



FINANCE NEW YORK

NYC NEW YORK CITY DEPARTMENT OF FINANCE
4S GENERAL CORPORATION TAX RETURN

DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY

1997

For CALENDAR YEAR 1997 or FISCAL YEAR beginning and ending

Amended return Final return Check box if the corporation has ceased operations.

Affix mailing label here.

Name, Address (number and street), City and State, Zip Code, Business Telephone Number, Date business began in NYC

EMPLOYER IDENTIFICATION NUMBER, BUSINESS CODE NUMBER AS PER FEDERAL RETURN, IMPORTANT: Corporations licensed and/or regulated by the NYC Taxi and Limousine Commission use business code 9999 in lieu of federal code.

SCHEDULE A Computation of Tax

BEGIN WITH SCHEDULES B THROUGH E ON PAGE 2. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

Table with 18 rows for tax computation (A. Payment) and columns for descriptions, amounts, and tax rates. Includes items like Net income, Total capital, Compensation of officers, and Total Remittance Due.

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.

Signature and certification fields for the officer and preparer, including fields for Title, Date, Social Security Number, and Firm's Information.

Attach copy of all pages of your federal tax return or pro forma federal tax return.

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

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

ATTACH REMITTANCE TO THIS PAGE ONLY

**SCHEDULE B Computation of NYC Taxable Net Income**

Table with 8 rows for SCHEDULE B. Rows include: 1. Federal taxable income before net operating loss deduction... 2. Interest on federal, state, municipal... 3a. NYS Franchise Tax... 3b. NYC General Corporation Tax... 4. ACRS depreciation... 5. Total (sum of lines 1 through 4)... 6a. New York City net operating loss deduction... 6b. Depreciation and/or adjustment... 6c. New York City and State tax refunds... 7. Total (sum of lines 6a through 6c)... 8. Taxable net income...

S CORPORATIONS  
see instructions  
for line 1

**SCHEDULE C Total Capital**

Basis used to determine average value in column C. Check one. (Attach detailed schedule)

- Annually  - Semi-annually  - Quarterly  - Monthly  - Weekly  - Daily

Table with 7 rows for SCHEDULE C. Columns: COLUMN A Beginning of Year, COLUMN B End of Year, COLUMN C Average Value. Rows include: 1. Total assets from federal return... 2. Real property and marketable securities... 3. Subtract line 2 from line 1... 4. Real property and marketable securities at fair market value... 5. Adjusted total assets... 6. Total liabilities... 7. Total capital...

**SCHEDULE D Officers (appointed or elected) and Certain Stockholders**

Include all officers, whether or not receiving any compensation, and every stockholder owning in excess of 5% of taxpayer's issued capital stock who received any compensation, including commissions.

Table with 4 columns: Name and Address - Give actual residence (Attach rider if necessary), Social Security Number, Official Title, Salary & All Other Compensation Received from Corporation (If none, write "none").

1. Total, including any amount on rider (enter on page 1, Schedule A, line 3a) 1.

**SCHEDULE E The following information must be entered for this return to be complete.**

- 1. New York City principal business activity \_\_\_\_\_
- 2. Does the corporation have an interest in real property located in New York City? YES  NO
- 3. If "YES": (a) Attach a schedule of such property, including street address, borough, block and lot number. (b) Was a controlling economic interest in this corporation (i.e., 50% or more of stock ownership) transferred during the tax year? YES  NO
- 4. Does the corporation have one or more qualified subsidiary subsidiaries? YES  NO   
(a) If "YES": Are all items of income, gain, loss, deduction and capital of each QSSS included in this report? YES  NO   
i) If "NO", attach a schedule showing the name, address and EIN, if any, of each QSSS NOT included in this report and indicate whether the QSSS filed or was required to file a City business income tax return.

Table with 4 columns: PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 8, DATE, AMOUNT, TEN DIGIT TRANSACTION ID CODE. Rows include: A. Mandatory first installment paid with preceding year's tax... B. Payment of estimated tax... C. Payment with extension... D. Carryover credit... E. TOTAL of A, B, C and D...

**MAILING INSTRUCTIONS**

RETURNS WITH REMITTANCES  
NYC DEPARTMENT OF FINANCE  
BOX 3900 CHURCH STREET STATION  
NEW YORK, NY 10008-3900

RETURNS CLAIMING REFUNDS  
NYC DEPARTMENT OF FINANCE  
BOX 1117 WALL STREET STATION  
NEW YORK, NY 10268-1117

ALL OTHER RETURNS  
NYC DEPARTMENT OF FINANCE  
BOX 1130 WALL STREET STATION  
NEW YORK, NY 10268-1130

The due date for the calendar year 1997 return is on or before March 15, 1998. For fiscal years ended in 1998, file within 2 1/2 months after the close of fiscal year.