



NYC GENERAL CORPORATION TAX RETURN

3L

Special short period return (See Instr.)

DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY

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

For CALENDAR YEAR 2001 or FISCAL YEAR beginning 2001 and ending 2001

2001

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 SCHEDULE B ON PAGE 2. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

A. Payment		Pay amount shown on line 21 - Make check payable to: NYC Department of Finance		Payment Enclosed	
1.	Allocated net income (from Schedule B, line 31)	1.		x .0885	1.
2a.	Allocated capital (from Schedule E, line 14)	2a.		x .0015	2a.
2b.	Total allocated capital - Cooperative Housing Corps.	2b.		x .0004	2b.
2c.	Cooperatives - enter: <input type="radio"/> BORO <input type="radio"/> BLOCK <input type="radio"/> LOT				
3.	Alternative tax (applies to all corporations, including professional corporations) (see page 6 for worksheet)	3.			
4.	Minimum tax - No reduction is permitted for a period of less than 12 months	4.			300 00
5.	Allocated subsidiary capital (from Schedule C, line 2, Col.G)	5.		x .00075	5.
6.	Tax (line 1, 2a, 2b, 3 or 4, whichever is largest, PLUS line 5)	6.			
7.	UBT Paid Credit (attach Form NYC-9.7)	7.			
8.	Tax after UBT Paid Credit (line 6 less line 7)	8.			
9.	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 4 of Form NYC-6 (attach form)	9a.			
	(b) If application for extension has not been filed and line 8 less line 12a and 12b exceeds \$1,000, enter 25% of the excess of line 8 over lines 12a and 12b (see instructions)	9b.			
10.	Sales tax addback per Adm. Code, Section 11-604.12(c) and 11-604.17a(c) (see instr.)	10.			
11.	Total (add lines 8, 9a or 9b and 10)	11.			
12a.	Credits from Form NYC-9.5 (attach form) (see instructions)	12a.			
12b.	Credit from Form NYC-9.6 (see instructions)	12b.			
13.	Net tax after credits (line 11 less lines 12a and 12b)	13.			
14.	Prepayments (from Prepayments Schedule, page 6, line F) (see instructions)	14.			
15.	Balance due (line 13 less line 14)	15.			
16.	Overpayment (line 14 less line 13)	16.			
17a.	Interest (see instructions)	17a.			
17b.	Additional charges (see instructions)	17b.			
17c.	Penalty for underpayment of estimated tax (attach Form NYC-222)	17c.			
18.	Total of lines 17a, 17b and 17c	18.			
19.	Net overpayment (line 16 less line 18)	19.			
20.	Amount of line 19 to be:	20a.			
	(a) Refunded	20b.			
	(b) Credited to 2002 estimated tax	20b.			
21.	TOTAL REMITTANCE DUE (see instructions) Enter payment amount on line A above	21.			
21a.	Issuer's allocation percentage (from Schedule E, line 15)	21a.		%	
22.	NYC rent from Sch. G, part 1 or NYC rent deducted on federal return - THIS LINE MUST BE COMPLETED (see instr.)	22.			
23.	Federal return filed: <input type="checkbox"/> 1120 <input type="checkbox"/> 1120A <input type="checkbox"/> 1120S <input type="checkbox"/> 1120F	24.	Gross receipts or sales from federal return	24.	
25.	EIN of Parent Corporation	25.		26.	Total assets from federal return
27.	EIN of Common Parent Corporation	27.		28.	Compensation of stockholders (from Sched. F, line 1)
29.	Business allocation percentage (from Schedule H, line 5) - if not allocating, enter 100%	29.		29.	%

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's Social Security Number or PTIN _____

PREPARER'S USE ONLY → Preparer's signature _____ Check if self-employed Date _____ Firm's Employer Identification Number _____

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

SCHEDULE G Complete this schedule if business is carried on both inside and outside NYC

Part 1 - List location of, and rent paid or payable, if any, for each place of business **INSIDE** New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	Number of Employees	Wages, Salaries, Etc.	Duties
Total					

Part 2 - List location of, and rent paid or payable, if any, for each place of business **OUTSIDE** New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	Number of Employees	Wages, Salaries, Etc.	Duties
Total					

SCHEDULE H Business Allocation - see instructions before completing this schedule

Did you make an election to use fair market value in the property factor? Yes No
 If this is your first tax year, are you making the election to use fair market value in the property factor? Yes No
 Are you a manufacturing corporation electing to use a double weighted-receipts factor for a tax year beginning after 6/30/1996? Yes No

	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1a. Real estate owned (see instructions)		
1b. Real estate rented - multiply by 8 (see instructions) (attach rider)		
1c. Inventories owned		
1d. Tangible personal property owned (see instructions)		
1e. Tangible personal property rented - multiply by 8(see instructions)		
1f. Total		
1g. Percentage in New York City (column A divided by column B)		%

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. All sales of tangible personal property		
2c. Services performed		
2d. Rentals of property		
2e. Royalties.....		
2f. Other business receipts		
2g. Total		%
2h. Percentage in New York City (col. A of line 2g divided by col. B) ...		%
2i. Additional receipts factor (enter amount from line 2h (see Instr.)) .		%

3a. Wages, salaries and other compensation of employees, except general executive officers (see instructions)		
3b. Percentage in New York City (column A divided by column B)		%

4. Total of the New York City percentages shown at lines 1g, 2h, 2i and 3b**4.** %

5. Business allocation percentage (line 4 divided by three, or by the actual number of percentages used if other than three and rounded to the nearest one hundredth of a percentage point) (If using Schedule I, enter percentage from part 1, line 8 or part 2, line 2.) (see Instructions) **5.** %

SCHEDULE I Business Allocation for Aviation Corporations and Corporations Operating Vessels

Part 1 Business allocation for aviation corporations

	AVERAGE FOR THE YEAR	
	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1. Aircraft arrivals and departures 1.		
2. New York City percentage (column A divided by column B) 2.		%
3. Revenue tons handled 3.		
4. New York City percentage (column A divided by column B) 4.		%
5. Originating revenue 5.		
6. New York City percentage (column A divided by column B) 6.		%
7. Total of lines 2,4 and 6 7.		%
8. Allocation percentage (line 7 divided by three rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 5) 8.		%

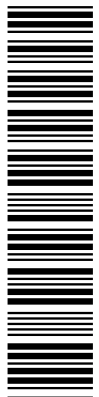
Part 2 Business allocation for corporations operating vessels in foreign commerce

	COLUMN A - NEW YORK CITY TERRITORIAL WATERS	COLUMN B - EVERYWHERE
1. Aggregate number of working days 1.		
2. Allocation percentage (column A divided by column B rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 5) 2.		%

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

(REFER TO INSTRUCTIONS BEFORE COMPLETING THIS SECTION.)

- 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. Is this corporation included in a consolidated federal return? YES NO
If "YES", give parent's name _____ EIN _____ enter here and on page 1, line 25
- 3. Is this corporation included in a New York City Combined General Corporation Tax Return? YES NO
If "YES", give parent's name _____ EIN _____
- 4. Is this corporation 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 _____ enter here and on page 1, line 27
- 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, or are you 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? YES NO
- 7. Did this 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? YES NO
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 this corporation 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 the 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 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 corporation? YES NO
d) Was 50% or more of the 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 the 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)



SCHEDULE K Federal Return Information

the following information must be entered for this return to be complete.

Enter on lines 1 through 10 in the Federal Amount column the amounts reported on your federal return or your federal pro-forma return.

Federal 1120

▼ Federal Amount ▼

- 1. Dividends..... 1.
- 2. Interest income..... 2.
- 3. Capital gain net income..... 3.
- 4. Other income..... 4.
- 5. Total income..... 5.
- 6. Bad debts..... 6.
- 7. Interest expense..... 7.
- 8. Other deductions..... 8.
- 9. Total deductions..... 9.
- 10. Net operating loss deduction..... 10.

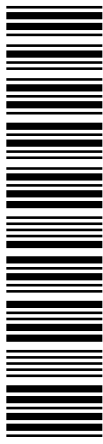
COMPOSITION OF PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 14	DATE	AMOUNT	TWELVE DIGIT TRANSACTION ID CODE
A. Mandatory first installment paid with preceding year's tax.....			
B. Payment with declaration, Form NYC-400 (1)			
C. Payment of estimated tax, Form NYC-B-100 (2)			
Form NYC-B-100 (3)			
D. Payment with extension, Form NYC-6 or NYC-6F			
E. Overpayment from preceding year credited to this year			
F. TOTAL of A, B, C, D and E (enter on Schedule A, line 14)			

Alternative Tax Worksheet

Refer to page 4 of instructions before computing the alternative tax.

Net income/loss (Schedule B, line 19 or 20).....	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.	\$ _____
30% of net amount (line 5 X 30%)	6.	\$ _____
Investment income to be allocated (Schedule B, line 23. Do not enter more than 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 Sched. D, line 2F)	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.	\$ _____



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.

MAILING → INSTRUCTIONS

RETURNS WITH REMITTANCES
NYC DEPARTMENT OF FINANCE
P.O. BOX 5040
KINGSTON, NY 12402-5040

RETURNS CLAIMING REFUNDS
NYC DEPARTMENT OF FINANCE
P.O. BOX 5050
KINGSTON, NY 12402-5050

ALL OTHER RETURNS
NYC DEPARTMENT OF FINANCE
P.O. BOX 5060
KINGSTON, NY 12402-5060

The due date for the calendar year 2001 return is on or before March 15, 2002. For fiscal years beginning in 2001, file within 2 1/2 months after the close of fiscal year.