

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

				For CALEND	AR YEAR	2023 or FISCAL	_YEAR beg	ginning		:	2023 , a	and ending		
			Name of reporting corp	oration					ame hange			AXPAYER'S EMAIL ADDRES	SS	
			In Care Of							EMPLOYER	IDENTIFI	ICATION NUMBER OF REPOR	RTING CORPOR	RATION
		TYPE	Address (number and	street)					ddress		1	•		
		F OR	City and State			Zip Code	Cour	ntry (if not	nange Ll t US)	BUSII	NESS CO	ODE NUMBER AS PER FEI	DERAL RETUR	RN
		PRI	Business Telephone N	umber		Date business be	egan in NYC							
			Name of parent of con	trolled group	Employe	r	1 1	1 1			NYC P	PRINCIPAL BUSINESS A	CTIVITY	
			Traine of paront of con		Id. No.:	<u> </u>								
			<u> </u>	- Check this box if you have ceas	ed operation	ns in NYC		-	52- 53-weel		-			
			\$	t period return (See Instr.) /11/01-related federal tax benef	ite (ega inet)	E	nter 2-cr	naracter spe	ecial condi	ition co	de, if applicable (see i	nst.)	
			¥	If the numero of the or	,	,	IRS cha	ange	Date	of Final			_	
			Amended re	federal or state change			NYS ch	•		rmination]-[
sc	HEDUL	E A Com	 putation of Tax	K - BEGIN WITH SCHEDULE B ON	PAGE 3. CON	IPLETE ALL OTHER	SCHEDULES	S. TRANS	FER APPLICA	ABLE AMOL	JNTS TO	SCHEDULE A.		
Α. Ι	Payment	Amount be	eing paid electron	ically with this return			A.					— Payment Amo	ount —	
				•			1	1						\dashv
1.				Schedule B, line 26).					X .0885	1.				=
2.				chedule E, line 14)		atm (ationa)			X .0015	2.				-
3.		•		x Schedule on page 2	``	structions) .				3.				
4.		•		ly - NYC Gross Receipts:						4.				
5.			•	dule C, line 4, Column E)					X .00075	5.				
6. -		•		ichever is largest, PL		•				6.				
7.			•	ons (from Schedule M,	,					7.				
8.				d line 7						8.				_
9.		•		C-9.7)						9.				$\overline{}$
10.			•	ss line 9)						10.				-
		•		5)						11a.				-
		,		?-9.8)						11b.				
				ent Opportunity Relocati		-			-	12a.				
			*	NYC-9.10)						12b.				
				m NYC-9.12)						12c.				_
				nance approval letter and schedu						12d.				
13.	Net comb	oined tax a	fter credits (line	e 10 less sum of lines 1	11a thro	ugh12d)				13.				
14.				or period following that		-								
		-		been filed, enter amour						14a.				
				not been filed and line						14b.				_
15.)						15.				-
16.				ns)						16.				-
17.		•	-							17.				
18.		`	,							18				
19a.			-											
19b.				s)							_			
19c.	Penalty f	or underpa	syment of estim	ated tax (attach Form I	VYC-222	?) 19c.								
20.		•								20.				
21.				20)			_			21.				
22.	Amount of	of line 21 to		ded - Direct deposit				-		22a.	<u> </u>			
			(b) Credite	ed to 2024 estimated t	ax					22b.				
22c.	Routing			Account				COUNT						
	Number ∟			Number			Checking		Savings					
23.	TOTAL F	REMITTAN	CE DUE (see in	nstructions)						23.				

NAME OF REPORT			EIN:	Page 2
SCHEDULE	E A - Continued Computation of To	ax - Begin with schedule B on Page 3. Complete A	ALL OTHER SCHEDULES. TRANSF	ER APPLICABLE AMOUNTS TO SCHEDULE A.
24. Combined	group's issuer's allocation percentage (fro	om Schedule E, line 15)	24.	%
25. Gross rece	eipts or sales (See instructions)		25.	
26. Total asset	s (Schedule E, line 1, column E)		26.	
27. Compensa	tion of more than 5% stockholders as used	d in computation of line 3 (Sch. F, li	ine 1, col. E) 27.	
28. NYC rent d	leducted on federal tax return		28.	
29. Intentional	y Omitted		29.	
30. Number of	SubsidiariesNumb	per of taxable Subsidiaries	30.	
PREPAYME	NTS SCHEDULE			
PREPAYMENT	TS CLAIMED ON SCHEDULE A, LINE 16		DATE	AMOUNT
A. Mandatory fi	rst installment paid with preceding year's	tax		
B. Payment with	h Declaration, Form NYC-400 (1)			
C. Payment with	h Notice of Estimated Tax Due (2)			
D. Payment with	h Notice of Estimated Tax Due (3)			
E. Payment wit	h extension, Form NYC-EXT			
F. Overpaymer	nt from preceding year credited to this yea	r		
G. Total prepay	ments from subsidiaries (attach rider)			
H. TOTAL of A t	through G (enter on Schedule A, line 16)			
ALTERNAT	IVE TAX SCHEDULE Refer to	instructions before computing the a	Iternative tax.	
Enter 100% of sala more than 5% of th Total (line 1 plus line Statutory exclusion	ries and compensation for the taxable year paid to the taxpayer's stock. (See instructions.)	o stockholders owning vear, exclusion must be prorated		2. \$ 3. \$
Net amount (line 3	minus line 4)			5. \$
15% of net amount	t (line 5 x 15%)			6. \$
Investment income	e to be allocated (amount on Schedule B, line 22b, Chan the amount on line 6 above. Enter "0" if not appli	olumn E x 15%.		
		,		
Business income t	to be allocated (line 6 minus line 7)			
	Allocated investment income (line 7 x invest	ment allocation % from Schedule D, line 5)		. 9. \$
	Allocated business income (line 8 x busines	s allocation % from Schedule H, line 7)		.10. \$
	Taxable net income (line 9 plus line 10)			11. \$
	Tax rate			12. 8.85% (.0885)
	Alternative tax (line 11 x line 12) Transfer am	ount to page 1. Schedule A. line 3		13. \$
		INSTRUCTIONS - DO NOT INCLUI		
	Ai Make remittance payable to the order of NY To receive proper credit, you mus The due date	ttach copy of all pages of your federal t	tax return 1120S. nt must be made in U. ation Number on your n or before March 15,	S. dollars and drawn on a U.S. bank tax return and remittance. 2024.
	ALL RETURNS EXCEPT REFUND RETURNS NYC DEPARTMENT OF FINANCE	REMITTANCES PAY ONLINE WITH FORM	1 NYC-200V	RETURNS CLAIMING REFUNDS NYC DEPARTMENT OF FINANCE

GENERAL CORPORATION TAX P.O. BOX 5564 BINGHAMTON, NY 13902-5564

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

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

_	m NYC-3A - 2023 E OF REPORTING CORPORATION:		EIN:	Page 3
	SCHEDULE B	Computation of combined	entire net income	
1.	Federal taxable income before net	perating loss deduction and special	deductions (see instructions)	
2.			line 1 above (see instructions)	
3.			tructions)	
4.			nstructions)	
5a.	-		icted on the federal return (attach rider)	
5b.			ons)	,
	•	•	dictions deducted from Federal Taxable	
			come (see instructions)	
6.	New York City adjustments relating	,	,	
		·		
			r NYC-399Z)	
7.	Additions:	,	,	
	(a) Payment for use of intangibles			
8.				
0-	Dividende from exheidiens conitel (

utation of combined entire net income

- loss deduction and special deductions (see instructions)
- r obligations not included in line 1 above (see instructions)
- capital (attach list) (see instructions)
- y capital *(attach list) (see instructions)*
- other business taxes deducted on the federal return (attach rider) (see instr.).....
- ederal return (see instructions).....
- milar taxes from other jurisdictions deducted from Federal Taxable Income *(see instructions)* ..
- ted from Federal Taxable Income (see instructions)
- structions):
 - credit and IBZ credit
 - ttach Form NYC-399 and/or NYC-399Z).....
- 9a. Dividends from subsidiary capital (itemize on rider) (see instr.)....
- 9b. Interest from subsidiary capital (itemize on rider) (see instructions)
- 9c. Gains from subsidiary capital.....
- 10. 50% of dividends from nonsubsidiary corporations (see instructions).....
- 11. Combined New York City net operating loss deduction (attach Form NYC-NOLD-GCT) (see instructions).....
- 12. Gain on sale of certain property acquired prior to 1/1/66 (see instructions)......
- 13. NYC and NYS tax refunds included in Sch. B, line 8 (see instructions)
- 14. Wages and salaries subject to IRC §280C deduction disallowance (see instructions)......
- 15. Depreciation and/or adjustment calculated under pre-ACRS or pre 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instr.).....
- 16a. Contributions of capital by governmental entities or civic groups (see instructions)......
- 16b. Other deductions (see instructions) (attach rider).....
- 17. Total deductions (add lines 9a through 16b).....
- Combined Entire net income (line 8 less line 17) (see instructions)
- 19. If the amount on line 18 is not correct, enter correct amount here and explain in rider (see instr.)
- 20. Investment income (complete lines a through h below) (see instructions)
 - (a) Dividends from nonsubsidiary stocks held for investment (see instructions)
 - (b) Interest from investment capital (include federal, state and municipal obligations) (itemize in rider).....
 - (c) Net capital gain (loss) from sales or exchanges of nonsubsidiary securities held for investment (itemize on rider or attach Federal Schedule D).....
 - (d) Income from assets included on line 3 of Schedule D.....
 - (e) Add lines 20a through 20d inclusive.....
 - (f) Deductions directly or indirectly attributable to investment income (attach list) (see instructions).....
 - (g) Balance (20e less line 20f)
 - (h) Interest on bank accounts included in income reported on line 20d......
 - 21. Combined New York City net operating loss deduction apportioned to investment income (attach Form NYC-NOLD-GCT) (see instr.)
 - 22a. Combined Investment income (line 20g less line 21)
 - 22b. Combined Investment income to be allocated (see instructions).....
 - 23. Combined Business income to be allocated (line 18 or line 19 less line 22b).....
 - 24. Allocated combined investment income (Schedule B, line 22b, column E x Schedule D, line 5, column E)
 - 25a. Allocated combined business income (Schedule B, line 23, column E x Schedule H, line 7, column E)....... 25b. If the amount on line 25a is not correct, enter correct amount here and explain in rider (see instructions)......
 - 26. Total allocated combined net income (line 24 plus line 25a or line 25b (enter on Schedule A, line1))



NAME OF REPORTING CORPORATION: _____ EIN: _____ Page 4

	SCHEDULE	3 Computati	Computation of combined entire net income				
	COLUMN A Reporting Corporation	COLUMN B Total Subsidiaries From NYC-3A/B	COLUMN C Subtotal Column A plus Column B	COLUMN D Intercorporate Eliminations (attach rider)		COLUMN E Combined Total Column C less Column D	
1.					1.		
2.					2.		
3.					3.		
4.					4.		
5a.					5a.		
5b.					5b.		
5c.					5c.		
5d.					5d.		
ou.							
6a.					6a.		
6b.					6b.		
6c.					6c.		
	T		T T				
7a.					7a.		
7c.					7c.		
7 C. 8.							
					8.		
9a.					9a.		
9b.					9b.		
9c.					9c.		
10.					10.		
11.					11.		
12.					12.		
13. 14.					13.		
15.					14.		
16a.					15. 16a.		
16b 17.					16b.		
18.							
19.					18. 19.		
13.					19.		
20a.					20a.		
20b.					20b.		
-							
20c.					20c.		
20d.					20d.		
20e.					20e.		
20f.					20f.		
20g.					20g		
20h.					20h.		
21.					21.		
22a.					22a.		
22b.					22b.		
23.					23.		
24.					24.		
25a.					25a.		
25b.					25b.		
26.					26.		



	SCHEDULE C Computation of combined subsidiary capital
1.	Average value
2.	Liabilities directly or indirectly attributable to subsidiary capital
3.	Net average value (line 1 less line 2)
4.	Net value allocated to New York City
	SCHEDULE D Computation of combined investment capital and investment allocation percentage
1.	Average value
2.	Liabilities directly or indirectly attributable to investment capital
3.	Net average value (line 1 less line 2)
4.	Value allocated to New York City
5.	Combined investment allocation percentage (line 4 divided by line 3)
6.	Cash
7.	Combined investment capital (add lines 3 and 6)
	SCHEDULE E Computation of combined capital (use average values)
	Is average value computed quarterly?
1.	Total assets from federal return
2.	Real property and marketable securities included in line 1
3.	Subtract line 2 from line 1
4.	Real property and marketable securities at fair market value
5.	Adjusted total asset (add lines 3 and 4)
6.	Total liabilities (see instructions)
7.	Combined total capital (line 5 less line 6, column E)
8.	Combined Subsidiary capital (Schedule C, line 3 , column E)
9.	Combined Business and Investment capital (line 7 less line 8, column E)
10.	Combined Investment capital (Schedule D, line 7, column E)
11.	Combined Business capital (line 9 less line 10, column E)
12.	Allocated combined investment capital (Schedule E, line 10 x Schedule D, line 5)
13.	Allocated combined business capital (Schedule E, line 11 x Schedule H, line 7)
14.	Total allocated combined business and investment capital (line 12 plus line 13) (enter at Schedule A, line 2)
15.	Issuer's allocation percentage (sum of Sch. E, line 14 and Sch. C, line 4 col. E ÷ Sch. E, line 7 rounded to the nearest hundredth of a percent) (enter on page 2 - line 24. See Instructions)
	SCHEDULE F Computation of combined salaries and compensation of certain stockholders

1. Total Salary and All Other Compensation Received from Corporation

	EIN:		Page
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	SCHEDULE C	Computation of combined subsidiary capital						
	COLUMN A Reporting Corporation	COLUMN B Total Subsidiaries From NYC-3A/B	COLUMN C Subtotal Column A plus Column B	COLUMN D Intercorporate Eliminations (attach rider)		COLUMN E Combined Total Column C less Column D		
1.					1.			
2.					2.			
3.					3.			
4.					4.			

	SCHEDULE D	Computation of con	nbined investment ca	pital and investment allo	cation percentage
1.				1.	
2.				2.	
3.				3.	
4.				4.	
5.				5.	%
6.				6.	
7.				7.	

	SCHEDULE E	Computation of combined capital	(use average values)	
1.			1.	
2.			2.	
3.			3.	
4.			4.	
5.			5.	
6.			6.	
7.			7.	
8.			8.	
9.			9.	
10.			10.	
11.			11.	
12.			12.	
13.			13.	
14.			14.	
15.			15.	

	SCHEDULE F	Computation of combined salaries and compensation of certain stockholders			
1.					l.



SCHEDULE H

Computation of combined business allocation percentage

Taxpayers must report their Business Allocation Percentage in this schedule for this return to be accepted

EIN:

	RECEIPTS FACTOR Receipts in the regular course of business from:
1a.	
ıa.	Sales of tangible personal property where shipments are made to points within New York City
1b.	Everywhere sales of tangible personal property
2a.	NYC services performed
2b.	Everywhere services performed
3a.	NYC rentals of property
3b.	Everywhere rentals of property
4a.	NYC royalties
4b.	Everywhere royalties
5a.	Other NYC business receipts
5b.	Other Everywhere business receipts
6a.	Total NYC receipts(add lines 1a, 2a, 3a, 4a, 5a)
6b.	Total Everywhere receipts (add lines 1b, 2b, 3b, 4b, 5b)
7.	Combined Business Allocation Percentage (line 6a column E divided by line 6b, column E rounded to the nearest hundredth of a percent. See instructions.)



NAME OF REPORTING CORPORATION:	EIN:	Page 8

SCH	EDU	JLE	н

Computation of combined business allocation percentage Taxpayers must report their Business Allocation Percentage in this schedule for this return to be accepted

	COLUMN A	COLUMN B	COLUMN C	COLUMN D		COLUMN E
Re	eporting Corporation	Total Subsidiaries	Subtotal	Intercorporate		Combined Total
		From NYC-3A/B	Column A	Eliminations		Column C
			plus Column B	(attach rider)		less Column D
a.					1a.	
b.					1b.	
ła.					2a.	
?b.					2b.	
Ba.					3a.	
Bb.					3b.	
la.					4a.	
lb.					4b.	
ia.					5a.	
ib.					5b.	
ia.					6a.	
b					6b.	
					7.	



S	SCHEDULE M Computation of Minimum Tax for taxable corporations							
			COMBINED TOTALS					
1.	Number of Subsidiaries:1.							
	Number of taxable subsidiaries with NYC gross receipts of:							
1a.	Not more than \$100,000: 1aa.	X \$251ab						
1b.	More than \$100,000 but not over \$250,000:1ba.	X \$751bb						
1c.	More than \$250,000 but not over \$500,000: 1ca.	X \$1751cb						
1d.	More than \$500,000 but not over \$1,000,000:1da.	X \$5001db						
1e.	More than \$1,000,000 but not over \$5,000,000: 1ea.	X \$1500 1eb .						
1f.	More than \$5,000,000 but not over \$25,000,000:1fa.	X \$35001fb						
1g.	Over \$25,000,000:1ga.	X \$50001gb						
2.	Minimum tax for taxable corporations (add lines 1ab through 1gb) (enter here and on Schedu	ule A. line 7) 2.						



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EIN:

1a.	New York City princ	cipal busines	s activity													
1b.	Other significant bu	usiness activ	rities (atta	ch sch	edule, s	see insi	tructions	;)								
	Trade name of repo															
	Have there been ar Tax Return from the	ny changes	in the co	mposi	tion of	the gro	up of co	rporation	s include	ed in this (Combined	l General C	Corporati	on		□ NO
	If "YES", complete															
3.	Is only one subsidia	-														□ NO
	If "YES", give name															
	Is any member corp disregarding any ex	clusion by r	eason of p	paragra	aph (b)((2) of th	at section	on?								\square NO
	If "YES", give comm	on parent cor	poration's	name, i	f any					EIN						
	Has the Internal Re other tax base repo or are any of the sa	rted in a pri	or year, fo	r the c	ombine	d group	o, any va	ariation of	f the comb	bined grou	up or any	member co	orporatio	n	YES	□ NO
	If "YES", by whom?	n 🗌 In	ternal Rever	nue Serv	vice				State p	eriod(s):	Beg.:	MMDDYY		End.:		
		□ Ne	ew York Stat	te Depai	tment of	Taxation	and Fina	nce				MMDDYY				
6	If "YES" to question	ı 5·										WIWIDDT			WIWIDDTT	
	6a. For years prior t		s Form(s)	NYC-	3360 be	een file	d?								YES	☐ NO
	6b. For years begin															☐ NO
	Did any member cor owning directly or ir outstanding capital	ndirectly, ind	ividually o	or in the	aggre	gate, m	ore than	1 50% of	the corpo	ration's is	sued and				YES	□ NO
	Shareholder's name	e:								SSI	N/EIN:					
	Interest paid to Shar	eholder:			Total Ir	ndebted	ness to s	sharehold	ler describ	ed above:	:		Total into	erest pai	id:	
	Was any member o															NO
	If "YES", attach sch	nedule listing	name(s)	and E	nploye	r Identif	fication N	Number(s	s).							
9.	At any time during the located in NYC or a														YES	□NO
	a) If "YES" to 9, attack				,		•					J	t address	s, boroug	h, block and l	ot number.
	b) Was any NYC rea property acquired	d or transfer	red with o	r witho	ut cons	ideratio	on?									NO
	c) Was there a part															☐ NO
	d) Was 50% or more	_					_	-		-		-				☐ NO
11.	If "YES" to 10b, 10d	c or 10d, wa	s a Real F	Propert	y Trans	fer Tax	Return	(Form N	YC-RPT)	filed?					☐ YES	☐ NO
12.	If "NO" to 11, explain	in:														_
		Does any r If "YES": A the QSSS	ttach a sch filed or wa	hedule as requ	showing ired to	g the na file a C	ame, add ity busin	dress and	EIN, if an	y, of each	QSSS an	nd indicate v			YES	□ NO
		Does any m						¢200 000	O for any	romices !-	2 NIVO :~ ±		of Mont	otton		
		south of 96	h Street fo	or the p	urpose	of carry	ing on ar	ny trade, l	business,	professior	n, vocation	or comme	rcial activ	/ity?		□ NO
	16.	If "YES," w Attach schee													YES rcial Rent Tax	NO Return(s).
												THE				
		-	-			_	-				-	_			orrect and cortions)YI	
		Sign HERE: Signa	ature of offic	cer					_	itle				Date		
		Signa	ture or onic	561				▼ PRI	EPARER		ILY ▼			Date		
		Preparer's					I	Preparer's	e			Chaok	if self-	¬1		
		signature						printed na				emplo		Date	•	
	_															
		▲ Firm's nam	e (or yours,	if self-en	nployed)				▲ Addres	SS				A	Zip Code	
	201102221	Preparer's So	cial Security	y Numbe	er or PTII	V F	Firm's Em	ployer Ide	ntification [Number			Firm's E	mail Add	ress	
	301102391			•			. [-]	l		_,						

ADDITIONAL INFORMATION REQUIRED The following information must be entered for this return to be complete.

EIN:	Page 11

AFFILIATIONS SCHEDULE (See Instructions)

	Part I General Information						
Corp. No.	Name and address of corporation	Em	ıploy	er Identif	icatio	n Num	ber
1.	Common parent corporation on federal return: 1.			1 1	1	1 1	1
2.	Reporting corporation on NYC-3A: 2.	•		1 1	1	1 1	i
3.	Affiliated corporations: 3.			1 1	i	1 1	i
4.	4.			1 1		1 1	1
5.	5.	•		1 1	i	1 1	i
6.	6.	•		1 1	1	1 1	1
7.	7.			1 1	i	1 1	i
8.	8.	-		1 1	1	1 1	1
9.	9.			1 1	i	1 1	i
10.	10.			1 1	1	T T	1

ŀ	Part II Principal Business Activ	vity, Voting	Sto	ock Info	rmation,	Etc.	
				STOCKHO	DLDINGS AT BI	EGINNING C	F 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.	Reporting corporation on NYC-3A:		2.		%	%	
3.	Affiliated corporations:		3.		%	%	
4.			4.		%	%	
5.			5.		%	%	
6.			6.		%	%	
7.			7.		%	%	
8.			8.		%	%	
9.			9.		%	%	
10.			10.		%	%	



NAME OF REPORTING CORPORATION:		EIN:	Page 12
Part III Entities II	ncluded in Combine	d Return (see below)	
Part III Elluttes II	iciuded in Combine	d Return (See Below)	
Are any entities included in the Combined 0	General Corporation Tax return that	t were not included in the return for the prio	r period? YES NO NO
Complete this schedule for each corporation in tion Tax Return for the prior tax period; or (ii) report.			
Explain how the filing of a return on a separate ness conducted by the corporation, the source corporations.			
NAME OF CORPORATION	EMPLOYER IDENTIFICATION NUMBER	REASON(S) INCLUDED IN COMBINED GENE	RAL CORPORATION TAX RETURN
	-		
	_		
If additional	space is required, please use this form	mat on a separate sheet and attach to this pag-	Э.
Part IV Entities N	ot Included in Com	bined Return (see belov	a/ \
Tartiv Emilies K	ot included in com	billed Retain (see belov	*)
Are any entities excluded from the Combine	ed General Corporation Tax return	that were included in the return for the prior	r period? YES NO
Complete this schedule for each corporation of tion Tax Return for the prior tax period; or (ii) report.			
Explain the reason(s) for the exclusion of each tion, the source and amount of its gross receip	o corporation from the combined return ts and expenses and the portion of e	rn, including a description of the nature of the ach derived from transactions with other includes	business conducted by the corporaded corporations.
NAME OF CORPORATION	EMPLOYER IDENTIFICATION NUMBER	REASON(S) EXCLUDED FROM COMBINED GEN	IERAL CORPORATION TAX RETURN
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If additional space is required, please use this format on a separate sheet and attach to this page.