



NYC NEW YORK CITY DEPARTMENT OF FINANCE
GENERAL CORPORATION TAX RETURN

DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY

For CALENDAR YEAR 1999 or FISCAL YEAR beginning 1999 and ending 1999

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 columns for line number, description, and amount. Includes rows for Payment Enclosed, Net income, Total capital, Compensation of officers, Alternative tax, Minimum tax, Tax, First installment of estimated tax, Total before prepayments, Prepayments, Balance due, Overpayment, Interest, Additional charges, Penalty for underpayment, Total of lines 11a, 11b and 11c, Net overpayment, Amount of line 13 to be, TOTAL REMITTANCE DUE, NYC rent deducted, Federal return filed, Gross receipts or sales from federal return, Total assets from federal return.

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 (or yours, if self-employed), 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.

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 income 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, NYC and NYS 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, Social Security Number, Official Title, Salary & All Other Compensation Received from Corporation.

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

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... (b) Was a controlling economic interest... 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: Mandatory first installment paid with preceding year's tax, Payment of estimated tax, Payment with extension, Overpayment credited from preceding year, TOTAL of A, B, C and D.

MAILING INSTRUCTIONS RETURNS WITH REMITTANCES RETURNS CLAIMING REFUNDS ALL OTHER RETURNS NYC DEPARTMENT OF FINANCE BOX 3900 CHURCH STREET STATION NEW YORK, NY 10008-3900 NYC DEPARTMENT OF FINANCE BOX 1117 WALL STREET STATION NEW YORK, NY 10268-1117 NYC DEPARTMENT OF FINANCE BOX 1130 WALL STREET STATION NEW YORK, NY 10268-1130

RECYCLED NYC-4S - 1999