



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

1998

For CALENDAR YEAR 1998 or FISCAL YEAR beginning 1998 and ending

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

Affix mailing label here.

Name, Address, 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 Tax 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 and a Payment Enclosed column. Includes items like Net income, Total capital, Minimum tax, 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 of officer, Title, Date, Preparer's Social Security Number, Preparer's signature, Check if self-employed, Date, Firm's Employer Identification Number, Firm's name, Address, Zip Code

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: Federal taxable income before net operating loss deduction, Interest on federal, state, municipal and other obligations, NYS Franchise Tax and other state taxes, NYC General Corporation Tax, ACRS depreciation, Total (sum of lines 1 through 4), New York City net operating loss deduction, Depreciation and/or adjustment calculated under pre-ACRS rules, New York City and State tax refunds, Total (sum of lines 6a through 6c), 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: Total assets from federal return, Real property and marketable securities included in line 1, Subtract line 2 from line 1, Real property and marketable securities at fair market value, Adjusted total assets, Total liabilities, 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 subchapter s 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, TWELVE 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 from preceding year, 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