



NYC 3A

NEW YORK CITY DEPARTMENT OF FINANCE
COMBINED GENERAL CORPORATION TAX RETURN

DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY

FINANCE NEW YORK

Amended return [ ] Final return [ ] Check box if corporation has ceased operations.

2000

For CALENDAR YEAR 2000 or FISCAL YEAR beginning 2000, and ending

NYC-3L RETURNS FOR ALL CORPORATIONS INCLUDED IN THE COMBINED RETURN MUST BE ATTACHED TO THIS RETURN

Name of reporting corporation
Address (number and street)
City and State Zip Code
Business Telephone Number Date business began in NYC
Name of parent of controlled group Employer Identification Number

EMPLOYER IDENTIFICATION NUMBER OF REPORTING CORPORATION
BUSINESS CODE NUMBER AS PER FEDERAL RETURN
IMPORTANT: All corporations licensed and/or regulated by the NYC Taxi and Limousine Commission use business code 9999 in lieu of federal code.
NYC PRINCIPAL BUSINESS ACTIVITY

SCHEDULE A Computation of Tax - BEGIN WITH SCHEDULE I ON PAGE 2 - COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A

Table with 28 rows for tax computation. Columns include line number, description, amount, rate, and payment enclosed. Row 4 shows 300.00 for minimum tax. Row 23 shows 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 or PTIN, Preparer's signature, Check if self-employed, Date, Firm's Employer Identification Number, Firm's name, Address, Zip Code

	CORPORATION NAME  Employer Identification Number	CORPORATION NAME  Employer Identification Number	CORPORATION NAME  Employer Identification Number
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**SCHEDULE I Analysis of income & capital from Form NYC-3L**

1. Entire net income (Schedule B, line 19 or 20)	1.				
2. Investment income (Schedule B, line 23)	2.				
3. Business income (Schedule B, line 24)	3.				
4. NYC gain (loss) on qualified property (Schedule B, line 28)	4.				
5. Optional depreciation (attach NYC-324) (Schedule B, line 30)	5.				
6. Total capital (Schedule E, line 7)	6.				
7. Subsidiary capital (Schedule E, line 8)	7.				
8. Investment capital (Schedule E, line 10)	8.				
9. Business capital (Schedule E, line 11)	9.				
A. Gross receipts or sales (federal Form 1120, line 1c)	A.				
B. Total assets from federal return (NYC Schedule E, line 1, column C)	B.				

**SCHEDULE J Business allocation from Form NYC-3L**

1. Property - New York City (Schedule H, line 1f, column A)	1.				
2. Property - total (Schedule H, line 1f, column B)	2.				
3. New York City percent, line 1 ÷ line 2					
4. Receipts - New York City (Schedule H, line 2g, column A)	4.				
5. Receipts - total (Schedule H, line 2g, column B)	5.				
6. New York City percent, line 4 ÷ line 5					
7. Additional Receipts Factor (enter percent from line 6)					
8. Wages - New York City (Schedule H, line 3a, column A)	8.				
9. Wages - total (Schedule H, line 3a, column B)	9.				
10. New York City percent, line 8 ÷ line 9					
11. Total New York City percents, sum of lines 3, 6, 7 and 10					
12. Business allocation percentage, line 11 ÷ three or by the number of percentages used if other than three (see instructions)					

**SCHEDULE K Investment allocation from Form NYC-3L**

1. New York City (Schedule D, line 1, column G)	1.				
2. Total (Schedule D, line 1, column E)	2.				
3. Investment allocation percentage, line 1 ÷ line 2 (see instructions)	3.				
4. Cash (Schedule D, line 3, column E)	4.				
5. Total Investment Capital (Schedule D, line 4, column E)	5.				

**SCHEDULE L Subsidiary allocation from Form NYC-3L**

1. New York City (Schedule C, line 1, column G)	1.				
2. Total (Schedule C, line 1, column E)	2.				
3. Subsidiary allocation percentage, line 1 ÷ line 2 (see instructions)					

**SCHEDULE M Summary (References in this Schedule M are to schedules in this return)**

1. New York City investment income (Schedule I, line 2, column C x Schedule K, line 3)	1.	
2. New York City business income (Schedule I, line 3, column C x Schedule J, line 12)	2.	
3. Total New York City income, line 1 plus line 2	3.	
4. NYC gain (loss) on qualified property (Schedule I, line 4, column C)	4.	
5. Total, line 3 plus line 4	5.	
6. Optional depreciation (Schedule I, line 5, column C)	6.	
7. Taxable New York City income, line 5 minus line 6 (enter here and on Schedule A, line 1)	7.	
8. New York City investment capital (Schedule I, line 8, column C x Schedule K, line 3)	8.	
9. New York City business capital (Schedule I, line 9, column C x Schedule J, line 12)	9.	
10. NYC investment & business capital, line 8 plus line 9 (enter here and on Schedule A, line 2)	10.	
11. New York City subsidiary capital (Schedule I, line 7, column C x Sch. L, line 3, Column C) (enter here and on Schedule A, line 5)	11.	
12. Issuer's allocation percentage (Schedule M, line 10 plus line 11 ÷ Schedule I, line 6, col. C) (enter here and on Sch. A, line 24) (see instr.)	12.	





# AFFILIATIONS SCHEDULE

## COMPLETE THIS SCHEDULE OR ATTACH FEDERAL FORM 851

Tax year beginning \_\_\_\_\_, \_\_\_\_\_ and ending \_\_\_\_\_, \_\_\_\_\_

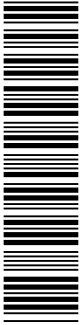
Name of reporting corporation on NYC-3A:	Employer Identification Number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										
Name of common parent corporation on consolidated federal income tax return:											

**Part I**      General Information

Corp. No.	Name and address of corporation	Employer Identification Number	
1	Common parent corporation on federal return:		
2	Reporting corporation on NYC3A:		
3	Affiliated corporations:		
4			
5			
6			
7			
8			
9			
10			

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

		STOCKHOLDINGS AT BEGINNING OF YEAR			
Corp. No.	Principal business activity (PBA)	number of shares	percent of voting power	percent of value	Owned by corporation number
1	Common parent corporation on federal return:		%	%	
2	Reporting corporation on NYC3A:		%	%	
3	Affiliated corporations:		%	%	
4			%	%	
5			%	%	
6			%	%	
7			%	%	
8			%	%	
9			%	%	
10			%	%	



- **COMBINED GROUP INFORMATION SCHEDULE** -

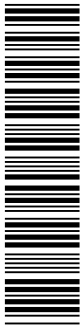
NAME OF REPORTING CORPORATION:	EMPLOYER IDENTIFICATION NUMBER OF REPORTING CORPORATION:	<input type="text"/>	-	<input type="text"/>
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**THE FOLLOWING INFORMATION MUST BE PROVIDED FOR THIS RETURN TO BE CONSIDERED COMPLETE**

*Refer to instructions before completing this section.*

**PART 1**      **General Information**

1. 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 OR ANY MATERIAL CHANGES** in the **ACTIVITY** of any member of the group **OR ANY** corporation **NOT INCLUDED** in the group that meets the stock ownership requirements for filing on a combined basis? (See instructions, page 1) .....  **YES**       **NO**
  
2. Check this box  and attach an explanation if you meet **ANY** of the following conditions:
  - a. **NO MEMBERS** of this group **FILED** or **REQUESTED AN EXTENSION** to file a combined return under Article 9-A of the New York State Tax Law for the **TAX PERIOD COVERED BY THIS REPORT, OR**
  - b. **TWO (2) OR MORE MEMBERS** of this group **FILED** or **REQUESTED AN EXTENSION** to file a New York State combined return for the **TAX PERIOD COVERED BY THIS REPORT** but there are differences in the membership of this group and the group that filed or will file a New York State combined return, **OR**
  - c. A combined filing by any member(s) of this group has been **REVISED** or **DISALLOWED** by New York State for **THIS** or **ANY PRIOR TAX PERIOD.**
  
3. You **MUST** complete Part 2 of this schedule if you meet **ANY** of the following conditions:
  - a. This is the **FIRST** Combined General Corporation Tax Return being **FILED FOR THIS GROUP** of corporations, **OR**
  - b. There have been **CHANGES** in the **COMPOSITION** of the group of corporations **SINCE** the **PRIOR TAX PERIOD, OR**
  - c. There have been **ANY MATERIAL CHANGES** in the **STOCK OWNERSHIP** or **ACTIVITY** of any corporation **INCLUDED** in the group or in **ANY** corporation **NOT INCLUDED** in the group that meets the stock ownership requirements for filing on a combined basis. (See instructions, page 1)



**PART 2 Distortion Requirement**

**A** Complete this Subpart A for each corporation included in the Combined General Corporation Tax Return that (i) was not included in the Combined General Corporation Tax Return for the prior tax period; or (ii) for which there has been any material change in the stock ownership or activity during the tax period covered by this report.

Explain how the filing of a return on a separate basis distorts the corporation's activities, business, income or capital in New York City, including the nature of the business conducted by the corporation, the source and amount of its gross receipts and expenses and the portion of each derived from transactions with other corporations listed on the Affiliations Schedule.

**Subpart A**

NAME OF CORPORATION / EIN		REASON(S) INCLUDED IN COMBINED RETURN
1.	Name:	
	EIN:	
2.	Name:	
	EIN:	

**IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE THIS FORMAT ON A SEPARATE SHEET AND ATTACH IT TO THIS PAGE.**

**B** Complete this Subpart B for each corporation excluded from the Combined General Corporation Tax Return that (i) was included in the Combined General Corporation Tax Return for the prior tax period; or (ii) for which there has been any material change in the stock ownership or activity during the tax period covered by this report.

Explain the reason(s) for the exclusion of each corporation for the combined return, including a description of the nature of the business conducted by the corporation, the source and amount of its gross receipts and expenses and the portion of each derived from transactions with other corporations listed on the Affiliations Schedule.

**Subpart B**

NAME OF CORPORATION / EIN		REASON(S) EXCLUDED FROM COMBINED RETURN
1.	Name:	
	EIN:	
2.	Name:	
	EIN:	