



NEW YORK CITY DEPARTMENT OF FINANCE
GENERAL CORPORATION
TAX RETURN

DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY

1996

FINANCE
NEW YORK

For CALENDAR YEAR 1996 or FISCAL YEAR beginning _____, 1996 and ending _____, 1997

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, 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 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 and other taxes, including MTA surcharge, deducted on federal return (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 6b.
 - (c) Real estate tax escalation credit 6c.
 - (d) ACRS depreciation and/or adjustment (attach Form NYC-399) 6d.
 - (e) Energy cost savings credit 6e.
7. Other additions (see instructions) (attach rider) 7.
8. Total additions (add lines 1 through 7) 8.
- 9a. Dividends and gains from subsidiary capital (itemize on rider) (see instr.) 9a.
- 9b. Interest from subsidiary capital (itemize on rider) (see instructions) 9b.
10. 50% of dividends from nonsubsidiary corporations (see instructions) 10.
11. New York City net operating loss deduction (see instructions) 11.
12. Gain on sale of certain property acquired prior to 1/1/66 (see instructions) 12.
13. NYC and state tax refunds included in Sch. B, line 8 (see instructions) 13.
14. Sales tax refunds or credits from vendors or New York State included in Sch. B, line 8 and also included on page 1, Sch. A, line 8 (see instr.) 14.
15. Wages and salaries subject to federal jobs credit (attach federal Form 4874 and/or 5884) (see instructions) 15.
16. Depreciation and/or adjmt. calculated under pre-ACRS rules (attach Form NYC-399) (see instr.) 16.
17. Other deductions (see instructions) (attach rider) 17.
18. Total deductions (add lines 9 through 17) 18.
19. Entire net income (line 8 less line 18) 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 g below) (see instructions)
 - (a) Dividends from nonsubsidiary stocks held for investment and certain dividends and income from target corp. 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 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 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 (see instructions) 22.
23. Investment income to be allocated (line 21g less line 22) (but not more than line 19 or 20) 23.
24. Business income to be allocated (line 19 or line 20 less line 23) 24.
25. Allocated investment income (line 23 multiplied by: _____ % - Schedule D, line 2) (see instructions) 25.
26. Allocated business income (line 24 multiplied by: _____ % - Schedule H, line 5) 26.
27. Total allocated income (line 25 plus line 26) 27.
28. New York City gain (loss) on qualified New York City property (see instruction 1(f) on Form NYC-324) 28.
29. Total of lines 27 and 28 29.
30. Optional depreciation on qualified New York City property (attach Form NYC-324) 30.
31. Taxable net income (line 29 less line 30) (enter at Schedule A, line 1) 31.

S CORPORATIONS
 Attach a rider to line 1 showing income and deductions from federal Form 1120S, Schedule K, lines 1-10 and 11a.

SCHEDULE C Subsidiary Capital and Allocation

A		B	C	D	E	F	G
DESCRIPTION OF SUBSIDIARY CAPITAL		% of Voting Stock Owned	Average Value	Liabilities Directly or Indirectly Attributable to Subsidiary Capital	Net Average Value (column C minus column D)	Issuer's Allocation Percentage	Value Allocated to NYC (column E x column F)
LIST EACH ITEM (USE RIDER IF NECESSARY)	EMPLOYER IDENTIFICATION NUMBER						
		%				%	
1. Totals (including items on rider)							
2. Allocated subsidiary capital: Transfer this total to Schedule A, line 5							

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) \rightarrow						
2. Investment allocation percentage (line 1G divided by line 1E) \rightarrow					%	
3. Cash - (To treat cash as investment capital, you must include it on this line.) \rightarrow						
4. Investment capital (total of lines 1E and 3E - enter on Schedule E, line 10) \rightarrow						

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			
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 assets (add lines 3 and 4)			
6. Total liabilities (see instructions)			
7. Total capital (column C, line 5 less column C, line 6)			
8. Subsidiary capital (Schedule C, column E, line 1)			
9. Business and investment capital (line 7 less line 8)			
10. Investment capital (Schedule D, line 4)			
11. Business capital (line 9 less line 10)			
12. Allocated investment capital (line 10 x _____ % from Schedule D, line 2)			
13. Allocated business capital (line 11 x _____ % from Schedule H, line 5)			
14. Total allocated business and investment capital (line 12 plus line 13) (enter at Schedule A, line 2a or 2b)			
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)			%

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

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 Real estate owned, Real estate rented, Inventories owned, Tangible personal property owned, Tangible personal property rented, Total, and Percentage in New York City.

Table with 3 columns: Description, COLUMN A - NEW YORK CITY, COLUMN B - EVERYWHERE. Rows include Receipts in the regular course of business from: Sales of tangible personal property, All sales of tangible personal property, Services performed, Rentals of property, Royalties, Other business receipts, Total, Percentage in New York City, and Additional receipts factor.

Table with 3 columns: Description, COLUMN A - NEW YORK CITY, COLUMN B - EVERYWHERE. Rows include Wages, salaries and other compensation of employees, except general executive officers, and 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 8 rows and 3 columns: Description, Line Number, 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 rows and 3 columns: Description, Line Number, and Allocation (Column A - New York City Territorial Waters, Column B - Everywhere). Rows include Aggregate number of working days and 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...
5. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income...
6. Has Form(s) NYC-3360... been filed?
7. Did you calculate a depreciation deduction...
8. Were you a participant in a "Safe Harbor Leasing" transaction...
9. Was this corporation a member of a partnership or joint venture...
10. At any time during the taxable year, did the corporation have an interest in real property...
11. If "YES" to 10:
a) Attach a schedule of such property...
b) Was any NYC real property... acquired or transferred...
c) Was there a partial or complete liquidation...
d) Was 50% or more of the corporation's ownership transferred...
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...

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.	\$
Officers' (and certain stockholders') salaries and compensation (Schedule F, line 1) 2a.	\$
For taxable years beginning after 6/30/96, officers salaries and compensation multiplied by .75 and 100% of certain stockholders' salaries and compensation. See instructions. 2b.	\$
Total (line 1 plus line 2a or 2b, whichever is applicable) ... 3.	\$
Statutory exclusion - enter \$15,000 <small>(if return does not cover an entire year, exclusion must be prorated based on the period covered by the return)</small> 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

RETURNS CLAIMING REFUNDS
NYC DEPARTMENT OF FINANCE
BOX 1117 WALL STREET STATION
NEW YORK, NY 10005

ALL OTHER RETURNS
NYC DEPARTMENT OF FINANCE
BOX 1130 WALL STREET STATION
NEW YORK, NY 10005