

NYC - 3A/ATT

SCHEDULES C, D, F AND G - ATTACHMENT TO FORM NYC-3A **COMBINED GENERAL CORPORATION TAX RETURN**

2021

Attach one Form NVC-3A/ATT for each corneration in

						tor each corpora the reporting c		on).			
	For CALENDAD VEAD 2021	UDAD VEAD 2004 or FIGORI VEAD beginning				2021 and andire					
	For CALENDAR YEAR 2021 or FISCAL YEAR beginning Name of Subsidiary:					2021, and ending Employer Identification Number of Subsidiary:					
						T					
	Name of Reporting Corpo	ration:			Employer Identification Number of Reporting Corporation:						
	1 0 1										
L											
SCHEDULE	Subsidiary Capit	al Infori	mation								
0000	A	В	С	D		E	F	G			
	SUBSIDIARY CAPITAL	% of Voting	Average	Liabilities Directly or In- directly Attributable to Subsidiary Capital		Net Average Value	Issuer's	Value Allocated			
LIST EACH ITEM (USE RIDER IF NECESSARY	EMPLOYER IDENTIFICATION NUMBER	Stock Owned	Value			(column C minus column D)	Allocation Percentage	to NYC (column E x column F)			
		%					%				
	d E (including items on ride A/B, schedule C, lines 1,2,a										
2. Total Column G - A	Allocated subsidiary capital	: Transfer	this total to NYC	3A/B, sche	dule C	, line 4	2.				
SCHEDULE	D Investment C	apital	Information								
	Α	В	С	D		E	F	G			
DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)		No. of Sh or Amour Securiti	nt of Value	Liabilities Directly or Indirectly Attributable to Investment Capital		Net Average Value (column C minus column D)	Issuer's Allocation Percentage	Value Allocated to NYC (column E x column F)			
							%				
Totala (transfer to NVC 2A	/P. ashadula D. lines 1, 0, 0 and 4)	4									
. Cash - To treat cash as in	vestment capital, you must include it chedule D, line 6)	on this line	2								
					_						
ivesimeni capitai (tota	al of lines 1E and 2E)				ა.						

Form NYC-3A/ATT - 2021									Pa	age 2
SCHEDULI	E F Sa	laries	and Compe	ensation of	Stockholo	ders Infor	mation			
Include all stockholders owning in	excess of 5% of taxpa	ayer's issued o	apital stock who recei	ved any compensation,	including commission	ns.				
Name, Country and US Zip Code (Attach rider if necessary				y)	Social Security Number				Salary & All Other mpensation Received	
										\vdash
Total (transfer to NY)	C-3A/B, sched	lule F, line	e 1)				1.			
`	,	,	,					'L		
SCHEDULE	G Locat	ions of	Places of	Business Ir	side and (Outside Ne	w York C	ity		
	Al	LL TAXPA	AYERS MUST	COMPLETE SO	CHEDULE G,	PARTS 1 ANI	D 2.			
Don't d										
Part 1 - Location for each place of business II			Rent	Nature of Activities		No. of Employees Wages, Salari		es, Etc. Duties		
Complete Address NUMBER AND STREET			11011	Tratare of	71011711100	Tto: or Employees	rrages, said.		24.00	
CITY	STATE	ZIP	-							
	0,,,,2									
NUMBER AND STREET										
CITY	STATE	ZIP	1							
NUMBER AND STREET										
CITY	STATE	ZIP	-							
NUMBER AND STREET										
CITY	STATE	ZIP	-							
Total										
10141										
Part 2 - Location for	each place of b	usiness C	OUTSIDE New Y	ork City (see in	structions; atta	ch rider if nece	essary)			
Complete Address			Rent	Nature of	Activities	No. of Employees	Wages, Salari	ies, Etc.	Duties	
NOMBER AND STREET										
CITY	STATE	ZIP	-							
NUMBER AND STREET										
CITY	STATE	ZIP								
NUMBER AND STREET										
CITY	STATE	ZIP	-							
NUMBER AND STREET										



Total