



For CALENDAR YEAR 2013 or FISCAL YEAR beginning _____ 2013 and ending _____

Check box if you are filing a 52- 53-week taxable year

Amended return Final return Check box if the corporation has ceased operations.

Special short period return. (See Instructions)

Check box if a pro-forma federal return is attached Check box if you claim any 9/11/01-related federal tax benefits. (See Inst.)

Enter 2-character special condition code, if applicable. (See instructions):

Name, In Care Of, Address, City and State, Zip Code, Business Telephone Number, Date business began in NYC

Taxpayer's Email Address, EMPLOYER IDENTIFICATION NUMBER, BUSINESS CODE NUMBER AS PER FEDERAL RETURN

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

Table with columns for line numbers, descriptions, and payment amounts. Includes rows for allocated net income, capital, taxes, credits, and total remittance due.

SCHEDULE B Computation and Allocation of Entire Net Income

| | | | | |
|------|--|------|--|--|
| 1. | Federal taxable income before net operating loss deduction and special deductions (see instructions)..... | 1. | | |
| 2. | Interest on federal, state, municipal and other obligations not included in line 1 above (see instructions)..... | 2. | | |
| 3. | Deductions directly attributable to subsidiary capital (attach list) (see instructions)..... | 3. | | |
| 4. | Deductions indirectly attributable to subsidiary capital (attach list) (see instructions)..... | 4. | | |
| 5a. | NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (attach rider) (see instr.).... | 5a. | | |
| 5b. | NYC General Corporation Tax deducted on federal return (see instructions) | 5b. | | |
| 6. | New York City adjustments relating to (see instructions): | | | |
| | (a) Sales and compensating use tax credit | 6a. | | |
| | (b) Employment opportunity relocation costs credit and IBZ credit..... | 6b. | | |
| | (c) Real estate tax escalation credit | 6c. | | |
| | (d) ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399Z)..... | 6d. | | |
| 7. | Additions: | | | |
| | (a) Payment for use of intangibles | 7a. | | |
| | (b) Domestic Production Activities Deduction (see instructions)..... | 7b. | | |
| | (c) Other (see instructions) (attach rider) | 7c. | | |
| 8. | Total additions (add lines 1 through 7c) | 8. | | |
| 9a. | Dividends from subsidiary capital (itemize on rider) (see instr.) | 9a. | | |
| 9b. | Interest from subsidiary capital (itemize on rider) (see instructions)..... | 9b. | | |
| 9c. | Gains from subsidiary capital | 9c. | | |
| 10. | 50% of dividends from nonsubsidiary corporations (see instructions)..... | 10. | | |
| 11. | New York City net operating loss deduction (attach Form NYC-NOLD-GCT) (see instr.).... | 11. | | |
| 12. | Gain on sale of certain property acquired prior to 1/1/66 (see instructions) | 12. | | |
| 13. | NYC and NYS tax refunds included in Sch. B, line 8 (see instructions) | 13. | | |
| 14. | Sales tax refunds or credits from vendors or New York State. Also include on page 1, Sch. A, line 12 (see instr.)..... | 14. | | |
| 15. | Wages and salaries subject to federal jobs credit (attach federal Form 5884 (see instructions) | 15. | | |
| 16. | Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instr.)..... | 16. | | |
| 17. | Other deductions: (see instructions) (attach rider) | 17. | | |
| 18. | Total deductions (add lines 9a through 17)..... | 18. | | |
| 19. | Entire net income (line 8 less line 18) (see instructions) | 19. | | |
| 20. | If the amount in line 19 is not correct, enter correct amount here and explain on rider (see instr.)..... | 20. | | |
| 21. | Investment income - (complete lines a through h below) (see instructions) | | | |
| | (a) Dividends from nonsubsidiary stocks held for investment (see instructions) | 21a. | | |
| | (b) Interest from investment capital (include federal, state and municipal obligations) (itemize on rider) | 21b. | | |
| | (c) Net capital gain (loss) from sales or exchanges of nonsubsidiary securities held for investment (itemize on rider or attach Federal Schedule D) | 21c. | | |
| | (d) Income from assets included on line 3 of Schedule D..... | 21d. | | |
| | (e) Add lines 21a through 21d inclusive..... | 21e. | | |
| | (f) Deductions directly or indirectly attributable to investment income (attach list) (see instructions) | 21f. | | |
| | (g) Balance (subtract line 21f from line 21e) | 21g. | | |
| | (h) Interest on bank accounts included in income reported on line 21d | 21h. | | |
| 22. | New York City net operating loss deduction apportioned to investment income (attach rider) (see instr.)..... | 22. | | |
| 23a. | Investment income (line 21g less line 22) | 23a. | | |
| 23b. | Investment income to be allocated (see instructions)..... | 23b. | | |
| 24. | Business income to be allocated (line 19 or line 20 less line 23b) | 24. | | |
| 25. | Allocated investment income (line 23b multiplied by: _____ % - Schedule D, line 2) (see instr.) | 25. | | |
| 26. | Allocated business income (line 24 multiplied by: _____ % - Schedule H, line 5) | 26. | | |
| 27. | Total allocated net income (line 25 plus line 26 (enter at Schedule A, line 1)) | 27. | | |

S CORPORATIONS
see instructions
for line 1



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ATTACH ALL PAGES OF FEDERAL RETURN

SCHEDULE C Subsidiary Capital and Allocation

Table with 7 columns: A (Description of Subsidiary Capital), B (% of Voting Stock Owned), C (Average Value), D (Liabilities), E (Net Average Value), F (Issuer's Allocation Percentage), G (Value Allocated to NYC). Includes summary rows 1 and 2.

SCHEDULE D Investment Capital and Allocation

Table with 8 columns: A (Description of Investment), B (No. of Shares), C (Average Value), D (Liabilities), E (Net Average Value), F (Issuer's Allocation Percentage), G (Value Allocated to NYC), H (Gross Income from Investment). Includes summary rows 1-4.

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

Table for Schedule E computation with columns: COLUMN A (Beginning of Year), COLUMN B (End of Year), COLUMN C (Average Value). Rows 1-15.



SCHEDULE F Certain Stockholders

Include all stockholders owning in excess of 5% of taxpayer's issued capital stock who received any compensation, including commissions.

Table with 4 columns: Name, Country and US Zip Code, Social Security Number, Official Title, Salary & All Other Compensation Received from Corporation.

1. Total, including any amount on rider. (Enter on Schedule A, line 28) 1.

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, No. of Employees, Wages, Salaries, Etc., Duties. Includes rows for multiple locations and a Total row.

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, No. of Employees, Wages, Salaries, Etc., Duties. Includes rows for multiple locations and a Total row.

SCHEDULE H Business Allocation - see instructions before completing this schedule

- 1. Did you make an election to use fair market value in the property factor? 1. Yes No
2. If this is your first tax year, are you making the election to use fair market value in the property factor? 2. Yes No

Table for Business Allocation with columns COLUMNA - NEW YORK CITY and COLUMN B - EVERYWHERE. Rows 1a-1f, 1g, 1h.

Receipts in the regular course of business from:

Table for Receipts in the regular course of business from: Rows 2a-2g, 2h, 2i.

Table for Business Allocation Percentage: Rows 3a, 3b, 3c.

Weighted Factor Allocation

Table for Weighted Factor Allocation: Rows 4a, 4b.

Business Allocation Percentage

Table for Business Allocation Percentage: Row 5.



SCHEDULE I Business Allocation for Aviation Corporations and Corporations Operating Vessels

Part 1 Business allocation for aviation corporations

Table with 8 rows and 3 columns: Description, Line Number, and Allocation Percentage. Includes sub-headers 'AVERAGE FOR THE YEAR' and 'COLUMN A - NEW YORK CITY' / 'COLUMN B - EVERYWHERE'.

Part 2 Business allocation for corporations operating vessels in foreign commerce

Table with 2 rows and 3 columns: Description, Line Number, and Allocation Percentage. Includes sub-headers 'COLUMN A - NEW YORK CITY TERRITORIAL WATERS' and 'COLUMN B - EVERYWHERE'.

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
2. Trade name of reporting corporation
3. Is this corporation included in a consolidated federal return?
4. Is this corporation a member of a controlled group of corporations...
5. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income...
6. If "YES" to question 5, has Form(s) NYC-3360...
7. Did this corporation make any payments treated as interest...
8. Was this corporation a member of a partnership or joint venture...
9. At any time during the taxable year, did the corporation have an interest in real property...
10. a) If "YES" to 9, attach a schedule of such property...
b) Was any NYC real property...
c) Was there a partial or complete liquidation...
d) Was 50% or more of the corporation's ownership transferred...
11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return...
12. If "NO" to 11, explain:
13. Does the corporation have one or more qualified subchapter S subsidiaries?
14. If a federal return was filed on Form 1120S, enter the number of Fed K1 returns attached:
15. Is this taxpayer subject to the Commercial Rent Tax?
16. If "YES", were all required Commercial Rent Tax Returns filed?
Please enter Employer Identification Number and Account ID



SCHEDULE K Federal Return Information

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

Enter on lines 1 through 10 in the Federal Amount column the amounts reported on your federal return or pro-forma Federal return. (See instructions)

Federal 1120

▼ Federal Amount ▼

| | | | |
|--|-----|--|--|
| 1. Dividends | 1. | | |
| 2. Interest income | 2. | | |
| 3. Capital gain net income | 3. | | |
| 4. Other income | 4. | | |
| 5. Total income | 5. | | |
| 6. Bad debts | 6. | | |
| 7. Interest expense | 7. | | |
| 8. Other deductions | 8. | | |
| 9. Total deductions | 9. | | |
| 10. Net operating loss deduction | 10. | | |

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. Firm's Email Address: _____
 I authorize the Dept. of Finance to discuss this return with the preparer listed below. (See instructions)YES

| | | | | |
|--|----------------------|-------------------------|--|--|
| SIGN HERE: | Signature of officer | Title | Date | Preparer's Social Security Number or PTIN |
| PREPARER'S USE ONLY | Preparer's signature | Preparer's printed name | Check if self-employed <input type="checkbox"/> Date | <input type="text"/> - <input type="text"/> - <input type="text"/> |
| ▲ Firm's name (or yours, if self-employed) | | ▲ Address | | Firm's Employer Identification Number |
| | | | | <input type="text"/> - <input type="text"/> |
| | | | ▲ Zip Code | |

MAILING INSTRUCTIONS

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 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 2013 return is on or before March 17, 2014.

For fiscal years beginning in 2013, 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/FINANCE
 OR
Mail Payment and Form NYC-200V ONLY to:
 NYC DEPARTMENT OF FINANCE
 P.O. BOX 3646
 NEW YORK, NY 10008-3646

RETURNS CLAIMING REFUNDS
 NYC DEPARTMENT OF FINANCE
 GENERAL CORPORATION TAX
 P.O. BOX 5563
 BINGHAMTON, NY 13902-5563

