FINANCE
NEW • YORK
THE CITY OF NEW YORK DEPARTMENT OF FINANCE
nyc.gov/finance

COMBINED GENERAL CORPORATION TAX RETURN

E			ANCE • YORK	Special short	period return.	See Instr.		▲ DO NOT WRIT	E IN THIS	SPACE - FOR OFFICIAL USE ONLY	
		THE CITY DEPARTME	OF NEW YORK	es" if you claim any 9/11	/01-related f	ederal tay bene	fite (e				
		11,0.50		ended return		return. Check bo					005
				OAR YEAR 2005 or FISCAL YE				•		a operations.	
		NYC								 E ATTACHED TO THIS RE	ETURN
			Name of reporting corpo					EMPLOYER IDI	ENTIFICAT	ION NUMBER OF REPORTING CORPORATION	ION
		Φ	Address (number and str	reet)							
		Print or Type	City and State		Zip Code			AS PER FEE	DERAL RE	MBER IMPORTANT: All corporations and/or regulated by the NYC Limousine Commission use	Taxi and
		Print	Business Telephone Nun	nber	Date business	began in NYC				code 999900 in lieu of feder	
		•	Name of parent of contro	olled group	Employer Ide	ntification Number		N	NYC PRII	NCIPAL BUSINESS ACTIVITY	
				•							
	CHEDUL	1							TRANSF	ER APPLICABLE AMOUNTS TO SCH Payment Enclosed	HEDULE A
A.	Payment	Pa	y amount shown or	n line 23 - Make check	payable to	: NYC Departm	nent o	of Finance	•	Payment Enclosed	
1.	Allocated combi	ned i	net income (from S	Schedule M, line 7)●	1.			X .0885	1 .		
				e M, line 10) (see instr.)					2 .		
	·		·								
		-		only					4.	300	00
			• •	dule M, line 11)●					5 .		
				ver is largest , PLUS li							
			•	ee instr.) - number of corp			X \$3		• 7.		_
				; 7							+
		•		') (see instructions)							_
			•	tions)							+
			•	n) (see instructions) uctions)							+
			•	m) (see instructions)							+
			•	es 9, 10a, 10b, 11a and							
				riod following that cove					12.		
				filed, enter amount fro			ttach	form)•	13a.		
	b) If application	for e	xtension has not b	een filed and line 12 e	xceeds \$1,	000, enter 25%	of lir	ne 12●	13b.		
14.	Sales tax addba	ck (s	ee instructions for l	Form NYC-3L, Sch. A,	line 12)				14.		
	*			d 14)							
				hed return (see instruc							
	,		,								
								©	18.		
				e 17a instructions)							
	_	,		instructions)							
	-			tax (attach Form NYC	-				- 00		
		,									+
		,	•								+
22.	Amount of fine 2	1 10	* ,	o 2006 estimated tax							_
23	TOTAL REMITT	ΓΔΝα	` '	uctions). Enter paymer							+
			·	ercentage (from Sched						%	
			•	olumn C, line A		•					\top
	-			e B							
			-	olders as used in comp							
	•			eral return - THIS LINE							
29.	Combined Grou	p Bu	siness Allocation F	Percentage (from Sche	dule J, line	12)			29.	%	
				ION OF AN ELEC							
				any accompanying rider, is this return with the prepa						nd complete.	
	Sign HERE: Signature of c			propo	Title	and done	Date			Preparer's Social Security Number	r or PTIN
_	orginalis si s	micel		December	TILLE	Check if self-	Date	-	— <u> </u>		
Per	Preparer's signature			Preparer's printed name		employed 🗸	Date	9		Firm's Employer Identification	Number
	ONLY:								_	Firm's Employer Identification N	MULLIDEL
	▲ Firm's nam	e (or v	rours, if self-employed)	▲ Address				▲ Zip Co	ode		

	CORPORATION NAME COLUMN 1 Employer Identification Number	CORPORATION NAME COLUMN 2 Employer Identification Number	CORPORATION NAME COLUMN 3 Employer Identification Number
SCHEDULE I Analysis of income & capital from Form NYC-3L			
<u> </u>			
1. Entire net income (Schedule B, line 19 or 20)			
2. Investment income (Schedule B, line 23b)			
3. Business income (Schedule B, line 24)			
4. Intentionally Omitted			
5. Intentionally Omitted			
6. Total capital (Schedule E, line 7)			
7. Subsidiary capital (Schedule E, line 8)			
8. Investment capital (Schedule E, line 10)			
9. Business capital (Schedule E, line 11)			
A. Gross receipts or sales (federal Form 1120, line 1c)			
B. Total assets from federal return (Schedule E, line 1, column C) B.			
SCHEDULE J Business allocation from Form NYC-3L			
1. Property - New York City (Schedule H, line 1f, column A) 1			
2. Property - total (Schedule H, line 1f, column B)			
3. New York City percent, line 1 ÷ line 2			
4. Receipts - New York City (Schedule H, line 2g, column A)			
5 Receipts - total (Schedule H, line 2g, column B)			
6. New York City percent, line 4 ÷ line 5			
7. Additional Receipts Factor (enter percent from line 6, if applicable) (See instr.)			
8. Payroll - New York City (Schedule H, line 3a, column A)			
9. Payroll - total (Schedule H, line 3a, column B)			
10. New York City percent, line 8 ÷ line 9			
11. Total New York City percents, sum of lines 3, 6, 7 and 10			
12. Business allocation percentage, line 11 ÷ three or by the number of percentage	s used if other than three	(see instructions)	
SCHEDULE K Investment allocation from Form NYC-3L			
1. New York City (Schedule D, line 1, column G)			
2. Total (Schedule D, line 1, column E)			
3. Investment allocation percentage, line 1 ÷ line 2 (see instructions)			
4. Cash (Schedule D, line 3, column E)			
5. Total Investment Capital (Schedule D, line 4, column E)			
SCHEDULE L Subsidiary allocation from Form NYC-3L			
1. New York City (Schedule C, line 2, column G)			
2. Total (Schedule C, line 1, column E)			
SCHEDULE M Summary (References in this Schedule M a	re to schedules in this	s return)	
1. New York City investment income (Schedule I, line 2, column 0	C x Schedule K, line 3)	1.	
2. New York City business income (Schedule I, line 3, column C			
4. Intentionally Omitted			
3. Total New York City income, line 1 plus line 2			
6. Intentionally Omitted			
7. Allocated combined net income from line 5 (enter here and on			
8. New York City investment capital (Schedule I, line 8, column C			
9. New York City business capital (Schedule I, line 9, column C x			
10. NYC investment & business capital, line 8 plus line 9 (enter her			
11. New York City subsidiary capital (Schedule L, line 1, column C) (enter her			
12. Issuer's allocation percentage (Schedule M, line 10 plus line 11 ÷ Schedule I, line			%
1 0 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , ,		

	CORPORATION NAME COLUMN 4	CORPORATION NAME COLUMN 5	CORPORATION NAME COLUMN 6	E	COLUMN A	COLUMN B	COLUMN C
	Employer Identification Number	Employer Identification Number	Employer Identification Number		TOTAL	INTERCORPORATE ELIMINATIONS (EXPLAIN ON RIDER)	TOTAL LESS INTERCORPORATE ELIMINATIONS
SCHEDULE I							ELIMINATIONS
1.				• 1.			
2.				2 .			
3.				3 .			
4.				• 4.			
5.				• 5.			
6.				● 6.			
7.				● 7.			
8.				● 8.			
9.				● 9.			
Α.				• A.			
B.				● B.			
SCHEDULE J							
1.				• 1.			
2.				• 2.			
3.				• 3.			%
4.				• 4.			
5.				• 5.			
6.				• 6.			%
7.				● 7.			%
8.				● 8.			
9.				• 9.			
10.				● 10.			%
11.				● 11.			%
12.							%
SCHEDULE K							
1.				● 1.			
2.				2 .			%
3. l 4.				3.4.			70
4. 5.				• 5.			
SCHEDULE L							
1.							
2.							



▼ 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, drawn on a U.S. bank.

ALL OTHER RETURNS

return and remittance.

enter your correct Employer

RETURNS WITH REMITTANCES

NYC DEPARTMENT OF FINANCE

P.O. BOX 5040 KINGSTON, NY 12402-5040 NYC DEPARTMENT OF FINANCE P.O. BOX 5050 KINGSTON, NY 12402-5050

RETURNS CLAIMING REFUNDS

NYC DEPARTMENT OF FINANCE P.O. BOX 5060 KINGSTON, NY 12402-5060

To receive proper credit, you must

Identification Number on your tax

The due date for the calendar year 2005 return is on or before March 15, 2006. For fiscal years beginning in 2005, file on or before the 15th day of the 3rd month following the close of the fiscal year.

Tax year beginning _____, and ending __



AFFILIATIONS SCHEDULE

COMPLETE THIS SCHEDULE OR ATTACH FEDERAL FORM 851

		Name of reporting corporation on NYC-3A: Name of common parent corporation on cons	solidated fede	eral			cation Numbe	7:
	Part I	General Information						
Corp. No.		Name and address of corporation				Employ	yer Identification	n Number
1.	Common parent corpo on federal return:				1.		1 1 1	
2.	Reporting corporation on NYC-3A:				2.		1 1 1	
3.	Affiliated corporations:				3.		1 1 1	
4.					4.		1 1	
5.					5.		 	
6.					6.		 	
7.					7.		1 1 1	
8.					8.		 	
9.					9.		1 1	
10.					10.		 	
	Part II	Principal Business Activity, Vot	ing Stock		nformatio	on, Etc.	· · · ·	
	-				STOCKHO	OLDINGS AT	BEGINNING (F YEAR
Corp. No.		Principal business activity (PBA)	NAICS		number of shares	percent of voting power	percent of value	Owned by corporation number
1.	Common parent	corporation on federal return:		1.		9	%	
2.	Reporting corpor	ation on NYC-3A:		2.		9	6 %	
3.	Affiliated corpora	tions:		3.		9	6 %	
4.				4.		9	6 %	
5.				5.		9	6 %	
6.				6.		9		
7.				7.		9		
8.				8.		9		
9.				9.		9		
10.				10.		9	6 %	

- COMBINED GROUP INFORMATION SCHEDULE -

NAME OF REPORTING CORPORATION:	EMPLOYER IDENTIFICATION NUMBER OF REPORTING	I		I	Ι	ī	Т	T	
	CORPORATION:				ı	1	1		

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.	Have there been ANY CHANGES in the COMPOSITION of the group of corporations INCLUDED in this Combined General 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
•	Check this have and attach an application if you must ANV of the fo	المصامم المصابية	141

- and attach an explanation if you meet **ANY** of the following conditions: 2. Check this box
 - a. NO MEMBERS of this group FILED or REQUESTED AN EXTENSION to file a combined return under Article 9-A 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 General 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 Distortion Requirement

A Complete this Subpart A for each corporation included in the Combined General Corporation Tax Return that (i) was not included in the Combined General 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 report.

Explain how the filing of a return on a separate basis distorts the corporation's activities, business, income or capital 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.

Subpart A

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

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

B Complete this Subpart B for each corporation excluded from the Combined General Corporation Tax Return that (i) was included in the Combined General 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 report.

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.

Subpart B

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