

For CALENDAR YEAR 2025 or FISCAL YEAR beginning

2025, and ending

PRINT OR TYPE	Name of reporting corporation			Name Change <input type="checkbox"/>		TAXPAYER'S EMAIL ADDRESS	
	In Care Of					EMPLOYER IDENTIFICATION NUMBER OF REPORTING CORPORATION Please enter entire 9-digit EIN	
	Address (number and street)			Address Change <input type="checkbox"/>		<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>	
	City and State		Zip Code	Country (if not US)		BUSINESS CODE NUMBER AS PER FEDERAL RETURN	
CHECK ALL THAT APPLY	Business Telephone Number		Date business began in NYC		<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>		
	Name of parent of controlled group		Employer Id. No.:	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>		NYC PRINCIPAL BUSINESS ACTIVITY	
	<input type="checkbox"/> Final return - Check this box if you have ceased operations in NYC		<input type="checkbox"/> Filing a 52- 53-week taxable year				
	<input type="checkbox"/> Special short period return (See Instr.)		<input type="checkbox"/> Enter 2-character special condition code, if applicable (see inst.)				
	<input type="checkbox"/> Claim any 9/11/01-related federal tax benefits (see inst.)						
	<input type="checkbox"/> Amended return If the purpose of the amended return is to report a federal or state change, check the appropriate box:		<input type="checkbox"/> IRS change		Date of Final Determination		
	<input type="checkbox"/> Federal/State Partnership Change (see instructions)		<input type="checkbox"/> NYS change		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		

SCHEDULE A **Computation of Tax** - BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

A. Payment		Amount being paid electronically with this return		A.		Payment Amount	
1.	Allocated combined income (from Schedule B, line 26) .	1.			x .0885	1.	
2.	Allocated combined capital (from Schedule E, line 14)	2.			x .0015	2.	
3.	Alternative Tax (from Alternative Tax Schedule on page 2) (see instructions)					3.	
4.	Minimum tax for reporting corporation only - NYC Gross Receipts:	4.				4.	
5.	Allocated subsidiary capital (from Schedule C, line 4, Column E)	5.			x .00075	5.	
6.	Combined Tax (line 1, 2, 3 or 4, whichever is largest, PLUS line 5)					6.	
7.	Minimum Tax for taxable corporations (from Schedule M, line 2)					7.	
8.	Total combined tax - add line 6 and line 7					8.	
9.	UBT Paid Credit (attach Form NYC-9.7)					9.	
10.	Tax after UBT paid Credit (line 8 less line 9)					10.	
11a.	REAP Credit (attach Form NYC-9.5)					11a.	
11b.	LMREAP Credit (attach Form NYC-9.8)					11b.	
12a.	Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6)					12a.	
12b.	Biotechnology Credit (attach Form NYC-9.10)					12b.	
12c.	Beer Production Credit (attach Form NYC-9.12)					12c.	
12d.	Child Care Credit (attach Department of Finance approval letter and schedule showing name, EIN, and amount for each subsidiary)					12d.	
12e.	RACE Credit (attach Form NYC-9.13)					12e.	
13.	Net combined tax after credits (line 10 less sum of lines 11a through 12e)					13.	
14.	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					14a.	
	(b) If application for extension has not been filed and line 13 exceeds \$1,000, enter 25% of line 13					14b.	
15.	Net Tax (add lines 13 and 14a or 14b)					15.	
16.	Total Prepayments (see instructions)					16.	
17.	Balance due (line 15 less line 16)					17.	
18.	Overpayment (line 16 less line 15)					18.	
19a.	Interest (see instructions)	19a.					
19b.	Additional charges (see instructions)	19b.					
19c.	Penalty for underpayment of estimated tax (attach Form NYC-222)	19c.					
20.	Total of lines 19a, 19b and 19c					20.	
21.	Net overpayment (line 18 less line 20)					21.	
22.	Amount of line 21 to be:						
	(a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 22c OR <input type="checkbox"/> Paper check					22a.	
	(b) Credited to 2026 estimated tax					22b.	
	Routing Number						
	Account Number						
	ACCOUNT TYPE						
	Checking <input type="checkbox"/> Savings <input type="checkbox"/>						
23.	TOTAL REMITTANCE DUE (see instructions)					23.	

SCHEDULE A - Continued**Computation of Tax** - BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

24. Combined group's issuer's allocation percentage (from Schedule E, line 15)	24.	%	
25. Gross receipts or sales (See instructions).....	25.		
26. Total assets (Schedule E, line 1, column E)	26.		
27. Compensation of more than 5% stockholders as used in computation of line 3 (Sch. F, line 1, col. E)	27.		
28. NYC rent deducted on federal tax return	28.		
29. Intentionally Omitted.....	29.		
30. Number of Subsidiaries..... Number of taxable Subsidiaries.....	30.		

PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 16	DATE	AMOUNT
A. Mandatory first installment paid with preceding year's tax.....		
B. Payment with Declaration, Form NYC-400 (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. Overpayment from preceding year credited to this year		
G. Total prepayments from subsidiaries (attach rider)		
H. TOTAL of A through G (enter on Schedule A, line 16)		

ALTERNATIVE TAX SCHEDULE

Refer to instructions before computing the alternative tax.

Net income/loss (See instructions)	1.	\$	
Enter 100% of salaries and compensation for the taxable year paid to stockholders owning more than 5% of the taxpayer's stock. (See instructions.)	2.	\$	
Total (line 1 plus line 2)	3.	\$	
Statutory exclusion - Enter \$40,000. (if return does not cover an entire year, exclusion must be prorated based on the period covered by the return).....	4.	\$	
Net amount (line 3 minus line 4)	5.	\$	
15% of net amount (line 5 x 15%).....	6.	\$	
Investment income to be allocated (amount on Schedule B, line 22b, Column E x 15%. Do not enter more than the amount on line 6 above. Enter "0" if not applicable.)	7.	\$	
Business income to be allocated (line 6 minus line 7).....	8.	\$	
Allocated investment income (line 7 x investment allocation % from Schedule D, line 5)	9.	\$	
Allocated business income (line 8 x business 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 amount to page 1, Schedule A, line 3	13.	\$	

MAILING INSTRUCTIONS - DO NOT INCLUDE PAYMENT WITH RETURN

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 2025 return is on or before March 16, 2026.

For fiscal years beginning in 2025, 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
GENERAL 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
GENERAL CORPORATION TAX
P.O. BOX 5563
BINGHAMTON, NY 13902-5563



SCHEDULE B**Computation of combined entire net income**

1. Federal taxable income before net operating loss deduction and special deductions (*see instructions*)
2. Interest on federal, state, municipal and other obligations not included in line 1 above (*see instructions*)
3. Deductions directly attributable to subsidiary capital (*attach list*) (*see instructions*)
4. Deductions indirectly attributable to subsidiary capital (*attach list*) (*see instructions*)
- 5a. NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (*attach rider*) (*see instr.*)
- 5b. NYC General Corporation Tax deducted on federal return (*see instructions*)
- 5c. NYS Pass Through Entity Tax (PTET) and similar taxes from other jurisdictions deducted from Federal Taxable Income (*see instructions*) ..
- 5d. NYC Pass Through Entity Tax (PTET) deducted from Federal Taxable Income (*see instructions*)
6. New York City adjustments relating to (*see instructions*):
- (a) Employment opportunity relocation costs credit and IBZ credit
- (b) Real estate tax escalation credit
- (c) ACRS depreciation and/or adjustment (*attach Form NYC-399 and/or NYC-399Z*)
7. Additions:
- (a) Payment for use of intangibles
- (b) Intentionally Omitted
- (c) Other (*see instructions*) (*attach rider*)
8. Total of lines 1 through 7c
- 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)
18. 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, line 1)



SCHEDULE B		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 Intercompany 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.	
6a.					6a.	
6b.					6b.	
6c.					6c.	
7a.					7a.	
7c.					7c.	
8.					8.	
9a.					9a.	
9b.					9b.	
9c.					9c.	
10.					10.	
11.					11.	
12.					12.	
13.					13.	
14.					14.	
15.					15.	
16a.					16a.	
16b.					16b.	
17.					17.	
18.					18.	
19.					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? ☐ YES ☐ NO If NO, explain: _____

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



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 Intercompany Eliminations (attach rider)		COLUMN E Combined Total Column C less Column D
1.					1.	
2.					2.	
3.					3.	
4.					4.	

SCHEDULE D		Computation of combined investment capital and investment allocation percentage				
1.					1.	
2.					2.	
3.					3.	
4.					4.	
5.					5.	%
6.					6.	
7.					7.	

SCHEDULE E	Computation of combined capital (use average values)
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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.					1.	



SCHEDULE H

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

RECEIPTS FACTOR

Receipts in the regular course of business from:

1a.

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.)



SCHEDULE H

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

	COLUMN A Reporting Corporation	COLUMN B Total Subsidiaries From NYC-3A/B	COLUMN C Subtotal Column A plus Column B	COLUMN D Intercompany Eliminations (attach rider)		COLUMN E Combined Total Column C less Column D
1a.					1a.	
1b.					1b.	
2a.					2a.	
2b.					2b.	
3a.					3a.	
3b.					3b.	
4a.					4a.	
4b.					4b.	
5a.					5a.	
5b.					5b.	
6a.					6a.	
6b.					6b.	
7.					7.	%



SCHEDULE M

Computation of Minimum Tax for taxable corporations

			COMBINED TOTALS	
1.	Number of Subsidiaries:.....1.	<div></div>		
	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 \$15001eb.	
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 Schedule A, line 7) 2.			



ADDITIONAL INFORMATION REQUIRED

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

- 1a. New York City principal business activity _____
- 1b. Other significant business activities (attach schedule, see instructions) _____
- 1c. Trade name of reporting corporation, if different from name entered on page 1 _____
2. Have there been **any changes** in the **composition** of the group of corporations **included** in this Combined General Corporation Tax Return from the **prior Tax Period**? ☐ YES ☐ NO
If "YES", complete Part III and/or Part IV of the Affiliations Schedule on page 12 of this Form NYC-3A.
3. Is only one subsidiary included in this return? ☐ YES ☐ NO
If "YES", give name of corporation: _____ EIN: _____
4. Is any member corporation also a member of a controlled group of corporations as defined in IRC section 1563, disregarding any exclusion by reason of paragraph (b)(2) of that section? ☐ YES ☐ NO
If "YES", give common parent corporation's name, if any _____ EIN _____
5. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year, for the combined group, any variation of the combined group or any member corporation or are any of the same currently under audit? ☐ YES ☐ NO
If "YES", by whom? ☐ Internal Revenue Service State period(s): Beg.: _____ End.: _____
MMDDYY MMDDYY
☐ New York State Department of Taxation and Finance State period(s): Beg.: _____ End.: _____
MMDDYY MMDDYY
6. If "YES" to question 5:
- 6a. For years prior to 1/1/15, has Form(s) NYC-3360 been filed? ☐ YES ☐ NO
- 6b. For years beginning on or after 1/1/15, has an amended return(s) been filed? ☐ YES ☐ NO
7. Did any member corporation make any payments treated as interest in the computation of entire net income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If "YES", complete the following (if more than one, attach separate sheet) ☐ YES ☐ NO
Shareholder's name: _____ SSN/EIN: _____
Interest paid to Shareholder: _____ Total Indebtedness to shareholder described above: _____ Total interest paid: _____
8. Was any member corporation also a member of a partnership or joint venture during the tax year? ☐ YES ☐ NO
If "YES", attach schedule listing name(s) and Employer Identification Number(s).
9. At any time during the taxable year, did any member corporation have an interest in real property (including a leasehold interest) located in NYC or a controlling interest in an entity owning such real property? ☐ YES ☐ NO
10. a) If "YES" to 9, attach a schedule of such property, indicating owning corporation, the nature of the interest and including the street address, borough, block and lot number.
b) Was any NYC real property (including a leasehold interest) or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration? ☐ YES ☐ NO
c) Was there a partial or complete liquidation of the owning corporation? ☐ YES ☐ NO
d) Was 50% or more of the owning corporation's ownership transferred during the tax year, over a three-year period or according to a plan? ☐ YES ☐ NO
11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed? ☐ YES ☐ NO
12. If "NO" to 11, explain: _____
13. Does any member corporation have one or more qualified subchapter S subsidiaries? ☐ YES ☐ NO
If "YES": Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether the QSSS filed or was required to file a City business income tax return. (see instructions)
14. Enter the number of Fed K1 returns attached: _____
15. Does any member corporation pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? ☐ YES ☐ NO
16. If "YES," were all required Commercial Rent Tax Returns filed? ☐ YES ☐ NO
Attach schedule listing name of member corporation(s) and Employer Identification Number(s) which was used on the Commercial Rent Tax Return(s).

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.
I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions) YES ☐

SIGN HERE:	Officer's signature: _____	Title: _____	Date: _____
	▼ PREPARER USE ONLY ▼		
Preparer's signature: _____		Preparer's printed name: _____	Date: _____
Firm's name (or yours, if self-employed): _____		Address: _____	Zip Code: _____
Preparer's Social Security Number or PTIN: _____		Firm's Employer Identification Number: _____	Firm's Email Address: _____



301102591

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.	Reporting corporation on NYC-3A:	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.	Reporting corporation on NYC-3A:		2.		%	%	
3.	Affiliated corporations:		3.		%	%	
4.			4.		%	%	
5.			5.		%	%	
6.			6.		%	%	
7.			7.		%	%	
8.			8.		%	%	
9.			9.		%	%	
10.			10.		%	%	



Part III Entities Included in Combined Return (see below)		
Are any entities included in the Combined General Corporation Tax return that were not included in the return for the prior period? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Complete this schedule for each corporation included in the Combined General Corporation Tax Return that (i) was not included in the Combined General 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 OF CORPORATION	EMPLOYER IDENTIFICATION NUMBER	REASON(S) INCLUDED IN COMBINED GENERAL 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 Combined Return (see below)		
Are any entities excluded from the Combined General Corporation Tax return that were included in the return for the prior period? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Complete this schedule for each corporation excluded from the Combined General Corporation Tax Return that (i) was included in the Combined General 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 GENERAL CORPORATION TAX RETURN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
If additional space is required, please use this format on a separate sheet and attach to this page.		

