



CR-A ANNUAL 2008/09

NEW YORK CITY DEPARTMENT OF FINANCE COMMERCIAL RENT TAX RETURN Applicable for the tax period June 1, 2008 to May 31, 2009 ONLY



PLEASE PRINT OR TYPE: Name: Address (number and street): City and State Zip: Business Telephone Number:

Employer Identification Number Social Security Number ACCOUNT TYPE COMMERCIAL RENT TAX ACCOUNT ID PERIOD BEGINNING 06-01-08 PERIOD ENDING 05-31-09 DUE DATE 06-22-09 Federal Business Code

PLEASE READ THE INSTRUCTIONS CAREFULLY SO THAT YOU PAY ONLY THE RIGHT AMOUNT OF TAX. REPORT FULL YEAR'S RENT OR THE ANNUALIZED RENT IF LESS THAN FULL YEAR ON THIS RETURN. COMPLETE THIS RETURN BY BEGINNING WITH PAGE 2.

CHECK (✓) THE TYPE OF BUSINESS ENTITY: corporation partnership individual, estate or trust CHECK (✓) IF APPLICABLE: initial return - business began on (date): Amended return final return - business discontinued on (date):

COMPUTATION OF TAX

Table with columns: LINE, RATE CLASS, NO. OF PREMISES FOR EACH RATE CLASS, TOTAL BASE RENT, TAX RATE, TAX DUE: TOTAL BASE RENT X TAX RATE. Includes rows for Payment, Tax Credit, Total Tax Due After Tax Credit, Deduct total quarterly payments, Balance Due, Add interest and penalties, Overpayment (REFUND), and Total Remittance Due.

CERTIFICATION

I hereby certify that this return, including any accompanying schedules, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. I also request a refund of the amount of any overpayment of the tax shown on line 8, if any, as is attributable to the inclusion in base rent reported on line 2 of page 1 of this return of NYC Real Property Tax escalations for which, and at such time as, the taxpayer receives a credit or refund from the lessor of taxable premises covered by this return and I agree to submit such information as is necessary to establish the amount of such overpayment.

I authorize the Dept. of Finance to discuss the processing of this return with the preparer listed below: (see instructions) YES SIGN HERE Signature of officer Title Date PREPARER'S USE ONLY Preparer's signature: Preparer's printed name: Date Check if self-employed: Preparer's Social Security Number or PTIN Firm's Employer Identification Number Preparer's Telephone Number Firm's name Address Zip Code

DID YOUR MAILING ADDRESS CHANGE? If so, please visit us at nyc.gov/finance and click "Update Name and Address" in the blue "Business Taxes" box. Mail this return and payment in the enclosed envelope to: NYC Dept. of Finance P.O. Box 5150 Kingston, NY 12402-5150 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 or Social Security Number and your Account ID number on your tax return and remittance.

IF ADDITIONAL SPACE IS REQUIRED FOR SUPPLEMENTS, YOU MAY MAKE PHOTOCOPIES OF THIS PAGE OR ATTACH A SCHEDULE.
EACH LINE MUST BE ACCURATELY COMPLETED. YOUR DEDUCTION WILL BE DISALLOWED IF INACCURATE INFORMATION IS SUBMITTED.

LINE	DESCRIPTION	PREMISES 1	PREMISES 2	PREMISES 3
1.	Street Address			
	and Zip Code			
	Block and Lot Number			
		BLOCK LOT	BLOCK LOT	BLOCK LOT
2.	Gross Rent Paid (see instructions)			
3.	Rent Applied to Residential Use			
4.	SUBTENANT'S NAME			
	Employer Identification Number (EIN) for partnerships or corporations	● EIN _____	● EIN _____	● EIN _____
	Social Security Number for individuals	● SSN _____	● SSN _____	● SSN _____
	Rent received from SUBTENANT (see instructions if more than one subtenant)			
5a.	Other Deductions (attach schedule)			
5b.	Commercial Revitalization Program special reduction (see instructions)			
6.	Total Deductions (add lines 3, 4, 5a and 5b)			
7.	Base Rent Before Rent Reduction (line 2 minus line 6)			
8.	35% Rent Reduction (35% X line 7)			
9.	Base Rent Subject to Tax (line 7 minus line 8)			

NOTE

- ▶ If the line 7 amount represents rent for less than the full year, proceed to line 10, or
- ▶ If the line 7 amount plus the line 5b amount is \$249,999 or less and represents rent for a full year, transfer line 9 to line 13, or
- ▶ If the line 7 amount plus the line 5b amount is \$250,000 or more and represents rent for a full year, transfer line 9 to line 14

COMPLETE LINES 10, 11 AND 12 ONLY IF YOU RENTED PREMISES FOR LESS THAN THE FULL YEAR

10.	Number of Months at Premises during the tax period	# of months	From:	# of months	From:	# of months	From:
			To:		To:		To:
11.	Monthly Base Rent before rent reduction (line 7 plus line 5b divided by line 10)						
12.	Annualized Base Rent before rent reduction (line 11 X 12 months)						

- If the line 12 amount is \$249,999 or less, transfer the line 9 amount (not the line 12 amount) to line 13
- If the line 12 amount is \$250,000 or more, transfer the line 9 amount (not the line 12 amount) to line 14

	RATE CLASS	TAX RATE
13.	(\$0 - 249,999)	0% ...
14.	(\$250,000 or more)	6% ...
15.	Tax Due before credit (line 14 multiplied by 6%)	
16.	Tax Credit (see worksheet below)	

Note: The tax credit only applies if line 7 plus line 5b (or line 12, if applicable) is at least \$250,000, but is less than \$300,000. All others enter zero.

Tax Credit Computation Worksheet

■ If the line 7 amount represents rent for the full 12 month period, your credit is calculated as follows:
 Amount on line 15 X $\left(\frac{\$300,000 \text{ minus the sum of lines 7 and 5b}}{\$50,000} \right) = \text{_____} = \text{your credit}$

■ If the line 7 amount represents rent for less than the full 12 month period, your credit is calculated as follows:
 Amount on line 15 X $\left(\frac{\$300,000 \text{ minus line 12}}{\$50,000} \right) = \text{_____} = \text{your credit}$

TRANSFER THE AMOUNTS FROM LINES 13 THROUGH 16 TO THE CORRESPONDING LINES ON PAGE 1