

Pepartment of Finance Department of Finance

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

			For CALENDAR YEAR 2023 or FISCAL YEAR beginning						2023 and ending			
			Name					Name Change			Taxpayer's Email Address:	
			In Care Of									
		Address (number and street) Address							EMPLOYER IDENTIFICATION NUMBER			
			City and State		Zip Code		Country (if	not US)	$\ \ $		• _ , , , , ,	
						15.			BUS	INESS C	ODE NUMBER AS PER FEDERAL	. RETURN
			Business Telephone Numb	oer		Date	business be	gan in NYC				
			Final return - Ch	eck this box if you ha	ve ceased operations	in NYC		Filing a	a 52- 53	-week ta	axable year	
			Special short pe	riod return (See Instr.)			Enter 2	-charact	er specia	al condition code, if applicable (se	e inst.)
			Amended return		of the amended return change, check the app			IRS change		Date of Determi		
s	CHEDULE	E A	Computatio	n of Tax	BEGIN WITH	SCHED	ULES B, LIN	IE 6 ON PAGE	2. TRAN	ISFER AP	PLICABLE AMOUNT TO SCHEDUL	.E A.
Α	. Payment	Amou	ınt being paid electr	onically with this	return					A.		
	•		hedule B, line 6)							i 1.		
			structions) - NYC G							2.		
	•		chever is larger)							3.		
4.			estimated tax for p extension has bee	•		•				4a.		
			extension has not e 3 <i>(see instruction</i>							4b.		
5.	Total before pre	ерауі	ments (add lines 3	3 and 4a or 4b)						5.		
6.	Prepayments (see i	nstructions)							6.		
7.	Balance due (li	ine 5	less line 6)							7.		
8.	Overpayment (line 6	3 less line 5)							8.		
9a.	. Interest <i>(see in</i>	struc	tions)			9a.						
9b.	. Additional char	ges ((see instructions)			9b.						
9c.	. Penalty for und	derpa	yment of estimate	d tax (attach F	orm NYC-222)	9c.						
10	. Total of lines 9a	a, 9b	and 9c							10.		
11.	. Net Overpayme	ent (lir	ne 8 less line 10)							11.		
12.	. Amount of line	11 to	be: (a) Refunded	- Direct dep	oosit - <i>fill out line</i>	12c	OR [☐ Paper o	heck .	. 12a.		
			(b) Credited t	o 2024 estimat	ted tax					. 12b.		
12c.	Routing Number			count mber			Checki	ng S	INT TYF avings	PE		
13.	TOTAL REMIT	TAN	CE DUE (see inst	ructions)						13.		
14.	Gross receipts	s or s	sales from federa	al return						14.		
			CERTIFICAT	TION OF AN	ELECTED O	FFIC	ER OF	THE C	ORPO	DRAT		
HERE	I authorize the Dep		n, including any accompany inance to discuss this						e.	⊢ırm's E	mail Address:	
SIGN	Officer's signature:				Title:			Date:		F	Preparer's Social Security Number	er or PTIN
ER'S V LY	Preparer's signature:			Preparer's printed name:			ck if self- ployed:	Date:			Firm's Employer Identification	Number
PREPARER'S USE ONLY	Ť							-			Firm's Employer Identification	HAMILIDEL
	. Finnels assess (if a a lf a second as sed)		A Addross			. 7	in Codo			

Form NYC-4S-EZ - 2023 Page								
NA	ME EIN _							
	SCHEDULE B							
1.	Federal Taxable Income before net operating loss deduction and special deductions							
2.	State and local income and MTA taxes deducted on federal return (see instructions)							
3.	Total of lines 1 and 2							
4.	New York City net operating loss deduction (see instructions)							
5.	New York City and New York State income tax refunds included in line15.							
6.	Taxable net income. Line 3 less the sum of lines 4 and 5 (enter on page 1, Schedule A, Line 1)							
	ADDITIONAL REQUIRED INFORMATION - See Instructions							
1.	Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the bound of Manhattan south of 96th Street for the purpose of carrying on any trade, business profession, vocation or commercial activity?	s,	s 🗌 no					
2.	If "YES", were all required Commercial Rent Tax Returns filed?		s 🗆 NO					
	Please enter Employer Identification Number which was used on the Commercial Rent Tax Retu	urn:						
3.	Enter the number of Federal K1 returns attached:							
4a	. At any time during the taxable year, did the partnership have an interest in real property in NYC or in an entity owning such real property?	y located	s 🗆 NO					
4b	. If "YES" to question 4a, attach a schedule of such property, indicating the nature of the and including the street address, borough, block and lot number.	e interest						

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 2023 return is on or before March 15, 2024.

For fiscal years beginning in 2023, 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

