

GENERAL CORPORATION TAX RETURN To be filed by \$ Corporations only. All C Corporations must file Form NYC-2, NYC-2S or NYC-2A

			For CALENDAR YEAR 20	22 or FISCAL YEAR	R beginning		2022 and ending	
		Name			Name Change		Taxpayer's Email Address:	
	### ### ##############################						DYER IDENTIFICATION NUMB	ER
	G G	i radiose (rainzer and edesty			Address Change		•	
	L L L L L L L L L L L L L L L L L L L	City and State Business Telephone Number	Zip Code Date business began in NY	Country (if r	,	BUSINESS C	ODE NUMBER AS PER FEDERAL	RETURN
		'						
		Special short period r	nis box if you have ceased operation is box if you have ceased operation eturn (See Instr.) Italian dederal tax benefits (see instruction in the purpose of the amended return federal or state change, check the	it.)	A pro-fo	orma federal character spec Date	taxable year return is attached cial condition code, if applicable (se	ee inst.)
S	CHEDULE A	Computation	of Tax BEGIN WIT	TH SCHEDULES B THRO	OUGH E ON PAGE	2. TRANSFER A	APPLICABLE AMOUNTS TO SCHEDULE	Α.
Α.	Payment Amour	nt being paid electronical	ly with this return			A.	, ays	
1.	Net income (from Sche	dule B, line 8)	1.		X .0	885 1.		
2a.		edule C, line 7) (see instr.)			0. X	015 2a .		
		ive Housing Corps. (see in			X .0	004 2b .		
2c.	Cooperatives - ente		BLOCK	LO1	Г			
3a.		•	edule D, line 1)					
4. 5.		nstructions) - NYC G						
5. 6.	Tax (line 1, 2a, 2b, 3b or 4, whichever is largest)							
٠.			l, enter amount from line			6a.		
	(b) If application for	extension has not bee	en filed and line 5 excee	eds \$1,000,				
7.			d 6a or 6b)					
8.			le, line G) (see instructi					
9.	Balance due (line 7	less line 8)				9.		
10.	Overpayment (line 8	3 less line 7)				10.		
11a.	Interest (see instruc	xtions)		11a.				
11b.	Additional charges	(see instructions)		11b.				
			tach Form NYC-222)					
13.		· · · · · · · · · · · · · · · · · · ·						
14.	Amount of line 13 to b		irect deposit - fill out line 14					
110			s estimated tax		CCOUNT TYPE			
146.	Routing Number	Account Number		Checkin				
15.					• —	15.		
16.								
17.			1			17		
17. 18.	•							
٠٠.	10141 455615 110111 180	uciai ietuiii				10.	L	
			OF AN ELECTED C					
HERE	• •		der, is, to the best of my knowledge on with the preparer listed be			e. ∣ Firm's E □	mail Address:	
SIGN	Officer's			1000 1110111001	_		Preparer's Social Security Number	r or PTIN
Ø	signature:		Title:	Cheste it is it	Date:	ˈ	Toparer 3 Social Security Nulliber	TI
ER'S NLY	Preparer's signature:	Prepar printed	er's name:	Check if self- employed:	Date:	Į	Firm's Employer Identification	Mumbar
PREPARER'S USE ONLY		piintoc			1-200		Firm's Employer Identification I	vurnber
H S	▲ Firm's name (or yours, if	self-employed)	▲ Address		▲ Zip (Code		
	. , -/							



For fiscal years beginning in 2022, file on the 15th day of the third month after the close of fiscal year.

BINGHAMTON, NY 13902-5563

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