

**BANKING CORPORATION TAX REPORT OF CHANGE IN TAX
BASE MADE BY INTERNAL REVENUE SERVICE AND/OR
NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE**

FOR PERIODS BEGINNING ON OR AFTER 1-1-2011

TO BE FILED WITHIN 90 DAYS (120 DAYS FOR A COMBINED GROUP) AFTER A FINAL DETERMINATION

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

ARE YOU REPORTING A CHANGE
IN FILING STATUS? (SEE INSTR.)☐ YES ☐ NO

NEW FILING STATUS:

☐ SEPARATE ☐ COMBINED ☐ CHANGE IN
COMBINED GROUP

ORIGINAL RETURN WAS FILED ON:

☐ NYC-1 ☐ NYC-1A

PLEASE PRINT

Name

In Care of

Address (number and street)

City and State

Zip Code

Business Telephone Number

Email Address

EMPLOYER IDENTIFICATION NUMBER

DATE OF FINAL DETERMINATION:

☐ Federal☐ New York State

A. Payment	Amount included with form - Make payable to: NYC Department of Finance	Payment Enclosed
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Calculation of Banking Corporation Tax	COLUMN 1 Original Amount as Last Adjusted	COLUMN 2 Net Change	COLUMN 3 Correct Amount
1. Entire net income allocated to New York City1.			● 1.
2. Tax at 9% (.09)2.			● 2.
3. Alternative entire net income allocated to New York City3.			● 3.
4. Tax at 3% (.03)4.			● 4.
5. Taxable assets allocated to NYC5.			● 5.
6. Tax at <input type="checkbox"/> .00002 <input type="checkbox"/> .00004 <input type="checkbox"/> .0001 (See Instr.) 6.			● 6.
7. Intentionally Omitted7.			
8. Intentionally Omitted8.			
9. Fixed minimum tax9.	125 00		● 9. 125 00
10. Tax (line 2, 4, 6 and 9, whichever is <i>largest</i>)10.			● 10.
11. Minimum tax for subsidiaries.....11.			● 11.
12. Total tax (add lines 10 and 11) (See Instr.)...12.			● 12.
13. Tax Credits (See Instr.).....13.			● 13.
14. Net tax (line 12 minus line 13) (See Instr.) ...14.			● 14.

Additional Tax (or Refund) Due	COLUMN A - Additional Tax Due	COLUMN B - Refund Due
15. If line 14 (col. 3) <i>exceeds</i> line 14 (col. 1), enter the difference in column A ● 15.		
16. If line 14 (col. 3) is <i>less</i> than line 14 (col. 1), enter the difference in column B.... 16.		● 16.
17. Interest (<i>see instructions</i>)● 17.		
18. Additional charges (<i>see instructions</i>)● 18.		
19. TOTAL AMOUNT DUE (add lines 15, 17, and 18)● 19.		
20. TOTAL REFUND DUE (enter amount from line 16) 20.		● 20.

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

Firm's Email Address

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: signaturePreparer's
printed nameCheck if self-
employed ☒

Date

Firm's Employer Identification Number

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

▲ Address

▲ Zip Code

Attach copies of federal and/or New York State changes and explanation of items.
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
form and remittance.

MAIL THIS COMPLETED FORM TO:
**NYC DEPARTMENT OF FINANCE
BANKING CORPORATION TAX
PO BOX 5120
KINGSTON, NY 12402-5120**