		<b>NYC</b> -4S		GENERAL CORPORATION TAX RETURN 2024								
	Department of Finance			To be filed by S Corporations only. All C Corporations must file Form NYC-2, NYC-2S or NYC-2A								
			For CAL	For CALENDAR YEAR 2024 or FISCAL YEAR beginning 2024 and ending								
		Name		Name Change					Taxpayer's Email Address:			
	Por CALENDAR TEAR 2024 of FISCAL TEAR beginning   Name   Name   In Care Of   Address (number and street)   Address Change   City and State   Zip Code Country (if not US)   Business Telephone Number Date business began in NYC Date business ended in NYC											
		Address			OYER IDENTIFICATION NU							
				Change								
	City and State			Zip Code Country (if not US) BUS					NESS CODE NUMBER AS PER FEDERAL RETURN			
		Business Telephone I	Number Date	business began in NY	C Date busine	ess ended in l	NYC					
_		Special short Claim any 9/	federal or state	benefits (see inst.) of the amended return change, check the ap	is to report a [ propriate box: [	A   En IRS char	oro-forma ter 2-chara nge nge	federal cter spec Date o Deter	taxable year return is attached cial condition code, if applicabl of Final			
	CHEDULE A						-	-	PPLICABLE AMOUNTS TO SCHED			
	3	nt being paid elect	-									
1.	Net income (from Sche						X .0885	1.				
2a. 2b.	Total capital (from Sch Total capital - Coopera	, , , ,	,				X .0015 X .0004	2a. 2b.				
20. 2c.	Cooperatives - ent		BLO		LC	 )Т	A .0004	20.				
3a.	Compensation of st	-	n Schedule D, lin	e1) 3a	a.							
3b.	Alternative tax (see	-		-				3b.				
4.												
5.	Tax (line 1, 2a, 2b, 3b or 4, whichever is largest)							5.				
6.	First installment of estimated tax for period following that covered by this return: (a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT							6a.				
	(b) If application for extension has <b>not</b> been filed and line 5 exceeds \$1,000, enter 25% of line 5 ( <i>see instructions</i> )											
7.												
8.	Total before prepayments (add lines 5 and 6a or 6b) Prepayments (from Prepayments Schedule, line G) <i>(see instructions)</i>											
9.	Balance due (line 7											
10.	Overpayment (line	Overpayment (line 8 less line 7)										
11a.	Interest (see instru	ctions)			11a.							
	Additional charges	•						_				
11c.	Penalty for underpay											
12.	Total of lines 11a, 1											
13.	Net overpayment (		<i>.</i>									
14.	Amount of line 13 to	.,	•			•						
14c.	Routing		2025 estimated	tax		ACCOUNT		14b.				
	Number		umber		Check	•	Savings					
15.	TOTAL REMITTAN		,					15.				
16.	NYC rent deducted on fe											
17.	Gross receipts or s							17.				
18.	Total assets from fe	ederal return						18.				
		CERTIFICA	TION OF AN E		FICER OF	THE.	CORPC	RAT	ION			
ä	I hereby certify that this retur		mail Address:									
SIGN HERE	I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions)YES											
SIG	signature:		г	ïtle:		Date:		F r	Preparer's Social Security Nur	nber or PTIN		
s >	Preparer's		Preparer's		Check if self- employed:							
μz	signature:		printed name:		,,,	Date:			Firm's Employer Identificat	ion Number		

ATTACH COPY OF ALL PAGES OF YOUR FEDERAL TAX RETURN 1120S. SEE PAGE 2 FOR MAILING INSTRUCTIONS.

▲ Address

▲ Zip Code

▲ Firm's name (or yours, if self-employed)

PREP, USE

Form	NYC-4S - 2024	NAME			EIN		Page 2			
S	CHEDU	LE B Computation of N	YC Taxable Net Inc	ome						
1.		ole income before net operating los								
2.	Interest on federal, state, municipal and other obligations not included in line 1 2.									
3a.	NYS Franchise Tax and other income taxes, including MTA taxes, deducted on federal return (attach rider) (see instr.) 3a.									
3b. ₄		NYC General Corporation Tax deducted on federal return (see instructions)								
4. 5.										
		f lines 1 through 4)				5.				
6a. 6b.	Depreciation	net operating loss deduction (see ins a and/or adjustment calculated ur rules (attach Form NYC-399 and/or N		-						
6c.	-	S tax refunds included in Schedule								
7.	Total (sum of	lines 6a through 6c)				7.				
8.	Taxable net ir	ncome (line 5 less line 7) (enter on	page 1, Schedule A, line	e 1) <i>(see instru</i>	uctions)	8.				
9	СНЕВЦІ	LE C Total Capital								
-			(Attach detailed schedule)							
Duoic		used to determine average value in column C. <i>Check one. (Attach detailed sch</i>			001104					
		Annually Semi-annually - Quarterly		DLUMN A nning of Year	COLUMN End of Yea		COLUMN C Average Value			
	- Monthly	- Weekly	- Daily							
1.	Total assets	from federal return	1.							
2.	Real property	and marketable securities included	d in line 1 <b>2</b> .							
3.	Subtract line	2 from line 1	3.	I						
4.	Real property	and marketable securities at fair mar	ket value 4.							
5.	Adjusted tota	I assets (add lines 3 and 4)	5.	I						
6.		s (see instructions)								
7.	Total capital (o	column C, line 5 less column C, line 6	6) (enter on page 1, Sche	dule A, line 2a	or 2b) (see Instr.)					
S	CHEDU	LE D Certain Stockhold	ers							
Inclu	ude all stockhol	ders owning in excess of 5% of tax	payer's issued capital sto	ck who receive	ed any compensatio	-				
		Name, Country and US Zip Code		Social Security		Salary & All Other Comp				
		(Attach rider if necessary)		Number	Title	from Corporation (If r	ione, enter 0)			
4	Total includi	ing any amount on ridar (antar a	a naga 1. Cabadula A I	ine (le)						
1.		ing any amount on rider (enter or				•				
	SCHEDUL		rmation must be e	ntered for t	this return to be	e complete				
1. 2.		principal business activity: ration have an interest in real property lo	cated in New York City? (see	instructions)		VES	NO			
2. 3.		Attach a schedule of such property, include		,						
	(b)	Was a controlling economic interest in this	corporation (i.e., 50% or more	e of stock owners	ship) transferred during					
4.		ration have one or more qualified subcha				YES	NO			
		ES" Attach a schedule showing the name QSSS filed or was required to file a City b								
5.		per of Fed K1 returns attached:								
6.		ayer pay rent greater than \$200,000 for a				_				
_		the purpose of carrying on any trade, bus								
7.		all required Commercial Rent Tax Return mployer Identification Number which was					NO			
		AMOUNT								
	l	A. Mandatory first installment paid v	,	DATE		AMOUNT				
		B. Payment with Declaration, Form								
		C. Payment with Notice of Estimate								
		<ul><li>D. Payment with Notice of Estimate</li><li>E. Payment with extension, Form N</li></ul>								
		F. Overpayment from preceding ye								
		G. TOTAL of A through F (enter on a								
			MAILING	INSTRUCTIO						
		ALL RETURNS EXCEPT REFUND RETU	S M NYC-200V	<b>RETURNS CLAIMIN</b>	G REFUNDS					
		NYC DEPARTMENT OF FINANCE	GOV/ESEF			YC DEPARTMENT OF FINANCE				
		GENERAL CORPORATION TAX P.O. BOX 5564			-200V ONLY to:	GENERAL CORPORAT P.O. BOX 5563	ION TAX			
		BINGHAMTON, NY 13902-5564		ARTMENT OF P.O. BOX 3933	3	BINGHAMTON, NY 139	902-5563			
				ORK, NY 1000	0-3933					

The due date for the calendar year 2024 return is on or before March 17, 2025. For fiscal years beginning in 2024, file on the 15th day of the third month after the close of fiscal year.