

NYC COMBINED GENERAL 2 A CORPORATION TAX RETURN

	FINANCE NEW • YORK Special short period return. See Instr.				tr						
			.nyc.gov/ finance	·						SPACE - FOR OFFICIAL USE ONLY	
			Che	eck "yes" if you claim any							0.0
			•	Amended return	•	Final return.	Check box	x if corporation has	s cease	d operations. 20	U3
				CALENDAR YEAR 2003 or FISC				2003, and endin			
		= (NYC-3L RETURN Name of reporting or		ONS INC	LUDED IN THE	COMBIN			E ATTACHED TO THIS RETON NUMBER OF REPORTING CORPORATIO	
				прогасіон				LWI COTETTION		TOT NOWIBETO THE OTTING COST CHANG	1
Ē		Address (number and street)									
=			City and State		Zip Code			BUSINESS CODI AS PER FEDERA	E NUMBE	R IMPORTANT: All corporations li N and/or regulated by the NYC To	
		Print or Type	Business Telephone	Number	Data husi	ness began in NYC				Limousine Commission use bu	usiness
		F i	business relephone	Number							
=		= 🏲	Name of parent of co	ontrolled group	Employ	er Identification Numb	per	N	IYC PRIN	NCIPAL BUSINESS ACTIVITY	
				•							
S	СН	EDUL	E A Compu	tation of Tax - BEGIN WIT	H SCHEDUL	E I ON PAGE 2 - COM	PLETE ALL	OTHER SCHEDULES.	TRANSF	FER APPLICABLE AMOUNTS TO SCHE	EDULE A
Α.	Pa	ayment	Pav amount sh	own on line 23 - Make ch	heck pay	able to: NYC D	Departm	ent of Finance	•	Payment Enclosed —	
			-	from Schedule M, line 7)			-,		1.		
				chedule M, line 10) (see instr.	· -			X .0015			
			. ,	porations including profes		corporations)					
		`	• • • • • • • • • • • • • • • • • • • •	ation only		'				300	00
				Schedule M, line 11)					5.	000	
				whichever is largest, PLU							
				ions (see instr.) - number of					• 7.		
			•	nd line 7	-				● 8.		
				YC-9.7) (see instructions							
			•	instructions)	•						
			•	instructions)							
12.	Тах а	after credits	(line 8, less tota	l of lines 9, 10 and 11)				•	12.		
13.	First i	installment	of estimated tax	for period following that	covered	by this return:					
	a) If a	application t	for extension has	s been filed, enter amour	nt from li	ne 4 of Form N	IYC-6 At	ttach form)●	13a.		
	b) If a	application t	for extension has	s not been filed and line	12 exce	eds \$1,000, en	ter 25%	of line 12●	13b.		
14. 3	Sales	tax addbac	ck per Admin. Co	de §11-604.12(c) and 11	1-604.17	'a(c) (see instru	ictions).		14.		
15.	Net ta	ax (total of I	lines 12, 13a or ⁻	13b and 14)				•	15.		
				n attached return <i>(see ins</i>							
17.	Balar	nce due (line	e 15 less line 16)				•	17.		
18.	Overp	payment (lir	ne 16 less line 1	5)					18.		
		(,	. A, line 17a instructions)							
				YC-3L instructions)							
19c.	Pena	Ity for unde	rpayment of esti	mated tax <i>(attach Form I</i>	NYC-222	2)● 19c.					
20.	Total	of lines 19a	a, 19b and 19c						20.		
21.	Net o	verpaymen	nt (line 18 less lin	e 20)					21.		
22.	Amοι	unt of line 2	` '	unded							
			, ,	dited to 2004 estimated t							
				e instructions). Enter pay							
				tion percentage (from So		•				%	
		•		e 3, column C, line A							
				n C, line B							
				stockholders as used in o							
				on federal return - THIS						0/	
29.	Comb	oined Group	p Business Alloc	ation Percentage (from S	Schedule	J, line 12)		¶	29.	%	
				ICATION OF AN EL							
				ncluding any accompanying r o discuss this return with the						nd complete.	
Sign	· 🗻 .		-	o alacuaa iilla retuffi Willi The	1	·	เกาอนเนตเป	1		Preparer's Social Security Number	or PTIN
HERE		Signature of of	ilicer		Tit	ie		Date	- -		
	ARER'S	Preparer's sigr	nature		Ch	eck if self-employed	_	Date	- [Firm's Employer Identification Nu	umber
USE ONLY					1			•		- Indicated No.	7
		● Firm's name	e (or yours, if self-emple	oyed) ▲ Addr	ress			▲ Zip Co	ode		

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		CORPORATION NAME COLUMN 1 Employer Identification Number	CORPORATION NAME COLUMN 2 Employer Identification Number	CORPORATION NAME COLUMN 3 Employer Identification Number
S	CHIEDULE I Analysis of income & capital from Form NYC-3L			
1.	Entire net income (Schedule B, line 19 or 20)			
	Investment income (Schedule B, line 23)			
	Business income (Schedule B, line 24)			
	NYC gain (loss) on qualified property (See instructions)			
	Optional depreciation (See instructions)			
	Total capital (Schedule E, line 7)			
	Subsidiary capital (Schedule E, line 8)			
	Investment capital (Schedule E, line 10)			
	Business capital (Schedule E, line 11)			
	Gross receipts or sales (federal Form 1120, line 1c)			
	Total assets from federal return (Schedule E, line 1, column C)			
S	CHIEDULE J Business allocation from Form NYC-3L			
	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) (See instructions)			
8.	Payroll - New York City (Schedule H, line 3a, column A) ● 8.			
9.	Payroll - total (Schedule H, line 3a, column B)			
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	s used if other than three	e (see instructions)	
S	CHIEDULE K Investment allocation from Form NYC-3L			
	New York City (Schedule D, line 1, column G) ● 1.			
	Total (Schedule D, line 1, column E)			
	Investment allocation percentage, line 1 ÷ line 2 (see instructions) Cash (Schedule D, line 3, column E)			
	Total Investment Capital (Schedule D, line 4, column E)			
	CHIEDULE L Subsidiary allocation from Form NYC-3L			
	New York City (Schedule C, line 2, column G)			
	Total (Schedule C, line 1, column E)			
	SCHEDULE M Summary (References in this Schedule M ar			
	 New York City investment income (Schedule I, line 2, column C 	•		
Ī	2. New York City business income (Schedule I, line 3, column C x	Schedule J, line 12)	2.	
	 Total New York City income, line 1 plus line 2 NYC gain (loss) on qualified property (Schedule I, line 4, column 5. Total, line 3 plus line 4 Optional depreciation (Schedule I, line 5, column C) Allocated combined net income, line 5 minus line 6 (enter here a 8. New York City investment capital (Schedule I, line 8, column C x 9. New York City business capital (Schedule I, line 9, column C x 10. NYC investment & business capital, line 8 plus line 9 (enter here 			
Ē	4. NYC gain (loss) on qualified property (Schedule I, line 4, column	•		
	5. Total, line 3 plus line 4		5.	
-	6. Optional depreciation (Schedule I, line 5, column C)		6 .	
į	7. Allocated combined net income, line 5 minus line 6 (enter here a	and on Schedule A, line	1)	
Ē	8. New York City investment capital (Schedule I, line 8, column C	Schedule K, line 3)	8.	
	9. New York City business capital (Schedule I, line 9, column C x	Schedule J, line 12)	9 .	
Ē	10. NYC investment & business capital, line 8 plus line 9 (enter here	and on Schedule A, lin	e 2) 10.	
=	11. New York City subsidiary capital (Schedule L, line 1, column C) (enter here	and on Schedule A, line 5)	11.	
	12 Jacuaria allocation percentage (Schodule M. line 10 plus line 11 . Schodule I. line 6	and C) (anter here and an Cah	A line 24) (see instr.) 12	%

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	CORPORATION NAME COLUMN 4	CORPORATION NAME COLUMN 5	CORPORATION NAME COLUMN 6		COLUMN A	COLUMN B	COLUMN C
	Employer Identification Number	Employer Identification Number	● Employer Identification Number ー		TOTAL	INTERCORPORATE ELIMINATIONS (EXPLAIN ON RIDER)	TOTAL LESS INTERCORPORATE ELIMINATIONS
SCHEDULE I				1			
● 1.				1.			
● 2.				2.			
● 3.				3.			
● 4.				4.			
● 5.				5.			
● 6.				6.			
● 7.				7.			
● 8.				8.			
● 9.				9.			
● A.				A.			
● B.				В.			
SCHEDULE J							
				1.			
● 1. ● 2				2.			
● 2. ● 3.				3.			%
• 3. .				4.			
● 4. ● 5.				5.			
• 6.				6.			%
• 7.				7.			%
● 8.				8.			
• 9.				9.			
• 10.				10.			%
• 11.				11.			%
● 12. -							
SCHEDULE K							%
<u>301120022</u> R ■				1.			
• 2.				2.			
• 3.				3.			%
• 4.				4.			
● 5.				5.			
SCHEDULE L	T	T T	T		T		
1.							
2.							



MAILING INSTRUCTIONS ▼

Attach copy of all pages of your federal tax return or pro forma federal tax return.

RETURNS WITH REMITTANCES

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.

RETURNS CLAIMING REFUNDS

NYC DEPARTMENT OF FINANCE KINGSTON, NY 12402-5050

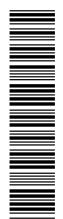
To receive proper credit, you must enter your correct Employer **Identification Number on your tax** return and remittance.

ALL OTHER RETURNS

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

NYC DEPARTMENT OF FINANCE P.O. BOX 5040 P.O. BOX 5050 KINGSTON, NY 12402-5040

The due date for the calendar year 2003 return is on or before March 15, 2004. For fiscal years beginning in 2003, file on or before the 15th day of the 3rd month following the close of the fiscal year. Form NYC-3A - 2003 Page 4



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:						
		Name of common parent corporation on c	consolidated fede	eral	income tax	return:						
	Part I	General Information										
rp. o.		Name and address of corporation				Employe	er Identification	Number				
	Common parent corpor on federal return:				1.		1 1 1					
	Reporting corporation on NYC-3A:				2.							
_	Affiliated corporations:				3.							
4.					4.		1 1					
5.					5.		1 1					
6.					6.							
7.					7.		1 1					
8.					8.		 					
9.					9.							
10.					10.							
•	Part II	Principal Business Activity, V	oting Stock	: Iı	nformatio	on, Etc.						
					STOCKHO	OLDINGS AT B	EGINNING C	F YEAR				
orp. No.		Principal business activity (PBA)	NAICS		number of shares	percent of voting power	percent of value	Owned by corporation number				
1.	Common parent of	corporation on federal return:		1.		%	%					
2.	Reporting corpor	ation on NYC-3A:		2.		%	%					
3.	Affiliated corpora	tions:		3.		%	%					
4.				4.		%	%					
5.				5.		%	%					
6.				6.		%	%					
7.				7.		%	%					
8.				8.		%	%					
9.				9.		%	%					
10.	•			10.		%	%					

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- COMBINED GROUP INFORMATION SCHEDULE -

NAME OF REPORTING CORPORATION:	EMPLOYER IDENTIFICATION NUMBER OF REPORTING			I	I		ı	
	CORPORATION:	l i						.

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 fo	llowing condi	tions:

- - 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)

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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
	Name:	
1.	EIN:	
	Name:	
2.	EIN:	
	EIIN.	

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
	Name:	
1.		
	EIN:	
	Name:	
2.		
	EIN:	