		NYC -			AL COF								023
		Department of Finance		-	rporations only. EAR 2023 or FIS				Form NY		-2S or NYC-2 3 and ending		
		Name	I UI CA				Name	••			ver's Email A		
		In Care Of					Change	╝					
									EMPL	OYER I	DENTIFICA	TION NUMB	BER
		Address (number and	l street)				Address Change			-	· · ·	· · ·	
		City and State		Zip Code	9	Country (	(if not US)						DETUD
		Business Telephone	Number Dat	e business be	gan in NYC	ate busines	s ended in N			ODE NU		ER FEDERAL	RETURN
		Claim any 9/	federal or sta	r.) ax benefits (: e of the ameno te change, che	see inst.) ded return is to re eck the appropriate	port a	A p Ent IRS chan NYS cha	pro-form er 2-chai ge nge	racter spe Date Dete	return i cial cond of Final rmination	s attached dition code, if	f applicable (s	
	CHEDULE			I	GIN WITH SCHEDU					APPLICAE		TO SCHEDULE	A.
		unt being paid elect	-						<b>A.</b>				
1.	Net income (from Sch							X .0885					
2a.	Total capital (from Sch	, , , ,	/					X .0015					
2b. 2c.	Total capital - Coopera		· · · · ·				_	X .0004	2b.				
20. 3a.	Cooperatives - en Compensation of s	-		ОСК ро. 1)	20	L01	Γ			-			
3b.	Alternative tax (see								3b.				
4.	Minimum tax (see	,		F					30. 4.				
5.													
6.	<ul><li>Tax (line 1, 2a, 2b, 3b or 4, whichever is largest)</li><li>First installment of estimated tax for period following that covered by this return:</li><li>(a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT</li></ul>												
	(b) If application fo	r extension has <b>n</b>	ot been filed an	d line 5 e	exceeds \$1,	000,							
_		e 5 <i>(see instructic</i>	,										
7. 8.	Total before prepa												
o. 9.	Prepayments (from Balance due (line												
5. 10.	Overpayment (line												
	Interest <i>(see instru</i>	,							10.				
	Additional charges	,											
	Penalty for underpay		,		F								
	Total of lines 11a,	•		,					12.				
13.	Net overpayment	(line 10 less line 1	2)						13.				
14.	Amount of line 13 to	be: (a) Refunded -	Direct deposi	t - fill out l	ine 14c OR	P	aper che	ck	. 14a.				
		(b) Credited to	2024 estimated	d tax					. 14b.				
14c.	Routing		ccount umber			A Checkin		TYPE Savings					
15.							•	•					
16.	NYC rent deducted on f	,	,						13.				
									47				
17.	Gross receipts or s									-			
18.	Total assets from f	ederal return							18.	L			
			TION OF AN I										
ERE	I hereby certify that this retu I authorize the Dept. of			-	-			· _	Firm's E	Email Ad	dress:		
	Officer's		no return with the p		.cu neiuw. (88	e matruct	.ions <i>j</i> i E	•		Property	rla Social C -	ourity Number	
ō	signature:			Title:			Date:					curity Numbe	
ER'S NLY	Preparer's signature:		Preparer's printed name:			kifself- oyed:	Date:			Firm's		dentification	Number
40										1 11115	-inbioliter in	uonunoauon	1 AULING

 Firm's	Emp	loyer	lde	ntific	atio	n Nu	umber
			1				

▲ Firm's name (or yours, if self-employed) ▲ Address ▲ Zip Code
ATTACH COPY OF ALL PAGES OF YOUR FEDERAL TAX RETURN 1120S. SEE PAGE 2 FOR MAILING INSTRUCTIONS.

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PREP, USE



Form	n NYC-4S - 2023	NAME				EIN			Page 2
S		E B Computation							
1.		income before net operat							
2. 3a.	Interest on federal, state, municipal and other obligations not included in line 1 2.								
3b.	NYS Franchise Tax and other income taxes, including MTA taxes, deducted on federal return (attach rider) (see instr.) 3a.         NYC General Corporation Tax deducted on federal return (see instructions)								
4.	ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399Z) (see instructions)								
5.	Total (sum of li								
6a. 6b.	New York City net operating loss deduction (see instructions)								
6c.	NYC and NYS ta								
7.	Total (sum of line	es 6a through 6c)					. 7.		
8.	Taxable net inco	ome (line 5 less line 7) (en	iter on page 1, Schedul	e A, line 1)	(see instrue	ctions)	. 8.		
9	СНЕПЦИ	E C Total Capital							
		verage value in column C. Chec	ck one. (Attach detailed sch	edule)					
	- Annually	- Semi-annually	- Quarterly					COLUMN	
	,					End of Y			-
	Monthly	- Weekly	Daily						
1.		m federal return	-						
2.		nd marketable securities in						-	
3.		rom line 1							
4. 5.		d marketable securities at <b>fa</b> ssets (add lines 3 and 4) .						-	
5. 6.		see instructions)	E E E E E E E E E E E E E E E E E E E					-	
0. 7.		umn C, line 5 less column C		1 Schedul	e Δline 2a c	) (see Instr.)	• 7		
	• •	E D Certain Stocl				(300 1131.)			
		rs owning in excess of 5%		nital stock	who receive	d any compensa	tion inclu	Idina commissions	
		ame, Country and US Zip Co		Social Security Official					
		(Attach rider if necessary)		Number			Title from Corpora		
1.	Total, including	any amount on rider (ei	nter on page 1, Sched	lule A, line	3a)		1.		
	SCHEDULE		g information must	t be ente	ered for th	nis return to	be com	plete	
1.	New York City prin	cipal business activity: on have an interest in real pro	porty logated in New York (	Situ? (and inc	tructions)			VEC	
2. 3.	If "YES": (a) Atta	ich a schedule of such propert	v. including street address.	borough. blo	ock and lot nur	mber.			
	<b>(b)</b> Wa	s a controlling economic interes	st in this corporation (i.e., 509	% or more of	stock ownersh	nip) transferred durin			NO
4.		on have one or more qualified						YES	NO
		" Attach a schedule showing the SS filed or was required to file				indicate whether			
5.		of Fed K1 returns attached:							
6.		pay rent greater than \$200,00							
7.	96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity?								
1.		oyer Identification Number wh							
	C	OMPOSITION OF PE							
			ON SCHEDULE A, LINE 8				AMOUNT		
	A. Mandatory first installment paid with preceding year								
	B. Payment with Declaration, Form NYC-400 (1) C. Payment with Notice of Estimated Tax Due (2)								
	D Baymont with Notice of Estimated Tax Due (3)								_
	Ε.	Payment with extension,							
	F.	Overpayment from prece							
	G	TOTAL of A through F (en	. ,						
							DETU		
	E. Payment with Notice of Estimated fax 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 8)     MAILING INSTRUCTIONS     REMITTANCES     REMITTANCES     PAY ONLINE WITH FORM NYC-200V     AT NYC.GOV/ESERVICES     OR     OR     OR     OR     OR     OR     OR     OR     OR							RNS CLAIMING RE	
		ENERAL CORPORATION TAX	( I		OR	200V ONLY to:	GENEF	RAL CORPORATION	
		O. BOX 5564 NGHAMTON, NY 13902-5564	Ň	YC DEPAR	TMENT OF F 0. BOX 3933			DX 5563 AMTON, NY 13902-55	563
					RK, NY 10008	-3933			

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The due date for the calendar year 2023 return is on or before March 15, 2024. For fiscal years beginning in 2023, file on the 15th day of the third month after the close of fiscal year.