



NYC 3L

NEW YORK CITY DEPARTMENT OF FINANCE
GENERAL CORPORATION TAX RETURN

DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY

1997

FINANCE NEW YORK

For CALENDAR YEAR 1997 or FISCAL YEAR beginning and ending

Amended return

Final return Check box if the corporation has ceased operations.

Name, Address (number and street), City and State, Zip Code, Business Telephone Number, Date business began in NYC

EMPLOYER IDENTIFICATION NUMBER, BUSINESS CODE NUMBER AS PER FEDERAL RETURN, IMPORTANT: Corporations licensed and/or regulated by the NYC Taxi and Limousine Commission use business code 9999 in lieu of federal code.

SCHEDULE A Computation of Tax - BEGIN WITH SCHEDULE B ON PAGE 2. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

Table with columns: A. Payment, Description, Amount, and Payment Enclosed. Rows include: 1. Allocated net income, 2a. Allocated capital, 2b. Total allocated capital, 2c. Cooperatives, 3. Alternative tax, 4. Minimum tax, 5. Allocated subsidiary capital, 6. Tax, 7. Less: UBT Paid Credit, 8. Tax after Unincorporated Business Tax Paid Credit, 9. First installment of estimated tax, 10. Sales tax addback, 11. Total, 12a. Credits from Form(s) NYC-9.5 and/or NYC-9.6, 12b. Energy cost savings credit, 13. Net tax after credits, 14. Prepayments, 15. Balance due, 16. Overpayment, 17. Amount of line 16 to be, 18a. Interest, 18b. Additional charges, 18c. Penalty for underpayment, 19. Total of lines 18a, 18b and 18c, 20. TOTAL REMITTANCE DUE, 21. NYC rent from Sch. G, 22. Federal return filed, 23. Gross receipts or sales from federal return, 24. EIN of Parent Corporation, 25. Total assets from federal return, 26. EIN of Common Parent Corporation, 27. Compensation of officers, 28. Business allocation percentage.

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.

Signature of officer, Title, Date, Preparer's Social Security Number, Preparer's signature, Check if self-employed, Date, Firm's Employer Identification Number, Firm's name, Address, Zip Code

SCHEDULE D Investment Capital and Allocation

A DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	B No. of Shares or Amount of Securities	C Average Value	D Liabilities Directly or Indirectly Attributable to Investment Capital	E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G Value Allocated to NYC (column E x column F)
					%	
1. Totals (including items on rider)▶						
2. Investment allocation percentage (line 1G divided by line 1E)▶					%	
3. Cash - (To treat cash as investment capital, you must include it on this line.)▶						
4. Investment capital (total of lines 1E and 3E - enter on Schedule E, line 10)▶						

SCHEDULE E Computation and Allocation of Capital

Basis used to determine average value in column C. *Check one. (Attach detailed schedule.)*

- Annually - Semi-annually - Quarterly
 - Monthly - Weekly - Daily

	COLUMN A Beginning of Year	COLUMN B End of Year	COLUMN C Average Value
1. Total assets from federal return 1.			
2. Real property and marketable securities included in line 1 2.			
3. Subtract line 2 from line 1 3.			
4. Real property and marketable securities at fair market value 4.			
5. Adjusted total assets (add lines 3 and 4) 5.			
6. Total liabilities (see instructions) 6.			
7. Total capital (column C, line 5 less column C, line 6) 7.			
8. Subsidiary capital (Schedule C, column E, line 1) 8.			
9. Business and investment capital (line 7 less line 8) 9.			
10. Investment capital (Schedule D, line 4) 10.			
11. Business capital (line 9 less line 10) 11.			
12. Allocated investment capital (line 10 x _____ % from Schedule D, line 2) 12.			
13. Allocated business capital (line 11 x _____ % from Schedule H, line 5) 13.			
14. Total allocated business and investment capital (line 12 plus line 13) (enter at Schedule A, line 2a or 2b) 14.			
15. Issuer's allocation percentage (sum of Sch. E, line 14 and Sch. C, col. G, line 1 ÷ Sch. E, line 7) (enter on page 1 - see instructions) 15.			%

SCHEDULE F Officers (appointed or elected) and Certain Stockholders

Include all officers, whether or not receiving any compensation, and every stockholder owning in excess of 5% of taxpayer's issued capital stock who received any compensation, including commissions.

Name and Address - Give actual residence. (Attach rider if necessary.)	Social Security Number	Official Title	Salary & All Other Compensation Received from Corporation (If none, write "none")

1. Total, including any amount on rider 1.

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 13	DATE	AMOUNT	TEN DIGIT TRANSACTION ID CODE
A. Mandatory first installment paid with preceding year's tax Payment with declaration, Form NYC-400 (1)			
B. Payment of estimated tax, Form NYC-B100 (2) Form NYC-B100 (3)			
C. Payment with extension, Form NYC-6			
D. Carryover credit from preceding year			
E. TOTAL of A, B, C and D (enter on Schedule A, line 14)			

SCHEDULE G Complete this schedule if business is carried on both inside and outside NYC

Part 1 - List location of, and rent paid or payable, if any, for each place of business INSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Table with 6 columns: Complete Address, Rent, Nature of Activities, Number of Employees, Wages, Salaries, Etc., Duties. Includes a Total row at the bottom.

Part 2 - List location of, and rent paid or payable, if any, for each place of business OUTSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Table with 6 columns: Complete Address, Rent, Nature of Activities, Number of Employees, Wages, Salaries, Etc., Duties. Includes a Total row at the bottom.

SCHEDULE H Business Allocation - see instructions before completing this schedule

Did you make an election to use fair market value in the property factor? Yes No
If this is your first tax year, are you making the election to use fair market value in the property factor? Yes No
Are you a manufacturing corporation electing to use a double weighted-receipts factor for a tax year beginning after 6/30/1996? Yes No

Table with 3 columns: Description, COLUMN A - NEW YORK CITY, COLUMN B - EVERYWHERE. Rows include 1a-f (Real estate, Inventories, Tangible personal property) and 1g (Percentage in New York City).

Table with 3 columns: Description, COLUMN A - NEW YORK CITY, COLUMN B - EVERYWHERE. Rows include 2a-i (Receipts in the regular course of business from: Sales, Services, Rentals, Royalties, etc.) and 2i (Additional receipts factor).

Table with 3 columns: Description, COLUMN A - NEW YORK CITY, COLUMN B - EVERYWHERE. Rows include 3a (Wages, salaries and other compensation of employees) and 3b (Percentage in New York City).

4. Total of the New York City percentages shown at lines 1g, 2h, 2i and 3b 4. _____ %

5. Business allocation percentage (line 4 divided by three, or by the actual number of percentages used if other than three (see Instructions)) (If using Schedule I, enter percentage from part 1, line 8 or part 2, line 2.) 5. _____ %

SCHEDULE I Business Allocation for Aviation Corporations and Corporations Operating Vessels

Part 1 Business allocation for aviation corporations

Table with 2 columns: Description and AVERAGE FOR THE YEAR (COLUMN A - NEW YORK CITY, COLUMN B - EVERYWHERE). Rows include Aircraft arrivals and departures, New York City percentage, Revenue tons handled, etc.

Part 2 Business allocation for corporations operating vessels in foreign commerce

Table with 2 columns: Description and AVERAGE FOR THE YEAR (COLUMN A - NEW YORK CITY TERRITORIAL WATERS, COLUMN B - EVERYWHERE). Rows include Aggregate number of working days, Allocation percentage.

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

(REFER TO INSTRUCTIONS BEFORE COMPLETING THIS SECTION.)

- 1a. New York City principal business activity
1b. Other significant business activities
1c. Trade name of reporting corporation
2. Is this corporation included in a consolidated federal return?
3. Is this corporation included in a New York City Combined General Corporation Tax Return?
4. Is this corporation 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?
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, or are you currently being audited?
6. Has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed?
7. Did you calculate a depreciation deduction by the application of the Federal Accelerated Cost Recovery System (ACRS)?
8. Were you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return?
9. Was this corporation a member of a partnership or joint venture during the tax year?
10. At any time during the taxable year, did the 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?
11. If "YES" to 10:
a) Attach a schedule of such property, indicating 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?
c) Was there a partial or complete liquidation of the corporation?
d) Was 50% or more of the corporation's ownership transferred during the tax year, over a three-year period or according to a plan?
12. If "YES" to 11b, 11c or 11d, was a Real Property Transfer Tax Return filed?
13. If "NO" to 12, explain:
14. Was the completed contract method of accounting utilized in determining taxable income?
15. Does the corporation have one or more qualified subchapter s subsidiaries?
a) If "YES": Are all items of income, gain, loss, deduction and capital of each QSSS included in this report?
i) If "NO": Attach a schedule showing the name, address and EIN, if any, of each QSSS NOT included in this report and indicate whether the QSSS filed or was required to file a City business income tax return.

Alternative Tax Worksheet

Refer to pages 3 and 4 of instructions before computing the alternative tax.

Net income/loss <small>(Schedule B, line 19 or 20)</small>	1.	\$
For taxable years beginning after 6/30/96, officers salaries and compensations multiplied by .75 and 100% of certain stockholders' salaries and compensation. See instructions.	2.	\$
Total (line 1 plus line 2a or 2b, whichever is applicable) ..	3.	\$
Statutory exclusion - For taxable years beginning before 7/1/97, enter \$15,000. For taxable years beginning on or after 7/1/97, enter \$30,000. (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.	\$
30% of net amount (line 5 X 30%)	6.	\$
Investment income to be allocated (Schedule B, line 23. Do not enter more than amount on line 6 above. Enter "0" if not applicable.)	7.	\$
Business income to be allocated <small>(line 6 minus line 7)</small>	8.	\$
Allocated investment income <small>(line 7 x investment allocation % from Schedule D, line 2F)</small> → <input style="width: 50px;" type="text"/> %	9.	\$
Allocated business income <small>(line 8 x business allocation % from Schedule H, line 5)</small> → <input style="width: 50px;" type="text"/> %	10.	\$
Taxable net income <small>(line 9 plus line 10)</small>	11.	\$
Tax rate	12.	\$ 8.85% (.0885)
Alternative tax (line 11 x line 12) <small>Transfer amount to page 1, Schedule A, line 3</small>	13.	\$

Attach copy of all pages of your federal tax return or pro forma federal tax return.

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

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

**MAILING →
INSTRUCTIONS**

RETURNS WITH REMITTANCES
NYC DEPARTMENT OF FINANCE
BOX 3900 CHURCH STREET STATION
NEW YORK, NY 10008-3900

RETURNS CLAIMING REFUNDS
NYC DEPARTMENT OF FINANCE
BOX 1117 WALL STREET STATION
NEW YORK, NY 10268-1117

ALL OTHER RETURNS
NYC DEPARTMENT OF FINANCE
BOX 1130 WALL STREET STATION
NEW YORK, NY 10268-1130

The due date for the calendar year 1996 return is on or before March 16, 1998. For fiscal years ended in 1998, file within 2 1/2 months after the close of fiscal year.