



For CALENDAR YEAR 2019 or FISCAL YEAR beginning _____ 2019 and ending _____

Name <input type="checkbox"/> Name Change		Employer Identification Number	
In care of		[] - []	
Address (number and street) <input type="checkbox"/> Address Change		Business Code Number as per federal return	
City and State	Zip Code	[] [] [] [] [] [] [] [] [] []	
Country (if not US)		[] [] [] [] [] [] [] [] [] []	
Business telephone number	Taxpayer email address:		2-character special condition code, if applicable (See instructions):
State or country of organization	Date organized		[] [] [] []
Date business began in NYC	Final Return <input type="checkbox"/>	If final return, date business ended in NYC	

CHECK ALL THAT APPLY

Special short period return 52/53-week taxable year Pro-forma federal return attached Claim any 9/11/01-related federal tax benefits

Amended return If the purpose of the amended return is to report a federal or state change, check the appropriate box: IRS change NYS change Date of Final Determination [] [] - [] [] - [] [] [] []

Federal form filed: 1120 1120C 1120F 1120-H Other/None

SCHEDULE A - Computation of Balance Due or Overpayment

A. Payment	Amount being paid electronically with this return	A.	Payment Amount
1.	Tax on business income base (from Schedule B, line 13)	1.	
2.	Tax on capital base (from Schedule C, line 10; Maximum Tax is \$10,000,000)	2.	
3.	Minimum tax - (see instructions) - NYC Gross Receipts: []	3.	
4.	Tax (enter the amount from line 1, 2 or 3, whichever is largest)	4.	
5.	Total prepayments (from Composition of Prepayments Schedule below)	5.	
6.	Balance due (subtract line 5 from line 4)	6.	
7.	Overpayment (subtract line 4 from line 5)	7.	
8a.	Interest (see instructions)	8a.	
8b.	Additional charges (see instructions)	8b.	
8c.	Penalty for underpayment of estimated tax (attach Form NYC-222)	8c.	
9.	Total of lines 8a, 8b and 8c	9.	
10.	Net overpayment (line 7 less line 9)	10.	
11.	Amount of line 10 to be: a. Refunded - <input type="checkbox"/> Direct deposit - fill out line 11c OR <input type="checkbox"/> Paper check	11a.	
	b. Credited to 2020 estimated tax	11b.	
11c.	Routing Number: [] [] [] [] [] [] [] [] [] [] Account Number: [] [] [] [] [] [] [] [] [] [] Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
12.	TOTAL REMITTANCE DUE. (see instructions)	12.	
13.	NYC rent deducted on federal tax return (see instructions)	13.	
14.	Gross receipts or sales from federal return	14.	
15.	Total assets from federal return	15.	

COMPOSITION OF PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 5	DATE	AMOUNT
A. Mandatory First Installment paid for tax year 2019 (Do not include your mandatory first installment paid for tax year 2020)		
B. Payment with Declaration, Form NYC-400		
C. Payment with Notice of Estimated Tax Due		
D. Payment with Notice of Estimated Tax Due		
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 5)		

SCHEDULE 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.	Interest on federal, state, municipal and other obligations not included on line 1	2.		
3.	Income taxes paid to the US or its possessions deducted on federal return	3.		
4.	NYS Franchise Tax, including MTA taxes and other business taxes deducted on federal return (see inst; attach rider)	4.		
5.	NYC Corporate Taxes deducted on federal return (see instructions)	5.		
6.	ACRS depreciation and/or adjustments (attach Form NYC-399 and/or NYC-399Z)	6.		
7.	Total additions (add lines 1 through 6)	7.		
8.	NYC and NYS tax refunds included on line 7 (see instructions)	8.		
9.	Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z; see instructions)	9.		
10.	Total subtractions (add lines 8 through 9)	10.		
11.	Net Business Income (subtract line 10 from line 7) (see instructions)	11.		
12.	Tax rate (see instructions)	12.		%
13.	Tax on business income base (multiply line 11 by line 12 and enter here and on Schedule A, line 1)	13.		

SCHEDULE C - Computation of Tax on Capital Base

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.			1.	
2.			2.	
3.			3.	
4.			4.	
5.			5.	
6.			6.	
7.			7.	

Computation of tax on capital base:

	A Business Capital	B Tax Rate		C Tax on Business Capital Base
8a.		X 0.0015	8a.	
8b.		X 0.0004	8b.	
9.			9.	
10.			10.	

SCHEDULE D - Additional Required Information

- List all significant business activities in NYC and everywhere (see instructions; if necessary, attach list) _____
- At any time during the taxable year, did the corporation have an interest in real property (including a leasehold interest) located in NYC or a controlling interest in an entity owning such real property? YES NO
- If "YES" to question 2, attach a schedule of such property, indicating the nature of the interest and including the street address, borough, block and lot number.
- Was any NYC real property (including a leasehold interest) or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration? YES NO
- 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
- If "YES" to question 4, were all required Commercial Rent Tax Returns filed? YES NO
Please enter Employer Identification Number which was used on the Commercial Rent Tax Return: _____
- Did this corporation carry out any commercial banking business (as defined by Section 11-640(b) of the Ad. Code) during this filing period? YES NO



SCHEDULE E - DETERMINATION OF TAX RATE

- A. Enter the tax rate computed or used below (see instructions)A. _____ %
- B. Enter the line number of the tax rate computed or used below (see instructions)B. _____
- C. Enter your business income from Schedule B, line 11C. _____
- D. If you are a Qualified Manufacturing Corporation as defined in Administrative Code Section 11-654(1)(k)(4), mark an x in the box (see instr.)D.

TAX RATE COMPUTATION FOR BUSINESS CORPORATIONS NOT SPECIFIED BELOW (see instructions)

1. If business income (Schedule B, line 11) is less than \$1M.	6.50%
2. If business income (Schedule B, line 11) is equal to or greater than \$1M but less than \$1.5M	$6.50\% + (2.35\% \times \frac{\text{line 11} - 1,000,000}{500,000}) =$ _____ %
3. If business income (Schedule B, line 11) is equal to or greater than \$1.5M	8.85%

TAX RATE COMPUTATION FOR QUALIFIED MANUFACTURING CORPORATIONS (see instructions)

4. If business income (Schedule B, line 11) is less than \$10M	4.425%
5. If business income (Schedule B, line 11) is equal to or greater than \$10M but less than \$20M	$4.425\% + (4.425\% \times \frac{\text{line 11} - 10,000,000}{10,000,000}) =$ _____ %
6. If business income (Schedule B, line 11) is equal to or greater than \$20M	8.85%

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

SIGN HERE	Signature of officer	Title	Date	Firm's email address
	Preparer's signature	Preparer's printed name	Check if self-employed <input type="checkbox"/>	Date
PREPARER'S USE ONLY				Preparer's Social Security Number or PTIN [] - [] - []
				Firm's Employer Identification Number [] - [] - []
▲ Firm's name (or yours, if self-employed)		▲ Address	▲ Zip 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 2019 return is on or before April 15, 2020. For fiscal years beginning in 2019, file on or before the 15th day of the 4th 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

