

				plicable for the tax p				AX REIUR ay 31, 2021 ONLY		
		Name:		Name Change				Employer Identification Number		
		Address (number and stre	t): Change					OR Social Security Number		
		City and State:		Country (if not	US):		Federal Business Code			
		Business Telephone Numb	er: Taxpayer's Email Address:			Special Condition Code Amended Return				
		REPORT FULL YEAR'S RE	ENT OR THE ANNUALIZ	ED RENT IF LESS THAN	FULL YEAR ON T	THIS RE	TURN	. COMPLETE PAGES 2 AND 3	FIRST.	
			IESS ENTITY:	Corporation	• 🗌 Partr	nership		Individual, estate or	trust	
		CHECK (🖌) IF APPLICABLE:	·	☐ Initial return - Date bu Final return - Date bus	0			• •		
			COMP	UTATION OF T	AX			▼ Payment ▼		
Α.	Payment -	Amount being paid ele						-		
LINE		RATE CLASS	NO. OF PREMISES FOR EACH RATE CLASS	TOTAI BASE RE		TAX RATE		TAX DUE: TOTAL BASE RENT X TAX RAT	E	
• 1.	\$0 to \$249,999	(from line 13 on pg. 2 or supplemental spreadsheet)			.00	0%	1.	0	0 0	
• 2.	\$250,000 and ove	(from line 14 on pg. 2 or supplemental spreadsheet)			.00	6%	• 2.			
3.		m pg. 2, line 16 or supp		• 3.						
4.		s Tax Credit (from pg. 2		• 4.		+				
5.	Total Credits (Total Credits (add lines 3 and line 4)								
6.	Total Tax Due A	After Tax Credit (line 2 mi	inus line 5)				• 6.			
7.	Deduct total q	uarterly payments					• 7.			
8.	Balance Due ((if line 7 is less than line	6)				• 8.			
9.	Add interest a	nd penalties (See instru	ctions)				• 9.			
10.	Overpayment	(if line 7 is greater than	the sum of line 6 an	d line 9)	REFUN	D™	• 10.			
11.	Total Remitta	nce Due (Add line 8 and	line 9) (see instr.) En	ter payment amount	t on line A, ab	ove	• 11.			
12.	Total number of	of Subtenants					• 12.			
13.	If you are a member of a NYC combined group, enter the EIN of the designated agent or reporting corporation filing the business income tax return									
	3			ERTIFICATION						
l also returr turn a	n request a refund c n of NYC Real Prop and I agree to subm norize the Dept. of F Signature	of the amount of any overpay	ment of the tax shown o ch, and at such time as, cessary to establish the a	n line 8, if any, as is attrib the taxpayer receives a cr amount of such overpaym	utable to the incl redit or refund fro nent.	usion in om the l	base i	e and belief, true, correct and c rent reported on line 2 of page of taxable premises covered b Preparer's Social Security Number 	e 1 of this by this re- r or PTIN	
	Preparer's	Preparer's					•			
USE ONLY	ARER'S signature:	printed name: Date						Preparer's Telephone Numb	oer	
▲ Firm's name ▲ Address ▲ Zip Code										
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 re	RETURNS	t, you must enter your correct (FORM ONLY) IENT OF FINANCE		umber or Social Security N REMITTANCES ORM NYC-200V AT NYC.0			URNS	nber on your tax return and ren CLAIMING REFUNDS (FORM C DEPARTMENT OF FINANCE	ONLY)	

NEW YORK CITY DEPARTMENT OF FINANCE

CR-A

NYC D P.O. BOX 5564 BINGHAMTON, NY 13902-5564

OR Mail Payment and Form NYC-200V ONLY to: NYC DEPARTMENT OF FINANCE P.O. BOX 3933, NEW YORK, NY 10008-3933

P.O. BOX 5563 BINGHAMTON, NY 13902-5563

DID YOUR MAILING ADDRESS CHANGE? If so, please visit us at nyc.gov/finance and click "Update Name and Address" in the blue "Business Taxes" box. This will bring you to the "Business Taxes Change of Name, Address or Account Information". Update as required.

20012191

Form CR-A for the tax period June 1, 2020 to May 31, 2021 ONLY

YOU MAY FILE ELECTRONICALLY AT NYC.GOV/ESERVICES. IF YOU ARE FILING ON PAPER, USE THIS PAGE IF YOU HAVE THREE OR LESS PREM-ISES/SUBTENANTS OR MAKE COPIES OF THIS PAGE IF YOU HAVE ADDITIONAL PREMISES/SUBTENANTS. IF YOU CHOOSE TO USE A SPREADSHEET, YOU MUST USE THE CRA.FINANCE SUPPLEMENTAL SPREADSHEET WHICH YOU CAN DOWNLOAD FROM OUR WEBSITE AT WWW.NYC.GOV/CRTINFO.

EACH LINE MUST BE ACCURATELY COMPLETED. YOUR DEDUCTION WILL BE DISALLOWED IF INACCURATE INFORMATION IS SUBMITTED.

LIN	NE C	DESCRIPTIO	DN	PF	REMISES 1	P	REMISES 2	PR	EMISES 3		
• 1a	Street Address		1a								
	Zip Code										
	Block and Lot Numb										
10/0	BIOCK and Lot NUMD	er	1c/1a.	1C. BLOC	к 1d. LO [.]	Г 1С. ВLC	ск 1d. LOT	1C. BLOCK	1d. LOT		
• 2.	Gross Rent Paid (se										
3.	Rent Applied to Res	sidential Use	3.								
4a1.	SUBTENANT'S Nam										
• 4a2.	(if more than one subtenant, see instructions) 4a1. Employer Identification Number (EIN) for partnerships or corporations4a2.		• EIN		• EIN		• EIN				
4b1.	SUBTENANT'S Name if Individual4b1.										
4h2	Social Security Number (SSN) for individuals4b2 Rent received from SUBTENANT (if more than one subtenant, see instructions)4c Is this rent paid for a period less than 12 months?4d1		individuals 4h2	● SSN		SSN	• SSN		• SSN		
4d1.					YES						
	If YES, how many months?4d2				Total number	Total number of months:		Total number of months:			
5a.	Other Deductions (attach schedule)5a.										
5b.	Commercial Revitalization Program special reduction (see instructions)		n								
6.	Total Deductions (ad	ld lines 3, 4c, 5a	a and 5b) 6.								
7.	Base Rent Before Re										
N	 If the line 7 amount represents rent for less than the full year, proceed to line 10, or If the line 7 amount plus the line 5b amount is \$249,999 or less and represents rent for a full year, transfer line 9 to line 13, or If the line 7 amount plus the line 5b amount is \$250,000 or more and represents rent for a full year, transfer line 9 to line 14 										
•	25% Dent Deduction	(250/ V line 7)	0								
8.	35% Rent Reduction										
9.	Base Rent Subject to										
10.	COMPLETE LINES 10 THROUGH Tenants whose rent is not paid on a monthly basis, check box				IF YOU RENTE		OR LESS THAN TH		AR		
	and see instructions. Oth	and see instructions. Others complete lines 10a through 12 10.									
10a.	Number of Months at F	hs at Premises during the tax period		10a. # of months	10b. From:	10a. # of mont	ns 10b. From:	10a. # of months	10b. From:		
					10c. To:		10c. To:		10c. To:		
11.	Monthly Base Rent before rent reduction (line 7 plus line 5b divided by line 10a) 11. Annualized Base Rent before rent reduction (line 11 X 12 months or line 4 from worksheet on page 3). 12.										
12.											
							(not the line 12 amou (not the line 12 amo				
	-	RATE CL	ASS TAX RATE	TRANSFE	R THE AMOUNTS	FROM LINES 13 T	HROUGH 16 TO THE CO	RRESPONDIN	G LINES ON PAGE 1		
		13. (\$0 - 249,9	99) 0%13 .								
		14. (\$250.000 c	r more) 6%14 .								
		15. Tax Due be	efore credit								
		(line 14 mul	tiplied by 6%) 15 .								
			ee worksheet below) .16.								
			ess Tax Credit or supplemental (see instructions) 17 .								
		Note: The tax credit only applies if line 7 plus line 5b (or line 12, if applicable) is at least \$250,000, but is less than \$300,000. All others enter zero.									
		TAX CREDIT COMPUTATION WORKSHEET									
				ount represents rent for the full 12 month period, your credit is calculated as follows:							
	■ If the line 7 am			$= 15 \text{ X} \left(\frac{3300,000 \text{ minus the sum of lines 7 and 5b}}{\$50,000} \right) = \underline{\qquad} = \text{your credit}$							
				nount represents rent for less than the full 12 month period, your credit is calculated as follows:							
	Amount on line 15				$5 \times \left(\frac{\$300,000 \text{ minus line 12}}{\$50,000}\right) = $ = your credit						

ADD	OU ARE FILING ON PAPER, USE THIS DITIONAL PREMISES. IF YOU CHOOSE IS TAX CREDIT WORKSHEET WHICH Y	TO USE A SPREADS	HEET, YOU MUST USE THE S	SUPPLEMENTAL SMALL BUSI-					
1	TO QUALIFY FOR SMALL BUSINE	SS TAX CREDIT							
Α.	Is your "total income" as defined by Ad. Code Section 11-704.4(a) less than \$10,000,000? Is yes If your answer to Question A is NO, you are not eligible for this credit.								
В.	Is your "Base Rent Before Rent Reduction" (page 2, line 7) for any premises at least \$250,000 but less than \$550,000? ves If the answer to this Question is NO for any of the premises, you are not eligible for this credit for those premises whose Base Rent Before Reduction is either less than \$250,000 or equal to or greater than \$550,000 and you should not complete this worksheet for those premises.								
	INCOME FACTOR CALCULATIONS - Com	plete either lines 1a and	d 1b OR lines 2a and 2b						
1a.	Enter amount of total income, if total income is \$5,00	00,000 or less (see instructions	s) 1a.						
1b.	Income factor (see instructions)1b.								
2a.	Enter amount of total income if total income is more than \$5,000,000 but less than \$10,000,000 (see instructions)								
2b.									
RENT FACTOR CALCULATIONS - Complete either lines 3a and 3b OR lines 4a and 4b									
3a.	Enter amount of base rent, if base rent from Page 2, line 7 is less than \$500,000 3a.	PREMISES	PREMISES	PREMISES					
3b.	Rent factor (see instructions)3b.								
4a.	Enter amount of base rent if base rent from Page 2, line 7 is at least \$500,000 but less than \$550,000 (see instructions) 4a .								
4b.	If base rent from Page 2, line 7 is at least \$500,000 but less than \$550,000: Rent Factor is (\$550,000 - line 4a) / 50,000 4b .								
(CREDIT CALCULATION								
5a.	Page 2, line 15 (Tax at 6%) 5a.								
5b.	Page 2, line 16 (Tax Credit from Tax Credit Computation Worksheet on Page 2) 5b.								
5c.	(line 5a - line 5b) X (line 1b or 2b) X (line 3b or 4b). Enter here and on Page 2, line 17 5c .								
			OR A PERIOD OTHER THAN						
			he tax period by the number of days fo ult on line 4 here and on Form NYC-CF	r which the rent was paid and multiply RA, Page 2, line 12.					
		PREMISES	PREMISES	PREMISES					
	1. Amount of rent paid for the period1.								
	2. Number of days in the rental period for which rent was paid2.								
	3. Rent per day (divide line 1 by line 2. Round to the nearest whole dollar). 3.								
	 Amount of rent paid for the period								

Form CR-A for the tax period June 1, 2020 to May 31, 2021 ONLY