NEW YORK CITY DEPAI	RTMENT OF FINANCE
	NYC
NYL	15
Einanca	

GENERAL CORPORATION TAX RETURN

	For CALENDAR YEAR 2009 or FISCAL YEAR beginning 2009 and ending							Check box if you are filing a 52- 53-week taxable year	
		Amended return	• [Final return Check box if the o	corporation has ceased	operation	S.		Special short period return (See Instructions)
		Check box if a	pro-forma federal retu	rn is attached	• Chec	k box if	you claim	any 9/11	/01-related federal tax benefits (see inst.)
		Print or Type:							
		Name						EMPLO	YER IDENTIFICATION NUMBER
		Address (number and stre	et)						'
		City and State			Zip Code		BU	SINESS C	CODE NUMBER AS PER FEDERAL RETURN
		Business Telephone Num	per Date busin	ness began in NYC	Date business ende	ed in NYC			
<u> </u>		<u> </u>	• 6 70	REGIN WITH SCHE	DI II ES B THROUGH	E ON DA	GE 2 TRAI	JSEER AE	PPLICABLE AMOUNTS TO SCHEDULE A.
S	CHEDULE		-						Payment Enclosed
A.	Payment Amo	unt included with Fo	orm NYC-200V or b	eing paid elect	ronically			•	
1.	Net income (from Sch	edule B, line 8)	• ′	1.			X .0885	• 1.	
2a.	Total capital (from Scl						X .0015	• 2a.	
	Total capital - Cooper		,				X .0004	• 2b.	
2c.	Cooperatives - en	ter: • BORO	● B	LOCK	● LC)T			
	Compensation of s		· · · · · · · · · · · · · · · · · · ·						
	Alternative tax (se	•		•				● 3b.	
4.	Minimum tax (see								
. . 5.	Tax (line 1, 2a, 2b,								
3.	First installment of								
	(a) If application for							. ● 6a.	
	(b) If application fo		ot been filed and	l line 5 exceed	ds \$1,000,				
7.	Total before prepa								
3.	Prepayments (from	•							
9.	Balance due (line				•				
10.		•							
	Interest (see instru	,						10.	
	Additional charges								
	Penalty for underpar								
	Total of lines 11a,	•	•	•				a 12	
	Net overpayment							a 13	
								. • 10.	
14.	Amount of line 13	٠,							
	TOTAL DELUTE:	` '	to 2010 estimat						
15.	TOTAL REMITTA							. ● 15.	
16.	NYC rent deducted on	tederal return (see instr.)	THIS LINE MUST BE C	OMPLETED ● 1	6.				
17.	Federal return filed:	● □ 1120	● 1120C	● <u>1120S</u>	●	•	1120	Н	
18.	Gross receipts or sale	es from federal return						● 18.	
19.	Total assets from fede	eral return						● 19.	
		CERTIFICA	TION OF AN E	LECTED OI	FICER OF	THE (CORPO	DRAT	ION
ERE						-	_		ief, true, correct and complete.
SIGN HERE	I authorize the Dept. Officer's	of Finance to discu	uss this return with	n the preparer	listed below. (se	ee inst	ructions)	YES
SIG	signature:		т	Γitle:		Date:		•	Preparer's Social Security Number or PTIN
, _	Preparer's		Preparer's		Check if self-	1			
PREPARER'S USE ONLY	signature:		printed name:		employed:	Date:			Firm's Employer Identification Number
PREP, USE									
	▲ Firm's name (or yours,	if self-employed)	A	Address		A	Zip Code		

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.

Form	NYC-4S - 2009	NAME					EIN			Page 2	
S	CHEDULE	E B Computation of I	NYC Taxal	ble Net	Income						
1.	Federal taxable in	ncome before net operating	loss deduction	on and sp	ecial deductions	(see instruction	s) • 1				
2.	·										
3a.	a. NYS Franchise Tax and other income taxes, including MTA taxes, deducted on federal return (see instr.)										
3b.		orporation Tax deducted		,	,			·			
4.	•	n and/or adjustment (attach F			, ,			_ I			
5.	· ·	es 1 through 4)					5				
6a.		et operating loss deduction						⊣ sc	S CORPORATIONS		
6b.	b. Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instr.)					see instruct				าร	
6c.					7	for line 1					
7.	NYC and NYS tax refunds included in Schedule B, line 1 (see instr.) 6c. Total (sum of lines 6a through 6c)										
8.		me (line 5 less line 7) (ente									
G		Total Capital			,		,				
			ana /Attach d	latailad aab	adula)						
Dasis	s used to determine ave	erage value in column C. <i>Check</i>	one. (Allach d	etanea scri	eaule)						
	- Annually	- Semi-annually	Quarte	erly	COLUMN		COLUMN		COLUMN	_	
	- Monthly	- Weekly	- Daily		Beginning of Y	/ear	End of Year		Average Val	lue	
1.		m federal return	_ ,	a 1		•		•			
2.		d marketable securities incl				•		•			
3.		om line 1						•			
4.		marketable securities at fair				•		•			
5.	Adjusted total as	sets (add lines 3 and 4)		● 5.							
6.	Total liabilities (se	ee instructions)		● 6.		•		•			
7.	Total capital (colu	mn C, line 5 less column C,	line 6) (ente	r on page	1, Schedule A, lir	ne 2a or 2b)	(see Instr.)	● 7			
S	CHEDULE	E D Certain Stockho	lders								
Inclu	ude all stockholders	s owning in excess of 5% o	f taxpayer's	issued ca							
	Give actua	Name and Address al residence (Attach rider if nec	essarv)		Social Security Official Number Title			Salary & All Other Compensation Received from Corporation (If none, enter "0")			
	GIVE detail	arresidence (Attach Haci II Hec	cooury)								
1.	Total, including	any amount on rider (ent	er on page	1, Sche	dule A, line 3a).		1.				
S	CHEDULE	<u> </u>									
1.	New York City princ	cipal business activity:									
2.		on have an interest in real prope	erty located in	New York	City? (see instructio	ons)			. YES	NO 🗌	
3.	If "YES": (a) Attac	ch a schedule of such property,	including stre	et address	, borough, block and	d lot number.					
		a controlling economic interest in								NO 🗌	
4.	Does the corporatio	on have one or more qualified so	ubchapter s sı	ubsidiaries	(QSSS)?		4 le - 4le		.● YES	NO	
	the QSS	Attach a schedule showing the S filed or was required to file a	City business	income ta	, ir any, or each QS: x return - See instru	55 and indica ictions	ite whether				
5.		as filed on Form 1120S, enter t	-								
		OMPOSITION OF PI							•		
		PREPAYMENTS CLAIMED				D	ATE		AMOUNT		
	A.	Mandatory first installmen									
	В.	Payment with Declaration									
	C. Payment with Notice of Estimated Tax Due ((2)							
Payment with Notice of Estimated Tax Due (to this year							
C. Payment with Notice of Estimated Tax Due (Payment with Notice of Estimated Tax Due (D. Payment with extension, Form NYC-EXT E. Overpayment from preceding year credited to the composition of th											
E. Overpayment from preceding year credited t											
	F. TOTAL of A, B, C, D, E (enter on Schedule A				·						
		LL RETURNS EXCEPT REFUND	AILING INSTR	DETURNS	OL AUMENIO TO						
	AL	LL RETURNS EXCEPT REFUND YC DEPARTMENT OF FINANCI	LINE WITH FOR		ov		CLAIMING RE				
	GENERAL CORPORATION TAX Mail Pay				C.GOV/FINANCE OR yment and Form NYC-200V ONLY to:			GENERAL CORPORATION TAX			
		O. BOX 5060 NGSTON, NY 12402-5060	EPARTMENT OF FINANCE P.O. BOX 5050 DX 3646 KINGSTON, NY 12402-5050)			
			ORK, NY 10008-								