



COMBINED TAX RETURN FOR BANKING CORPORATIONS

2010

For CALENDAR YEAR 2010 or FISCAL YEAR beginning _____, 2010 and ending _____

- AMENDED RETURN, FINAL RETURN, SPECIAL SHORT PERIOD RETURN, Check box if you claim any 9/11/01-related federal tax benefits

Name of Parent, Address, City and State, Zip Code, Business Telephone Number, Taxpayer's Email Address

EMPLOYER IDENTIFICATION NUMBER, BUSINESS CODE NUMBER AS PER FEDERAL RETURN

STATE OR COUNTRY OF ORGANIZATION, DATE ORGANIZED, DATE BUSINESS BEGAN IN NEW YORK CITY, FEDERAL RETURN WAS FILED ON, TYPE OF CORPORATION, TYPE OF BUSINESS, LOCATION(S) WITHIN NYC

SCHEDULE A - Computation of Tax

Table with columns: A. Payment, Amount included with Form NYC-200V or being paid electronically, ALIEN CORPORATIONS, ALL OTHERS, Payment Enclosed. Rows include: 1. Allocated combined entire net income, 2. Allocated combined alternative entire net income, 3. Allocated combined taxable assets, 4. Allocated combined issued capital stock, 5. Fixed minimum tax, 6. Combined tax, 7. Combined fixed minimum tax for subs., 8. Total combined tax, 9. UBT Paid Credit, 10a. Relocation and employment assistance program (REAP) credit, 10b. LMREAP Credit, 11. Net Tax, 12. First installment of estimated tax, 13. Total of lines 11 and 12a or 12b, 14. Total prepayments, 15. Balance due, 16. Overpayment, 17a. Interest, 17b. Additional charges, 17c. Penalty for underpayment, 18. Total of lines 17a, 17b and 17c, 19. Net overpayment, 20. Amount of line 19 to be, 21. TOTAL REMITTANCE DUE, 22. Issuer's allocation percentage, 23. Combined total receipts, 24. Combined taxable assets, 25. Combined entire net income allocation percentage, 26. NYC rent or rent deducted on federal return

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: Signature of officer, Title, Date, Preparer's signature, Preparer's printed name, Check if self-employed, Date, Firm's name, Address, Zip Code

Firm's Email Address:

Preparer's Social Security Number or PTIN

Firm's Employer Identification Number

| | | | |
|---|---|---|--|
| If more than one Page 2 is used, please state total number of Page 2 attached: _____ | NAME OF PARENT Employer Identification Number | NAME OF PRINCIPAL BANKING SUBSIDIARY Employer Identification Number | NAME OF SUBSIDIARY #2 Employer Identification Number |
|---|---|---|--|

SCHEDULE J - Computation of Combined Allocation Percentages

- ◆ Are you a banking corporation described in Administrative Code section 11-640(a)(9)? Yes No
- ◆ Are you substantially engaged in providing management, administrative, or distribution services to an investment company as such terms are defined in Administrative Code section 11-642(b)(1-a)? Yes No

If you answered "Yes" to both questions, then you must allocate using weighted factors (see instructions concerning "Weighted Factor Allocation for Certain Banking Corporations.")

Part 1 - Computation of combined entire net income allocation percentage

| | | | |
|--|--|--|--|
| 1. New York City wages (Form NYC-1, Sch. G, part 1, col. A, line 1a)..... 1. | | | |
| 2. Multiply column C, line 1 by 80%..... | | | |
| 3. Total wages (Form NYC-1, Sch. G, part 1, col. B, line 1a)..... 3. | | | |
| 4. Percentage in New York City (col. C, line 2 ÷ col. C, line 3)..... | | | |
| 5. New York City receipts (Form NYC-1, Sch. G, part 1, col. A, line 2l)..... 5. | | | |
| 6. Total receipts (Form NYC-1, Sch. G, part 1, col. B, line 2l)..... 6. | | | |
| 7. Percentage in New York City (col. C, line 5 ÷ col. C, line 6)..... | | | |
| 8. Additional receipts factor. Enter % from line 7. (see instructions on weighted factor allocation) | | | |
| 9. Deposits maintained at NYC branches (Form NYC-1, Sch. G, part 1, col. A, line 4c)..... 9. | | | |
| 10. Total deposits (Form NYC-1, Sch. G, part 1, col. B, line 4c)..... 10. | | | |
| 11. Percentage in New York City (col. C, line 9 ÷ col. C, line 10)..... | | | |
| 12. Additional deposits factor. Enter % from line 11. (See instructions on weighted factor allocation) | | | |
| 13. Total of NYC percentages shown on lines 4, 7, 8, 11 and 12. (See instructions on weighted factor allocation) | | | |
| 14. COMBINED ENTIRE NET INCOME ALLOCATION PERCENTAGE - Divide line 13 by 5 or by the actual number of percentages if less than 5 and round to the nearest one hundredth of a percentage point | | | |

Part 2 - Computation of combined alternative entire net income allocation percentage

| | | | |
|---|--|--|--|
| 15. New York City wages (Form NYC-1, Sch. G, part 2, col. A, line 1a)..... 15. | | | |
| 16. Total wages (Form NYC-1, Sch. G, part 2, col. B, line 1a)..... 16. | | | |
| 17. Percentage in New York City (col. C, line 15 ÷ col. C, line 16)..... | | | |
| 18. Combined receipts factor (Sch. J, col. C, line 7)..... | | | |
| 19. Combined deposits factor (Sch. J, col. C, line 11)..... | | | |
| 20. Total of NYC percentages shown on lines 17, 18 and 19 | | | |
| 21. COMBINED ALTERNATIVE ENTIRE NET ALLOCATION PERCENTAGE - Divide line 20 by 3 or by the actual number of percentages if less than 3 and round to the nearest one hundredth of a percentage point | | | |

Part 3 - Computation of combined taxable assets allocation percentage - Alien corporations should NOT complete this part.

| | | | |
|---|--|--|--|
| 22. New York City wages (Form NYC-1, Sch. G, part 3, col. A, line 1a)..... 22. | | | |
| 23. Multiply Column C, line 22 by 80%..... | | | |
| 24. Total wages (Form NYC-1, Sch. G, part 3, col. B, line 1a)..... 24. | | | |
| 25. Percentage in New York City (col. C, line 23 ÷ col. C, line 24)..... | | | |
| 26. New York City receipts (Form NYC-1, Sch. G, part 3, col. A, line 2l)... 26. | | | |
| 27. Total receipts (Form NYC-1, Sch. G, part 3, col. B, line 2l)..... 27. | | | |
| 28. Percentage in New York City (col. C, line 26 ÷ col. C, line 27)..... | | | |
| 29. Additional receipts factor. Enter % from line 28. (See instructions on weighted factor allocation) | | | |
| 30. Deposits maintained at NYC branches (Form NYC-1, Sch. G, part 3, col. A, line 4c)..... 30. | | | |
| 31. Total deposits (Form NYC-1, Sch. G, part 3, col. B, line 4c)..... 31. | | | |
| 32. Percentage in New York City (col. C, line 30 ÷ col. C, line 31)..... | | | |
| 33. Additional deposits factor. Enter % from line 32. (See instructions on weighted factor allocation) | | | |
| 34. Total of NYC percentages shown on lines 25, 28, 29, 32 and 33. (See instructions on weighted factor allocation) | | | |
| 35. COMBINED TAXABLE ASSETS ALLOCATION PERCENTAGE - Divide line 34 by 5 or by the actual number of percentages if less than 5 and round to the nearest one hundredth of a percentage point | | | |



| COLUMN A TOTAL <i>(see instructions)</i> | COLUMN B INTERCORPORATE ELIMINATIONS <i>(explain on rider)</i> | COLUMN C COMBINED TOTAL <i>(column A minus column B)</i> |
|--|--|--|
|--|--|--|

Part 1 - *Computation of combined entire net income allocation percentage*

| | | | | | |
|-----|--|--|--|--|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | % |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | % |
| 8. | | | | | % |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | % |
| 12. | | | | | % |
| 13. | | | | | % |
| 14. | | | | | % |

Part 2 - *Computation of combined alternative entire net income allocation percentage*

| | | | | | |
|-----|--|--|--|--|---|
| 15. | | | | | |
| 16. | | | | | |
| 17. | | | | | % |
| 18. | | | | | % |
| 19. | | | | | % |
| 20. | | | | | % |
| 21. | | | | | % |

Part 3 - *Computation of combined taxable assets allocation percentage - Alien corporations should NOT complete this part.*

| | | | | | |
|-----|--|--|--|--|---|
| 22. | | | | | |
| 23. | | | | | |
| 24. | | | | | |
| 25. | | | | | % |
| 26. | | | | | |
| 27. | | | | | |
| 28. | | | | | % |
| 29. | | | | | % |
| 30. | | | | | |
| 31. | | | | | |
| 32. | | | | | % |
| 33. | | | | | % |
| 34. | | | | | % |
| 35. | | | | | % |



| | | | |
|---|---|---|--|
| If more than one Page 4 is used, please state total number of Page 4 attached: _____ | NAME OF PARENT Employer Identification Number | NAME OF PRINCIPAL BANKING SUBSIDIARY Employer Identification Number | NAME OF SUBSIDIARY #2 Employer Identification Number |
| SCHEDULE K - Computation of Allocated Combined Entire Net Income | | | |

| | | | |
|---|--|--|--|
| 36. Entire net income - (Form NYC-1, Schedule B, line 34) 36. | | | |
| 37. Allocated combined entire net income - Multiply column C, line 36 by Schedule J, line 14 TRANSFER TO SCHEDULE A, LINE 1 | | | |

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| SCHEDULE L - Computation of Allocated Combined Alternative Entire Net Income |
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| | | | |
|---|--|--|--|
| 40. Alternative entire net income - (Form NYC-1, Schedule C, line 5)..... 40. | | | |
| 41. Allocated combined alternative entire net income - Multiply column C, line 40 by Schedule J, line 21 TRANSFER TO SCHEDULE A, LINE 2 | | | |

| |
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| SCHEDULE M - Computation of Allocated Combined Taxable Assets |
|--|

ALIEN CORPORATIONS SHOULD NOT COMPLETE THIS SCHEDULE

| | | | |
|--|--|--|--|
| 44. Combined taxable assets - (Form NYC-1, Schedule D, line 3)..... 44. | | | |
| 45. Allocated combined taxable assets - Multiply column C, line 44 by Schedule J, line 35. TRANSFER TO SCHEDULE A, LINE 3 | | | |

| |
|--|
| SCHEDULE N - Computation of Allocated Combined Issued Capital Stock |
|--|

ONLY ALIEN CORPORATIONS SHOULD COMPLETE THIS SCHEDULE

| | | | |
|---|---|---|---|
| 46a. Issued common stock 46a. | | | |
| 46b. Issued preferred stock..... 46b. | | | |
| 46c. Total Capital Stock (add lines 46a and 46b).... 46c. | | | |
| 47. New York City gross income 47. | | | |
| 48. Total worldwide gross income 48. | | | |
| 49a. Percentage in New York City..... 49a. | % | % | % |
| 49b. Allocated issued capital stock. Multiply line 46c by line 49a..... 49b. | | | |
| 50. Allocated combined issued capital stock (total of line 49b) - TRANSFER TO SCHEDULE A, LINE 450. | | | |



| COLUMN A TOTAL <i>(see instructions)</i> | COLUMN B INTERCORPORATE ELIMINATIONS <i>(explain on rider)</i> | COLUMN C COMBINED TOTAL <i>(column A minus column B)</i> |
|--|--|--|
|--|--|--|

Schedule K

| | | | | | |
|-------|--|--|--|--|--|
| ● 36. | | | | | |
| ● 37. | | | | | |

Schedule L

| | | | | | |
|-------|--|--|--|--|--|
| ● 40. | | | | | |
| ● 41. | | | | | |

Schedule M

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|-------|--|--|--|--|--|
| ● 44. | | | | | |
| ● 45. | | | | | |
| | | | | | |

NOTE
 PERCENTAGE IN NYC (LINE 49a) AND
 ALLOCATED ISSUED CAPITAL STOCK (LINE 49b)
 MUST BE COMPUTED SEPARATELY FOR EACH
 CORPORATION INCLUDED IN THIS RETURN



AFFILIATIONS SCHEDULE

COMPLETE THIS SCHEDULE OR ATTACH FEDERAL FORM 851



Tax year beginning _____, _____ and ending _____, _____

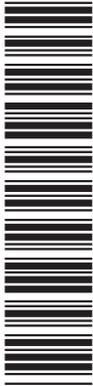
| | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|
| Name of reporting corporation on NYC-1A: | Employer Identification Number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"> </td> </tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of common parent corporation on consolidated federal income tax return: | | | | | | | | | | | |

Part I General Information

| Corp. No. | Name and address of corporation | | Employer Identification Number | | | | | | | | | | |
|-----------|--|-----|---|--|--|--|--|--|--|--|--|--|--|
| 1. | Common parent corporation on federal return: | 1. | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td></tr></table> | | | | | | | | | | |
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| 2. | Reporting corporation on NYC-1A: | 2. | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 3. | Affiliated corporations: | 3. | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td></tr></table> | | | | | | | | | | |
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Part II Principal Business Activity, Voting Stock Information, Etc.

| Corp. No. | Principal business activity (PBA) | NAICS | STOCKHOLDINGS AT BEGINNING OF YEAR | | | |
|-----------|--|-------|------------------------------------|-------------------------|------------------|-----------------------------|
| | | | 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-1A: | | 2. | % | % | |
| 3. | Affiliated corporations: | | 3. | % | % | |
| 4. | | | 4. | % | % | |
| 5. | | | 5. | % | % | |
| 6. | | | 6. | % | % | |
| 7. | | | 7. | % | % | |
| 8. | | | 8. | % | % | |
| 9. | | | 9. | % | % | |
| 10. | | | 10. | % | % | |



PART 2 **General Information**

A. Complete this schedule A for each **CORPORATION INCLUDED** in the Combined Banking Corporation Tax Return (i) that was **not included** in the Combined Banking 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 return.

Explain how the filing of a return on a separate basis distorts the corporation's tax liability 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 corporations listed on the Affiliations Schedule.

| NAME OF CORPORATION / EIN | | REASON(S) INCLUDED IN COMBINED RETURN |
|---------------------------|-------|---------------------------------------|
| 1. | Name: | |
| | EIN: | |
| 2. | Name: | |
| | EIN: | |

IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE THIS FORMAT ON A SEPARATE SHEET AND ATTACH IT TO THIS PAGE.

B. Complete this schedule A for each **CORPORATION EXCLUDED** from the Combined Banking Corporation Tax Return that was (i) was **included** in the Combined Banking 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 return.

Explain the reason(s) for the exclusion of each corporation for 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 corporations listed on the Affiliations Schedule.

| NAME OF CORPORATION / EIN | | REASON(S) EXCLUDED FROM COMBINED RETURN |
|---------------------------|-------|---|
| 1. | Name: | |
| | EIN: | |
| 2. | Name: | |
| | EIN: | |

IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE THIS FORMAT ON A SEPARATE SHEET AND ATTACH IT TO THIS PAGE.

Attach a copy of all pages of your federal return. NYC-1 returns for the parent corporation and all subsidiaries in the combined group must be attached to this 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 every tax return and remittance.

ALL RETURNS EXCEPT REFUND RETURNS
 NYC DEPARTMENT OF FINANCE 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
 P.O. BOX 5563
 BINGHAMTON, NY 13902-5563