

NYC 1A

COMBINED TAX RETURN FOR BANKING CORPORATIONS

- AMENDED RETURN
- FINAL RETURN
- SPECIAL SHORT PERIOD RETURN (See Instr.)

▲ DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY ▲

2004

Check "yes" if you claim any 9/11/01-related federal tax benefits (see inst.) YES

For CALENDAR YEAR 2004 or FISCAL YEAR beginning _____, 2004 and ending _____

▶ TYPE OR PRINT ▼

Name of Parent (see instructions) _____

Address (number and street) _____

City and State _____ Zip Code _____

Business Telephone Number _____

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: 1120 1120-F CONSOLIDATED BASIS OTHER

TYPE OF CORPORATION: Check one

- 1. EDGE ACT
- 2. ALIEN COMMERCIAL
- 3. SAVINGS AND LOAN
- 4. TRUST
- 5. DOMESTIC COMMERCIAL (other than Clearing House)
- 6. CLEARING HOUSE
- 7. OTHER

TYPE OF BUSINESS LOCATION(S) WITHIN NYC: 1. BRANCH 2. AGENCY 3. REPRESENTATIVE OFFICE 4. LOAN PRODUCTION OFFICE 5. NONE 6. OTHER (Specify) _____

SCHEDULE A - Computation of Tax

A.	Payment	Pay amount shown on line 21 - Make check payable to: NYC Department of Finance.....● A.	ALIEN CORPORATIONS	ALL OTHERS	Payment Enclosed
1.	Allocated combined entire net income (from Sch. K, line 37)	● 1.	X 9% (.09)	X 9% (.09)	● 1.
2.	Allocated combined alternative entire net income (from Sch. L, line 41) ● 2.		X .03	X .03	● 2.
3.	Allocated combined taxable assets (from Schedule M, line 45)	● 3.		X .0001	● 3.
4.	Allocated combined issued capital stock (from Sch. N, line 50)	● 4.	X .0026		● 4.
5.	Fixed minimum tax - for parent corporation only - No reduction is permitted for a period of less than 12 months	5.			125 00
6.	Combined tax (line 1, 2, 3, 4, or 5, whichever is largest)	● 6.			
7.	Combined fixed minimum tax for subs. - No reduction is permitted for a period of less than 12 mos - # of subsidiaries ● <input type="checkbox"/> X \$125 ● 7.				
8.	Total combined tax (line 6 plus line 7)	● 8.			
9.	UBT Paid Credit (attach Form NYC-9.7B)	● 9.			
10a.	Relocation and employment assistance program (REAP) credit (see instructions for Form NYC-1 and attach Form NYC-9.5) ● 10a.				
10b.	LMREAP Credit (see instructions and attach Form NYC-9.8)	● 10b.			
11.	Net Tax (line 8 less lines 9, 10a and 10b)	● 11.			
12.	First installment of estimated tax for period following that covered by this return:				
a)	If application for extension has been filed, enter amount from line 4 of Form NYC-6B (attach form)	● 12a.			
b)	If application for extension has not been filed and line 11 exceeds \$1,000, enter 25% of of line 11	● 12b.			
13.	Total of lines 11 and 12a or 12b)	● 13.			
14.	Total prepayments (listed on each attached return)	● 14.			
15.	Balance due (line 13 less line 14)	● 15.			
16.	Overpayment (line 14 less line 13)	● 16.			
17a.	Interest (see instructions for Form NYC-1)	17a.			
17b.	Additional charges (see instructions for Form NYC-1)	17b.			
17c.	Penalty for underpayment of estimated tax (attach Form NYC-222B)	● 17c.			
18.	Total of lines 17a, 17b and 17c	● 18.			
19.	Net overpayment (line 16 less line 18)	● 19.			
20.	Amount of line 19 to be:				
a)	Refunded	● 20a.			
b)	Credited to 2005 estimated tax	● 20b.			
21.	TOTAL REMITTANCE DUE (see instructions). Enter payment amount on line A above (see instructions)	● 21.			
22.	Issuer's allocation percentage rounded to the nearest one hundredth of a percentage point(see instructions) (attach worksheet) ● 22.				%
23.	Combined total receipts (Sch. J, part 1, line 6, col. C) ● 23.				
24.	Combined taxable assets (Sch. M, line 44, col. C) ● 24.				
25.	Combined entire net income allocation percentage rounded to the nearest one hundredth of a percentage point (Sch. J, part 1, line 14, col. C)	● 25.			%
26.	NYC rent or rent deducted on federal return - THIS LINE MUST BE COMPLETED	● 26.			

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 Social Security Number or PTIN _____

PREPARER'S USE ONLY: Preparer's signature _____ Preparer's printed name _____ Check if self-employed Date _____ Firm's Employer Identification Number _____

▲ Firm's name (or yours, if self-employed) _____ ▲ Address _____ ▲ Zip Code _____

	NAME OF PARENT Employer Identification Number <input style="width:100%; height:20px;" type="text"/>	NAME OF PRINCIPAL BANKING SUBSIDIARY Employer Identification Number <input style="width:100%; height:20px;" type="text"/>	NAME OF SUBSIDIARY #2 Employer Identification Number <input style="width:100%; height:20px;" type="text"/>
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SCHEDULE J - Computation of Combined Allocation Percentages

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 2I)..... 5.					
6. Total receipts (Form NYC-1, Sch. G, part 1, col. B, line 2I)..... 6.					
7. Percentage in New York City (col. C, line 5 ÷ col. C, line 6).....					
8. Additional receipts factor. Enter % from line 7.....					
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.....					
13. Total of NYC percentages shown on lines 4, 7, 8, 11 and 12.....					
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 2I).... 26.					
27. Total receipts (Form NYC-1, Sch. G, part 3, col. B, line 2I)..... 27.					
28. Percentage in New York City (col. C, line 26 ÷ col. C, line 27).....					
29. Additional receipts factor. Enter % from line 28.....					
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.....					
34. Total of NYC percentages shown on lines 25, 28, 29, 32 and 33.....					
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>
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Part 1 - *Computation of combined entire net income allocation percentage*

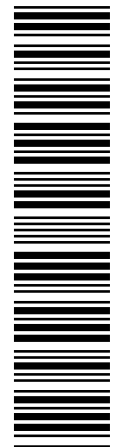
● 1.					
● 2.					
● 3.					
● 4.					%
● 5.					
● 6.					
● 7.					%
● 8.					%
● 9.					
● 10.					
● 11.					%
● 12.					%
● 13.					%
● 14.					%

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.					%



	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							

SCHEDULE L - Computation of Allocated Combined Alternative Entire Net Income

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							

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 4.....50.							



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>
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Schedule K

● 36.					
● 37.					

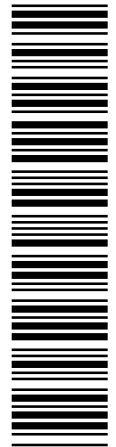
Schedule L

● 40.					
● 41.					

Schedule M

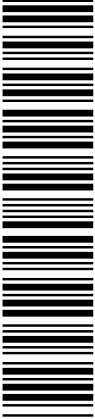
● 44.					
● 45.					

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%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <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%; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td></tr></table>										
2.	Reporting corporation on NYC-1A:	2.	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><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%; border-collapse: collapse;"><tr><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><td style="width: 10%; text-align: center;"> </td><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.	%	%	

- COMBINED GROUP INFORMATION SCHEDULE -



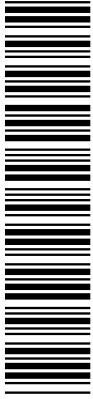
NAME OF PARENT CORPORATION:	EIN OF PARENT CORPORATION:																					
	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					

THE FOLLOWING INFORMATION MUST BE PROVIDED FOR THIS RETURN TO BE CONSIDERED COMPLETE

Refer to instructions before completing this section.

PART 1	General Information
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1. a. Does this group include any corporations other than banking corporations or bank holding companies required to file a combined return because they are taxpayers meeting the 80% or more stock ownership requirements of Administrative Code §11-646(f)(2)(i)? YES NO
 - b. If your answer to question (a) is “NO”, are any other banking corporations or bank holding companies, whether or not taxpayers, that meet the stock ownership requirements of Administrative Code §11-646(f)(2)(ii) **NOT** included in this return? YES NO
 - c. Have there been **ANY CHANGES** in the **COMPOSITION** of the group of banking corporations **INCLUDED** in this Combined Banking Corporation Tax Return from the **PRIOR TAX PERIOD OR ANY MATERIAL CHANGES** in the **ACTIVITY** of any member of the group or **ANY** corporation **NOT INCLUDED** in the group that meets the stock ownership requirements for filing on a combined basis? (See instructions, page 1)..... YES NO
2. Check this box and attach an explanation if you meet **ANY** of the following conditions:
- a. **NO MEMBERS** of this group **FILED** or **REQUESTED AN EXTENSION** to file a combined return under Article 32B of the New York State Tax Law for the **TAX PERIOD COVERED BY THIS REPORT, OR**
 - b. **TWO (2) OR MORE MEMBERS** of this group **FILED** or **REQUESTED AN EXTENSION** to file a New York State combined return for the tax period covered by this report but there are differences in the membership of this group and the group that filed or will file a New York State combined return, **OR**
 - c. **A COMBINED FILING BY ANY MEMBER(S)** of this group has been **REVISED** or **DISALLOWED** by New York State for **THIS** or **ANY PRIOR TAX PERIOD.**
3. You **MUST** complete Part 2 of this schedule if you meet **ANY** of the following conditions:
- a. This is the **FIRST** Combined Banking Corporation Tax Return being **FILED FOR THIS GROUP** of corporations, or
 - b. There have been **CHANGES** in the **COMPOSITION** of the group of corporations **SINCE** the **PRIOR TAX PERIOD, OR**
 - c. There have been **ANY MATERIAL CHANGES** in the **STOCK OWNERSHIP** or **ACTIVITY** of **ANY** corporation **INCLUDED** in the group or in **ANY** corporation **NOT INCLUDED** in the group that meets the stock ownership requirements for filing on a combined basis. (See instructions, page 1)



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.

MAIL YOUR RETURN TO: **NYC DEPARTMENT OF FINANCE**
 P.O. BOX 5120, KINGSTON, NY 12402-5120