# GENERAL CORPORATION TAX RETURN 2015

**NYC-4S-EZ**

To be filed by S Corporations only. All C Corporations must file Form NYC-2 or NYC-2A

**For CALENDAR YEAR 2015 or FISCAL YEAR beginning ______ and ending ______**

### NAME

- In Care Of: ___________________________________________________________________________
- Address (number and street): _______________________________________________________________________
- City and State: ________________________________________________________________________ Zip Code: ___ Country (if not US): _______________________
- Business Telephone Number: ________________________________________________________________________ Date business began in NYC: _______________________

### SCHEDULE A Computation of Tax

**BEGIN WITH SCHEDULES B, LINE 6 ON PAGE 2. TRANSFER APPLICABLE AMOUNT TO SCHEDULE A.**

<table>
<thead>
<tr>
<th>A. Payment</th>
<th>Amount being paid electronically with this return...</th>
<th>A. Payment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Net income (from Schedule B, line 6)</td>
<td>___________</td>
<td>X .0885</td>
</tr>
<tr>
<td>2. Minimum tax (see instructions) - NYC Gross Receipts:</td>
<td>___________</td>
<td>2.</td>
</tr>
<tr>
<td>3. Tax (line 1 or 2, whichever is larger)</td>
<td>___________</td>
<td>3.</td>
</tr>
<tr>
<td>4. First installment of estimated tax for period following that covered by this return:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT</td>
<td>___________</td>
<td>4a.</td>
</tr>
<tr>
<td>b) If application for extension has not been filed and line 3 exceeds $1,000, enter 25% of line 3 (see instructions)</td>
<td>___________</td>
<td>4b.</td>
</tr>
<tr>
<td>5. Total before prepayments (add lines 3 and 4a or 4b)</td>
<td>___________</td>
<td>5.</td>
</tr>
<tr>
<td>6. Prepayments (see instructions)</td>
<td>___________</td>
<td>6.</td>
</tr>
<tr>
<td>7. Balance due (line 5 less line 6)</td>
<td>___________</td>
<td>7.</td>
</tr>
<tr>
<td>8. Overpayment (line 6 less line 5)</td>
<td>___________</td>
<td>8.</td>
</tr>
<tr>
<td>9a. Interest (see instructions)</td>
<td>___________</td>
<td>9a.</td>
</tr>
<tr>
<td>9b. Additional charges (see instructions)</td>
<td>___________</td>
<td>9b.</td>
</tr>
<tr>
<td>9c. Penalty for underpayment of estimated tax (attach Form NYC-222)</td>
<td>___________</td>
<td>9c.</td>
</tr>
<tr>
<td>10. Total of lines 9a, 9b and 9c.</td>
<td>___________</td>
<td>10.</td>
</tr>
<tr>
<td>11. Net Overpayment (line 8 less line 10)</td>
<td>___________</td>
<td>11.</td>
</tr>
<tr>
<td>12. Amount of line 11 to be:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Refunded - Direct deposit - fill out line 10c OR Paper check ...</td>
<td></td>
<td>12a.</td>
</tr>
<tr>
<td>b) Credited to 2016 estimated tax</td>
<td></td>
<td>12b.</td>
</tr>
</tbody>
</table>

**12c. Routing Number** ___________ **Account Number** ___________ **ACCOUNT TYPE** __________________

**13. TOTAL REMITTANCE DUE (see instructions) __________________**

14. Gross income __________________

### 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 ___ Firm's Email Address: ___________

**Officer’s signature:** ___________ **Preparer’s printed name:** ___________ **Preparer’s title:** ___________

**Preparer’s Social Security Number or PTIN:** ___________ **Preparer’s Employer Identification Number:** ___________ **Firm’s Employer Identification Number:** ___________ **Preparer’s Employer Identification Number:** ___________

**Date:** ___________ **Date:** ___________ **Firm’s Employer Identification Number:** ___________

**Firm’s name (or yours, if self-employed) ** ___________ **Address** ___________ **Zip Code** ___________

SEE PAGE 2 FOR MAILING INSTRUCTIONS

NYC-4S-EZ - 2015
SCHEDULE B

1. Federal Taxable Income before net operating loss deduction and special deductions .......................................................... 1.

2. State and local income and MTA taxes deducted on federal return (see instructions) .......................................................... 2.

3. Total of lines 1 and 2 ........................................................................................................................................ 3.

4. New York City net operating loss deduction (see instructions) .............................................................................. 4.

5. New York City and New York State income tax refunds included in line 1 ............................................................ 5.

6. Taxable net income. Line 3 less the sum of lines 4 and 5 (enter on page 1, Schedule A, Line 1) .......................................................... 6.

ADDITIONAL REQUIRED INFORMATION - See Instructions

1. Does this taxpayer pay rent greater than $200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? ........................................................................................................... □ YES □ NO

2. If "YES", were all required Commercial Rent Tax Returns filed? .................................................................................. □ YES □ NO

   Please enter Employer Identification Number which was used on the Commercial Rent Tax Return: ___________________________

3. Enter the number of Federal K1 returns attached:__________________________

MAILING INSTRUCTIONS

Attach copy of all pages of your federal tax return 1120S.

Make remittance payable to the order of NYC DEPARTMENT OF FINANCE. Payment must be made in U.S. dollars and drawn on a U.S. bank.

To receive proper credit, you must enter your correct Employer Identification Number on your tax return and remittance.

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 GENERAL 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 GENERAL CORPORATION TAX P.O. BOX 5563 BINGHAMTON, NY 13902-5563

31121591