



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 ▲

2005

Check "yes" if you claim any 9/11/01-related federal tax benefits (see inst.) YES
 For CALENDAR YEAR 2005 or FISCAL YEAR beginning _____, 2005 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 2006 estimated tax..... ● 20b.				
21.	TOTAL REMITTANCE DUE (see instructions). Enter payment amount on line A above ● 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 _____

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%; 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>										
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.	%	%	

- COMBINED GROUP INFORMATION SCHEDULE -



NAME OF PARENT CORPORATION:	EIN OF PARENT CORPORATION:																				
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <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)

