NYC-2A COMBINED BUSINESS CORPORATION TAX RETURN 2022

		Department of Finance	-	orporations ONLY – All Subchap	-	ust file Form NY				
			For CALENDAR	R YEAR 2022 or FISCAL YE			20	2022 and ending		
		Name of designated agent Change Employer lo				Employer Iden	yer Identification Number:			
		In care of					'	-		
		Address (number and street)				ddress hange				
		City and State		Zip Code	Country (if not	US)	Business Code	Numbe	r as per federal return:	
=		Business telephone number		Taxpayer's email address:			L			
		State or country of organization		Date organized			2-character sp	ecial con	dition code.	
		Date business began in NYC	Final Check this bo		turn, date business e	nded in NYC	if applicable (
	ECK ALL AT APPLY	Special short period return	52/53-we	eek taxable year	Pro-forma federa	al return attach	ed	Claim	any 9/11/01-related federal ta	x benefits
			the purpose of the amen federal or state change, che		IRS change		Date of Final Determination	•		
		any of the following If yes, check all that apply.	Form NYC-2.1	Form NYC-2.2	For	m NYC-2.3	F	orm NYC-	2.4 Form	NYC-2.5A
S	CHEDULE	A - Computation of	Balance Due o	r Overpayment						
-	A. Paymen	t Amount being paid el	ectronically with th	nis return				Α.	Payment Amount	
1.	Tax on cor	nbined business income b	pase (from Schedu	ule B, line 38)				1.		
2.		nbined capital base (from	•	ŕ						
3.		ax for designated agent o	•	column F):	3a			3.		
4.		amount from line 1, 2 or 3		,				· [
5.		nimum taxes for taxable of								
6.		ined tax (add lines 4 and		,						
7.	UBT Paid	Credit (attach Form NYC-	9.7C)					7.		
8.	Combined	tax after UBT Paid Credit	(subtract line 7 fr	om line 6)				8.		
9.	REAP cred	lits (attach Form NYC-9.5	i)					9.		
10.	Real Estat	e Tax Escalation, Employ	ment Opportunity	Relocation and IBZ C	redits (attach	Form NYC	-9.6)	10.		
11.	LMREAP (Credit (attach Form NYC-	9.8)					11.		
12.	Intentional	y left blank						12.		
13.	Beer Produ	uction Credit (attach Form	n NYC-9.12)					13.		
14.	Net combin	ned tax after credits (subt	ract lines 9, 10, 11	1 and 13 from line 8)				14.		
15.	Total prepa	ayments (from Prepaymer	nt Schedule, page	2, line H or I) (See In	nstructions)			15.		
16.	Balance du	ue (subtract line 15 from l	ine 14)					16.		
17.	Overpaym	ent (subtract line 14 from	line 15)					17.		
18a.	Interest (se	ee instructions)			18a.			_		
18b.	Additional	charges (see instructions)		18b.			_		
18c.	Penalty for	underpayment of estima	ted tax (attach For	rm NYC-222)	18c.					
19.		es 18a, 18b and 18c						19.		
20.		ayment (line 17 less line 1						20.		
21.	Amount of	line 20 to be:	a. Refunded	- Direct deposit - f	fill out line 21c	OR	Paper check	21a		
			b. Credited to	to 2023 estimated tax.				21b.		
21c.	Routing Number:		Account Number:			Account Ty	rpe: Checking Savings			
22.	TOTAL RE	MITTANCE DUE. (see in	nstructions)					22.		

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

SCI	HEDULE B - (Computation of Tax on Combined Bus	iness income Base	е				
			DESIGNATED AGENT	TOTAL OF ALL AFFILIATES	INTERCORPORATE ELIMINATIONS	COMBINED GROUP TOTAL		
1a.	a. Federal consolidated taxable income (CTI) of New York City combined group (see instructions)							
1b.	b. Addback federal consolidated net operating loss deduction (NOLD)							
1 c(i).	Addback federal	consolidated dividends received deduction (D	RD)		1c(i).			
1c(ii).	Addback of FDII	deduction			1c(ii).			
1c(iii).	Addback of IRC	§965(c) deduction			1c(iii).			
1d.	Addback federal	dividends paid deduction (DPD) of captive RE	EITs and captive RICs	disallowed by NYC	1d.			
1e.	Federal CTI befo	ore federal NOLD and other federal deductions	s above (add lines 1a t	through 1d)	1e.			
1f.	Elimination of int	ercorporate dividends (see instructions)			1f.			
1g.		ore New York City additions and subtractions (subtract line 1f from lin	ne 1e)	1g.			
2.	conduct of a trac	terest effectively connected with the de or business in the United States NOT 1g by alien corporations						
3.	treaty from federal effectively connect	not included on line 1g which is exempt by income tax but would otherwise be treated as ted with the conduct of a trade or business in by alien corporations3.						
4.	Dividends not inc	luded on line 1g by non-alien corporations4.						
5.		I, state, municipal and other obligations not 1g by non-alien corporations5.						
6. 7.	•	the US or its possessions deducted on federal return6. , including MTA taxes and other business taxes						
8.		deral return (see instructions; attach rider)						
9.	Adjustments rela	ting to employment opportunity relocation BZ credit9.						
10. 11.	ACRS depreciati	ting to real estate tax escalation credit10. fon and/or adjustments (attach Form NYC-399Z)11.						
12.		of intangibles12.						
13.	Intentionally omit	ted13.						
14.	Other additions ((see instructions; attach rider)14.						
15.	Total lines 1g thr	ough 14 15.						
16.	Gain on sale of cert	ain property acquired prior to 1/1/66 (see instr.)16.						
17.		refunds included in line 15 (see instructions) 17.						
18.	disallowance (se	ries subject to IRC §280C deduction ee instructions)18.						
19.	or pre - 9/11/01 r	or adjustment calculated under pre-ACRS or ules (attach Form NYC-399 and/or instructions)19.						
20.	Other subtraction	ns (see instructions) (attach rider)20.						
21.	Total subtraction	s (add lines 16 through 20)			21.			
22.	Net modifications	s to federal taxable income (subtract line 21 fr	om line 15)		22.			
23.		ication for qualified banks and other qualified ler						
24.		net income (ENI) (subtract line 23 from line 2						
25.		other exempt income (from Form NYC-2.1, So						
26.		e less investment and other exempt income						
27. 28.		ductions attributable to investment income and oth ess income (add lines 26 and 27)						
29.		e previously reported as investment income (from For						
30.		is income after addback (add lines 28 and 29)			,			
	31.	Intentionally Omitted						
		Allocated combined business income after ac percentage from Schedule F, Part 3)	ddback (Multiply Line 3	30 by the business at	llocation			
	32b.	If the amount on line 32a is not correct, enter of						
	33.	Prior net operating loss conversion subtraction			,			
	34.	Allocated business income less prior net ope	•					
	34. 35.	Net operating loss deduction (from Form NYC	-	•	·			
	36.	Combined business income base (subtract line 35		·				
	37.	Tax rate (see instructions)	*			%		
	38.	Tax on combined business income base (mu				70		
		and enter here and on Schedule A, line 1)			38.			

IN	

ILCOOL	omation of Aggregate of Federal of	eparate Taxable income to rederal consolidate	ed Taxable Illcolle (OTI)	(dee ilistructions)
ITEM	N.	A IEMBER NAME	B MEMBER EIN	C OWNERSHIP PERCENTAGE
Α				%
В				%
С				%
D				%
Е				%
F				%
G				%
Н				%
ı				%
J				%
K				%
L				%
М				%
N				%
0				
P				%
Г	5			_
ITEM	D IF PART OF A FEDERAL CONSOLIDATED GROUP, MARK AN X IN THE BOX	E FEDERAL FORM FILED	F EIN OF PARENT OF FEDERAL CONSOLIDATED RETURN	G FEDERAL SEPARATE TAXABLE INCOME
Α	,			
В				
С				
D				
E				
F				
G				
Н				
ı				
J				
K				
L				
М				
N				
0				
P				
		me (add amounts in column G)		
		easury Regulations section 1.1502-12 me for consolidated purposes (combine lines 1 and 2)		
3. Ag		application of Treasury Regulations section 1.1502-1		
	-	required under IRC to arrive at federal CTI of		
	New York City combined g	roup		
	6. Federal CTI of New York C	City combined group (combine lines 3, 4 and 5)	6.	
	Certain items reported on line			
	_	ntercompany income, expense, gain or loss		
		ainntributions deduction		
		1231 net loss		J

Form NYC-2A - 2022 NAME OF DESIGNATED AGENT: EIN: Page 5 **SCHEDULE C - Computation of Tax on Combined Capital Base Part 1 - Computation of Total Combined Business Capital** Basis used to determine average value in column D. Check one. (Attach detailed schedule.) - Annually - Semi-annually - Quarterly D Designated agent Total of all affiliates Intercorporate eliminations Combined group total - Weekly - Daily - Monthly 1. Total assets from federal return1. Real property and marketable securities included in line 1.2. Subtract line 2 from line 13 Real property and marketable securities at fair market value .4. 5. Adjusted total assets (add lines 3 and 4)5. Total liabilities (see instructions)6. Business capital (subtract line 8 from line 7)... 10. Addback of capital previously reported as investment capital (from Schedule D, line 5, column C; if zero or less, enter 0)...... 10. 11. Total combined business capital (add lines 9 and 10) (see instructions) **COLUMN B** Part 2 - Computation of Liabilities Attributable to Investment Capital and Within Business Capital **COLUMN A** Liabilities directly attributable to investment capital (see instructions)......2. Total liabilities directly attributable (add lines 2 and 3)4. 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. 10. Average FMV of business capital before subtraction of liabilities attributable 12. 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. 14. Liabilities directly attributable to General Business Capital14. 15. Average FMV of Insurance and Utility Capital before subtraction of liabilities attributable15. 17. Liabilities indirectly attributable to Insurance and Utility Capital (multiply line 16 by line 11)17.

19. Net Insurance and Utility Capital (subtract line 18 from line 15 and add any negative value

20. Allocated Insurance and Utility Capital (multiply line 19 by the business allocation

21. Liabilities attributable to General Business Capital (subtract line 2, line 9,

from line 22, if this line 19 has a positive value without such addition) (see instructions)...19.

For	m NYC-2A - 2022 NAME OF DESIGNATED AGENT:		EIN:		P	Page 6
so	HEDULE C - (Continued)					
Pa	rt 3 - Computation of tax on capital base					
1a.	Allocated General Business Capital (multiply Schedule C, Part 2, from Schedule F, Part 3)	•		1a.		
1b.	At tax rate 0.15% (multiply line 1a by 0.15%)			1b.		
2a.	Allocated insurance and utility capital (Schedule C, Part 2 line	e 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.		
За.	Cooperative housing corporations (see instructions)			3a.		
3b.	At tax rate 0.04% Enter Boro Block (multiply line 3a by 0.04%)	Lot		3b.		
4.	Sum of taxes on capital (Enter the sum of lines 1b, 2b and 3	3b here)		4.		
5.	Tax on capital base (Subtract \$10,000 from line 4; If zero or less, e	enter 0 here and on Schedu	le A, line 2)	5.		
S	CHEDULE D - Computation of Combined Investment	Capital for the Curre	nt Year <i>(see instru</i>	ctions)		
		A Average fair market value as reported	B Liabilities attributab to column A amoun	-	C Net average val (column A - colum	
1.	Total combined capital that generates income claimed to not be allocable to New York under the U.S. Constitution (from Form NYC-2.1, Schedule E, line 1)			1.	`	
2.	Total of stocks actually held for more than one year (from Form NYC-2.1, Schedule E, line 2)			2.		
3.	Total of stocks presumed held for more than one year (from Form NYC-2.1, Schedule E, line 3)			3.		
4.	Total combined investment capital for the current year (add here and on Schedule C, Part 1, line 8; if zero or less, enter	The state of the s	-	4.		
						1

A
Average fair market value as reported

B Liabilities attributable

to column A amount

5.

C Net average value

(column A - column B)

ш			
ш			
ш			
ш			
ш			

Addback of capital previously reported as investment capital

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).....

EIN:

SCHEDULE E - Location of Places of Business Inside and Outside New York City

All taxpayers must complete Schedule E, Parts 1 and 2. The Designated Agent must complete the locations list and Line 1 in Part 1 and Part 2. Each Affiliate of the Designated Agent must complete Form NYC-2A/BC, Schedule E, Parts 1 and 2, with the totals for all affiliates entered on Line 1a of Parts 1 and 2, respectively.

Part 1 -	List location	for each place of	husiness INSIDE N	Jew York City (see	instructions: attac	h rider if necessary)
rail i =	LIST IOCATION	i iui eacii biace ui	DUSINESS INSIDE I	NEW TOLK CILV ISEE	monuciono, anac	ii iiuei ii iiecessaivi

Complete Address		Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET						
CITY STATE	ZIP					
NUMBER AND STREET						
CITY	ZIP					
NUMBER AND STREET						
CITY STATE	ZIP					
Totals paid by Designated Agent inside	NYC					
Totals paid by affiliates inside NYC (From Form NYC-2A/BC)						
Total rent and wages paid by combined inside NYC (sum of Part 1, lines 1 and 1 here and enter rent paid on Sch. A, line	group a; enter					

Part 2 - List location for each place of business OUTSIDE New York City (see instructions; attach rider if necessary)

Complete Address			Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
Totals paid by Designation	ated Agent outside	NYC					
2a. Totals paid by affiliates (From Form NYC-2A/I							
Total rent and wages paid by Combined Group outside NYC (Sum of Part 2, lines 2 and 2a)							

SCHEDULE F - Computation of Business Allocation Percentage

Complete ONLY Schedule F, Part 1 or Schedule F, Part 2

Taxpayers must report their Business Allocation Percentage in Schedule F, Part 3 for this return to be accepted

۹.	If this is your firs	t Business	Corporation `	Tax return	after .	January 1,	2018 -
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- 1. If your NYC receipts are:
 - a. Greater than \$50,000,000, complete Part 1.
 - b. Less than or equal to \$50,000,000, you have a one-time opportunity to elect the special three-factor allocation method.
 - 1. If you choose NOT to elect the three-factor formula allocation method, complete Part 1.
 - If you choose to elect the three-factor formula allocation method, check the box below and complete Part 2.
 Once the election is made, you must continue to use this method of allocation unless the election is revoked.

ELECTION CHECKBOX - by checking this box, the taxpayer elects to use the special three-factor allocation method.

B. If this is NOT your first Business Corporation Tax return after January 1, 2018 -

- 1. If you previously DID NOT elect to use the three-factor allocation method, or have revoked the election on a prior return, complete Part 1.
- 2. If you have previously elected to use the three-factor allocation method and choose to continue to use it, complete Part 2.
- 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 metho
on this return and on all future tax filings.



Form NVC-2A -	2022	NAME	OF I	DESIGNATED	AGENT'

	Page 8

SCHEDULE F. Part 1	1 – Computation of	f Single Receipts Factor	Business Allocation Percer	ntage (see instructions)

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

Taxpayers who allocate business income both inside and outside New York City must complete Schedule F, Part 1, unless they made a valid election to use the three factor Business Allocation Percentage.

			COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1.	Receipts (from Form NYC-2.5A, line 54, Columns D and E.)			
	Continue to Part 3	1		

SCHEDULE F, Part 2 – Computation of Three Factor Business Allocation Percentage for Small Businesses Only (see instructions)

Taxpa	lyers who are using the three factor Bu	siness Allocation Perc	entage should comple	ete this Part.		
		A Designated Agent	B Total of all affiliates	C Intercorporate eliminations	D Combined group NYC total (A + B - C)	E Combined group Everywhere total (A + B - C)
1a.	Real estate owned					
1a(A).	New York City					
1a(B).	Everywhere					
1b.	Real estate rented - multiply by 8 (s	see instructions) (atta	ach rider)			
1b(A).	New York City					
1b(B).	Everywhere					
1c.	Inventories owned					
1c(A).	New York City					
1c(B).	Everywhere					
1d.	Tangible personal property owned	(see instructions)				
1d(A).	New York City					
1d(B).	Everywhere					
1e.	Tangible personal property rented - I	multiply by 8 (see inst	tr., attach rider)			
1e(A).	New York City					
1e(B).	Everywhere					
1f(A).	Total Property New York City (add cold	umn D, lines 1a(A) thr	ough 1e(A))			
1f(B).	Total Property Everywhere (add colum	nn E, lines 1a(B) throu	ıgh 1e(B))			
1g.	Percentage in New York City (divide li	ine 1f(A), column D by	line 1f(B), column E))		%
1h.	Multiply line 1g by 3.5					
2a(A).	New York City receipts (from Form NY	 γC-2.5A, line 54a, colι	ımn D)			
2a(B).	Everywhere receipts (from From NYC	-2.5A, line 54b, colum	ın E)			
2b.	Percentage in New York City (divide line 2a(A), column D by line 2a(B), column E)					
2c.	Multiply line 2b by 93					
3.	Wages, salaries and other compensatio	n of employees, except	t general executive offi	cers (see instructions)		
3a(A).	New York City					
3a(B).	Everywhere					
3b.	Percentage in New York City (divide line 3a(A), column D by line 3a(B), column E)					
3c.	Multiply line 3b by 3.5					
Sum d	of Weighted Factors					
4	Add lines 1h, 2c and 3c. Continue to I	Part 3				

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

%



SCHEDULE G - Additional Required Information

All information on the Affiliations Schedule (see instructions) must be entered for this return to be complete

1.	List all signific	cant	business activities in NYC and everywhere (see instruction	ons; if necessary, a	attach list)		
2.	Enter your Secondary Business Code (see instructions)						
3.	Trade name o	of de	esignated agent corporation, if different from name entered	d on page 1			
4.	Is the designa	ated	agent corporation included in a consolidated federal return	rn?		YES	☐ NO
	If "YES", give	pai	rent's name:		EIN:		
5.			orporation also a member of a controlled group of corpora exclusion by reason of paragraph (b)(2) of that section?			YES	□ NO
	If "YES", give	com	nmon parent corporation's name		EIN:		
6.	taxable incom	ne o	Revenue Service or the New York State Department of Ta. rother tax base reported in a prior year, for the combined mber corporation or are there any of the same currently ur	group, or any var	iation of the combined	\(\sqrt{YES}	□ NO
	If "YES",		Internal Revenue Service	State period(s):	Beg.:	End.:	DVV
	by whom?		New York State Department of Taxation and Finance	State period(s):			
7.		s pr	on 6: ior to 1/1/15, has Form(s) NYC-3360 (Report of Federal/S eginning on or after 1/1/15, has an amended return(s) beer		x Base) been filed?	YES	☐ NO ☐ NO
8.	directly or indirectly or indi	rect se a	corporation make any payments treated as interest in the co ly, individually or in the aggregate, more than 50% of the con attach a schedule giving Shareholder's name, SSN/EIN, Ir nd Total interest paid.	rporation's issued anterest paid to sha	and outstanding capital stock? reholder, Total indebtedness	_	□ NO
9.			r corporation a member of a partnership or joint venture dischedule listing name(s) and Employer Identification Numb		?	YES	□ NO
10.			the taxable year, did any member of the combined group have old interest) located in NYC or a controlling interest in an er			YES	□ NO
11a.			on 10, attach a schedule of such property, indicating owning	g corporation, the r	nature of the interest and include	ding the street a	ddress,
11b.			al property (including a leasehold interest) or controlling interferred with or without consideration?				□ NO
11c.	Was there a p	oarti	al or complete liquidation of the owning corporation?			YES	□ №
11d.	Was 50% or m	ore	of the owning corporation's ownership transferred during the ta	x year, over a three	-year period or according to a pla	an? 🗌 YES	□ NO
12.	If "YES" to qu	ıesti	ons 11b, 11c or 11d, was a Real Property Transfer Tax Re	eturn (Form NYC-F	RPT) filed?		□ NO
13.	If "NO" to que	estic	n 12, explain:				
14.	•		er corporation pay rent greater than \$200,000 for any pren the purpose of carrying on any trade, business, professio		•		□ NO
	15	5.	If "YES" to question 14, were all required Commercial Rei	nt Tax Returns file	d?	YES	□ NO
			Please enter Employer Identification Number which was used				
	16	ô.	Are you claiming an exception to the related member expense addba	ack under Administrat	tive Code section 11-652(8)(n)(2)(ii)	? 🗌 YES	□ NO
			If yes, enter applicable exception and amount of royalty p	ayments			
	17	7.	If any member corporation filed federal form 1120F, did it	have Effectively C	EXCEPTION Connected Income (ECI)?	AMOUNT YES	□ NO
	18		Does any member of the combined group carry out any c Section 11-640(b) of the Ad. Code) during this filing period	ommercial banking	g business (as defined by		□ NO
	19		Is any a disregarded entity included in this return? If "YES", attach a schedule giving the legal name and EIN				□ NO
	20		Are you subject to tax solely as a result of deriving recei			_	□ №

For	m NYC-2A - 2	2022 NAME OF DESIGNATED AGENT:	EIN:	Page 10
S	CHEDULE	H - Determination of Tax Rate		
A.	Enter the t	ax rate computed or used below (see instructions)	A.	%
В.	Enter the I	ine number of the tax rate computed or used below (see instructions)	В.	
Ca.	Enter your	combined unallocated business income from Schedule B, line 30 (see instruc	ctions)Ca.	
Cb.	. If the amou	unt on line Ca is not correct, enter correct amount here and explain in rider (s	ee instructions)Cb.	
D.	Enter your	combined allocated business income from Schedule B, line 32a or 32b if use	ed D.	
E.	If you are a	a Qualified Manufacturing Corporation as defined in Administrative Code Section	n 11-654(1)(k)(4), mark an x in th	e box (see instr.)E.
F.	If you are a	a Financial Corporation as defined in Administrative Code Section 11-654(1)(e	e)(1)(i), mark an X in the box (se	e instr.) F.
Ta	ax Rate C	Computation For Business Corporations Not Specified Below	v (see instructions)	
1.		ed unallocated business income (Schedule B, line 30) is less than \$2M and allo- nbined business income (Schedule B, line 32a or 32b if used) is less than \$1M.	6.5	0%
2.		ed unallocated business income (Schedule B, line 30) is equal to or greater (regardless of the amount of combined allocated business income)	8.8	5%
3.		ed allocated business income (Schedule B, line 32a or 32b if used) is equal to or an \$1.5M (regardless of the amount of combined unallocated business income)	8.8	5%
4.	than \$2M	ed unallocated business income (Schedule B, line 30) is equal to or greater but less than \$3M and combined allocated business income (Schedule B, or 32b if used) is less than \$1M, use unallocated formula	6.50% + (2.35% X line 30 - 2,000 1,000	000,000 ,000) =
5.	combined	ed unallocated business income (Schedule B, line 30) is less than \$2M and allocated business income (Schedule B, line 32a or 32b if used) is equal atter than \$1M but less than \$1.5M, use allocated formula	6.50% + (2.35% X line 32a or 32b 500,0	· 1,000,000 000) =%
6.		ed unallocated business income (Schedule B, line 30) is equal to or greater	6.50% + (2.35% X line 30 - 2,1 1,000,	000,000) =%
	than \$2M but less than \$3M and combined allocated business income (Schedule B, line 32a or 32b if used) is equal to or greater than \$1M but less than \$1.5M, compute tax rates using both formulas. Use the greater of the two computed tax rates.		6.50% + (2.35% X line 32a or 32b 500,0	· 1,000,000 000) =%
			Enter the greater of the two comp	outed tax rates: %
T	ax Rate C	Computation For Qualified Manufacturing Corporations (see	instructions)	
7.		ed unallocated business income (Schedule B, line 30) is less than \$20M and com- cated business income (Schedule B, line 32a or 32b if used) is less than \$10M	4.4	25%
8.		ed unallocated business income (Schedule B, line 30) is equal to or greater M (regardless of the amount of combined allocated business income)	8.8	35%
9.		ed allocated business income (Schedule B, line 32a or 32b if used) is equal to or an \$20M (regardless of the amount of combined unallocated business income)	8.	85%
10	than \$20	ed unallocated business income (Schedule B, line 30) is equal to or greater M but less than \$40M and combined allocated business income (Schedule B, or 32b if used) is less than \$10M, use unallocated formula	4.425% + (4.425% X line 30 - 20 20,000	% (000,000) =
11	combined	ed unallocated business income (Schedule B, line 30) is less than \$20M and allocated business income (Schedule B, line 32a or 32b if used) is equal to r than \$10M but less than \$20M, use allocated formula	4.425% + (4.425% X line 32a or 32b 10,000	- 10,000,000 0,000) =%
	12. If combined unallocated business income (Schedule B, line equal to or greater than \$20M but less than \$40M and combine cated business income (Schedule B, line 32a or 32b if used) is		4.425% + (4.425% X line 30 - 20 20,000	,000,000 ,000) =
		to or greater than \$10M but less than \$20M, compute tax rates using both formulas. Use the greater of the two computed tax rates	4.425% + (4.425% X line 32a or 32b 10,000	- 10,000,000 0,000) =
			Enter the greater of the two comp	outed tax rates: %
		Tax Rate Computation For Certain Financial Corporations	s (see instructions)	
		13. Financial Corporations as defined in Administrative Code Section 11-654(1)(e)(1)(i)	9.	00%



_ Page 11

Attach federal Form 851. Complete this schedule and attach New York State Form CT-50 or CT-51, unless they are not required. (See instructions)

AFFILIATIONS SCHEDULE - See Instructions

Part I General Information

Corp. No.	Name and address of corporation	Employer Identification Number
1.	Common parent corporation on federal return: 1.	
2.	Designated Agent on NYC-2A: 2.	
3.	Affiliated corporations: 3.	
4.	4.	
5.	5.	
6.	6.	
7.	7.	
8.	8.	
9.	9.	
10.	10.	

Part II Principal Business Activity, Voting Stock Information, Etc.

					STOCKHOLDINGS AT 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.	Designated Agent on NYC-2A:		2.		%	%		
3.	Affiliated corporations:		3.		%	%		
4.			4.		%	%		
5.			5.		%	%		
6.			6.		%	%		
7.			7.		%	%		
8.			8.		%	%		
9.			9.		%	%		
10.			10.		%	%		



Part III Entities Incl	uded in Combined	Return (see below)			
Are any entities included in the Combined Bu	siness Corporation Tax return that we	ere not included in the return for the prior period? YES NO			
Complete this schedule for each corporation included in the Combined Business Corporation Tax Return that (i) was not included in the Combined Business 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 report.					
		vities, business, income or capital in New York City, including the nature s receipts and expenses and the portion of each derived from transac-			
NAME OF CORPORATION	EMPLOYER IDENTIFICATION NUMBER	REASON(S) INCLUDED IN COMBINED BUSINESS CORPORATION TAX RETURN			
	_				
	_				
If additional space	e is required, please use this format o	on a separate sheet and attach to this page.			
Part IV Entities Not	Included in Combi	ned Return (see below)			
Are any entities excluded from the Combined	Business Corporation Tax return that	were included in the return for the prior period? YES NO			
		s Corporation Tax Return that (i) was included in the Combined Business material change in the stock ownership or activity during the tax period			
Explain the reason(s) for the exclusion of each		rn, including a description of the nature of the business conducted by the tion of each derived from transactions with other included corporations.			
NAME OF CORPORATION	EMPLOYER IDENTIFICATION NUMBER	REASON(S) EXCLUDED FROM COMBINED BUSINESS CORPORATION TAX RETURN			
	_				
	_				
	_				
	_				
	-				
If additional enace	e is required. please use this format of	on a senarate sheet and attach to this name			

EIN: _

_ Page 12



Form NYC-2A - 2022 NAME OF DESIGNATED AGENT: