from line 6	5)	12.
13. Total prepayments (from Composition of Prepayments Schere	dule, page 2, line G)	13.
14. Balance due (subtract line 13 from line 12)		14.
15. Overpayment (subtract line 12 from line 13)		15.
16a. Interest (see instructions)		
16b. Additional charges (see instructions)	16b	
16c. Penalty for underpayment of estimated tax (attach Form NY)	<i>C-222</i> )	
17. Total of lines 16a, 16b and 16c		17
18. Net overpayment (line 15 less line 17)		
19. Amount of line 18 to be: a. Refunded - Direct deposit -	fill out line 19c OR 🗌 Paper check	19a.
b. Credited to 2022 estimated tax		19b.
19c. Routing Account Account Number:	Account Typ	Checking e: Savings
20. TOTAL REMITTANCE DUE. (see instructions)		5
21. NYC rent deducted on federal tax return or NYC rent from S	chedule E, part 1	
22. Federal Return Filed: 1120 1120C 1120F		Other / None
23. Gross receipts or sales from federal return		
24. Total assets from federal return		

C	OMPOSITION OF PREPAYMENTS SCHEDULE			
	PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 13	DATE	AMOUNT	
A.	Mandatory First Installment paid for tax year 2021 (Do not include your mandatory first installment paid for tax year 2022)			
В.	Payment with Declaration, Form NYC-400			
C.	Payment with Notice of Estimated Tax Due			
D.	Payment with Notice of Estimated Tax Due			
E.	Payment with extension, Form NYC-EXT			
F.	Overpayment from preceding year credited to this year			
G.	TOTAL of A through F (enter on Schedule A, line 13)			

#### CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

	hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete. Authorize the Dept. of Finance to discuss this return with the preparer listed below. (See instructions)YES								
SIGN HERE	Signature Firm's email of officer Date address								
JSE ONLY	Preparer's signature ▲ Firm's name (or yours, if self-employed)	Preparer's printed name	Check if self- employed 🖌	Preparer's Social Security Number or PTIN					
eparer's (				Firm's Employer Identification Number					
PRE	▲ Firm's name (or yours, if self-employed)	▲ Address	▲ Zi	ip Code					

#### MAILING INSTRUCTIONS

Attach copy of all pages of your federal tax return or pro forma federal tax return. The due date for the calendar year 2021 return is on or before April 18, 2022. For fiscal years beginning in 2021, file on or before the 15th day of the 4th month following the close of the fiscal year.

### ALL RETURNS EXCEPT REFUND RETURNS

NYC DEPARTMENT OF FINANCE BUSINESS 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 BUSINESS CORPORATION TAX P.O. BOX 5563 BINGHAMTON, NY 13902-5563



Form NYC-2 - 2021	N
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SCHEDIILE

NAME:

EIN:

1.	Federal taxable income (FTI) before net operating loss (NOL) and special deductions (see instructions). 1.	
2.	Dividends and interest effectively connected with the conduct of a trade or business in the United States NOT included on line 1 by <b>alien corporations</b>	
3.	Any other income not included on line 1 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 United States by <b>alien corporations</b> .	
4.	Dividends not included on line 1 by non-alien corporations4.	
5.	Interest on federal, state, municipal and other obligations not included on line 1 by <b>non-alien corporations5.</b>	
6.	Income taxes paid to the US or its possessions deducted on federal return	
7.	NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (see inst; attach rider)7.	
8.	NYC Corporate Taxes deducted on federal return (see instructions)	
9.	Adjustments relating to employment opportunity relocation cost credit and IBZ credit	
10.	Adjustments relating to real estate tax escalation credit10.	
11.	ACRS depreciation and/or adjustments (attach Form NYC-399 and/or NYC-399Z)11.	
12.	Payment for use of intangibles12.	
13.	Intentionally omitted	
14.	Other additions (see instructions; attach rider)14.	
15.	Total of <i>lines 1 through 14</i> <b>15.</b>	
16.	Gain on sale of certain property acquired prior to 1/1/66 (see instructions)	
17.	NYC and NYS tax refunds included in line 15 (see instructions)17.	
18.	Wages and salaries subject to IRC §280C deduction disallowance (see instructions)	
19.	Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z; see instructions)	
20.	Other subtractions (see instructions) (attach rider)	
21.	Total subtractions (add lines 16 through 20)21.	
22.	Net modifications to federal taxable income (subtract line 21 from line 15)	
23.	Subtraction modification for qualified banks and other qualified lenders (from Form NYC-2.2, Schedule A, line 1; see instructions) 23.	
24.	Entire net income (ENI) (subtract line 23 from line 22) 24.	
25.	Investment and other exempt income (from Form NYC-2.1, Schedule D, line 1)	
26.	Entire net income less investment and other exempt income	
27.	Excess interest deductions attributable to investment income, investment capital and other exempt income (from Form NYC-2.1, Schedule D, line 2)	
28.	Business income (add lines 26 and 27)	
29.	Addback of income previously reported as investment income (from Form NYC-2.1, Schedule F,         Part 2, line 6; if zero or less, enter 0; see instructions)	
30.	Business income after addback (add lines 28 and 29)	
31.	Intentionally Omitted	
32a.	Allocated business income after addback (Multiply Line 30 by the business allocation percentage from Schedule F, Part 3)	
32b.	If the amount on line 32a is not correct, enter correct amount here and explain in rider (see instructions) 32b.	
33.	Prior net operating loss conversion subtraction (from Form NYC-2.3, Schedule C, line 4)	
34.	Allocated business income less prior net operating loss conversion subtraction (see instructions)	
35.	Net operating loss deduction (from Form NYC-2.4, Schedule A, line 6)	
36.	Business income base (subtract line 35 from line 34)	
37.	Tax rate (see instructions)	%
		1

 38. Tax on business income base (multiply line 36 by line 37 and enter here and on Schedule A, line 1)..... 38.

 Note: If you make an entry on line 23, 25, 27, 29, 33 or 35, you must complete and file the appropriate attachment form.



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Basis used to determine average value in column C. Check one. (Attac	h detailed schedule.)		
- Annually - Semi-annually - Quarterly	COLUMN A	COLUMN B	COLUMN C
- Monthly - Weekly - Daily	Beginning of Year	End of Year	Average Value
1. Total assets from federal return1.			
2. Real property and marketable securities included in line 12.			
3. Subtract line 2 from line 13.			
4. Real property and marketable securities at fair market value4.			
5. Adjusted total assets (add lines 3 and 4)5.			
6. Total liabilities (see instructions)6.			
7. Total capital (subtract line 6, column C, from line 5, column C)			
8. Investment capital (from Schedule D, line 4; if zero or less, ente	r 0)		
9. Business capital (subtract line 8 from line 7)			
10. Addback of capital previously reported as investment capital (from Sc	hedule D, line 5, column C; ii	f zero or less, enter 0) 10.	
11. Total business capital (add lines 9 and 10) (see instructions)		11.	

	Part 2 - Computation of Liabilities Attributable to Investment Capital and Within Business Capital	COLUMN A	COLUMN B	
1.	Total liabilities (Schedule C, Part 1, line 6) (see instructions)1.			
2.	Liabilities directly attributable to investment capital (see instructions)2.			
3.	Liabilities directly attributable to business capital			
4.	Total liabilities directly attributable (add lines 2 and 3)4.			
5.	Total liabilities indirectly attributable (subtract line 4 from line 1)5.			
6.	Average FMV of investment capital before subtraction of liabilities attributable (Form NYC-2.1, Schedule E, Part 4, Column F, line 4) (see instructions)6.			
7.	Average FMV of adjusted total assets (Schedule C, Part 1, line 5) (see instructions)7.			
8.	Investment capital factor (divide line 6 by line 7)		%	ó
9.	Liabilities indirectly attributable to investment capital (multiply line 5 by line 8)			
1(	<ol> <li>Average FMV of business capital before subtraction of liabilities attributable (subtract line 6 from line 7)</li></ol>			
11	. Liabilities indirectly attributable to business capital (subtract line 9 from line 5) 11.			
12	<ol> <li>Liabilities directly and indirectly attributable to business capital (add lines 3 and 11; if this line 12 exceeds line 10, STOP and do not go further) (see instructions) 12.</li> </ol>			
13	B. Liabilities directly attributable to Insurance and Utility Capital			
14	I. Liabilities directly attributable to General Business Capital14.			
	5. Average FMV of Insurance and Utility Capital before subtraction of liabilities attributable15.			
	6. Insurance and Utility Capital factor (divide line 15 by line 10)16.		%	0
	7. Liabilities indirectly attributable to Insurance and Utility Capital (multiply line 16 by line 11)17.			
	3. Liabilities attributable to Insurance and Utility Capital (add lines 13 and 17)18.			
19	<ol> <li>Net Insurance and Utility Capital (subtract line 18 from line 15 and add any negative value from line 22, if this line 19 has a positive value without such addition) (see instructions)19.</li> </ol>			
2(	<ol> <li>Allocated Insurance and Utility Capital (multiply line 19 by the business allocation percentage from Schedule F, Part 3)20.</li> </ol>			
2	Liabilities attributable to General Business Capital (subtract line 2, line 9, line 13 and line 17 from line 1)			
22	<ol> <li>Net General Business Capital (subtract line 15 and line 21 from line 10, add any amount on Schedule C, Part 1, line 10 and add any negative value from line 19, if this line 22 has a positive value without such addition) (see instructions)</li></ol>			



EIN:

SC	HEDULE C - (Continued)	
Ра	rt 3 - Computation of tax on capital base	
1a.	Allocated General Business Capital (multiply Schedule C, Part 2, line 22 by the business allocation percentage from Schedule F, Part 3)	
1b.	At tax rate 0.15% (multiply line 1a by 0.15%)1b.	
2a.	Allocated insurance and utility capital (Schedule C, Part 2 line 20) (see instructions)2a.	
2b.	At tax rate 0.075%. Check the appropriate box: Utility Corp. Insurance Corp. (multiply line 2a by 0.075%)	
3a.	Cooperative housing corporations (see instructions)	
3b.	At tax rate 0.04% Enter Boro Block Lot	
4.	Sum of taxes on capital (Enter the sum of lines 1b, 2b and 3b here)	
	Tax on capital base (Subtract \$10,000 from line 4; If zero or less, enter 0 here and on Schedule A, line 2)	

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sc	HEDULE D - Computation of Investment Capital for	r the Current Year <i>(s</i>	ee instructions)			
		Α	В		С	
		Average fair market value as reported	Liabilities attributable to column A amount		Net average valu (column A - columi	
1.	· · · · · · · · · · · · · · · · · · ·					
	apportionable to New York under the U.S. Constitution (from Form NYC-2.1, Schedule E, line 1)1.			1.		
2.	Total of stocks <b>actually</b> held for more than one year (from Form NYC-2.1, Schedule E, line 2)2.			2.		
3.	Total of stocks <b>presumed</b> held for more than one year <i>(from Form NYC-2.1, Schedule E, line 3)</i> <b>3.</b>			3.		
4.	Total investment capital for the current year (add Column C and on Schedule C, Part 1, line 8; if zero or less, enter 0)			4.		

## Addback to business capital of stock presumed and claimed as investment capital in previous year

		Α	В		С	
		Average fair marker value as reported	Liabilities attributa to column A amo		Net average valu (column A - column	
5.	Total of stocks previously presumed held for more than one year, but did <b>not</b> meet the holding period ( <i>from Form NYC-2.1, Schedule F, line 1; enter here and on Schedule C, Part 1, line 10)</i> <b>5.</b>			5.		



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SCHEDULE E	- Location of Pla	aces of Bu	isiness Inside a	and Outside New York (	City		
All taxpayers mu	ist complete Schedul	e E, Parts 1	and 2.				
Part 1 - List loca	ation for each place	of busines	s INSIDE New Y	ork City (see instructions; a	attach rider if nece	essarv)	
	Complete Address		Rent	Nature of Activities	No. of Employees	r	Duties
NUMBER AND STREET							
CITY	STATE	ZIP	_				
	STATE	ZIF					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP	-				
Total							
	•	of busines	s OUTSIDE New	VYork City (see instructions		• ,	
NUMBER AND STREET	Complete Address		Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP	_				
NUMBER AND STREET							
CITY	STATE	ZIP	_				
Total	)						
SCHEDULE F	- Computation of	Business	Allocation Per	rcentage			
		Complet	e ONLY Sched	dule F, Part 1 or Sched	ule F, Part 2		
Taxpayers	must report the	ir Busines	s Allocation F	Percentage in Schedule	F, Part 3 for t	his return to be a	ccepted
A. If this is yo	ur first Business Co	prporation T	ax return after Ja	anuary 1, 2018 -			
1. If your N	NYC receipts are:						
	eater than \$50,000,00						
	•			ne opportunity to elect the spe a allocation method, complete		location method.	
	•			cation method, check the box		te Part 2.	
	•			se this method of allocation u			
		CKBOX - b	v checking this bo	x, the taxpayer elects to use	the special three-fa	ctor allocation method	
							•
	-	•		fter January 1, 2018 -			
	•			ocation method, or have revol			e Part 1.
-				ation method and choose to o			
-				ctor allocation method and che			
	ow and complete Pa	it i. Once th		ed, you are ineligible to use th		auon memod m nuure n	mig perious.
RE	VOCATION CHECK		•	e taxpayer revokes its electio	n to use the three-	actor allocation metho	d
		on this	s return and on all	future tax filings.			
		:	30762191				

If you are not allocating, enter 100%.

If you are using Part 1, divide Part 1, column A by column B.

If you are using Part 2, divide Part 2, line 4 by 100 if no factors are missing.

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		COLUMN A - NEW YORK CITY	С	OLUMN B - EVERYWHER
	Receipts (from Form NYC-2.5, line 54.) Continue to Part 3 1.			
SC	HEDULE F, Part 2 - Computation of Three Factor Business	Allocation Percentage (see inst	ruct	tions)
Гах	payers who are using the three factor Business Allocation Percentage sh	nould complete this Part.		
		COLUMN A - NEW YORK CITY	С	OLUMN B - EVERYWHER
a.	Real estate owned 1a.		1a.	
b.	Real estate rented - multiply by 8 (see instr.) (attach rider) 1b.		1b.	
c.	Inventories owned 1c.		1c.	
d.	Tangible personal property owned (see instructions) 1d.		1d.	
e.	Tangible personal property rented - multiply by 8 (see instr., attach rider) 1e.		1e.	
	Total 1f.		1f.	
g.	Percentage in New York City (divide line 1f, column A by line 1f, colu	umn B)	1g.	
h.	Multiply line 1g by 3.5		1h.	
a.	Receipts (from Form NYC-2.5, line 54) 2a.		2a.	
).	Percentage in New York City (divide line 2a, column A by line 2a, column	olumn B)	2b.	
).	Multiply line 2b by 93		2c.	
ı.	Wages, salaries and other compensation of employees,			
	except general executive officers (see instructions) 3a.			
).	Percentage in New York City (divide line 3a, column A by line 3a, column	olumn B)	3b.	
).	Multiply line 3b by 3.5		3c.	

SCHEDULE F, Part 3 - Enter your business allocation percentage either from Part 1 or Part 2. Enter as a percentage and round to

ten-thousandth of a percentage point. (See instructions)

If a factor is missing, divide line 4 by the total of the weights of the factors present.....

# SCHEDULE F, Part 1 - Computation of Single Receipts Factor Business Allocation Percentage (see instructions)

Taxpayers who do not allocate business income and business capital outside New York City must enter 100% on Schedule F, Part 3.

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EIN:

Forn	n NYC-2 - 2021 NAME: EIN:	Page 8						
SC	HEDULE G - Additional Required Information							
1.	List all significant business activities in NYC and everywhere (see instructions; if necessary, attach list)							
2.	Enter your Secondary Business Code (see instructions)							
3.	Trade name of reporting corporation, if different from name entered on page 1							
4.	Is this corporation included in a consolidated federal return?	YES 🗌 NO						
	If "YES", give parent's name: EIN:							
5.	Is this corporation a member of a controlled group of corporations as defined in IRC section 1563, disregarding any exclusion by reason of paragraph (b)(2) of that section?	YES NO						
	If "YES", give common parent corporation's name EIN:							
6.	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, or are you currently under audit?							
	If "YES",							
	by whom?	MMDDYY						
	New York State Department of Taxation and Finance State period(s): Beg.: End.: End.:	MMDDYY						
7.	If "YES" to question 6: 7a. For years prior to 1/1/15, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed?	YES NO						
8.	Did this corporation make any payments treated as interest in the computation of business income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If "YES", please attach a schedule giving Shareholder's name, SSN/EIN, Interest paid to shareholder, Total indebtedness to shareholder and Total interest paid							
9.	Was this corporation a member of a partnership or joint venture during the tax year?	YES 🗌 NO						
10.	At any time during the taxable year, did the corporation have an interest in real property <i>(including a leasehold interest)</i> located in NYC or a controlling interest in an entity owning such real property?							
11a.	a. If "YES" to question 10, attach a schedule of such property, indicating the nature of the interest and including the street address, borough, block and lot number.							
11b.	b. Was any NYC real property ( <i>including a leasehold interest</i> ) or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration?							
11c.	. Was there a partial or complete liquidation of the corporation?							
11d.	Was 50% or more of the corporation's ownership transferred during the tax year, over a three-year period or according to a plan? 🗌 YES							
12.	If "YES" to questions 11b, 11c or 11d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed? YES							
13.	If "NO" to question 12, explain:							
14.	Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity?	YES 🗌 NO						
15.	If "YES" to question 14, were all required Commercial Rent Tax Returns filed?	YES 🗌 NO						
	Please enter Employer Identification Number which was used on the Commercial Rent Tax Return:							
16. Are you claiming an exception to the related member expense addback under Administrative Code section 11-652(8)(n)(2)(ii)?								
	If yes, enter applicable exception and amount of royalty payments							
17.	If you filed federal form 1120F, did you have Effectively Connected Income (ECI)?							
18.	Did this corporation carry out any commercial banking business (as defined by Section 11-640(b) of the Ad. Code) during this filing period?	_						
19.	Did you include a disregarded entity in this return? If YES, attach a schedule giving the legal name and EIN of each disregarded entity included							



Form	NYC-2 - 2021	NAME:	EIN:	Page 9				
SC	HEDULE H - DE	ETERMINATION OF TAX RATE						
Α.	Enter the tax rate of	computed or used below (see instructions)	A.					
В.	Enter the line numb	ber of the tax rate computed or used below (see instructi	ons) <b>B.</b>					
Ca.	Enter your unalloca	ated business income from Schedule B, line 30 (see inst	ructions) <b>Ca.</b>					
Cb.	If the amount on lin	ne Ca is not correct, enter correct amount here and expla	ain in rider <i>(see instructions)</i> <b>Cb.</b>					
D.	Enter your allocate	ed business income from Schedule B, line 32a or 32b if u	sed <b>D.</b>					
E.	If you are a Qualifie	ed Manufacturing Corporation as defined in Administrative	e Code Section 11-654(1)(k)(4), mark	an x in the box (see instr.) <b>E.</b>				
F.	If you are a Financial Corporation as defined in Administrative Code Section 11-654(1)(e)(1)(i), mark an X in the box (see instr.)							
ТА	X RATE COMPU	UTATION FOR BUSINESS CORPORATIONS N	OT SPECIFIED BELOW (see i	instructions)				
1.		iness income ( <i>Schedule B, line 30</i> ) is less than \$2M and ( <i>Schedule B, line 32a or 32b if used</i> ) is less than \$1M.	allocated	6.50%				
2.		iness income (Schedule B, line 30) is equal to or greater a amount of allocated business income)	than \$3M	8.85%				
3.		ess income (Schedule B, line 32a or 32b if used) is ea M (regardless of the amount of unallocated business inco		8.85%				
4.	but less than \$3N	iness income (Schedule B, line 30) is equal to or greater A and allocated business income (Schedule B, line 32a \$1M, use unallocated formula		<u>30 - 2,000,000</u> ) =%				
5.	business income	iness income (Schedule B, line 30) is less than \$2M and (Schedule B, line 32a or 32b if used) is equal to or gre the \$1.5M, use allocated formula		$\frac{22a \text{ or } 32b \cdot 1,000,000}{500,000}) =$				
6.	but less than \$3N used) is equal to c	iness income ( <i>Schedule B, line 30</i> ) is equal to or greater A and allocated business income ( <i>Schedule B, line 32a</i> or greater than \$1M but less than \$1.5M, compute tax ra se the greater of the two computed tax rates.	than \$2M	$6.50\% + (2.35\% \times \frac{\text{line } 30 - 2,000,000}{1,000,000}) = \frac{\%}{6.50\% + (2.35\% \times \frac{\text{line } 32a \text{ or } 32b - 1,000,000}{500,000})} = \frac{\%}{500,000}$				
			Enter the greater of the tw	vo computed tax rates: %				
ТА	TAX RATE COMPUTATION FOR QUALIFIED MANUFACTURING CORPORATIONS (see instructions)							
7.		iness income <i>(Schedule B, line 30)</i> is less than \$20M an <i>(Schedule B, line 32a or 32b if used)</i> is less than \$10M	d allocated	4.425%				
8.		iness income (Schedule B, line 30) is equal to or greater a amount of allocated business income)		8.85%				
9.		less income (Schedule B, line 32a or 32b if used) is ε Λ (regardless of the amount of unallocated business inco		8.85%				
10.	but less than \$40	iness income (Schedule B, line 30) is equal to or greater DM and allocated business income (Schedule B, line 32 \$10M, use unallocated formula		\$ <u>30 - 20,000,000</u> ) =%				
11.	business income (	iness income <i>(Schedule B, line 30)</i> is less than \$20M an <i>(Schedule B, line 32a or 32b if used)</i> is equal to or greater M, use allocated formula		$\frac{32a \text{ or } 32b - 10,000,000}{10,000,000} ) =\%$				
12.	hut loss than \$40M and allocated business income (Schedula B, line 22a ar 22b if		$rac{1}{2}$ or $22h$ if	≥ <u>30 - 20,000,000</u> ) =%				
			rates using 4.425% + (4.425% X ine	$\frac{32a \text{ or } 32b - 10,000,000}{10,000,000} ) = -\frac{\%}{2}$				
			Enter the greater of the tw	vo computed tax rates: %				
ТА	X RATE COMPU	UTATION FOR CERTAIN FINANCIAL CORPOR	RATIONS (see instructions)					
13.	Financial Corpora	tions as defined in Administrative Code Section 11-654(1	l)(e)(1)(i)	9.00%				

