NYC - 3A

Department of Finance

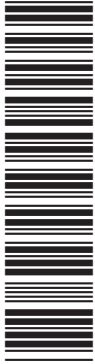# COMBINED GENERAL CORPORATION TAX RETURN 2016

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

For CALENDAR YEAR 2016 or FISCAL YEAR beginning _____ 2016, and ending _____

Name of reporting corporation	Name Change ☐
In Care Of	TAXPAYER'S EMAIL ADDRESS
Address (number and street)	Address Change ☐
City and State / Zip Code / Country (if not US)	EMPLOYER IDENTIFICATION NUMBER OF REPORTING CORPORATION
Business Telephone Number / Date business began in NYC	BUSINESS CODE NUMBER AS PER FEDERAL RETURN
Name of parent of controlled group / Employer Id. No.:	NYC PRINCIPAL BUSINESS ACTIVITY

PRINT OR TYPE

CHECK ALL THAT APPLY

☐ Final return
☐ Special short period return (See Instr.)
☐ Claim any 9/11/01-related federal tax benefits (see inst.)
☐ Amended return   If the purpose of the amended return is to report a federal or state change, check the appropriate box: ☐ IRS change   ☐ NYS change

☐ Filing a 52- 53-week taxable year
☐ Enter 2-character special condition code, if applicable (see inst.)
Date of Final Determination ☐☐-☐☐-☐☐☐☐

SCHEDULE A Computation of Tax - BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

Payment Amount

A. Payment	Amount being paid electronically with this return .... **A.**			
1.	Allocated combined income (from Schedule M, line 5) .. **1.**	X .0885	**1.**	
2.	Allocated combined capital (from Schedule M, line 8) ..... **2.**	X .0015	**2.**	
3.	Alternative Tax (from Alternative Tax Schedule on page 2) *(see instructions)*		**3.**	
4.	Minimum tax for reporting corporation only - NYC Gross Receipts: **4.**	....	**4.**	
5.	Allocated subsidiary capital (from Schedule M, line 9)............ **5.**	X .00075	**5.**	
6.	Combined Tax (line 1, 2, 3 or 4, whichever is **largest, PLUS** line 5)...................................		**6.**	
7.	Minimum Tax for taxable corporations (from Schedule M, line 12)		**7.**	
8.	Total combined tax - add line 6 and line 7		**8.**	
9.	UBT Paid Credit *(attach Form NYC-9.7)*		**9.**	
10.	Tax after UBT Credit (line 8 less line 9)		**10.**	
11a.	REAP Credit *(attach Form NYC-9.5)*		**11a.**	
11b.	LMREAP Credit *(attach Form NYC-9.8)*		**11b.**	
12a.	Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6)		**12a.**	
12b.	Biotechnology Credit *(attach Form NYC-9.10)*		**12b.**	
13.	Net tax after credits (line 10 less total of lines 11a through 12b).................................		**13.**	
14.	First installment of estimated tax for period following that covered by this return:			
	(a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT		**14a.**	
	(b) If application for extension has **not** been filed and line 13 exceeds $1,000, enter 25% of line 13		**14b.**	
15.	Net Tax (add lines 13 and 14a or 14b).................................		**15.**	
16.	Total Prepayments *(see instructions)*		**16.**	
17.	Balance due (line 15 less line 16)		**17.**	
18.	Overpayment (line 16 less line 15).................................		**18.**	
19a.	Interest *(see instructions)* .... **19a.**			
19b.	Additional charges *(see instructions)*................................. **19b.**			
19c.	Penalty for underpayment of estimated tax *(attach Form NYC-222)*.. **19c.**			
20.	Total of lines 19a, 19b and 19c		**20.**	
21.	Net overpayment (line 18 less line 20)		**21.**	
22.	Amount of line 21 to be: **(a)** Refunded - ☐ Direct deposit - *fill out line 22c* **OR** ☐ Paper check		**22a.**	
	(b) Credited to 2017 estimated tax		**22b.**	
22c.	Routing Number ☐☐☐☐☐☐☐☐☐ Account Number _____ **ACCOUNT TYPE** Checking ☐ Savings ☐			
23.	**TOTAL REMITTANCE DUE** *(see instructions)*		**23.**	

30111691   **SEE PAGE 2 FOR MAILING INSTRUCTIONS**   NYC-3A - 2016

SCHEDULE A - Continued	**Computation of Tax -** BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

24.	Combined group's issuer's allocation percentage (from Schedule M. line 10)	**24.**	%
25.	Gross receipts or sales (See instructions)...	**25.**	
26.	Total assets (Schedule E, line 1, column E)	**26.**	
27.	Compensation of more than 5% stockholders as used in computation of line 3 (Sch. F, line 1, col. E) ..	**27.**	
28.	NYC rent deducted on federal tax return. **THIS LINE MUST BE COMPLETED**..............................	**28.**	
29.	Combined group Business Allocation Percentage (Schedule H, line 5, column E)................................	**29.**	%
30.	Number of Subsidiaries_____ Number of taxable Subsidiaries_____	**30.**	

PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 16	**DATE**	**AMOUNT**	
A. Mandatory first installment paid with preceding year's tax.......................................			
B. Payment with Declaration, Form NYC-400 (1)...			
C. Payment with Notice of Estimated Tax Due (2)...			
D. Payment with Notice of Estimated Tax Due (3)...			
E. Payment with extension, Form NYC-EXT			
F. Overpayment from preceding year credited to this year			
G. Total prepayments from subsidiaries (attach rider)			
H. TOTAL of A through G (enter on Schedule A, line 16)			

ALTERNATIVE TAX SCHEDULE — Refer to instructions before computing the alternative tax.

Net income/loss (See instructions)	**1.**	$ _____
Enter 100% of salaries and compensation for the taxable year paid to stockholders owning more than 5% of the taxpayer's stock. (See instructions.)	**2.**	$ _____
Total (line 1 plus line 2)	**3.**	$ _____
Statutory exclusion - Enter $40,000. (if return does not cover an entire year, exclusion must be prorated based on the period covered by the return)..	**4.**	$ _____
Net amount (line 3 minus line 4)	**5.**	$ _____
15% of net amount (line 5 x 15%)...	**6.**	$ _____
Investment income to be allocated (amount on Schedule B, line 22b, Column E x 15%. Do not enter more than the amount on line 6 above. Enter "0" if not applicable.)	**7.**	$ _____
Business income to be allocated (line 6 minus line 7)...	**8.**	$ _____
Allocated investment income (line 7 x investment allocation % from Schedule D, line 5) .... %	**9.**	$ _____
Allocated business income (line 8 x business allocation % from Schedule H, line 5) .... %	**10.**	$ _____
Taxable net income (line 9 plus line 10)...	**11.**	$ _____
Tax rate	**12.**	8.85% (.0885)
Alternative tax (line 11 x line 12) Transfer amount to page 1, Schedule A, line 3	**13.**	$ _____

NEW MAILING INSTRUCTIONS - DO NOT INCLUDE PAYMENT WITH RETURN

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 2016 return is on or before March 15, 2017.
For fiscal years beginning in 2016, file on or before the 15th day of the 3rd month following the close of the fiscal year.

ALL RETURNS EXCEPT REFUND RETURNS	**REMITTANCES** **PAY ONLINE WITH FORM NYC-200V** **AT NYC.GOV/ESERVICES**	**RETURNS CLAIMING REFUNDS**
NYC DEPARTMENT OF FINANCE GENERAL CORPORATION TAX P.O. BOX 5564 BINGHAMTON, NY 13902-5564	OR Mail Payment and Form NYC-200V ONLY to: NYC DEPARTMENT OF FINANCE P.O. BOX 3933 NEW YORK, NY 10008-3933	NYC DEPARTMENT OF FINANCE GENERAL CORPORATION TAX P.O. BOX 5563 BINGHAMTON, NY 13902-5563

30121691

SCHEDULE B	Computation of combined entire net income

1. Federal taxable income before net operating loss deduction and special deductions *(see instructions)*.......................................

2. Interest on federal, state, municipal and other obligations not included in line 1 above *(see instructions)* ....

3. Deductions directly attributable to subsidiary capital *(attach list) (see instructions)*...

4. Deductions indirectly attributable to subsidiary capital *(attach list) (see instructions)*...

5a. NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (attach rider) (see instr.) ....

5b. NYC General Corporation Tax deducted on federal return *(see instructions)* ....

6. New York City adjustments relating to *(see instructions)*:
   (**a**) Employment opportunity relocation costs credit and IBZ credit ....
   (**b**) Real estate tax escalation credit ....
   (**c**) ACRS depreciation and/or adjustment *(attach Form NYC-399 and/or NYC-399Z)*..

7. Additions:
   *(***a***)* Payment for use of intangibles ....
   *(***b***)* Domestic Production Activities Deduction *(see instructions)* ....
   (**c**) Other *(see instructions) (attach rider)*..

8. Total additions (add lines 1 through 7c) ....

9a. Dividends from subsidiary capital *(itemize on rider) (see instr.)*...

9b. Interest from subsidiary capital *(itemize on rider) (see instructions)* ....

9c. Gains from subsidiary capital...

10. 50% of dividends from nonsubsidiary corporations *(see instructions)*..

11. Combined New York City net operating loss deduction *(attach Form NYC-NOLD-GCT) (see instructions)*..

12. Gain on sale of certain property acquired prior to 1/1/66 *(see instructions)*..

13. NYC and NYS tax refunds included in Sch. B, line 8 *(see instructions)* ....

14. Wages and salaries subject to federal jobs credit *(attach federal Form 5884 (see instructions)* ....

15. Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules *(attach Form NYC-399 and/or NYC-399Z) (see instr.)* ....

16. Other deductions *(see instructions) (attach rider)*..

17. Total deductions (add lines 9a through 16) ....

18. Combined Entire net income (line 8 less line 17) *(see instructions)*..

19. If the amount in line 18 is not correct, enter correct amount here and explain on rider *(see instr.)*..

20. Investment income - (complete lines a through h below) *(see instructions)*
   (**a**) Dividends from nonsubsidiary stocks held for investment (see instructions) ....
   (**b**) Interest from investment capital (include federal, state and municipal obligations) *(itemize on rider)* ....
   (**c**) Net capital gain (loss) from sales or exchanges of nonsubsidiary securities held for investment (itemize on rider or attach Federal Schedule D)..
   (**d**) Income from assets included on line 3 of Schedule D ....
   (**e**) Add lines 20a through 20d inclusive..
   (**f**) Deductions directly or indirectly attributable to investment income (attach list) (see instructions) ....
   (**g**) Balance (20e less line 20f) ....
   (**h**) Interest on bank accounts included in income reported on line 20d ....
   21. Combined New York City net operating loss deduction apportioned to investment income *(attach Form NYC-NOLD-GCT) (see instr.)*........
   22a. Combined Investment income (line 20g less line 21) ....
   22b. Combined Investment income to be allocated *(see instructions)* ....
   23. Combined Business income to be allocated (line 18 or line 19 less line 22b)..

30131691

NAME OF REPORTING CORPORATION: _____ EIN: _____

	SCHEDULE B	Computation of combined entire net income				

	COLUMN A Reporting Corporation	COLUMN B Total Subsidiaries From NYC-3A/B	COLUMN C Subtotal Column A plus Column B	COLUMN D Intercorporate Eliminations (attach rider)		COLUMN E Combined Total Column C less Column D
1.					1.	
2.					2.	
3.					3.	
4.					4.	
5a.					5a.	
5b.					5b.	
6a.					6a.	
6b.					6b.	
6c.					6c.	
7a.					7a.	
7b.					7b.	
7c.					7c.	
8.					8.	
9a.					9a.	
9b.					9b.	
9c.					9c.	
10.					10.	
11.					11.	
12.					12.	
13.					13.	
14.					14.	
15.					15.	
16.					16.	
17.					17.	
18.					18.	
19.					19.	
20a.					20a.	
20b.					20b.	
20c.					20c.	
20d.					20d.	
20e.					20e.	
20f.					20f.	
20g.					20g	
20h.					20h.	
					21.	
					22a.	
					22b.	
					23.	

30141691

	SCHEDULE C	Computation of combined subsidiary capital

1. Average value..

2. Liabilities directly or indirectly attributable to subsidiary capital ....

3. Net average value (line 1 less line 2) ....

4. Net value allocated to New York City ....

	SCHEDULE D	Computation of combined investment capital and investment allocation percentage

1. Average value ....

2. Liabilities directly or indirectly attributable to investment capital...

3. Net average value (line 1 less line 2) ....

4. Value allocated to New York City ....

5. Combined investment allocation percentage (line 4 divided by line 3) ....

6. Cash ....

7. Combined investment capital (add lines 3 and 6) ....

	SCHEDULE E	Computation of combined capital (use average values)

Is average value computed quarterly? ☐ **YES** ☐ **NO** If **NO**, explain:_____

1. Total assets from federal return ....

2. Real property and marketable securities included in line 1..

3. Subtract line 2 from line 1 ....

4. Real property and marketable securities at fair market value..

5. Adjusted total asset (add lines 3 and 4)...

6. Total liabilities (see instructions) ....

7. Combined total capital (line 5 less line 6, column E) ....

8. Combined Subsidiary capital (Schedule C, line 3 , column E)...

9. Combined Business and Investment capital (line 7 less line 8, column E) ....

10. Combined Investment capital (Schedule D, line 7, column E) ....

11. Combined Business capital (line 9 less line 10, column E)...

	SCHEDULE F	Computation of combined salaries and compensation of certain stockholders

1. Total Salary and All Other Compensation Received from Corporation ....

SCHEDULE C	Computation of combined subsidiary capital					
COLUMN A Reporting Corporation	**COLUMN B** Total Subsidiaries From NYC-3A/B	**COLUMN C** Subtotal Column A plus Column B	**COLUMN D** Intercorporate Eliminations (attach rider)		**COLUMN E** Combined Total Column C less Column D	
1.				1.		
2.				2.		
3.				3.		
4.				4.		

SCHEDULE D	Computation of combined investment capital and investment allocation percentage					
1.				1.		
2.				2.		
3.				3.		
4.				4.		
5.				5.	%	
6.				6.		
7.				7.		

SCHEDULE E	Computation of combined capital (use average values)					
1.				1.		
2.				2.		
3.				3.		
4.				4.		
5.				5.		
6.				6.		
7.				7.		
8.				8.		
9.				9.		
10.				10.		
11.				11.		

SCHEDULE F	Computation of combined salaries and compensation of certain stockholders					
1.				1.		

SCHEDULE H	Computation of combined business allocation percentage

PROPERTY FACTOR

1a(A). NYC real estate owned ....

1a(B). Everywhere real estate owned ....

1b(A). NYC real estate rented ....

1b(B). Everywhere real estate rented ....

1c(A). NYC inventories owned..

1c(B). Everywhere inventories owned ....

1d(A). NYC tangible personal property owned ....

1d(B). Everywhere tangible personal property owned ....

1e(A). NYC tangible personal property rented..

1e(B). Everywhere tangible personal property rented ....

1f(A). Total NYC property (add lines 1a(A), 1b(A), 1c(A), 1d(A), 1e(A)) ....

1f(B). Total Everywhere property (add lines 1a(B), 1b(B), 1c(B), 1d(B), 1e(B))..

1g. Combined NYC property factor (divide 1f(A), column E by 1f(B), column E)..

1h. Multiply line 1g by 6.5...

RECEIPTS FACTOR

Receipts in the regular course of business from:

2a. Sales of tangible personal property where shipments are made to points within New York City......................................

2b. Everywhere sales of tangible personal property ....

2c(A). NYC services performed..

2c(B). Everywhere services performed...

2d(A). NYC rentals of property...

2d(B). Everywhere rentals of property ....

2e(A). NYC royalties ....

2e(B). Everywhere royalties...

2f(A). Other NYC business receipts...

2fB). Other Everywhere business receipts..

2g(A). Total NYC receipts (add lines 2a, 2c(A), 2d(A), 2e(A), 2f(A))..

2g(B). Total Everywhere receipts (add lines 2b, 2c(B), 2d(B), 2e(B), 2f(B)) ....

2h. Combined NYC receipts factor (divide 2g(A), column E by 2g(B), column E)...

2i. Multiply line 2h by 87 ....

PAYROLL FACTOR

3a(A). NYC wages, salaries and other compensation of employee, except general executive officers ....

3a(B). Everywhere wages, salaries and other compensation of employee, except general executive officers..........................

3b. Combined NYC payroll factor (divide 3a(A), column E by 3a(B), column E) ....

3c. Multiply line 3b by 6.5 ....

Weighted Factor Allocation

4a. Add lines 1h, 2i and 3c..

4b. Divide line 4a by 100 if no factors are missing. If a factor is missing, divide line 4a by the total of the weights of the factors present. Enter as percentage. Round nearest one hundredth of a percentage point ....

Combined Business Allocation Percentage

5. Enter percentage from above ....

30171591

SCHEDULE H	Computation of combined business allocation percentage				
	COLUMN A Reporting Corporation	**COLUMN B** Total Subsidiaries From NYC-3A/B	**COLUMN C** Subtotal Column A plus Column B	**COLUMN D** Intercorporate Eliminations (attach rider)		**COLUMN E** Combined Total Column C less Column D
1a(A).					1a(A).	
1a(B).					1a(B).	
1b(A).					1b(A).	
1b(B).					1b(B).	
1c(A).					1c(A).	
1c(B).					1c(B).	
1d(A).					1d(A).	
1d(B).					1d(B).	
1e(A).					1e(A).	
1e(B).					1e(B).	
1f(A).					1f(A).	
1f(B).					1f(B).	
1g.					1g.	%
1h.					1h.	
2a.					2a.	
2b.					2b.	
2c(A).					2c(A).	
2c(B).					2c(B).	
2d(A).					2d(A).	
2d(B).					2d(B).	
2e(A).					2e(A).	
2e(B).					2e(B).	
2f(A).					2f(A).	
2f(B).					2f(B).	
2g(A).					2g(A).	
2g(B).					2g(B).	
2h.					2h.	%
2i.					2i.	
3a(A).					3a(A).	
3a(B).					3a(B).	
					3b.	%
					3c.	
					4a.	
					4b.	%
					5.	%

30181691

SCHEDULE M	Summary

COMBINED TOTALS

1. New York City investment income (Schedule B, line 22b, column E x Schedule D, line 5, column E).................. **1.**

2. New York City business income (Schedule B, line 23, column E x Schedule H, line 5, column E).................. **2.**

3. Total New York City income, line 1 plus line 2 .... **3.**

4. Total on line 3.. **4.**

5. Allocated combined net income from line 4 (enter here and on Schedule A, line 1) .... **5.**

6. New York City investment capital (Schedule E, line 10, column E x Schedule D, line 5, column E) .... **6.**

7. New York City business capital (Schedule E, line 11, column E x Schedule H, line 5, column E)............... **7.**

8. NYC investment & business capital (add lines 6 and 7) (enter here and on Schedule A, line 2) .... **8.**

9. New York City subsidiary capital (Schedule C, line 4 column E) (enter here and on Schedule A, line 5)..... **9.**

10. Issuer's allocation percentage (Schedule M, add lines 8 and 9 divided by Schedule E, line 7, column E)
    Enter here and on Schedule A, line 24. (See instructions).. **10.**   **%**

11. Number of Subsidiaries: ....**11.** [   ]

    Number of taxable subsidiaries with NYC gross receipts of:

11a. Not more than $100,000: ....**11aa.**		X $25 .....**11ab.**	
11b. More than $100,000 but not over $250,000:..............**11ba.**		X $75 .....**11bb.**	
11c. More than $250,000 but not over $500,000: ....**11ca.**		X $175 .....**11cb.**	
11d. More than $500,000 but not over 1,000,000:.............**11da.**		X $500 .....**11db.**	
11e. More than $1,000,000 but not over $5,000,000:........**11ea.**		X $1500 .....**11eb.**	
11f. More than $5,000,000 but not over $25,000,000:.......**11fa.**		X $3500 ......**11fb.**	
11g. Over $25,000,000: ....**11ga.**		X $5000 .....**11gb.**	

12. Minimum tax for taxable corporations (add lines 11ab through 11gb) (enter here and on Schedule A, line 7) ... **12.**

ADDITIONAL INFORMATION REQUIRED	The following information must be entered for this return to be complete.

1a. New York City principal business activity _____

1b. Other significant business activities *(attach schedule, see instructions)* _____

1c. Trade name of reporting corporation, if different from name entered on page 1 _____

2. Have there been **any changes** in the **composition** of the group of corporations **included** in this Combined General Corporation
Tax Return from the **prior Tax Period**? .... ☐ YES ☐ NO

If "YES", attach a schedule listing name(s) and EIN(s) of the corporations added and or/deleted from the prior tax return.

3. Is only one subsidiary included in this return? .... ☐ YES ☐ NO

If "YES", give name of corporation:_____ EIN: _____

4. Is any member corporation also a member of a controlled group of corporations as defined in IRC section 1563,
disregarding any exclusion by reason of paragraph (b)(2) of that section? .... ☐ YES ☐ NO

If "YES", give common parent corporation's name, if any_____ EIN _____

5. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or
other tax base reported in a prior year, for the combined group, any variation of the combined group or any member corporation
or are any of the same currently under audit? .... ☐ YES ☐ NO

If "YES", by whom?   ☐ Internal Revenue Service   State period(s): Beg.:_____ End.:_____
                                                           MMDDYY   MMDDYY
                           ☐ New York State Department of Taxation and Finance   State period(s): Beg.:_____ End.:_____
                                                                                         MMDDYY   MMDDYY

6. If "YES" to question 5, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed?
Only applicable for years prior to 1/1/15. For years beginning on or after 1/1/15, file an amended return. *(see instructions)*..... ☐ YES ☐ NO

7. Did any member corporation make any payments treated as interest in the computation of entire net income to shareholders
owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and
outstanding capital stock? If "YES", complete the following (if more than one, attach separate sheet) .... ☐ YES ☐ NO

Shareholder's name: _____ SSN/EIN: _____

Interest paid to Shareholder: _____ Total Indebtedness to shareholder described above: _____ Total interest paid: _____

8. Was any member corporation also a member of a partnership or joint venture during the tax year? .... ☐ YES ☐ NO
If "YES", attach schedule listing name(s) and Employer Identification Number(s).

9. At any time during the taxable year, did any member corporation have an interest in real property (including a leasehold interest)
located in NYC or a controlling interest in an entity owning such real property?... ☐ YES ☐ NO

10. a) If "YES" to 9, attach a schedule of such property, indicating owning corporation, the nature of the interest and including the street address, borough, block and lot number.

     b) Was any NYC real property (including a leasehold interest) or controlling interest in an entity owning NYC real
        property acquired or transferred with or without consideration?.. ☐ YES ☐ NO

     c) Was there a partial or complete liquidation of the owning corporation? .... ☐ YES ☐ NO

     d) Was 50% or more of the owning corporation's ownership transferred during the tax year, over a three-year period or according to a plan?............... ☐ YES ☐ NO

11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed?................................ ☐ YES ☐ NO

12. If "NO" to 11, explain: _____

              13. Does any member corporation have one or more qualified subchapter S subsidiaries? .... ☐ YES ☐ NO
                   If "YES": Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether
                   the QSSS filed or was required to file a City business income tax return. *(see instructions)*

              14. Enter the number of Fed K1 returns attached:_____

              15. Does any member corporation pay rent greater than $200,000 for any premises in NYC in the borough of Manhattan
                   south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity?...... ☐ YES ☐ NO

              16. If "YES," were all required Commercial Rent Tax Returns filed? .... ☐ YES ☐ NO
                   Attach schedule listing name of member corporation(s) and Employer Identification Number(s) which was used on the Commercial Rent Tax Return(s).

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. I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions) ....YES ☐

SIGN HERE: Signature of officer   Title   Date

▼ PREPARER USE ONLY ▼

Preparer's signature	Preparer's printed name	Check if self-employed ✔ ☐	Date

▲ Firm's name (or yours, if self-employed)   ▲ Address   ▲ Zip Code

Preparer's Social Security Number or PTIN ☐☐☐-☐☐-☐☐☐☐   Firm's Employer Identification Number ☐☐☐-☐☐☐☐☐☐   Firm's Email Address _____

301101691

AFFILIATIONS SCHEDULE   COMPLETE THIS SCHEDULE OR ATTACH FEDERAL FORM 851

Name of reporting corporation on NYC-3A:

Employer Identification Number:

Part I	**General Information**

Corp. No.	Name and address of corporation		Employer Identification Number
1.	Common parent corporation on federal return:	1.	
2.	Reporting corporation on NYC-3A:	2.	
3.	Affiliated corporations:	3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
8.		8.	
9.		9.	
10.		10.	

Part II	**Principal Business Activity, Voting Stock Information, Etc.**

Corp. No.	Principal business activity (PBA)	NAICS		STOCKHOLDINGS AT BEGINNING OF YEAR			
				number of shares	percent of voting power	percent of value	Owned by corporation number
1.	Common parent corporation on federal return:		1.		%	%	
2.	Reporting corporation on NYC-3A:		2.		%	%	
3.	Affiliated corporations:		3.		%	%	
4.			4.		%	%	
5.			5.		%	%	
6.			6.		%	%	
7.			7.		%	%	
8.			8.		%	%	
9.			9.		%	%	
10.			10.		%	%	

301111691