

## **TAX RETURN FOR BANKING CORPORATIONS**

2023

To be filed by S Corporations only. All C Corporations must file Form NYC-2 or NYC-2A Attach copy of all pages of your federal return 1120S

		Attach copy of	i ali pages oi yo	ui leuerai returii 1120	3		
		For CALENDAR Y	EAR 2023 or FISCAL	YEAR beginning	20	023 and ending	
	Name			Name			
	In Care Of			Change L	EMPLO	YER IDENTIFICATION NUMBER	
	L N					·	.
	Address (number and str	eet)		Address Change			
	City and State	Ziţ	p Code	Country (if not US)	BUSINESS CO	DDE NUMBER AS PER FEDERAL RET	ΓURN
	Business Telephone Num	nher Taxnavı	er's Email Address:				
	Basiliose loispileile itali	- Taxpaye	or o Email / Idai oco.				
	Final return - 0	Check this box if you have ceased op	perations in NYC	Claim any 9/11/01	-related federal to	ax benefits (see inst.)	
	Special short p	period return (See Instr.)		Enter 2-character	special condition	code, if applicable (see inst.)	
	Final return - 0  WHITH AND Special short p  Amended retu	Irn If the purpose of the amende federal or state change, chec			Oate of Final Oetermination		
STATE OF	R COUNTRY OF ORGANIZATION:	DATE ORGANIZED:			BEGAN IN NEW YO	DRK CITY:	
						_ DOMESTIC COMMERCIAL	
T <b>YPE OF</b> Check Oi	corporation: 1. EDGE ACT  ne 6. CLEARING HOUSE	2. ALIEN COMMERCIAL 7. CAPTIVE REIT	3. SAVINGS AN 8. CAPTIVE RIG		T DIT CARD BANK	5. (other than Clearing House)	
YPE OF E	<del></del>	/. CAPTIVE REII	O. CAPTIVE RIC		DIT CARD BANK	IU. OTHER	-
	(s) WITHIN NYC: 1. BRANCH 2. AGENCY	3. REPRESENTATIVE OFFICE	E 4. LOAN	PRODUCTION OFFICE	5. NONE	6. OTHER (Specify)	_
sc	<b>HEDULE A</b> - Comput	ation of Tax				Payment Amount	
. Pa	yment Amount being paid electron	onically with this return			A.	Payment Amount	
1.	Allocated taxable entire net income (from Se	ch. B, line 31) 1.		X 9% (.09)	1.		
2.	Allocated taxable alternative entire net income (fi	· ·		X 3% (.03)	2.		
3.	Allocated taxable assets (from Sch. D, line 4 and multiply by the appr	opriate tax rate, mark in the box) 3.		.00002 .00004	.0001 3.		
4.	Fixed minimum tax - No reduction is permitt	ed for a period of less than 12	months		4.	125	00
5.	Tax (line 1, 2, 3, or 4, whichever is largest)				5.		
6.	UBT Paid Credit (attach Form NYC-9.7B)						
7.	Tax after UBT Paid Credit (line 5 less line 6)						
8a.	Relocation and employment assistance prod	, , ,		,			
	LMREAP Credit (see instructions and attach	,					
9. 10.	Net Tax (line 7 less lines 8a and 8b)						
	a) If application for extension has been fil						
	b) If application for extension has <b>not</b> bee	en filed and line 9 exceeds \$1,	000, enter 25% of	line 9	10b.		
11.	Total of lines 9 and 10a or 10b						
12. 13.	Prepayments (from Composition of Prepayments (line 11 less line 12)	,	•				
14.	Overpayment (line 12 less line 11)						
	Interest (see instructions)						
	Additional charges (see instructions)						
15c.	Penalty for underpayment of estimated tax	(attach Form NYC-222B)	15c.				
16.	Total of lines 15a, 15b and 15c				16.		
17.	Net overpayment (line 14 less line 16)				17.		
18.	Amount of line 17 to be: (a) Refunded				18a.		
	, ,	2023 estimated tax					
19. 20.	<b>TOTAL REMITTANCE DUE</b> (see instruction Issuer's allocation percentage rounded to the	•					%
21.	Total receipts (Sch. G, part 1, line 2 <i>l</i> , col. B) <b>21.</b>	riearest one nundredin of a per		al assets from federal return .	,		
23.	Total capital from federal return		22. 100	ar according from rederial return.			
24.	EIN of parent corporation		25. EIN	I of common parent corporation	on <b>25.</b>		$\overline{}$
26.	Entire net income allocation percentage rounded one hundredth of a percentage point (Sch. G, pa	to the nearest rt 1, line 7) 26.	% 27. IBI	Formula Allocation Method (	(✓) 27.		
28.	NYC rent deducted on federal tax return				28.		
		FICATION OF AN ELECT			I FIRM'S FM	nail Address:	
•	certify that this return, including any accompa rize the Dept. of Finance to discuss thi		-	· -	] [		
IERE:	Signature of officer		Title	Date	P	Preparer's Social Security Number or	PTIN
DED45=	Preparer's	Preparer's		eck if self-			
REPARER SE -> NLY	's signature	printed name	1 0111	Date		Firm's Employer Identification Nun	mber
NLI	▲ Firm's name (or yours if self-employed)	▲ Address			▲ Zin Code		

NAME: EIN:

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<b>3</b> C	HEDULE B - Computation and Allocation of	Little Net Illcome				
1.	Federal taxable income before net operating loss deduction and special deductio	ns (see instructions)		1.		
		ALIEN CORPORATIONS ▼	A	ALL OTHERS ▼ —	——	
2a.	Dividends and interest effectively connected with the conduct of a					
	trade or business in the United States NOT included on line 1					
2b.	Any other income not included on line 1 or line 2a 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 U.S 2b.					
3a.	Dividends not included on line 1	3a.				
3b.	Interest not included on line 1	3b.				
4.	Enter the sum of lines 2a and 2b or the sum of lines 3a and 3b, whichever is	s applicable		4.		
5.	Income taxes paid to the U.S., its possessions or foreign countries deducted	l on federal return		5.		
6a.	New York State Franchise Tax deducted on federal return (see instructions).		6	ia.		
6b.	NYS Pass Through Entity Tax (PTET) and similar taxes from other jurisdictions of	deducted from Federal Taxable Income (see in	nstr.) 6	b		
7a.	New York City General, Business or Banking Corporation taxes deducted on	federal return (see instructions)	7	a		_
7b.	NYC Pass Through Entity Tax (PTET) deducted from Federal Taxable Incom	e (see instructions)	7	b.		
8.	Enter total amount of federal depreciation adjustment from forms NYC-399 a	and/or NYC-399Z		8.		
9.	Amount deducted on federal return as a result of safe harbor lease election.			9.		
10.	Amount which would have been required to be included in federal taxable incom	ne had safe harbor lease election not been ma	de	10.		
11.	Any other federal deduction previously allowable as a deduction under Su	bchapter 3 of Chapter 6 (see instructions)		11.		
12.	Other additions to federal taxable income (attach rider)			12.		
13.	Total additions (add lines 4 through 12)			13.		
14.	Interest and other expenses not deducted on federal return which are applic	able to lines 2a, 2b, 3a or 3b		14.		
15.	Enter total amount of allowable NYC depreciation adjustment from forms NY			15.		
16.	Federal income or gain from installment method transactions previously included in the second			16.		
17.	Amount of Internal Revenue Code Section 78 dividends included on lines 1,			17.		
18.	Amount included in federal taxable income as a result of safe harbor lease e			18.		
19.	Amount which would have been required to be excluded from federal taxable inc			19.		
20.	Wages and salaries subject to IRC §280C deduction disallowance (see insti			20.		
21.	Amount of money received from Federal Deposit Insurance Corp. or from Federal	,				
22.	Interest income from subsidiary capital (attach rider)	\$ x 17	70/	22.		
23.	Dividend income from subsidiary capital (not included on line 17) (attach rider)	\$ x 60	201	23.		
24.	Net gains from subsidiary capital (attach rider)	\$ x 60	201	24.		
25.	Interest income on obligations of N.Y. State, its political subdivisions, or of the U.S. (attach rider)	\$ x 22 1/2	201	25.		
26.	Adjusted eligible net income or loss of an International Banking Facility (from	n Schedule F, line 34)		26.		
27	New York City net operating loss (NOL) deduction (see instructions)	•		27		



28.

Total subtractions (add lines 14 through 28)

Allocated entire net income - line 30 x

#### MAILING INSTRUCTIONS

% (From Schedule G, part 1, line 7)(enter on page 1, Schedule A, line 1) ...... 31.

Attach copy of all pages of your federal tax return 1120S.

Make remittance payable to the order of NYC DEPARTMENT OF FINANCE. Payment must be made in U.S. dollars and drawn on a U.S. bank.

To receive proper credit, you must enter your correct Employer Identification Number on your tax return and remittance.

The due date for the calendar year 2023 return is on or before March 15, 2024.

For fiscal years beginning in 2023, file on or before the 15th day of the 3rd month following the close of the fiscal year.

### ALL RETURNS EXCEPT REFUND RETURNS

NYC DEPARTMENT OF FINANCE BANKING 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:

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 BANKING CORPORATION TAX P.O. BOX 5563 BINGHAMTON, NY 13902-5563

NAME:			EIN:	
Form N	IYC-1 2023	ATTACH COPY OF ALL PAGES OF Y	OUR FEDERAL FORM 1120S	Page
sc	<b>HEDULE C</b> - Compu	Itation and Allocation of Alterna	tive Entire Net Income	
1.	Entire net income (from Schedul	le B, line 30)		1.
2.	Interest income from subsidiary	capital (from Schedule B, line 22)		2.
3.	Dividend income, gains and loss	ses from subsidiary capital (from Schedule B,	line 23 and 24)	3.
4.	Interest income on obligations of	of N.Y. State, its political subdivisions, or of the	e U.S. (from Schedule B, line 25)	4.
5.	Alternative entire net income (ac	dd lines 1 through 4)		5.
6.	Allocated alternative entire net in		hedule G, part 2, line 5 rounded to	
•		percentage point) (enter on page 1, Schedule	' l '	6.
SC	HEDULE D - Compu	tation and Allocation of Taxable	e Assets	
1.	Average value of total assets			1.
2.	Money or other property received	d from the Federal Deposit Insurance Corpor	ration or from the Federal	
	9	prporation		
3.	Taxable assets (line 1 less line 2	2)		3.
4.	Allocated taxable assets - line 3 one hundredth of a percentage p	x (from Schedule G, pa point) (enter on page 1, Schedule A, line 3)	art 3, line 7 rounded to the nearest	4.
5.	Compute net worth ratio:	Net worth on the last day of the	tax year =	
	0	Total assets of the last day of the		
6.	Compute percentage of mortgage included in total assets:	es Average quarterly balance of mo Average quarterly balance of tota		6. %
		ur tax rate. This rate must be used to comput ge of mortgages included in the total assets r		
	Mark	an X in the appropriate box in the last colum	nn and use this rate on line 3 of Sche	dule A.
	If the net worth ratio (from line 5) is:	And the % of mortgages inclu in total assets (from line 6) i		Indicate the appropriate tax rate
	Less than 4%	33% or more	.00002	
	At least 4% but less than 5% All others	33% or more All others	.00004	
SC		I Return Information - All Banks LOWING INFORMATION MUST BE ENTER		MPLETE
	Enter on Line	s 1 through 10, in the Federal Amount col	umn the amounts reported	
	on your Feder		unini, the amounts reported	▼ Federal Amount ▼
	1. Interest in	ncome	1.	
	2. Other inco	ome	2.	
		ome	·	
	'	sation of officersand wages	i	
		s		
_		expense		
	8. Other ded	ductions	8.	
<b>=</b>	9. Total ded	luctions	9.	
	10. Taxable ir	ncome before NOL	10.	
	9. Total dedi 10. Taxable ir  Enter on lines your Federal 1. Net incom 2. Income si 3. Expenses	s 1 through 5, in the Federal Amount colun 1120S.	nn, the amounts reported on	▼ Federal Amount ▼
	1. Net incom	me (loss) per books		
	2. Income si	subject to tax not recorded on books this year	2.	
	3. Expenses	s recorded on books this year not deducted o		
	<b>4.</b> Income re	ecorded on books this year not included on the		
	5. Deduction	ns on this return not charged against book inc	come this year 5. !	<u> </u>
	Enter on lines your Federal ?	s 1 and 2 in the Federal Amount column th 1120S.	e amounts reported on	▼ Federal Amount ▼
		ets (Beginning of tax year, Schedule L, Colum	· ·	
1(	0032391 2. Total asse	ets (End of tax year, Schedule L, Column d)	2. !	<u> </u>

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### SCHEDULE F - Computation of International Banking Facility Adjusted Eligible Net Income or Loss (Pursuant to Section 11-641 (f) of the Administrative Code)

If th	e corporation has an IBF located in New York State, check	the appropriate box below a	and see instructions.			
The	corporation computed entire net income using the:	IBF modification	on method or IBF	formula	a allocation method	
If us	ing the modification method, complete lines 1 through 34; if	using the formula allocation	n method, complete lines 1 thro	ugh 18	only.	
	COMPUTATION OF ELIGIBLE GROSS INCOME	COLUMN A Total IBF Gross Income	COLUMN B Ineligible IBF Gross Income		COLUMN C Eligible Gross Inc (column A minus column	
1.	Interest income from loans			1.	(	Í
2.	Interest income from deposits			2.		
3.	Income from foreign exchange trading and hedging transactions.			3.		
4.	Fee income			4.		
5.	ELIGIBLE GROSS INCOME (add lines 1 through 4 of column C)			5.		
	COMPUTATION OF APPLICABLE EXPENSES	COLUMN A Direct Expenses	COLUMN B Indirect Expenses		COLUMN C Total (column A plus column	B)
6.	Salaries and wages			6.		
7.	Repairs			7.		
8.	Bad debts			8.		
9.	Rents			9.		
10.	Taxes			10.		
11.	Interest			11.		
12.	Contributions			12.		
13.	Depreciation			13.		
14.	Advertising			14.		
15.	Pension, profit sharing, etc., plans			15.		
16.	Employee benefit programs			16.		
17.	Other expenses			17.		
18.	TOTAL APPLICABLE EXPENSES (add lines 6 through 17 of colu	mn C)		18.		
	COMPUTATION OF INELIGIBLE FUNDING AMOUNT					
19.	Eligible net income (line 5 minus line 18)			19.		
20.	Average aggregate liabilities and other sources of funds of the IBF	which are not owed to or rece	ived from foreign persons	20.		
21.	All average aggregate liabilities and other sources of funds of the	BF		21.		
22.	Divide line 20 by line 21			22.		_
23.	Ineligible funding amount (line 19 x line 22)			23.		_
24.	Remaining amount (line 19 minus line 23) (transfer amount to line	32 below)		24.		
	COMPUTATION OF FLOOR AMOUNT					
25.	Average aggregate amount of loans to and deposits with foreign p	ersons in financial accounts wit	hin New York State for			
	taxable years 1975, 1976 and 1977			25.		
26.	Statutory percentage for the current taxable year			26.		
27.	Multiply line 25 by line 26			27.		
28.	Average aggregate amount of loans to and deposits with foreign p	ersons in financial accounts wit	hin New York State			
	(other than IBF) for the current taxable year, but not in excess of a	mount on line 27		28.		
29.	Balance (line 27 minus line 28)					+
30.	Average aggregate amount of loans to and deposits with foreign p		•			+
31.	Enter the number "1" or line 29 divided by line 30, whichever is les					
32.	Remaining amount (enter amount from line 24)					
33.	Floor amount (line 31 x line 32)					
34.	ADJUSTED ELIGIBLE NET INCOME OR LOSS (line 32 minus lin	e 33) (transfer amount to Sche	dule B, line 26)	34		



NAME: EIN:

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sc	HEDULE	G - Allocation Percentages - Parts 1, 2 and 3			
	-	g corporation described in Administrative Code section 11-640(a)(9)?			☐ No
	•	ially engaged in providing management, administrative, or distribution ser		-	☐ No
		e defined in Adm. Code section 11-642(b)(1-a)?s" to <b>both</b> questions, see instructions concerning "Allocation for Certain E		res	
		ation of entire net income allocation			
		s an IBF located in New York State, check the appropriate box below and	see instructions.		
		nputed entire net income using the:   IBF modification method		allocation method	
•	Ū	n allocation outside NYC, attach a rider to explain the	COLUMN A NEW YORK CITY	COLUMI	
busi		outside NYC upon which you base your right to allocate.	NEW YORK CITY	EVERTWE	IERE
1a.	-	s and other personal service compensation of employees, executive officers1a.			
1b.	. 0	1 A x 80%			
1c.		New York City (line 1b, column A divided by line 1a, column B) 1c.			%
2.	_	g during the taxable period from:			
		ome from loans and financing leases			
		ne from loans and financing leases			
		sactions and rents			
		m bank, credit, travel, entertainment and other credit card			
		2d.			
	e. Service cha	arges and fees from bank, credit, travel, entertainment and			
	other credit	cards			
	f. Receipts fro	om merchant discounts			
	g. Income from	n trading activities and investment activities			
	h. Fees or cha	arges from letters of credit, traveler's checks and money orders 2h.			
	i. Performand	ee of services			
	j. Royalties	2j.			
	k. All other bu	siness receipts			
	I. Total (trans	fer amount from column B to page 1, line 21)			
	m. Percentage	in New York City (line 2l, column A, divided by line 2l, column B). 2m.			%
3.	Additional rece	ipts factor (enter percentage from line 2m (see instructions))		3.	%
4.	Deposits maint	ained in branches			
	a. Deposits of	\$100,000 or more			
	b. Deposits of	less than \$100,000			
	c. Total of line	4a and line 4b			
	_	in New York City (line 4c, column A divided by line 4c, column B) 4d.			%
5.		sits factor (enter percentage from line 4d (see instructions))		I	%
6.		ercentages shown on lines 1c, 2m, 3, 4d and 5 (see instructions)		6.	%
	7.	Entire net income allocation percentage (divide line 6 by five or by the a percentages used if less than five) (round to the nearest one hundredth			
		point and transfer to Schedule B, line 31 and to Schedule A, line 26)		7.	%
	Р	art 2 Computation of alternative entire net income allocation percentage	COLUMN A	COLUMN	
	4 :	Wagge coloring and other personal coming accuration of	NEW YORK CITY	EVERYWH	HERE
	1a.	Wages, salaries and other personal service compensation of employees, except general executive officers			
	1a. 1b. 2. 3.	Percentage in New York City (line 1a, column A divided by line 1a, column		1h	%
	2.	Receipts factor - enter percentage from Schedule G, part 1, line 2m			%
	3.	Deposits factor - enter percentage from Schedule G, part 1, line 2m			%
	3. 4.	Total of lines 1b, 2 and 3			%
	5.	Alternative entire net income allocation percentage (divide line 4 by three		"	
	• • • • • • • • • • • • • • • • • • •	of percentages used if less than three ) (round to the nearest one hundred	edth of a percentage point		
		and transfer to Schedule C, line 6)		5.	%

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((	ALL ACTIVITIES OF AN IBF ARE TO BE INCLUDED IN BOTH THE NUMERAT COL. A) AND THE DENOMINATOR (COL. B) WHEN COMPUTING THE TAXAI ASSETS ALLOCATION PERCENTAGE.	-	COLUMN A NEW YORK CITY	COLUMN B EVERYWHERE
1a.	Wages, salaries and other personal service compensation of employees,			
	except general executive officers	1a.		
1b.	Multiply column A x 80%	1b.		
1c.	Percentage in New York City (line 1b, column A divided by line 1a, column B)	1c.		%
2.	Receipts arising during the taxable period from:			
	a. Interest income from loans and financing leases	2a.		
	b. Other income from loans and financing leases	2b.		
	c. Lease transactions and rents	2c.		
	d. Interest from bank, credit, travel, entertainment and other credit card receivables	2d.		
	Service charges and fees from bank, credit, travel, entertainment and other credit cards	2e.		
	f. Receipts from merchant discounts	2f.		
	g. Income from trading activities and investment activities	2g.		
	h. Fees or charges from letters of credit, traveler's checks and money orders	2h.		
	i. Performance of services	2i.		
	j. Royalties	2j.		
	k. All other business receipts	2k.		
	I. Totals	21.		
	m. Percentage in New York City (line 2 <i>l</i> , column A divided by line 2 <i>l</i> , column B)	2m.		%
3.	Additional receipts factor (enter percentage from line 2m (see instructions))		3.	%
4.	Deposits maintained in branches			
	a. Deposits of \$100,000 or more	4a.		
	b. Deposits of less than \$100,000	4b.		
	c. Total of line 4a and line 4b	4c.		
	d. Percentage in New York City (line 4c, column A divided by line 4c, column B) .	4d.		%
5.	Additional deposits factor (enter percentage from line 4d (see instructions))		5.	%
6.	Total of NYC percentages shown on lines 1c, 2m, 3, 4d and 5 (see instructions)		6.	%
7.	Taxable assets allocation percentage (divide line 6 by five or by the actual number of			
	(round to the nearest one hundredth of a percentage point and transfer to Schedule D,	•		%
	Composition of Prepayments claimed on Schedu			

С	mposition of Prepayments claimed on Schedule A, line 12					
		DATE	AMOUNT			
A.	Mandatory first installment paid with preceding year's tax					
B.	Payment with declaration, Form NYC-400B (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.	Carryover credit from preceding year other than UBT Paid Credit carryover					
G	TOTAL of A through E (enter on Schedule A line 12)					



NAME:	:

EIN:

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S	CHEDULE	J - Additional Require	ed Information					
1.	Are you currently un	der audit by the Internal Revenue Se	ervice or the New York State	Department of Taxati	ion and Finance?		YES	□ NO
	If "YES", by whom?	Internal Revenue Service	state periods: Beg.:	MM-DD-YYYY	End.:			
		New York State Dept. of Taxation and Finance	state periods: Beg.:	MM-DD-YYYY	End.:	 MM-DD-YYYY		
2.		levenue Service or the New York other tax base reported in a price			,		. YES	□ NO
	If "YES", by whom?	Internal Revenue Service	state periods: Beg.:	MM-DD-YYYY		 IM-DD-YYYY		
		New York State Dept. of Taxation and Finance	state periods: Beg.:	MM-DD-YYYY	End.:	 MM-DD-YYYY		
3.	If "YES" to question							
		to 1/1/15, has Form(s) NYC-3360B ining on or after 1/1/15, has an ame			-			□ NO
4.		a depreciation deduction by the	• • •					□ NO
<del>-</del> . 5.		ipant in a "safe harbor leasing" tr						□ NO
6.		the taxable year, did the corpor					IL3	
0.		in an entity owning such real pro-			•	,	. YES	□ NO
7.	If "YES" to 6:							
	a. Attach a sche	edule of such property, including	the nature of the interest	and including the s	street address, bo	rough, block and lo	ot number.	
	•	C real property or interest (includ	,	, ,	, .			
		ith or without consideration?						□ NO
		partial or complete liquidation of						□ NO
•		nore of the corporation's ownership	-					□ NO
8.		or 7d, was a Real Property Trans	ster Iax Return filed?				. L YES	□ NO
9.	If "NO" to 8, explain							
10.	Are you a member				NI.	umbar of mambara		
		ederal consolidated group				ımber of members ımber of members		
		New York State combined group.  New York City combined group				imber of members		
11.	If you answered:	New York Only combined group		□ NO			•	
	•	dicate total federal consolidated t	axable income of group I	before net operating	loss deduction	\$		
		mpute total federal consolidated taxa t included in the New York City comb	•	•				
		mpute total federal consolidated taxa t included in the New York City comb						
12.	Balance sheet info	ormation as of end of the year as	per federal income tax r	return:	Total and	Α		
						ets \$		
						es \$		
	42	If you are a member of a New V	auls City combined aroun	aamauta	rotai capi	tal \$		
		If you are a member of a New York City balance			Total asse	ets \$		
						es \$		
						tal \$		
	14.	Attach a list of offices and branc	hes located outside New	York City.	·			
	15.	Do you have an International Ba	nking Facility in New Yor	k City?			YES	□ NO
		If "YES", provide the date establis	shed:	Date business	began in NYC: $\_$			
		Provide the date approval was o	btained from Federal Re	serve Bank:	<u>-</u>			
		Does the corporation have one of If "YES", attach a schedule show QSSS filed or was required to file http://www1.nyc.gov/assets/finan	ring the name, address a e a City business income	nd EIN, if any, of ea tax return. See Fi	ach QSSS and inc	licate whether the	YES	□ NO
	<del></del> 17.	Does this taxpayer pay rent great of 96th Street for the purpose of		•	•		YES	□NO
	18.	If "YES", were all required Comm	nercial Rent Tax Returns	filed?			YES	☐ NO
	10072201	Please enter Employer Identification	on Number which was use	ed on the Commercia	al Rent Tax Return			