



BUSINESS CORPORATION TAX RETURN

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

		For CALENDAR YEAR 2022 or FISCAL YEAR beginning	2	2022 and ending
		Name Name Change	Employer Ide	entification Number:
		In care of	T T	- Indicated Nationals
		Address (number and street) Address		J ⁻
		City and State Zip Code Country (if not US)	Business Co	ode Number as per federal return:
		Business telephone number Taxpayer's email address:		
_				
		State or country of organization Date organized		special condition code,
		Date business began in NYC Final Return Check this box if you have ceased operations in NYC If final return, date business ended in NYC	if applicable	(See instructions):
	IECK ALL AT APPLY	Special short period return 52/53-week taxable year Pro-forma federal return attache	ed [Claim any 9/11/01-related federal tax benefits
			Date of Final Determination	
		l any of the following P. 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
•	CHEDIII E	A - Computation of Balance Due or Overpayment		
				Payment Amount
_	A. Paymer	Amount being paid electronically with this return		. А.
1.		ness income base (from Schedule B, line 38)		
2.	Tax on capit	al base (from Schedule C, Part 3, line 5) Maximum Tax is \$10,000,000		2.
3.	Minimum ta	x - (see instructions) - NYC Gross Receipts:		3.
4.	•	ne amount from line 1, 2 or 3, whichever is largest)		
5.		redit (attach Form NYC-9.7C)		
6.		T Paid Credit (subtract line 5 from line 4)		
7.		t (attach Form NYC-9.5)		
8.		Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6)		
9.		redit (see instructions and attach Form NYC-9.8)		
10.	•	left blank		
11.		stion Credit (attach Form NYC-9.12)		
12.		r credits (subtract lines 7, 8, 9 and 11 from line 6)		
13.		ments (from Composition of Prepayments Schedule, page 2, line G or H) (See Instructions)		
14.		e (subtract line 13 from line 12)		
15.		nt (subtract line 12 from line 13)		15.
16a.	,	e instructions)		
16b.		narges (see instructions)		_
16c.	,	underpayment of estimated tax (attach Form NYC-222)		
17.		s 16a, 16b and 16c		
18.		ment (line 15 less line 17)		
19.	Amount of I	ne 18 to be: a. Refunded - U Direct deposit - fill out line 19c OR Paper check		
	_	b. Credited to 2023 estimated tax	_	
19c.	Routing Number:	Account Type Number:	Checking [e: Savings [
20.	TOTAL RE	MITTANCE DUE. (see instructions)		20.
21.	NYC rent de	educted on federal tax return or NYC rent from Schedule E, part 1		21.
22.	Federal Ret	urn Filed: 🗌 1120 🔲 1120C 🔲 1120F 🔲 1120-RIC 🔲 1120-REIT 🔲 1120-H	Other / None	9
23.	Gross recei	ots or sales from federal return		23.
24.	Total assets	from federal return		24.

For	m NYC-2 - 2022	NAME:		EIN:		_ Page 2
RI	EVOCATION OF	THE COMMONLY OW	NED GROUP ELECTION (S	ee Instructions)		
1.	In the immediate	ly preceding taxable year, v	vas this corporation the designate ne commonly owned group election	d	YES	□ №
2.	If YES, enter the	beginning and ending date	s of the election: Beginning	MMDDYY E	inding	
3. If the term of the election expired in the immediately preceding taxable year, the designated agent of the commonly owned group can revoke the election by checking this box. Attach a schedule of corporations that were members of the commonly owned group (see instructions)						
C		F PREPAYMENTS SCH				
	PREPAYMENTS CLA	IMED ON SCHEDULE A, LINI	E 13	DATE	AMOUNT	
A.		tallment paid for tax year 20 Ir mandatory first installment	22 paid for tax year 2023)			
B.	Payment with Declar	aration, Form NYC-400				
C.	Payment with Notice	e of Estimated Tax Due				
D.	Payment with Notice	e of Estimated Tax Due				
E.	Payment with exter	nsion, Form NYC-EXT				
F.	Overpayment from	preceding year credited to the	nis year			
G.	TOTAL of A through	n F (enter on Schedule A, line	9 13)			
	For Amended Re	turns only:				
Н.	Total payments and	credits applicable at time of filin	g of this Amended return (see instr.)			
						-
CI	ERTIFICATION	OF AN ELECTED OFFI	CER OF THE CORPORATION	N		
			mpanying rider, is, to the best of nursely in the preparer listed below.			ete.
z W				,		
SIG	Signature of officer	Ti	tle Date	Firm's em address	ali	

MAILING INSTRUCTIONS

▲ Firm's name (or yours, if self-employed)

RER'S USE ONLY

Preparer's

signature

Attach copy of all pages of your federal tax return or pro forma federal tax return. The due date for the calendar year 2022 return is on or before April 18, 2023. For fiscal years beginning in 2022, file on or before the 15th day of the 4th month following the close of the fiscal year.

Check if self-

employed 🗸

Date

▲ Zip Code

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

Preparer's Social Security Number or PTIN

Firm's Employer Identification Number

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



Preparer's

printed name

▲ Address

Form NYC-2 - 2022 NAME: _____ Page 3

SC	HEDULE B - Computation of Tax on Business Income Base		
1.	Federal taxable income (FTI) before net operating loss (NOL) and special deductions (see instructions	s). 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 alien corporations	2.	
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 alien corporation		
4.	Dividends not included on line 1 by non-alien corporations	4.	
5.	Interest on federal, state, municipal and other obligations not included on line 1 by non-alien corporations	5.	
6.	Income taxes paid to the US or its possessions deducted on federal return	6.	
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)	8.	
9.	Adjustments relating to employment opportunity relocation cost credit and IBZ credit	9.	
10.	Adjustments relating to real estate tax escalation credit	10.	
11.	ACRS depreciation and/or adjustments (attach Form NYC-399 and/or NYC-399Z)	11.	
12.	Payment for use of intangibles	12.	
13.	Intentionally omitted	13.	
14.	Other additions (see instructions; attach rider)	14.	
15.	Total of lines 1 through 14	15.	
16.	Gain on sale of certain property acquired prior to 1/1/66 (see instructions)	16.	
17.	NYC and NYS tax refunds included in line 15 (see instructions)		
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-3998 and/or NYC-399Z; see instructions))	
20.	Other subtractions (see instructions) (attach rider)	20.	
21.	Total subtractions (add lines 16 through 20)	21.	
22.	Net modifications to federal taxable income (subtract line 21 from line 15)	22.	
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)		
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)	. 27.	
28.	Business income (add lines 26 and 27)	. 28.	
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)	. 29.	
30.	Business income after addback (add lines 28 and 29)	. 30.	
31.	Intentionally Omitted	. 31.	
32a.	Allocated business income after addback (Multiply Line 30 by the business allocation percentage from Schedule F, Part 3)	32a.	
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)	. 33.	
34.	Allocated business income less prior net operating loss conversion subtraction (see instructions)	. 34.	
35.	Net operating loss deduction (from Form NYC-2.4, Schedule A, line 6)	. 35.	
36.	Business income base (subtract line 35 from line 34)	. 36.	
37.	Tax rate (see instructions)	. 37.	%
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.



Form NYC-2 - 2022	NAME:	EIN:	 Page

S	CHEDULE C - Computation of Tax on Capital Base			
P	art 1 - Computation of Total Business Capital			
Ва	asis used to determine average value in column C. <i>Check one.</i> (Attac	ch detailed schedule.)		
F	- Annually - Semi-annually - Quarterly - Monthly - Weekly - Daily	COLUMN A Beginning of Year	COLUMN B End of Year	COLUMN C Average Value
1.				
2.				
3.				
4.	Real property and marketable securities at fair market value4.			
5.				
6.	Total liabilities (see instructions)6.			
7.	Total capital (subtract line 6, column C, from line 5, column C)		7.	
8.	Investment capital (from Schedule D, line 4; if zero or less, enter	r 0)	8.	
9.	Business capital (subtract line 8 from line 7)			
10	D. Addback of capital previously reported as investment capital (from Sci	hedule D, line 5, column C; i	f zero or less, enter 0) 10.	
11	. Total business capital (add lines 9 and 10) (see instructions)		11.	
_				0011111111
	art 2 - Computation of Liabilities Attributable to Investment Capital an		COLUMN A	COLUMN B
	Total liabilities (Schedule C, Part 1, line 6) (see instructions)			
	Liabilities directly attributable to investment capital (see instruction	•		
	Liabilities directly attributable to business capital			
	Total liabilities directly attributable (add lines 2 and 3)			
	Total liabilities indirectly attributable (subtract line 4 from line 1)			
6.	Average FMV of investment capital before subtraction of liabilities attri (Form NYC-2.1, Schedule E, Part 4, Column F, line 4) (see instruction			
7.	Average FMV of adjusted total assets (Schedule C, Part 1, line 5) (see	ee instructions)		
8.	Investment capital factor (divide line 6 by line 7)	8.		%
9.	Liabilities indirectly attributable to investment capital (multiply line	5 by line 8) 9.		
10.	Average FMV of business capital before subtraction of liabilities a (subtract line 6 from line 7)			
11.	Liabilities indirectly attributable to business capital (subtract line 9	from line 5) 11.		
12.	Liabilities directly and indirectly attributable to business capital (ac and 11; if this line 12 exceeds line 10, STOP and do not go further) (s			
13.	Liabilities directly attributable to Insurance and Utility Capital	13.		
14.	Liabilities directly attributable to General Business Capital	14.		
	Average FMV of Insurance and Utility Capital before subtraction of liability			2/
	Insurance and Utility Capital factor (divide line 15 by line 10)			%
	Liabilities indirectly attributable to Insurance and Utility Capital (multiply lin			
	Liabilities attributable to Insurance and Utility Capital (add lines 10			
	Net Insurance and Utility Capital (subtract line 18 from line 15 and add any from line 22, if this line 19 has a positive value without such addition)) (see instructions)19.		
	Allocated Insurance and Utility Capital (multiply line 19 by the busine percentage from Schedule F, Part 3)	20.		
21.	Liabilities attributable to General Business Capital (subtract line 2 line 13 and line 17 from line 1)	?, line 9, 21.		

Forn	n NYC-2 - 2022	NAME:	EIN	ı:		Pa	ge 5
	HEDULE C - (C						
		on of tax on capital base			Г		
1a.		Business Capital (multiply Schedule C, Part 2 Part 3)	•		. 1a.		
1b.	At tax rate 0.15%	(multiply line 1a by 0.15%)			1b.		
2a.	Allocated insurance	e and utility capital (Schedule C, Part 2 line 2	20) (see instructions)		2a.		
2b.	At tax rate 0.075%.	Check the appropriate box: Utility Corp.	Insurance Corp. (multiply	line 2a by 0.075%)	2b.		
3a.	Cooperative housing	ng corporations (see instructions)			3a.		
3b.	At tax rate 0.04% (multiply line 3a by	Enter Boro Block 0.04%)	Lot		3b.		
4.	Sum of taxes on	capital (Enter the sum of lines 1b, 2b and	3b here)		4.		
5.	Tax on capital base	e (Subtract \$10,000 from line 4; If zero or less,	enter 0 here and on Schedu	ıle A, line 2)	5.		
SC	HEDULE D - C	omputation of Investment Capital fo	r the Current Year (se				
			A Average fair market value as reported	B Liabilities attributable to column A amount		C Net average valu (column A - column	
1.	apportionable to I	generates income claimed to not be New York under the U.S. Constitution -2.1, Schedule E, line 1)1.			1.		
2.		ctually held for more than one year -2.1, Schedule E, line 2)2.			2.		
3.		resumed held for more than one NYC-2.1, Schedule E, line 3)3.			3.		
4.		capital for the current year (add Column of C, Part 1, line 8; if zero or less, enter 0)			4.		
Ac	ldback to busin	ness capital of stock presumed an	d claimed as investn	nent capital in previ	ous y	rear	
			A	В		С	
			Average fair market value as reported	Liabilities attributable to column A amount		Net average valu (column A - columi	

5.

5. Total of stocks previously presumed held for more than one year, but did **not** meet the holding period (from Form NYC-2.1,

Schedule F, line 1; enter here and on Schedule C, Part 1, line 10)..5.

orm NYC-2 - 2022	NAME:			EIN:			Page 6
SCHEDULE E -	Location of Plac	ces of Bu	siness Inside	and Outside New York	City		
All taxpayers must c	complete Schedule	E, Parts 1 a	and 2.				
Part 1 - List location	n for each place o	of business	INSIDE New	York City (see instructions;	attach rider if nec	essary)	
Com	plete Address		Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
VONBERT AND STREET							ı
CITY	STATE	ZIP					l
NUMBER AND STREET							ı
CITY	STATE	ZIP					l
NUMBER AND STREET	l						
CITY	STATE	ZIP					l
Total	-	-					
Part 2 - List location	n for each place o	of business	OUTSIDE Ne	w York City (see instruction	s; attach rider if n	ecessary)	
Com	plete Address		Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
CITY	STATE	ZIP					
IUMBER AND STREET							
CITY	STATE	ZIP	-				
IUMBER AND STREET							
CITY	STATE	ZIP					
Total							
SCHEDULE F - C	omputation of I	Business	Allocation Pe	ercentage			
				edule F, Part 1 or Sched	dule F, Part 2		
Taxpayers mu	st report their	Busines	s Allocation	Percentage in Schedul	e F, Part 3 for t	his return to be a	ccepted
A. If this is your f	irst Business Cor	poration Ta	ax return after	January 1, 2018 -			
•	creceipts are: r than \$50,000,000	aomalata	Dort 1				
		•		ime opportunity to elect the sp	ecial three-factor al	location method.	
	•			ula allocation method, complet			
•				ocation method, check the box			
On				use this method of allocation			
	ELECTION CHEC	CKBOX - by	checking this b	oox, the taxpayer elects to use	the special three-fa	actor allocation method.	
B. If this is NOT y	your first Busines	s Corporat	ion Tax return	after January 1, 2018 -			
	•			llocation method, or have revo ecation method and choose to			Part 1.

3. If you have previously made the election to use the three-factor allocation method and choose to revoke it on this return, check the revocation box below and complete Part 1. Once this election is revoked, you are ineligible to use the three-factor allocation method in future filing periods.

REVOCATION CHECKBOX - by checking this box, the taxpayer revokes its election to use the three-factor allocation method

on this return and on all future tax filings.



SC	CHEDULE F, Part 1 - Computation of Single Receipts Factor	Business Allocation Percenta	ige (s	ee instructions)	
Ta:	xpayers who do not allocate business income and business capital outside xpayers who allocate business income both inside and outside New York (use the three factor Business Allocation Percentage.	e New York City must enter 100% or	n Sched	dule F, Part 3.	ion
		COLUMN A - NEW YORK CITY	(OLUMN B - EVERYWHE	RE
1.	Receipts (from Form NYC-2.5, line 54.) Continue to Part 3 1.				
		Allocation Donountons (see in		4:	
	CHEDULE F, Part 2 - Computation of Three Factor Business expayers who are using the three factor Business Allocation Percentage sh		Istruc	tions)	
ıa					
		COLUMN A - NEW YORK CITY	(OLUMN B - EVERYWHE	RE
1a.	Real estate owned1a.		1a		
1b.	Real estate rented - multiply by 8 (see instr.) (attach rider) 1b.		1b		
1c.	Inventories owned		1c		
1d.	Tangible personal property owned (see instructions)1d.		1d		
1e.	Tangible personal property rented - multiply by 8 (see instr., attach rider) 1e.		1e		
1f.	Total		1f		
1g.	Percentage in New York City (divide line 1f, column A by line 1f, column	umn B)	1g		%
1h.	Multiply line 1g by 3.5	,			
2a.	Receipts (from Form NYC-2.5, line 54)2a.		2a.		
2b.	Percentage in New York City (divide line 2a, column A by line 2a, co			1	%
2c.	Multiply line 2b by 93		2c		
За.	Wages, salaries and other compensation of employees, except general executive officers (see instructions) 3a.				
3b.	Percentage in New York City (divide line 3a, column A by line 3a, co	olumn B)	3b		%
3с.	Multiply line 3b by 3.5		Зс		
Sui	m of Weighted Factors				
4.	Add lines 1h, 2c and 3c. Continue to Part 3		4		
SC	CHEDULE F, Part 3 – Enter your business allocation percentage ten-thousandth of a percentage point. (See		nter as	s a percentage and rou	nd to
•	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 If a factor is missing, divide line 4 by the total of the weights of the t				%

Page 7

%



Form NYC-2 - 2022

NAME:

	NYC-2 - 2022 NAME:	EIN: _			Page 8
SC	HEDULE G - Additional Required Information				
1.	List all significant business activities in NYC and everywhere (see instruc	tions; if necessary,	attach list)		
2.	Enter your Secondary Business Code (see instructions)				
3.	Trade name of reporting corporation, if different from name entered on pa	•			
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 defi any exclusion by reason of paragraph (b)(2) of that section?	ned in IRC section	1563, disregarding	YES	□ NO
	If "YES", give common parent corporation's name		EIN:		
6.	Has the Internal Revenue Service or the New York State Department of T taxable income or other tax base reported in a prior year, or are you curred.	Taxation and Finance ently under audit?	e corrected any	YES	□ NO
	If "YES",	State period(s):	Beg.: End.:_		
	by whom? New York State Department of Taxation and Finance	Otata mariad(a).	MMDDYY		DDYY
	☐ New York State Department of Taxation and Finance	State period(s):	Beg.: End.:_		DDYY
7.	If "YES" to question 6: 7a. For years prior to 1/1/15, has Form(s) NYC-3360 (Report of Federal/ 7b. For years beginning on or after 1/1/15, has an amended return(s) be				□ NO
8.	Did this corporation make any payments treated as interest in the computati directly or indirectly, individually or in the aggregate, more than 50% of the c If "YES", please attach a schedule giving Shareholder's name, SSN/EIN, Total indebtedness to shareholder and Total interest paid	corporation's issued a Interest paid to sha	and outstanding capital stock? ureholder,	YES	□ NO
9.	Was this corporation a member of a partnership or joint venture during the If "YES", attach schedule listing name(s) and Employer Identification Num			YES	□ NO
10.	At any time during the taxable year, did the corporation have an interest in real located in NYC or a controlling interest in an entity owning such real prop			YES	□ NO
11a.	If "YES" to question 10, attach a schedule of such property, indicating the n borough, block and lot number.	nature of the interest	and including the street address,		
11b.	Was any NYC real property (including a leasehold interest) or controlling interacquired or transferred with or without consideration?			YES	□ NO
11c.	Was there a partial or complete liquidation of the corporation?			YES	□ NO
11d.	Was 50% or more of the corporation's ownership transferred during the tax	year, over a three-ye	ear period or according to a plan?	YES	□ NO
12.	If "YES" to questions 11b, 11c or 11d, was a Real Property Transfer Tax F	Return (Form NYC-I	RPT) filed?	YES	□ NO
13.	If "NO" to question 12, explain:				
14.	Does this taxpayer pay rent greater than \$200,000 for any premises in N' for the purpose of carrying on any trade, business, profession, vocation of	ŭ		YES	□ NO
15.	If "YES" to question 14, were all required Commercial Rent Tax Returns fi		•		□ NO
	Please enter Employer Identification Number which was used on the Con				
16.	Are you claiming an exception to the related member expense addback ur			YES	□ NO

EXCEPTION

□ NO

☐ NO

☐ NO

__ NO

Did this corporation carry out any commercial banking business (as defined by Section 11-640(b) of the Ad. Code) during this filing period?....

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....... 🗌 YES



17.

18.

19.

20.

If yes, enter applicable exception and amount of royalty payments.

Forn	n NYC-2 - 2022	NAME:		EIN:		Page	9
SC	HEDULE H - DE	TERMINATION OF TAX RATE					
A.	Enter the tax rate co	omputed or used below (see instructions)		A.			
B.	Enter the line numb	er of the tax rate computed or used below (se	ee instructions)	В.			
Ca.	Enter your unallocate	ted business income from Schedule B, line 30	(see instructions)	Ca.			
Cb.	If the amount on line	e Ca is not correct, enter correct amount here	and explain in rider (s	see instructions)Cb.			
D.	Enter your allocated	business income from Schedule B, line 32a	or 32b if used	D.			=
E.	If you are a Qualifie	d Manufacturing Corporation as defined in Adr	ministrative Code Secti	on 11-654(1)(k)(4), mark	an x in the box (see ins	tr.) E.	_
F.	If you are a Financia	al Corporation as defined in Administrative Co	de Section 11-654(1)(e)(1)(i), mark an X in the	box (see instr.)	F.	
TA	XX RATE COMPU	TATION FOR BUSINESS CORPORAT	TIONS NOT SPECI	IFIED BELOW (see i	nstructions)		
1.		ness income <i>(Schedule B, line 30)</i> is less than Schedule B, line 32a or 32b if used) is less th			6.50%		
2.		ness income (Schedule B, line 30) is equal to a amount of allocated business income)	or greater than \$3M		8.85%		
3.		ss income (Schedule B, line 32a or 32b if u I (regardless of the amount of unallocated bu			8.85%		
4.	but less than \$3M	ness income (Schedule B, line 30) is equal to a and allocated business income (Schedule E \$1M, use unallocated formula		6.50% + (2.35% X line	30 - 2,000,000 1,000,000		%
5.	business income (ness income <i>(Schedule B, line 30)</i> is less than <i>Schedule B, line 32a or 32b if used)</i> is equa \$1.5M, use allocated formula		6.50% + (2.35% X line 3	2a or 32b - 1,000,000 500,000) =		%
6.		ness income (Schedule B, line 30) is equal to and allocated business income (Schedule E		6.50% + (2.35% X line			
	used) is equal to o	r greater than \$1M but less than \$1.5M, competence of the two computed tax rates.		6.50% + (2.35% X line 3	$\frac{2a \text{ or } 32b - 1,000,000}{500,000} = \underline{\hspace{1cm}}$	<u></u> %	
				Enter the greater of the tv	vo computed tax rates:		%
TA	AX RATE COMPU	TATION FOR QUALIFIED MANUFAC	TURING CORPOR	ATIONS (see instru	ictions)		
7.		ness income <i>(Schedule B, line 30)</i> is less than Schedule B, line 32a or 32b if used) is less th			4.425%		
8.		ness income (Schedule B, line 30) is equal to amount of allocated business income)	or greater than \$40M		8.85%		
9.		ss income (Schedule B, line 32a or 32b if (regardless of the amount of unallocated bus			8.85%		
10.	but less than \$40N	ness income (Schedule B, line 30) is equal to M and allocated business income (Schedule \$10M, use unallocated formula	•	4.425% + (4.425% X line	(20,000,000) = _		%
11.	business income (S	ness income <i>(Schedule B, line 30)</i> is less than Schedule B, line 32a or 32b if used) is equal to I, use allocated formula		4.425% + (4.425% X line	$\frac{32a \text{ or } 32b - 10,000,000}{10,000,000}) = -$		%
12.		ness income (Schedule B, line 30) is equal to		4.425% + (4.425% X line	20,000,000) =	%	
	used) is equal to o	A and allocated business income (Schedule r greater than \$10M but less than \$20M, con e the greater of the two computed tax rates		4.425% + (4.425% X line	$\frac{32a \text{ or } 32b - 10,000,000}{10,000,000}) = \underline{\hspace{1cm}}$	% ——	

TAX RATE COMPUTATION FOR CERTAIN FINANCIAL CORPORATIONS (see instructions)
13. Financial Corporations as defined in Administrative Code Section 11-654(1)(e)(1)(i)	9.00%

Enter the greater of the two computed tax rates: $_$



both formulas. Use the greater of the two computed tax rates