BUSINESS CORPORATION TAX RETURN

To be filed by C Corporations ONLY - All Subchapter S Corporations must file Form NYC-1, NYC-3L, NYC-4S or NYC-4SEZ

		Fo	r CALENDA	AR YEA	R 2015 or FISCAL Y	EAR begin	ning	2	.015 an	nd ending		
		Name					Name					
		In care of Change Lamployer Employer							entificati	on Number		
									-		1 1 1	'
		Address (number and street)					Address Change					
		City and State		Zi	p Code	Country (if	not US)	Business Cod	de Num	ber as per fed	leral return	
		Business telephone number		Taxpaver	's email address:				1	- r - r		
		·		. ,								
		State or country of organization		Date orga	anized			2-character s	necial c	condition code,		_
		Date business began in NYC	Final		If final return, date bus	iness ended	in NYC	if applicable			' <u> </u>	
			Return									
	ECK ALL AT APPLY	Special short period return	52/53-week	taxable y	year	Pro-forma fed	deral return attached		Clai	im any 9/11/01	1-related federal tax b	benefits
	Amended retu	If the purpose of the amended return is to a federal or state change, check the appropria		_		of Final mination				C return filed TY 2014:	General Corpo Banking Corpo	
На	ve you attached	any of the following	,		7] = ,,,,,,,,	Г	٦_	10/0.0.4		
		If yes, check all that apply. Form NYC-2.			Form NYC-2.2		Form NYC-2.3	L	Forr	m NYC-2.4	Form	NYC-2.5
		A - Computation of Balance								Pay	ment Amount	
-	A. Paymen	Amount being paid electronicall	y with this	s retur	n				Α.			
1.	Tax on busin	ess income base (from Schedule B, line	38)						. 1.			
2.	Tax on capit	al base (from Schedule C, line 14) Maxim	num Tax is	\$10,00	00,000				. 2.			
3.	Minimum tax	- (see instructions) - NYC Gross Receip	ots:						. 3.			
4.	,	e amount from line 1, 2 or 3, whichever	,							<u> </u>		
5.	UBT Paid Ci	edit (attach Form NYC-9.7C)							. 5.			
6.		T Paid Credit (subtract line 5 from line 4)										
7.	REAP Credit	(attach Form NYC-9.5)							. 7.			
8.		Tax Escalation, Employment Opportunity			,		*					
9.		edit (see instructions and attach Form N										
10.	•	y Credit (attach Form NYC-9.10)										
11.		credits (subtract lines 7, 8, 9 and 10 fro	,									
12.		ent of estimated tax for period following		-								
	,	cation for extension has been filed, enter cation for extension has not been filed										
13.	, , , , ,											
14.		11, 12a and 12b ments (from Composition of Prepayment										
15.		(subtract line 14 from line 13)										
16.		t (subtract line 13 from line 14)							. 16.			
17a.		instructions)										
17b.	Additional ch	arges (see instructions)				17b.						
17c.	Penalty for u	nderpayment of estimated tax (attach Fo	orm NYC-2	222)		17c.						,
18.	Total of lines	17a, 17b and 17c							. 18.			
19.	Net overpay	ment (subtract line 18 from line 16)							. 19.			
20.	Amount of li	ne 19 to be: a. Refunded - Direct de	eposit - fill	out line	<i>20c</i> OR □ Pa	per check.			. 20a.			
		b. Credited to 2016 estimate	ated tax						. 20b.			
20c.	Routing Number:		ount nber:				Account Type:	Checking Savings				
21.	TOTAL REM	ITTANCE DUE. (see instructions)							. 21.			
22.	NYC rent de	ducted on federal tax return or NYC rent	from Sche	edule E	, part 1				. 22.			
23.	Federal Retu	ırn Filed: 1120 1120C	1120F	112	20-RIC 🗌 1120	-REIT	☐ 1120-H ☐ (Other / None	9			
24.	Gross receip	ts or sales from federal return							. 24.			
25.	Total assets	from federal return							. 25.			0′
26.	Business alle	ocation percentage (from Schedule F, lin	e 5) (if not	allocat	tina. enter 100%)				. 26.	ı		%

Form NYC-2 - 2015	NAME:	EIN:	Page

sc	HEDULE B - Computation of Tax on Business Income Base		
1.	Federal taxable income (FTI) before net operating loss (NOL) and special deductions (see instructions	;). 1.	
2.	Dividends and interest effectively connected with the conduct of a trade or business in the United States NOT included on line 1 by alien corporations	2.	
3.	Any other income not included on line 1 which is exempt by treaty from federal income tax but would otherwise be treated as effectively connected with the conduct of a trade or business in the United States by alien corporation		
4.	Dividends not included on line 1 by non-alien corporations	4.	
5.	Interest on federal, state, municipal and other obligations not included on line 1 by non-alien corporations	5.	
6.	Income taxes paid to the US or its possessions deducted on federal return	6.	
7.	NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (see inst; attach rider))7.	
8.	NYC Corporate Taxes deducted on federal return (see instructions)	8.	
9.	Adjustments relating to employment opportunity relocation cost credit and IBZ credit		
10.	Adjustments relating to real estate tax escalation credit		
11.	ACRS depreciation and/or adjustments (attach Form NYC-399 and/or NYC-399Z)	11.	
12.	Payment for use of intangibles	12.	
13.	Domestic production activities deduction (see instructions)	13.	
14.	Other additions (see instructions; attach rider)		
15.	Total additions (add lines 1 through 14)		
16.	Gain on sale of certain property acquired prior to 1/1/66 (see instructions)		
17.	NYC and NYS tax refunds included in line 15 (see instructions)		
18.	Wages and salaries subject to federal jobs credit (attach federal Form 5884; see instructions)		
19.	Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z; see instructions))	
20.	Other subtractions (see instructions) (attach rider)	20.	
21.	Total subtractions (add lines 16 through 20)		
22.	Net modifications to federal taxable income (subtract line 21 from line 15)		
23.	Subtraction modification for qualified banks and other qualified lenders (from Form NYC-2.2, Schedule A, line 1; see instructions).		
24.	Entire net income (ENI) (subtract line 23 from line 22)		
25.	Investment and other exempt income (from Form NYC-2.1, Schedule D, line 1)		
26.	Subtract line 25 from line 24		
27.	Excess interest deductions attributable to investment income, investment capital and other exempt income (from Form NYC-2.1, Schedule D, line 2)	. 27.	
28.	Business income (add lines 26 and 27)	. 28.	
29.	Addback of income previously reported as investment income (from Form NYC-2.1, Schedule F, line 6; if zero, enter 0; see instructions)	. 29.	
30.	Business income after addback (add lines 28 and 29)	30.	
31.	Business allocation percentage (from Schedule F, line 5)	. 31.	%
32.	Allocated business income after addback (multiply line 30 by line 31)	. 32.	
33.	Prior net operating loss conversion subtraction (from Form NYC-2.3, Schedule C, line 4)	. 33.	
34.	Subtract line 33 from line 32	. 34.	
35.	Net operating loss deduction (from Form NYC-2.4, line 6)	. 35.	
36.	Business income base (subtract line 35 from line 34)	. 36.	
37.	Tax rate (see instructions)	. 37.	%
38.	Tax on business income base (multiply line 36 by line 37 and enter here and on Schedule A, line 1)	. 38.	

Note: If you make an entry on line 23, 25, 27, 29, 33 or 35, you must complete and file the appropriate attachment form.



For	m NYC-2 - 2015 NAME:	EIN	v:			age 3
		EII	v			aye 3
	CHEDULE C - Computation of Tax on Capital Base sis used to determine average value in column C. Check one. (A	ttach detailed schedule)			
	- Annually - Semi-annually - Quarterly	itaen detaned senedale.	,			
	- Monthly - Weekly - Daily	COLUMN A Beginning of Year	COLUMN B End of Year		COLUMN C Average Value	ı
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			3.		
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 (subtract line 6, column C, from line 5, column C)			7.		
8.	Investment capital (from Schedule D, line 4; if zero or less,					
9.	Business capital (subtract line 8 from line 7)					
10.						
11.				•		
	Business allocation percentage (from Schedule F, line 5)					%
	imputation of tax on capital base:					
13.	Allocated business capital (multiply line 11 by line 12) (see in	nstructions)		13.		
13a	. At tax rate 0.15%		X 0.0015	13a.		
13b	o. At tax rate 0.075%, Utility Corp. Insurance Corp. 13b.		X 0.00075	13b.		
130	e. At tax rate 0.04%, enter borough, block and lot numbers: Boro Block Lot Lot Lot 13c.		X 0.0004	13c.		
14.						
	and on Schedule A, line 2)			14.		
SC	CHEDULE D - Computation of Investment Capital for	the Current Year (se	e instructions)			
		A Average fair market value as reported	B Liabilities attributable to column A amount		C Net average valu (column A - colum	
1.	Total capital that generates income claimed to not be apportionable to New York under the U.S. Constitution (from Form NYC-2.1, Schedule E, line 1)			1.		
2.	Total of stocks actually held for more than one year (from Form NYC-2.1, Schedule E, line 2)			2.		
3.	Total of stocks presumed held for more than one year (from Form NYC-2.1, Schedule E, line 3)			3.		
4.	Total investment capital for the current year (add Column C on Schedule C, line 8; if zero or less, enter 0)			4.		
A	ddback to business capital of stock presumed and	l claimed as investn	nent capital in previ	ous y	/ear	
		A Average fair market value as reported	B Liabilities attributable to column A amount		C Net average val (column A - colum	

5.



Total of stocks previously presumed held for more than one

year, but did **not** meet the holding period (from Form NYC-2.1, Schedule F, line 1; enter here and on Schedule C, line 10).......

Form NVC-2 - 2015	NAME.	FIN:	Page 4

SCHEDULE E - Location of Places of Business Inside and Outside New York City

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. (Attach rider if necessary)

Complete Addres	s		Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
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. (Attach rider if necessary)

Compl	ete Address		Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET						-	
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
Total	1						

SC	HEDULE F - Computation of Business Allocation Percentage	ge			
		COLUMN A - NEW YORK CITY	COLU	MN B - EVERYWHE	RE
1a.	Real estate owned1a.		1a.		
1b.	Real estate rented - multiply by 8 (see instr.) (attach rider) 1b.		1b.		
1c.	Inventories owned1c.		1c.		
1d.	Tangible personal property owned (see instructions)1d.		1d.		
1e.	Tangible personal property rented - multiply by 8 (see instr., attach rider) 1e.		1e.		
1f.	Total		1f.		
1g.	Percentage in New York City (divide line 1f, column A by line 1f, column	umn B)	1g.		%
1h.	Multiply line 1g by 10		1h.		
2a.	Receipts (from Form NYC-2.5, line 54)		2a.		
2b.	Percentage in New York City (divide line 2a, column A by line 2a, co	olumn B)	2b.		%
2c.	Multiply line 2b by 80		2c.		
3a.	Wages, salaries and other compensation of employees, except general executive officers (see instructions) 3a.				
3b.	Percentage in New York City (divide line 3a, column A by line 3a, co	olumn B)	3b.		%
3c.	Multiply line 3b by 10		3c.		
Sui	n of Weighted Factors				
4.	Add lines 1h, 2c and 3c		4.		
Bus	siness Allocation Percentage				
5.	Divide line 4 by 100 if no factors are missing. If a factor is missing, divided the factors present. Enter as percentage. Round to the nearest on This is your business allocation percentage	e hundredth of a percentage point.	5.		%



	n NYC-2 - 2015 NAME:	EIN: _		Page 5
SC	HEDULE G - Additional Required Information			
1.	List all significant business activities in NYC and everywhere (see instruction)	tions; if necessary,	attach list)	
2.	Enter your Secondary Business Code (see instructions)			
3.	Trade name of reporting corporation, if different from name entered on pa	ge 1		
4.	Is this corporation included in a consolidated federal return?		YES	☐ NO
	If "YES", give parent's name:		EIN:	
5.	Is this corporation a member of a controlled group of corporations as defined any exclusion by reason of paragraph (b)(2) of that section?			□ NO
	If "YES", give common parent corporation's name		EIN:	
6.	Has the Internal Revenue Service or the New York State Department of T taxable income or other tax base reported in a prior year, or are you curre	axation and Financently under audit?	e corrected any	□ NO
	If "YES", Internal Revenue Service	State period(s):	Beg.: End.:	
	by whom? New York State Department of Taxation and Finance			IDDYY
	I New Tork State Department of Taxation and Finance	State period(s).	Beg.: End.:	IDDYY
7.	If "YES" to question 6, has Form(s) NYC-3360 (Report of Federal/State C	hange in Tax Base) been filed? (see instructions) YES	☐ NO
8.	Did this corporation make any payments treated as interest in the computation directly or indirectly, individually or in the aggregate, more than 50% of the country of the following (if more than one, attach separate sheet)	orporation's issued a	and outstanding capital stock?	□ NO
	Shareholder's name:		SSN/EIN:	
	Interest paid Total Indebtedness to to shareholder: shareholder described above:		Total interest paid:	
9.	Was this corporation a member of a partnership or joint venture during the If "YES", attach schedule listing name(s) and Employer Identification Num		YES	□ NO
10.	At any time during the taxable year, did the corporation have an interest in real located in NYC or a controlling interest in an entity owning such real prop			□ NO
11a.	If "YES" to question 10, attach a schedule of such property, indicating the n borough, block and lot number.		and including the street address,	
11b.	Was any NYC real property (including a leasehold interest) or controlling interacquired or transferred with or without consideration?			□ NO
11c.	Was there a partial or complete liquidation of the corporation?			☐ NO
11d.	Was 50% or more of the corporation's ownership transferred during the tax y	ear, over a three-ye	ear period or according to a plan? YES	□ NO
12.	If "YES" to questions 11b, 11c or 11d, was a Real Property Transfer Tax F	Return (Form NYC-I	RPT) filed? YES	□NO
13.	If "NO" to question 12, explain:			
14.	Does this taxpayer pay rent greater than \$200,000 for any premises in N for the purpose of carrying on any trade, business, profession, vocation of	-		□ NO
15.	If "YES" to question 14, were all required Commercial Rent Tax Returns fi	led?		□NO
	Please enter Employer Identification Number which was used on the Com	nmercial Rent Tax F	Return:	
16.	Are you claiming an exception to the related member expense addback ur	nder Administrative	Code section 11-652(8)(n)(2)(ii)? YES	□NO
	If yes, enter applicable exception and amount of royalty payments.			
		EXCEPTION	AMOUNT	

17. If you filed federal form 1120F, did you have Effectively Connected Income (ECI)?



Form NYC-2 - 2015	NAME:	EIN:	Page

S	SCHEDULE H - DETERMINATION OF TAX RATE							
A.	Enter the line number of the tax rate computed or used below (see instructions)							
В.	Enter your unallocated business income from Schedule B, line 30							
C.	Enter allocated business income from Schedule B. line 32							

TA	X RATE COMPUTATION FOR BUSINESS CORPORATIONS NOT SPEC	IFIED BELOW (see instructions)
1.	If unallocated business income (Schedule B, line 30) is less than \$2M and allocated business income (Schedule B, line 32) is less than \$1M.	6.50%
2.	If unallocated business income (Schedule B, line 30) is equal to or greater than \$3M (regardless of the amount of allocated business income)	8.85%
3.	If allocated business income (Schedule B, line 32) is equal to or greater than \$1.5M (regardless of the amount of unallocated business income)	8.85%
4.	If unallocated business income (Schedule B, line 30) is equal to or greater than \$2M but less than \$3M and allocated business income (Schedule B, line 32) is less than \$1M, use unallocated formula	$6.50\% + (2.35\% \text{ X} \frac{\text{line } 30 - 2,000,000}{1,000,000}) = \frac{\%}{1,000,000}$
5.	If unallocated business income (Schedule B, line 30) is less than \$2M and allocated business income (Schedule B, line 32) is equal to or greater than \$1M but less than \$1.5M, use allocated formula	6.50% + (2.35% X line 32 - 1,000,000) =
6.	If unallocated business income (Schedule B, line 30) is equal to or greater than \$2M but less than \$3M and allocated business income (Schedule B, line 32) is equal to	$6.50\% + (2.35\% \text{ X} \frac{\text{line } 30 - 2,000,000}{1,000,000}) = \underline{\hspace{1cm}}^{\%}$
	or greater than \$1M but less than \$1.5M, compute tax rates using both formulas. Use the greater of the two computed tax rates.	$6.50\% + (2.35\% \text{ X} \frac{\text{line } 32 - 1,000,000}{500,000}) = \underline{\hspace{1cm}}^{\%}$
		Enter the greater of the two computed tax rates:%

TA	X RATE COMPUTATION FOR QUALIFIED MANUFACTURING CORPOR	ATIONS (see instructions)
7.	If unallocated business income <i>(Schedule B, line 30)</i> is less than \$20M and allocated business income <i>(Schedule B, line 32)</i> is less than \$10M	4.425%
8.	If unallocated business income (Schedule B, line 30) is equal to or greater than \$40M (regardless of the amount of allocated business income)	8.85%
9.	If allocated business income (Schedule B, line 32) is equal to or greater than \$20M (regardless of the amount of unallocated business income)	8.85%
10.	If unallocated business income (Schedule B, line 30) is equal to or greater than \$20M but less than \$40M and allocated business income (Schedule B, line 32) is less than \$10M, use unallocated formula	$4.425\% + (4.425\% \times \frac{\text{line } 30 - 20,000,000}{20,000,000}) =$
11.	If unallocated business income (Schedule B, line 30) is less than \$20M and allocated business income (Schedule B, line 32) is equal to or greater than \$10M but less than \$20M, use allocated formula	$4.425\% + (4.425\% \text{ X} \frac{\text{line } 32 - 10,000,000}{10,000,000}) =$
12.	but less than \$40M and allocated business income (Schedule B. line 32) is equal to	$4.425\% + (4.425\% \times \frac{\text{line } 30 - 20,000,000}{20,000,000}) = \frac{\%}{}$
		$4.425\% + (4.425\% \times \frac{\text{line } 32 - 10,000,000}{10,000,000}) = \frac{\%}{}$
		Enter the greater of the two computed tax rates: %

TAX RATE COMPUTATION FOR CERTAIN FINANCIAL CORPORATIONS	(see instructions)
13. Financial Corporations as defined in Administrative Code Section 11-654(1)(e)(1)(i)	9.00%



Form NYC-2 - 2015	NAME:	EIN: F	Page

COMPOSITION OF PREPAYMENTS SCHEDULE					
	PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 14	DATE	AMOUNT		
Α.	Mandatory first installment paid with preceding year's tax				
В.	Payment with Declaration, Form NYC-400 (1)				
C.	Payment with Notice of Estimated Tax Due (2)				
D.	Payment with Notice of Estimated Tax Due (3)				
E.	Payment with extension, Form NYC-EXT				
F.	Overpayment from preceding year credited to this year				
G.	TOTAL of A through F (enter on Schedule A, line 14)				

	CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION							
l he	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								
	- W							
[[Signature					Firm's email		
			Title	Date		address		
չ						Р	Preparer's Social Security Number or PTIN	
8	Preparer's	Prepa	arer's	Check if self-		[
띯	signature	printe	d name	employed 🗸 🗀	Date			
S U							Firm's Employer Identification Number	
E						ſ	Time Employer Identification I tambée	
A								
뿚	Preparer's signature A Firm's name (or yours, if self-employed)	A	Address		▲ Zi	ip Code		

MAILING INSTRUCTIONS

Attach copy of all pages of your federal tax return or pro forma federal tax return. The due date for the calendar year 2015 return is on or before March 15, 2016. For fiscal years beginning in 2015, file on or before the 15th day of the 3rd month following the close of the fiscal year.

ALL RETURNS EXCEPT REFUND RETURNS

NYC DEPARTMENT OF FINANCE BUSINESS CORPORATION TAX P.O. BOX 5564 BINGHAMTON, NY 13902-5564 REMITTANCES
PAY ONLINE WITH FORM NYC-200V
AT NYC.GOV/ESERVICES
OR

Mail Payment and Form NYC-200V ONLY to: NYC DEPARTMENT OF FINANCE P.O. BOX 3933 NEW YORK, NY 10008-3933

RETURNS CLAIMING REFUNDS

NYC DEPARTMENT OF FINANCE BUSINESS CORPORATION TAX P.O. BOX 5563 BINGHAMTON, NY 13902-5563

