



NYC GENERAL CORPORATION TAX RETURN 3L

DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY

Special short period return, Amended return, Final return - Check box if the corporation has ceased operations.

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

2006

For CALENDAR YEAR 2006 or FISCAL YEAR beginning 2006 and ending

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 999900 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.

A. Payment Pay amount shown on line 21 - Make check payable to: NYC Department of Finance

Table with 21 rows for tax computation, including allocated net income, capital, taxes, credits, and total remittance due.

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

Signature of officer, Preparer's signature, Title, Date, Preparer's Social Security Number or PTIN, Firm's Employer Identification Number

SCHEDULE C Subsidiary Capital and Allocation

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

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) | ● H Gross Income from Investment |
|--|--|-------------------------|--|---|---|---|---|
| | | | | | % | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 1. Totals (including items on rider) ● 1. | | | | | | | |
| 2. Investment allocation percentage (line 1G divided by line 1E rounded to the nearest one hundredth of a percentage point) . ● 2. | | | | | % | | |
| 3. Cash - (To treat cash as investment capital, you must include it on this line.) ● 3. | | | | | | | |
| 4. Investment capital (total of lines 1E and 3E - enter on Schedule E, line 10) ● 4. | | | | | | | |

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 | | | ● 1. | |
| 2. Real property and marketable securities included in line 1 | | | ● 2. | |
| 3. Subtract line 2 from line 1 | | | | |
| 4. Real property and marketable securities at fair market value ... | | | ● 4. | |
| 5. Adjusted total assets (add lines 3 and 4) | | | ● 5. | |
| 6. Total liabilities (see instructions) | | | ● 6. | |
| 7. Total capital (column C, line 5 less column C, line 6) | | | ● 7. | |
| 8. Subsidiary capital (Schedule C, column E, line 1) | | | ● 8. | |
| 9. Business and investment capital (line 7 less line 8) (see instructions)..... | | | ● 9. | |
| 10. Investment capital (Schedule D, line 4) (see instructions)..... | | | ● 10. | |
| 11. Business capital (line 9 less line 10) | | | ● 11. | |
| 12. Allocated investment capital (line 10 x _____% from Schedule D, line 2) | | | ● 12. | |
| 13. Allocated business capital (line 11 x _____% from Schedule H, line 5) | | | ● 13. | |
| 14. Total allocated business and investment capital (line 12 plus line 13) (enter at Schedule A, line 2a or 2b) | | | ● 14. | |
| 15. Issuer's allocation percentage (sum of Sch. E, line 14 and Sch. C, col. G, line 2 ÷ Sch. E, line 7 rounded to the nearest one hundredth of a percentage point) (enter on page 1 - see instructions) | | | ● 15. | % |

SCHEDULE F Certain Stockholders

Include all stockholders 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, enter "0") |
|---|------------------------|----------------|--|
| | | | |
| | | | |
| | | | |

1. Total, including any amount on rider. (Enter on Schedule A, line 28) 1.

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.

| Complete Address | Rent | Nature of Activities | Number of Employees | Wages, Salaries, Etc. | Duties |
|--------------------|------|----------------------|---------------------|-----------------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

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.

| Complete Address | Rent | Nature of Activities | Number of Employees | Wages, Salaries, Etc. | Duties |
|--------------------|------|----------------------|---------------------|-----------------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

SCHEDULE H Business Allocation - see instructions before completing this schedule

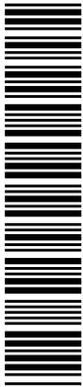
1. Did you make an election to use fair market value in the property factor? ● 1. Yes No
2. If this is your first tax year, are you making the election to use fair market value in the property factor? ● 2. Yes No
3. Are you a manufacturing corporation electing to use a double weighted-receipts factor? ● 3. Yes No
4. Is this the first year you are making the election? ● 4. Yes No

| | ● COLUMN A - NEW YORK CITY | ● COLUMN B - EVERYWHERE |
|---|----------------------------|-------------------------|
| 1a. Real estate owned | 1a. | 1a. |
| 1b. Real estate rented - multiply by 8 (see instructions) (attach rider) | 1b. | 1b. |
| 1c. Inventories owned..... | 1c. | 1c. |
| 1d. Tangible personal property owned (see instructions)..... | 1d. | 1d. |
| 1e. Tangible personal property rented - multiply by 8(see instructions) | 1e. | 1e. |
| 1f. Total | 1f. | 1f. |
| 1g. Percentage in New York City (column A divided by column B) | 1g. | % |

Receipts in the regular course of business from:

| | | | |
|--|-----|--|---|
| 2a. Sales of tangible personal property where shipments are made to points within New York City..... | 2a. | | |
| 2b. All sales of tangible personal property | 2b. | | |
| 2c. Services performed..... | 2c. | | |
| 2d. Rentals of property | 2d. | | |
| 2e. Royalties | 2e. | | |
| 2f. Other business receipts | 2f. | | |
| 2g. Total | 2g. | | |
| 2h. Percentage in New York City (col. A of line 2g divided by col. B) | 2h. | | % |
| 2i. Additional receipts factor (enter amount from line 2h, if applicable (see Instr.) | 2i. | | % |

| | | | |
|---|-----|--|---|
| 3a. Wages, salaries and other compensation of employees, except general executive officers (see instructions) | 3a. | | |
| 3b. Percentage in New York City (column A divided by column B)..... ● | 3b. | | % |
| 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 and rounded to the nearest one hundredth of a percentage point) (If using Schedule I, enter percentage from part 1, line 8 or part 2, line 2.) (see Instructions) | 5. | | % |



SCHEDULE I Business Allocation for Aviation Corporations and Corporations Operating Vessels

Part 1 Business allocation for aviation corporations

Table with 3 columns: Description, 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 3 columns: Description, Column A - New York City Territorial Waters, Column B - Everywhere. Rows include Aggregate number of working days, 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. If "YES" to question 5, has Form(s) NYC-3360...
7. Did this corporation make any payments treated as interest...
8. Was this corporation a member of a partnership or joint venture...
9. At any time during the taxable year, did the corporation have an interest in real property...
10. a) If "YES" to 9, attach a schedule... b) Was any NYC real property... c) Was there a partial or complete liquidation... d) Was 50% or more of the corporation's ownership transferred...
11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return...
12. If "NO" to 11, explain:
13. Does the corporation have one or more qualified subchapter S subsidiaries?



SCHEDULE K Federal Return Information

The following information must be entered for this return to be complete.

Enter on lines 1 through 10 in the Federal Amount column the amounts reported on your federal return or pro-forma Federal return. (See instructions)

Federal 1120

▼ Federal Amount ▼

| | | | |
|--|-------|--|--|
| 1. Dividends | ● 1. | | |
| 2. Interest income..... | ● 2. | | |
| 3. Capital gain net income | ● 3. | | |
| 4. Other income..... | ● 4. | | |
| 5. Total income..... | ● 5. | | |
| 6. Bad debts..... | ● 6. | | |
| 7. Interest expense..... | ● 7. | | |
| 8. Other deductions..... | ● 8. | | |
| 9. Total deductions | ● 9. | | |
| 10. Net operating loss deduction | ● 10. | | |

COMPOSITION OF PREPAYMENTS SCHEDULE

| PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 14 | DATE | AMOUNT | TWELVE DIGIT TRANSACTION ID CODE |
|---|------|--------|----------------------------------|
| A. Mandatory first installment paid with preceding year's tax..... | | | |
| B. Payment with Declaration, Form NYC-400 (1) | | | |
| C. Payment with Notice of Estimated Tax Due (2) | | | |
| Payment with Notice of Estimated Tax Due (3) | | | |
| D. Payment with extension, Form NYC-6 or NYC-6F | | | |
| E. Overpayment from preceding year credited to this year | | | |
| F. Amount from form NYC-9.9, line 15 | | | |
| G. TOTAL of A, B, C, D, E and F (enter on Schedule A, line 14).. | | | |

Alternative Tax Worksheet

Refer to page 5 of instructions before computing the alternative tax.



| | | |
|---|-----|---------------|
| Net income/loss (Schedule B, line 19 or 20)..... | 1. | \$ _____ |
| Enter 100% of salaries and compensation for the taxable year paid to stockholders owning more than 5% of the taxpayer's stock. (See instructions.) | 2. | \$ _____ |
| Total (line 1 plus line 2) | 3. | \$ _____ |
| Statutory exclusion - Enter \$40,000. (if return does not cover an entire year, exclusion must be prorated based on the period covered by the return)..... | 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 23b. Do not enter more than amount on line 6 above. Enter "0" if not applicable.) | 7. | \$ _____ |
| Business income to be allocated (line 6 minus line 7) | 8. | \$ _____ |
| Allocated investment income (line 7 x investment allocation % from Schedule. D, line 2F) ... <input type="text"/> % .. | 9. | \$ _____ |
| Allocated business income (line 8 x business allocation % from Schedule H, line 5)..... <input type="text"/> % .. | 10. | \$ _____ |
| Taxable net income (line 9 plus line 10) | 11. | \$ _____ |
| Tax rate | 12. | 8.85% (.0885) |
| Alternative tax (line 11 x line 12) Transfer amount to page 1, Schedule A, line 3 | 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
P.O. BOX 5040
KINGSTON, NY 12402-5040

RETURNS CLAIMING REFUNDS
NYC DEPARTMENT OF FINANCE
P.O. BOX 5050
KINGSTON, NY 12402-5050

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