



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

For CALENDAR YEAR 2021 or FISCAL YEAR beginning 2021 and ending

PRINT OR TYPE	Name <input type="checkbox"/> Name Change <input type="checkbox"/>	Taxpayer's Email Address:
	In Care Of	EMPLOYER IDENTIFICATION NUMBER
	Address (number and street) <input type="checkbox"/> Address Change <input type="checkbox"/>	BUSINESS CODE NUMBER AS PER FEDERAL RETURN
	City and State Zip Code Country (if not US)	
	Business Telephone Number Date business began in NYC Date business ended in NYC	
CHECK ALL THAT APPLY	<input type="checkbox"/> Final return - Check this box if you have ceased operations in NYC	<input type="checkbox"/> Filing a 52- 53-week taxable year
	<input type="checkbox"/> Special short period return (See Instr.)	<input type="checkbox"/> A pro-forma federal return is attached
	<input type="checkbox"/> Claim any 9/11/01-related federal tax benefits (see inst.)	<input type="checkbox"/> Enter 2-character special condition code, if applicable (see inst.)
	<input type="checkbox"/> Amended return If the purpose of the amended return is to report a federal or state change, check the appropriate box:	<input type="checkbox"/> IRS change Date of Final Determination <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> NYS change

SCHEDULE A Computation of Tax

BEGIN WITH SCHEDULES B THROUGH E ON PAGE 2. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

A. Payment	Amount being paid electronically with this return.....	A.	Payment Amount
1.	Net income (from Schedule B, line 8).....	1.	
2a.	Total capital (from Schedule C, line 7) (see instr.).....	2a.	
2b.	Total capital - Cooperative Housing Corps. (see instr.).....	2b.	
2c.	Cooperatives - enter: <input type="checkbox"/> BORO <input type="checkbox"/> BLOCK <input type="checkbox"/> LOT		
3a.	Compensation of stockholders (from Schedule D, line 1).....	3a.	
3b.	Alternative tax (see instructions).....	3b.	
4.	Minimum tax (see instructions) - NYC Gross Receipts: <input type="checkbox"/>	4.	
5.	Tax (line 1, 2a, 2b, 3b or 4, whichever is largest).....	5.	
6.	First installment of estimated tax for period following that covered by this return: (a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT..... (b) If application for extension has not been filed and line 5 exceeds \$1,000, enter 25% of line 5 (see instructions).....	6a. 6b.	
7.	Total before prepayments (add lines 5 and 6a or 6b).....	7.	
8.	Prepayments (from Prepayments Schedule, line G) (see instructions).....	8.	
9.	Balance due (line 7 less line 8).....	9.	
10.	Overpayment (line 8 less line 7).....	10.	
11a.	Interest (see instructions).....	11a.	
11b.	Additional charges (see instructions).....	11b.	
11c.	Penalty for underpayment of estimated tax (attach Form NYC-222).....	11c.	
12.	Total of lines 11a, 11b and 11c.....	12.	
13.	Net overpayment (line 10 less line 12).....	13.	
14.	Amount of line 13 to be: (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 14c OR <input type="checkbox"/> Paper check..... (b) Credited to 2022 estimated tax.....	14a. 14b.	
14c.	Routing Number <input type="checkbox"/> Account Number <input type="checkbox"/> ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/>		
15.	TOTAL REMITTANCE DUE (see instr.).....	15.	
16.	NYC rent deducted on federal tax return (see instr.).....	16.	
17.	Gross receipts or sales from federal return.....	17.	
18.	Total assets from federal return.....	18.	

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

SIGN HERE	I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.			Firm's Email Address:
	I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions)...YES <input type="checkbox"/>			
PREPARER'S USE ONLY	Officer's signature:	Title:	Date:	Preparer's Social Security Number or PTIN
	Preparer's signature:	Preparer's printed name:	Check if self-employed: <input type="checkbox"/>	Date:
	Firm's Employer Identification Number			
▲ Firm's name (or yours, if self-employed) ▲ Address ▲ Zip Code				

ATTACH COPY OF ALL PAGES OF YOUR FEDERAL TAX RETURN 1120S. SEE PAGE 2 FOR MAILING INSTRUCTIONS.

SCHEDULE B Computation of NYC Taxable Net Income

1.	Federal taxable income before net operating loss deduction and special deductions (see instructions).....	1.		
2.	Interest on federal, state, municipal and other obligations not included in line 1	2.		
3a.	NYS Franchise Tax and other income taxes, including MTA taxes, deducted on federal return (attach rider) (see instr.)	3a.		
3b.	NYC General Corporation Tax deducted on federal return (see instructions)	3b.		
4.	ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399Z) (see instructions)	4.		
5.	Total (sum of lines 1 through 4)	5.		
6a.	New York City net operating loss deduction (see instructions)	6a.		
6b.	Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instr.)	6b.		
6c.	NYC and NYS tax refunds included in Schedule B, line 1 (see instr.)	6c.		
7.	Total (sum of lines 6a through 6c)	7.		
8.	Taxable net income (line 5 less line 7) (enter on page 1, Schedule A, line 1) (see instructions)	8.		

SCHEDULE C Total CapitalBasis used to determine average value in column C. **Check one.** (Attach detailed schedule)

- ☐ - Annually
 ☐ - Semi-annually
 ☐ - Quarterly
☐ - Monthly
 ☐ - Weekly
 ☐ - Daily

	COLUMN A Beginning of Year	COLUMN B End of Year	COLUMN C Average Value
1. Total assets from federal return			
2. Real property and marketable securities included in line 1 ...			
3. Subtract line 2 from line 1			
4. Real property and marketable securities at fair market value			
5. Adjusted total assets (add lines 3 and 4)			
6. Total liabilities (see instructions)			
7. Total capital (column C, line 5 less column C, line 6) (enter on page 1, Schedule A, line 2a or 2b) (see Instr.)			

SCHEDULE D Certain Stockholders

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 from Corporation (If none, enter "0")

1. Total, including any amount on rider (enter on page 1, Schedule A, line 3a)..... 1.

SCHEDULE E The following information must be entered for this return to be complete

1. New York City principal business activity: _____

2. Does the corporation have an interest in real property located in New York City? (see instructions)..... YES ☐ NO ☐

3. If "YES": (a) Attach a schedule of such property, including street address, borough, block and lot number.
(b) Was a controlling economic interest in this corporation (i.e., 50% or more of stock ownership) transferred during the tax year? ... YES ☐ NO ☐

4. Does the corporation have one or more qualified subsidiary subsidiaries (QSSS)? YES ☐ NO ☐
If "YES" Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether the QSSS filed or was required to file a City business income tax return. See instructions.

5. Enter the number of Fed K1 returns attached: _____

6. 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 ☐

7. If "YES", were all required Commercial Rent Tax Returns filed? YES ☐ NO ☐
Please enter Employer Identification Number which was used on the Commercial Rent Tax Return: _____

COMPOSITION OF PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 8	DATE	AMOUNT
A. Mandatory first installment paid with preceding year's tax		
B. Payment with Declaration, Form NYC-400 (1)		
C. Payment with Notice of Estimated Tax Due (2)		
D. Payment with Notice of Estimated Tax Due (3)		
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 8)		

MAILING INSTRUCTIONS**ALL RETURNS EXCEPT REFUND RETURNS**

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

The due date for the calendar year 2021 return is on or before March 15, 2022.

For fiscal years beginning in 2021, file on the 15th day of the third month after the close of fiscal year.

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