COMBINED BUSINESS CORPORATION TAX RETURN 2023

	Department of Finance To be filed by C Corporations ONLY - All Subchapter S Corporations must file Form NYC-1, NYC-1A, NY	C-3A, NYC-3L, NYC-4S or NYC-4SEZ
	For CALENDAR YEAR 2023 or FISCAL YEAR beginning	2023 and ending
	Name of designated agent Name Change Employer Id	entification Number:
	In care of	
	Address (number and street) Address Change	
		ode Number as per federal return:
	Business telephone number Taxpayer's email address:	
	State or country of organization Date organized	
		special condition code, (See instructions):
	HECK ALL AAT APPLY Special short period return 52/53-week taxable year Pro-forma federal return attached	Claim any 9/11/01-related federal tax benefits
	Amended return If the purpose of the amended return is to report a federal or state change, check the appropriate box: NYS change Date of Final Determination	
	lave you attached any of the following prms to this return? If yes, check all that apply. Form NYC-2.1 Form NYC-2.2 Form NYC-2.3	Form NYC-2.4 Form NYC-2.5A
 S	SCHEDULE A - Computation of Balance Due or Overpayment	
	A. Payment Amount being paid electronically with this return	Payment Amount
1.	Tax on combined business income base (from Schedule B, line 38)	
2.	Tax on combined capital base (from Schedule C, Part 3, line 5) Maximum Tax is \$10,000,000	2.
3.	Minimum tax for designated agent only - NYC Gross Receipts (from Form NYC-2.5A, line 54a, column F):	3.
4.	Tax (enter amount from line 1, 2 or 3, whichever is largest)	4.
5.	Sum of minimum taxes for taxable group members (see instructions)	5.
6.	Total combined tax (add lines 4 and 5)	6.
7.	UBT Paid Credit (attach Form NYC-9.7C)	7.
8.	Combined tax after UBT Paid Credit (subtract line 7 from line 6)	8.
9.	REAP credits (attach Form NYC-9.5)	9.
10.	Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6)	10.
11.	LMREAP Credit (attach Form NYC-9.8)	11.
12.	Biotechnology Credit (attach Form NYC-9.10)	12.
13a	Beer Production Credit (attach Form NYC-9.12)	13a.
13b	Child Care Credit (attach Department of Finance approval letter and schedule showing name, EIN, and amount for each subsidiary)	13b.
14.	Net combined tax after credits (line 8 less sum of lines 9 through 13b)	14.
15.	Total prepayments (from Prepayment Schedule, page 2, line H or I) (See Instructions)	15.
16.	Balance due (subtract line 15 from line 14)	16.
17.	Overpayment (subtract line 14 from line 15)	17.
18a	. Interest (see instructions)	
18b	Additional charges (see instructions)	
18c	. Penalty for underpayment of estimated tax (attach Form NYC-222)	
19.	Total of lines 18a, 18b and 18c	19.
20.	Net overpayment (line 17 less line 19)	20.
21.	Amount of line 20 to be:a. Refunded - Direct deposit - fill out line 21c OR Paper check	k 21a.
	b. Credited to 2024 estimated tax	21b.
21c.	Routing Number: Account Number: Checking Account Type: Savings	
22.	TOTAL REMITTANCE DUE. (see instructions)	22.

of the 4th month following the close of the fiscal year.

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

30	HEDULE B - (Computation of Tax on Combined Bus	iness income Base	e		
			DESIGNATED AGENT	TOTAL OF ALL AFFILIATES	INTERCORPORATE ELIMINATIONS	COMBINED GROUP TOTAL
1a.	Federal consolid	ated taxable income (CTI) of New York City of	ombined group (see ins	structions)	1a.	
1b.	Addback federal	consolidated net operating loss deduction (NO	OLD)		1b.	
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.		dividends paid deduction (DPD) of captive RE				
1e.		ore federal NOLD and other federal deductions				
1f.		ercorporate dividends (see instructions)	•	0 ,		
1g.		ore New York City additions and subtractions (
2.	Dividends and in	iterest effectively connected with the		,		
		le or business in the United States NOT				
3.		1g by alien corporations				
0.	treaty from federal	income tax but would otherwise be treated as				
		ted with the conduct of a trade or business in by alien corporations3.				
		,				
4. 5.		luded on line 1g by non-alien corporations4. I, state, municipal and other obligations not				
J.		1g by non-alien corporations5.				
6.	Income taxes paid to	the US or its possessions deducted on federal return6.				
7.		, including MTA taxes and other business taxes				
	deducted on the fed	deral return (see instructions; attach rider)7.				
8.	'	axes deducted on federal return (see instr.)8.				
9.		ting to employment opportunity relocation BZ credit9.				
10.		ating to real estate tax escalation credit10.				
11.	•	ion and/or adjustments (attach Form				
		NYC-399Z)11.				
12.	Payment for use	of intangibles12.				
13.	Intentionally omit	ted13.				
14.	Other additions	(see instructions; attach rider)14.				
15.	Total lines 1g thi	ough 14 15.				
16.	Gain on sale of cert	ain property acquired prior to 1/1/66 (see instr.)16.				
17.	NYC and NYS tax	refunds included in line 15 (see instructions) 17.				
18.	Wages and salar	ries subject to IRC §280C deduction				
40		ee instructions)				
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.		s (add lines 16 through 20)			21.	
22.		s to federal taxable income (subtract line 21 fr				
23.	Subtraction modif	ication for qualified banks and other qualified ler	nders (from Form NYC-2.	.2, Schedule A, line 1;	see instructions) 23.	
24.		net income (ENI) (subtract line 23 from line 2				
25.	Investment and	other exempt income (from Form NYC-2.1, Sc	hedule D, line 1)		25.	
26.	Entire net incom	e less investment and other exempt income			26.	
27.	Excess interest de	ductions attributable to investment income and other	er exempt income (from	n Form NYC-2.1, Sche	edule D, line 2) 27.	
28.	Combined Busin	ess income (add lines 26 and 27)			28.	
29.	Addback of income	e previously reported as investment income (from For	m NYC-2.1, Schedule F,	line 6; if zero or less, e	nter 0; see instr.) 29.	
30.	Combined busines	s income after addback (add lines 28 and 29)				
	31.	Intentionally Omitted				
	32a.	Allocated combined business income after ac percentage from Schedule F, Part 3)	, , ,	•		
	32b.	If the amount on line 32a is not correct, enter of	correct amount here an	nd explain in rider <i>(se</i>	e instructions) 32b.	
	33.	Prior net operating loss conversion subtraction	on (from Form NYC-2.3	3, Schedule C, line 4) 33.	
	34.	Allocated business income less prior net oper	rating loss conversion	subtraction (see inst	ructions) 34.	
	35.	Net operating loss deduction (from Form NYC	C-2.4, Schedule A, line	6)	35.	
	36.	Combined business income base (subtract line 35	from line 34)		36.	
	37.	Tax rate (see instructions)			37.	%
	38.	Tax on combined business income base (mu	Itiply line 36 by line 37	•		
		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				%
E				%
F				%
G				%
н				%
1				%
J				%
K				%
L				%
М				%
N				%
0				%
P				%
	D		_	_
ITEM	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				
	granate of federal concrete toyoble ince	me (add amounts in column C)	4	
		me (add amounts in column G)easury Regulations section 1.1502-12		J
		me for consolidated purposes (combine lines 1 and 2)		
		application of Treasury Regulations section 1.1502-1		
	-	required under IRC to arrive at federal CTI of		
	New York City combined g	roup		
		City combined group (combine lines 3, 4 and 5)	6.	
	Certain items reported on line		-	
	_	ntercompany income, expense, gain or lossain		
		ntributions deduction		
		1231 net loss		1
				-

IN:	Page

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. Adjusted total assets (add lines 3 and 4)5. Total liabilities (see instructions)6. Investment capital (from Schedule D, line 4; if zero or less, enter 0) 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 A COLUMN B** Part 2 - Computation of Liabilities Attributable to Investment Capital and Within Business Capital 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 from line 22, if this line 19 has a positive value without such addition) (see instructions)...19. 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,

22. Net General Business Capital (subtract line 15 and line 21 from line 10, add any amount on Schedule C, Part 1, line 10 and add any negative value from line 19, if this line 22 has a positive value without such addition) (see instructions)22.

For	n NYC-2A - 2023 NAME OF DESIGNATED AGENT:		EIN:		Pa	age 6
	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.		
3a.	Cooperative housing corporations (see instructions)			.3a.		
3b.	At tax rate 0.04% Enter Boro Block	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.		
SC	HEDULE D - Computation of Combined Investment	Capital for the Curre	nt Year <i>(see instructi</i> e	ons)		
		A Average fair market value as reported	B Liabilities attributable to column A amount		C Net average valu (column A - column	
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.		

Average fair market

value as reported

Liabilities attributable

to column A amount

5.

С

Net average value

(column A - column B)

4. Total combined investment capital for the current year (add Column C, lines 1, 2 and 3; enter the result here and on Schedule C, Part 1, line 8; if zero or less, enter 0)......

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	f husings INSIDI	= Now York City (s	eaa instructions: a	ttach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET					
CITY STATE ZIF	,				
NUMBER AND STREET					
CITY STATE ZIF	,				
NUMBER AND STREET					
NUMBER AND STREET					
CITY STATE ZIF					
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 group inside NYC (sum of Part 1, lines 1 and 1a; en here and enter rent paid on Sch. A, line 23)	ter				

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 Designated Agent outside NYC		NYC					
2a. Totals paid by affiliates outside NYC (From Form NYC-2A/BC)							
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 method
on this return and on all future tax filings.



Form NVC-24	2023	NAME	OF	DESIGNATED	AGENT'	

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SCHEDULE F. Part 1	l Computation o	f Single Dec	ainte Eactor I	Rucinace Allacatic	n Dorcontono	(can instructions)
SCHEDULE F. Part	ı — Cumputation o	I Silidle Vec	CIDLS FACIOI	DUSINESS ANOCAUL	JII FEICEIILAGE	(See IIISH UCHOIIS)

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		

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

тахра	payers who are using the three factor business Allocation Percentage should complete 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) (att	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 -	multiply by 8 (see ins	tr., attach rider)				
1e(A).	New York City						
1e(B).	Everywhere						
1f(A).	Total Property New York City (add col	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 la	ine 1f(A), column D by	line 1f(B), column E	7)		%	
1h.	Multiply line 1g by 3.5						
2a(A).	New York City receipts (from Form NY	/C-2.5A, line 54a, colu	ımn D)				
2a(B).	Everywhere receipts (from From NYC	-2.5A, line 54b, colum	ın E)				
1c(A). New York City							
2c.	Multiply line 2b by 93						
3.	Wages, salaries and other compensation	n of employees, except	t general executive off	icers (see instructions)			
3a(A).	New York City						
3a(B).	Everywhere						
3b.	Percentage in New York City (divide lin	ne 3a(A), column D by	line 3a(B), column E)			%	
3c.	Multiply line 3b by 3.5						
Sum	of Weighted Factors						
4	Add lines the Os and Os Continue to I	Dowt 0					

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 sigr	nificar	It business activities in NYC and everywhere (see instruction	ns; if necessary,	attach list)		
2.	Enter your	Seco	ndary Business Code (see instructions)				
3.	Trade nam	e of c	lesignated agent corporation, if different from name entered	on page 1			
4.	Is the design	gnate	d agent corporation included in a consolidated federal return	n?		YES	□ NO
			arent's name:				
5.			corporation also a member of a controlled group of corporat vexclusion by reason of paragraph (b)(2) of that section?			YES	□ NO
	If "YES", gi	ive co	mmon parent corporation's name		EIN:		
6.	taxable inc	ome	Revenue Service or the New York State Department of Tax or other tax base reported in a prior year, for the combined ember corporation or are there any of the same currently un	group, or any var	iation of the combined	YES	□ NO
	If "YES",		Internal Revenue Service	State period(s):	Beg.:	End.:	-DV0/
	by whom?	Γ	New York State Department of Taxation and Finance		Beg.:		איטועי
			·	State period(s).	MMDDYY	MMD	DDYY
7.	If "YES" to	•	tion 6: rior to 1/1/15, has Form(s) NYC-3360 (Report of Federal/St	ate Change in Ta	y Rase) heen filed?	VES	□ NO
			eginning on or after 1/1/15, has an amended return(s) been			_	
8.	directly or i	ndired lease	corporation make any payments treated as interest in the cor ttly, individually or in the aggregate, more than 50% of the corp attach a schedule giving Shareholder's name, SSN/EIN, Int and Total interest paid.	ooration's issued a terest paid to sha	and outstanding capital stock reholder, Total indebtednes	k? s	□ NO
9.			er corporation a member of a partnership or joint venture du schedule listing name(s) and Employer Identification Numbe		?	YES	□ NO
10.			g the taxable year, did any member of the combined group have thold interest) located in NYC or a controlling interest in an en			YES	□ NO
11a.			ion 10, attach a schedule of such property, indicating owning and lot number.	corporation, the r	nature of the interest and inc	cluding the street a	ddress,
11b.			al property (including a leasehold interest) or controlling interestered with or without consideration?			YES	□ NO
11c.	Was there	a par	tial or complete liquidation of the owning corporation?			YES	□ NO
			e of the owning corporation's ownership transferred during the tax				□ NO
12.			tions 11b, 11c or 11d, was a Real Property Transfer Tax Ret				□ NO
13.			on 12, explain:	· 			
14.	•		per corporation pay rent greater than \$200,000 for any premer the purpose of carrying on any trade, business, profession		· ·		□ NO
		15.	If "YES" to question 14, were all required Commercial Ren	t Tax Returns file	d?	YES	☐ NO
	_		Please enter Employer Identification Number which was used	on the Commercia	al Rent Tax Return:		
		16.	Are you claiming an exception to the related member expense addba	ck under Administrat	ive Code section 11-652(8)(n)(2)	(ii)? YES	□NO
			If yes, enter applicable exception and amount of royalty pa	ayments			
		17.	If any member corporation filed federal form 1120F, did it h	nave Effectively C	exception connected Income (ECI)?	AMOUNT YES	□ NO
		18.	Does any member of the combined group carry out any consection 11-640(b) of the Ad. Code) during this filing period		• • • • • • • • • • • • • • • • • • • •	\(\sqrt{YES}	□ NO
		19.	Is any a disregarded entity included in this return? If "YES", attach a schedule giving the legal name and EIN	of each disregard	ded entity included	YES	□ NO
		20.	Are you subject to tax solely as a result of deriving receip	ots in New York C	ity? (see instructions)	YES	□ №

For	m NYC-2A - 2	2023 NAME OF DESIGNATED AGENT:	EIN:	Page 10
S	CHEDULE	H - Determination of Tax Rate		
A.	Enter the ta	ax rate computed or used below (see instructions)	A.	%
В.	Enter the li	ne number of the tax rate computed or used below (see instructions)	B.	
Ca.	Enter your	combined unallocated business income from Schedule B, line 30 (see instru	ctions)Ca.	
Cb.	. If the amou	unt on line Ca is not correct, enter correct amount here and explain in rider (s	see 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 Sectio	n 11-654(1)(k)(4), mark an x in the bo	ox (see instr.)E.
F.	If you are a	a Financial Corporation as defined in Administrative Code Section 11-654(1)(e)(1)(i), mark an X in the box (see in	str.) F.
T	ax Rate C	Computation For Business Corporations Not Specified Below	n (see instructions)	
1.		ed unallocated business income (Schedule B, line 30) is less than \$2M and allo- bined business income (Schedule B, line 32a or 32b if used) is less than \$1M.	6.50%	
2.		ed unallocated business income (Schedule B, line 30) is equal to or greater (regardless of the amount of combined allocated business income)	8.85%	
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)	8.85%	
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	<u>(000)</u>) =%
5.	combined	ed unallocated business income (Schedule B, line 30) is less than \$2M and I allocated business income (Schedule B, line 32a or 32b if used) is equal ter than \$1M but less than \$1.5M, use allocated formula	6.50% + (2.35% X line 32a or 32b - 1,00 500,000	0,000) =%
6.		ed unallocated business income (Schedule B, line 30) is equal to or greater but less than \$3M and combined allocated business income (Schedule B,	6.50% + (2.35% X line 30 - 2,000, 1,000,000	000) =%
	line 32a d	or 32b if used) is equal to or greater than \$1M but less than \$1.5M, compates using both formulas. Use the greater of the two computed tax rates.	$6.50\% + (2.35\% X \frac{\ln e 32a \text{ or } 32b - 1,00}{500,000}$	<u>(0,000)</u>) =
			Enter the greater of the two computed	d 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 comcated business income (Schedule B, line 32a or 32b if used) is less than \$10M	4.425%	6
8.		ed unallocated business income (Schedule B, line 30) is equal to or greater M (regardless of the amount of combined allocated business income)	8.85%)
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 \$20N	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 - 20,000,000	0,000) =%
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 than \$10M but less than \$20M, use allocated formula	4.425% + (4.425% X line 32a or 32b - 10, 10,000,00	000,000) =%
		12. If combined unallocated business income (Schedule B, line 30) is equal to or greater than \$20M but less than \$40M and combined allocated business income (Schedule B, line 32a or 32b if used) is equal	4.425% + (4.425% X line 30 - 20,000,000	0,000 0) =
		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 - 10,000,000	
			Enter the greater of the two computed	d 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%	,



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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 Business Corporation Tax return that were 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.				
Explain how the filing of a return on a separate basis distorts the corporation's activities, business, income or capital in New York City, including the nature of the business conducted by the corporation, the source and amount of its gross receipts and expenses and the portion of each derived from transactions with other included corporations.				
NAME O	F CORPORATION	EMPLOYER IDENTIFICATION NUMBER	REASON(S) INCLUDED IN COMBINED BUSINESS CORPORATION TAX RETURN	
		-		
		-		
		.		
If additional space is required, please use this format 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				
Complete this schedule for each corporation excluded from the Combined Business Corporation Tax Return that (i) was 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.				
Explain the reason(s) for the exclusion of each corporation from the combined return, including a description of the nature of the business conducted by the corporation, the source and amount of its gross receipts and expenses and the portion 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 space is required, please use this format on a separate sheet and attach to this page.				

EIN: __

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Form NYC-2A - 2023 NAME OF DESIGNATED AGENT: _