New York State Department of Taxation and Finance

Use begi	this form for tax periods nning January 1, 1995 and at	ter.
1995	calendar yr. filers, check bo	x [

	y is involution untolling
1995 calendar yr.	filers, check box
Other filers enter	

Paren	t corporation employer identification number			File num	er	`	If address on		ending	
L					Ĭ		return is new check box (se	i.	For office use only	
	Parent corporation business name						instructions).	96		
ne Ss	Business name at location below (if different from business name above) If your name, identification							Date received		
ng Name Address	c/o			ace La	ibel He	re	address or owner/officer	naimbol,		
Mailing and Ad	Street or PO Box						information ha			
Mailin	City		State		ZIP c	nde	changed, you Form DTF-95		Audit	
-					2 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	instructions).			
Trade	name	В	usiness te	lephone nu	mber		Business activity cod	de number n)	Total combined receipts	
C	heck box if Principal business activity	State	or country		Date of inc.	Fore	ign corporations:	<u></u>	Tabel	
	fund claimed	of inc	corporation	/		date	began ness in NYS		Total combined assets	
A.	Payment - pay amount shown on line 94	4 - Make	e check	payable	to: New	ork S	tate Corporat	ion Tax	Payment enclosed	T -
- -	· · · · · Attach your payment here.								🚾 in the second of the second	1
			······		·					_
letro uring n offi	Combined issuer's allocation percentage politan Transportation Business Tax (It is the tax year did any corporation in the combined in the Metropolitan Commuter Transportation in the combined group in	MTA Sur bined gro ion Distri	rcharge oup do b ct? If Ye) usiness, e s, the par	mploy cap ent must fil	tal, ow e one l	n or lease prope Form CT-3M/4M	(see instruct	aintain Yes T	; <u>=</u>
letro uring n offi vas a pril	politan Transportation Business Tax (It is the tax year did any corporation in the combine in the Metropolitan Commuter Transportation in the combined group in 19, 1989? If Yes, complete and attach Fo	MTA Surpined gro ion Distri	rcharge oup do b ict? If Ye	usiness, es, the par	mploy cap ent must fil	tal, ow	n or lease prope Form CT-3M/4M	(see instruct	aintain Yes Yes Yes Yes	No No
letro uring n offi vas a pril	politan Transportation Business Tax (It is the tax year did any corporation in the combined in the Metropolitan Commuter Transportation in the combined group in 19, 1989? If Yes, complete and attach For all return was filed on:	MTA Surpoined ground posterior Distriction CT-2	rcharge oup do b ict? If Ye in a me 244	usiness, es, the par	mploy cap ent must fil	tal, ow	n or lease prope Form CT-3M/4M solidation on or	(see instruct	tions). L Yes	No
letro luring n offic Vas a pril	ppolitan Transportation Business Tax (It is the tax year did any corporation in the combined in the Metropolitan Commuter Transportation of the Combined group in 19, 1989? If Yes, complete and attach For all return was filed on: 1120 • 1120-A •	MTA Surpined groined groined groined grown volved orm CT-2	rcharge oup do b ict? If Ye in a me 244	usiness, es, the par	mploy cap ent must fil	tal, ow	n or lease prope Form CT-3M/4M	(see instruct	tions). L Yes	No
letro luring n offic vas a pril edera	politan Transportation Business Tax (It is the tax year did any corporation in the combined in the Metropolitan Commuter Transportation in the combined group in 19, 1989? If Yes, complete and attach For all return was filed on: 1120 • 1120-A • 1120-A • 120-A •	MTA Surpined groined groined groined grown volved orm CT-2	rcharge oup do b ict? If Ye in a me 244	usiness, es, the par	mploy cap ent must fil	tal, ow	n or lease prope Form CT-3M/4M solidation on or	(see instruct	tions). L Yes	No
letro luring n offic Vas a pril edera	politan Transportation Business Tax (It is the tax year did any corporation in the combined in the Metropolitan Commuter Transportation in the combined group in 19, 1989? If Yes, complete and attach For all return was filed on: 1120 • 1120-A • 1	MTA Surpined grain Distriction Distriction CT-2	rcharge oup do b ct? If Ye in a me 244	usiness, es, the par erger, acc	mploy cap ent must fil uisition o	tal, ow e one cons	on or lease prope Form CT-3M/4M colidation on or	(see instruct	ions) Yes Yes Yes	No No
letro luring n offic Vas a pril edera ettach	politan Transportation Business Tax (It is the tax year did any corporation in the combined group in the Metropolitan Commuter Transportation in the combined group in 19, 1989? If Yes, complete and attach For all return was filed on: 1120 • 1120-A • 1120-A 1120 • 1120-A	MTA Surpined groin Distriction Distriction CT-2	rcharge oup do b ict? If Ye in a me 244 colidated	usiness, es, the par erger, acc	mploy cap ent must fil uisition o	tal, ow e one cons	on or lease proper Form CT-3M/4M colidation on or Other:	(see instruct	ions) Yes Yes Yes	No No
vas a pril edera ttach spec ermis	politan Transportation Business Tax (It is the tax year did any corporation in the combined in the Metropolitan Commuter Transportation in the combined group in 19, 1989? If Yes, complete and attach For all return was filed on: 1120 • 1120-A • 1120-A 1120 • 1120-A 1120-A 1120 • 1120-A 1120-	MTA Surpined groin Distriction Distriction CT-2	rcharge oup do b ict? If Ye in a me 244 colidated	usiness, es, the par erger, acc	mploy cap ent must fil uisition o	tal, ow e one cons	on or lease proper Form CT-3M/4M colidation on or Other:	(see instruct	ions) Yes Yes Yes	No No
letro uring n offii vas a pril edera edera edera edera u-2.1	politan Transportation Business Tax (It is the tax year did any corporation in the combined in the Metropolitan Commuter Transportation in the combined group in 19, 1989? If Yes, complete and attach For all return was filed on: 1120 • 1120-A • 1	MTA Surpined grain District District Cons	rcharge oup do b ict? If Ye in a me 244 solidated stained f	usiness, es, the par erger, acc	mploy capent must fil uisition o	state	on or lease proper Form CT-3M/4M colidation on or other: Department of Combined Gro	f Taxation	Yes • Yes • The state of the st	No No
letro uuring n offii vas a pril edera ettach ttach U-2.1	politan Transportation Business Tax (It is the tax year did any corporation in the combined in the Metropolitan Commuter Transportation in the Combined group in 19, 1989? If Yes, complete and attach For all return was filed on: 1120 • 1120-A • 1	MTA Surplined gradion District District Consecution CT-2	rcharge oup do b ict? If Ye in a me 244 solidated stained f	usiness, es, the par erger, according basis	mploy capent must fill uisition o	state	on or lease proper Form CT-3M/4M colidation on or or other: Department or Combined Groturn, must be formal.	f Taxation	Yes • Yes • n and Finance by filing	No No
letro uring n offii /as a pril edera ettach U-2.1	politan Transportation Business Tax (It is the tax year did any corporation in the combined in the Metropolitan Commuter Transportation in the combined group in 19, 1989? If Yes, complete and attach For all return was filed on: 1120 • 1120-A • 1	MTA Surplined gradion District Divolved form CT-2 Consist be obtained Related in filing the	rcharge pup do b ict? If Ye in a me 244 solidated stained f eturn or na Com nis Forn	usiness, es, the parerger, according basis rom the to Character to Character to Character to Character to CT-3-A	mploy capent must fill uisition o	state sting (on or lease proper Form CT-3M/4M colidation on or	f Taxation	n and Finance by filing	No For
letro uring n offii /as a pril edera ttach pec Event Forr pmbii prk S	politan Transportation Business Tax (It is the tax year did any corporation in the combined in the Metropolitan Commuter Transportation in the Combined group in 19, 1989? If Yes, complete and attach For all return was filed on: 1120 • 1120-A • 1120-A 1120 • 1120-A	MTA Surpined grain District District Conservation CT-2	rcharge pup do b ict? If Ye in a me 244 solidated stained f eturn or in a Com nis Forn	usiness, es, the parerger, according basis rom the to Character to Character to Character to Character to CT-3-A	mploy capent must fill uisition o	state sting (on or lease proper Form CT-3M/4M colidation on or	f Taxation	n and Finance by filing	No No

Certification. I certify that this return and any attachments are to the best of my knowledge and belief true, correct and complete. Signature of elected officer or authorized person Official title Date ID number Address Signature of individual preparing this return

If you do not need forms mailed to you next year, check box. We will send you a label for use on next year's return (see instructions).

	6.24 OF-0-A (1550)	
Nam		Employer identification number
	mputation of Combined Entire Net Income Base Tax	
1 2 3 4a	Interest paid to a corporate stockholder owning more than 50% of issued	s
4b 5a 5b 6	Non-interest deductions directly attributable to subsidiary capital Interest deductions indirectly attributable to subsidiary capital Non-interest deductions indirectly attributable to subsidiary capital	
8	ACRS/MACRS deduction used in the computation of line 1 (attach Form of Other additions (attach list; see instructions) Add lines 1 through 8, column E	CT-399)
11 12	50% of dividends from nonsubsidiary corporations (see instructions) Foreign dividends gross-up not included on lines 10 and 11	t of the contribution of the first of the stage that the management is a second of the contribution of the cont The stage of the stage
13 14 15 16	New York net operating loss deduction (attach federal and NYS computations Allowable New York depreciation (attach Form CT-399) Other subtractions (attach list; see instructions) Total subtractions (add lines 10 through 15 column 5)	en e
17 18	Total subtractions (add lines 10 through 15, column E) Entire net income (subtract line 16 from line 9; enter here and on line 42) Combined investment income before allocation (from line 241, but not more Combined business income before allocation (subtract line 18, column E, from 15, column E, from 16, column E, from 15, column E, from 16, column E, from 15, column E, from 16, column E,	than line 17, column E)
20 21 22	Allocated combined investment income (multiply line 18 by Allocated combined business income (multiply line 19 by Fig. 19 miles 20 and 21).	/6 from line 225) from line 130 or line 162)
23 24	Optional depreciation adjustments (see instructions)	
	nputation of Combined Capital Base (Use average values and	
26 27 28	Total assets from federal return Real property and marketable securities included on line 26 Subtract line 27 from line 26 Real property and marketable securities at fair market value	
30 31 32	Adjusted total assets (add lines 28 and 29) Total liabilities Total combined capital (subtract line 31, column E, from line 30, column E) Combined subsidiary capital from line 248, column E	·····
34 35 36	Combined business and investment capital (subtract line 33 from line 32)	
	· · · · · · · · · · · · · · · · · · ·	from line 225)

39 Combined capital base (add lines 37 and 38)
40 Combined capital base tax (multiply line 39 by .00178; enter here and on line 71)
41 Combined issuer's allocation percentage (see instructions; enter here and on line B on page 1)

	A	B	C	D		E
İ	•		0			
	Parent	Total Subsidiaries	Subtotal	Intercorporate Eliminations		Combined Total
	raieiii	iolai Subsidiaries	(column A + column B)	Eliminations		(column C — column D)
1	<u> </u>				1_	•
2					2	•
3					3	•
4a						
					4a	•
4b					4b	•
5a					5a	•
5b					5b	•
6					6	
7			-			•
					7	•
8					8	•
9					9	•
10					10	
11	And the second s		l			•
					11	•
12			· ·		12	•
13					13	•
14					14	
15						•
					15	•
16					16	•
17					17	
18					18	
19						•
					19	•
20					20	•
21					21	•
22					22	• *
23	j					
		in the second second			23	•
24					24	
25					25	•

	*		Section 1985			
26				T	26	_
27						•
						•
28					28	•
29	İ				29	•
30						•
31						
						•
32					32	
33					33	•
34						
35						
						•
36					36	•
37					37	
38					38	
39						
					39	
10					40	•

Name Employer identification number Computation of Minimum Taxable Income Base and Tax 42 Entire net income from line 17 ... 42 Adjustments (see instructions) 43 Depreciation of tangible property placed in service after 1986 (see instructions) 43 44 Amortization of mining exploration and development costs paid or incurred after 1986 44 45 Amortization of circulation expenditures paid or incurred after 1986 (personal holding companies only)..... 45 46 Basis adjustments in determining gain or loss from sale or exchange of property 46 47 Long term contracts entered into after 2/28/86 47 48 Installment sales of certain property.... 48 Merchant marine capital construction funds 49 50 51 Combine lines 42 through 50, column E Tax Preference Items (see instructions) 52 53 Appreciated property charitable deduction..... 53 54 Intangible drilling costs..... 54 55 Add lines 51 through 54, column E..... 55 56 Combined net operating loss deduction from line 13..... 56 57 Total (add lines 55 and 56)..... 57 58 Combined alternative net operating loss deduction (see instructions)..... 58 59 Minimum taxable income (subtract line 58 from line 57).... 59 60 Investment income from line 239 (balance before NOL deduction)..... 60 61 Apportioned New York alternative net operating loss deduction (see instructions)..... 61 62 Combined alternative investment income before allocation (subtract line 61 from line 60)..... 62 Combined alternative business income before allocation (subtract line 62 from line 59). 6.7 64 Allocated combined alternative business income (multiply line 63 by 64 % from line 130 or line 194)..... 65 Allocated combined alternative investment income (multiply line 62 by 65 66 Allocated combined minimum taxable income (add lines 64 and 65)..... 66 67 Optional depreciation adjustment from line 23, column E..... 67

68 Combined minimum taxable income base (line 66 plus or minus line 67).....

69 Tax on combined minimum taxable income base (multiply line 68 by 31/2% (.035)).

68

69

		A Parent	B Total Subsidiaries	C Subtotal (column A + column B)	D Intercorporate Eliminations		E Combined Total (column C — column D)
	42					42	
) - mj							
	43					43	• ZAR LA
71.21 37.44	44					44	•
	45					45	•
	46					46	
	47		,	: '		47	
	48					48	• 14 14 14 15
	49					49	
	50					50	•
.	51					51	•
	52 53					52 53	• <u>11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 </u>
							• * * * * * * * * * * * * * * * * * * *
	54					54	
	55					55	
•	56					56	
• • •	57					57	
 1.	58					58	
	59					59	
	60					60	•
\$ 1 4 4 \$ 1	61					61	•
	62					62	•
15						63	•
	64 64					64	
100,000	65					65	•
uman en en	66					66	1 0, 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	67					67	
• • •	68					68	

Na	me Er	mployer identification i	number				٦
Co	omputation of Tax		<u> </u>	•			لـ ⁄ `
	Tax on combined entire net income base from line 25		70	T•			J
	Tax on combined capital base from line 40		7.5				\dashv
	(new small business: first year second year)		. 71			,	
72	Fixed dollar minimum tax (for the corporation filing this form; see instructions)						
	Gross payroll Total receipts Gross assets						
		· ·					
73	Amount from line 69, 70, 71 or 72 whichever is largest		. 73	•			_
	Combined subsidiary capital base tax from line 250			 			_
	Combined tax due before credits (add lines 73 and 74)			•			-
	Tax credits from line 101 (attach appropriate form for each credit claimed)						
77			77			4.2.1	_
78	Amount from line 69 or line 72, whichever is larger						
	Combined franchise tax (amount from line 77 or 78, whichever is larger)			• .		4 .	
	Note that the state of the stat						
	See instructions before completing lines 81a and 81b						
81a	Fixed dollar minimum tax for subsidiaries (\$1,500)		. 81a				
	Fixed dollar minimum tax for subsidiaries (\$325, \$425 or \$800)						_
	Total combined tax (add lines 79, 81a and 81b)						_
83	State tax surcharge (see instructions; multiply line 82 by rate • %)		83		100		_
	Total combined tax and state tax surcharge (add lines 82 and 83)						_
	First installment of estimated tax for next period:						
35a	If a request for extension was filed, enter amount from Form CT-5.3, line 5	.,	. 85a				_
	If Form CT-5.3 was not filed and line 84 is over \$1,000, see instructions				135		_
	Add line 84 and line 85a or 85b		. 86	Alexander Control			_
	Total prepayments from line 108						<u>-</u>
	Balance (subtract line 87 from line 86; if line 87 is more than line 86, enter "0")		. 88				
	Penalty for underpayment of estimated tax (check box if Form CT-222 is attached		9 89			$\overline{}$	
	Interest on late payment (see instructions)			f			\exists
	Late filing and late payment penalties (see instructions)						
	Balance (add lines 88 through 91)			1.00			٦
	If you want to Return a Gift to Wildlife, enter amount (see instructions)				****	0	Ō
	Balance due (if line 87 is less than the total of lines 86, 89, 90, 91 and 93, the difference						Ĭ
	payment on line A on page 1)		94	1			
95	Overpayment (if line 87 is more than the total of lines 86, 89, 90, 91 and 93, the difference						1
	Amount of overpayment to be credited to next period			1	`		1
	Balance of overpayment (subtract line 96 from line 95)				<u></u> 8		1
	Amount of overpayment to be credited to Form CT-3M/4M			1			7
	Refund of overpayment (subtract line 98 from line 97; check refund box on page 1)						٦
	Refund of unused tax credits (see instructions and attach engraprieta forms; check ref		100	!			٦

	p of Credits Claimed on Line 76	Against Current Yea	r's Franchise	e Tax (see instruction	s for line	s 76, 100 and	101)
	brm DTF-601			Form CT-43			
F	orm DTF-601.1			Form CT-43.1		•	
F	orm DTF-602			Form CT-45		4.	7
F	orm DTF-603			Form CT-46			
S	ervicing mortgages credit				* - * - * - * - * - * - * - * - * - * -		
	linimum tax credit from line 220						
	otal credits listed above (enter here and claimed; the portion of the credit claimed a	on line 76; attach appropr			101		
Com	position of Prepayments included	l on line 87					
			VIII 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date F	Paid	Amount
	andatory first installment						·
103	1-400 mstailments						
				3			
104 P	ayment with extension request, Form C	T-5.3, line 8		104			
105 C	redit from prior years Period					105	
100 C	redit from Form C1-3M/4M tall prepayments from subsidiaries (from	m Form(s) CT3 A/C)		···········		106	
	ital prepayments (add lines 102 through 1					107	·
1	terest deducted in computing federal t the IRS has completed an audit of any	and the second s				•	
111	a member of an affiliated federal group	nama primaru aarna	otion:				
N	ame	o, name primary corpor	EIN]	
<u>ت</u> 112 lf	more than 50% owned by another corp	noration name parent					
N	ame	poranon, name parem	EIN]	
			1.]	
113 Co	orporations organized outside New York	State, complete the fo	Ollowing for cap	oital stock issued an		nding.	
	/ \$		1.00.00.00.00	par snares	<u>/ </u>	^	
114 Do	es any corporation in the group have	an interest in real prop	erty located in	New York State? .	114	• □ Yes	• 🗆 No
115 Ha	is controlling interest in this corporation	n's stock changed at a	ny time during	the last 3 years?	115	• □ Yes	• 🗆 No
If	you answered Yes to questions 114 and	d 115 attach an explana	ation <i>(see instruc</i>	ctions).	LL		
ntere	st Paid to Shareholders						······································
·	* **				- 		· · · · · · · · · · · · · · · · · · ·
	t this corporation make any payments treate areholders owning directly or indirectly, indi-						
iss	ued and outstanding capital stock? If Yes, o	complete the following (if	more than one. a	itach separate sheet)	116	• □ Yes	• 🗆 No
	areholder's name		Social security nu	mber or EIN			
Si		Internat paid to about hald-			_		
Sr	al indehtedness to shareholders described about		1 Total				
Sr	al indebtedness to shareholders described above	Interest paid to shareholder •	100	al interest paid			
To		•	100	ai interest paid		▲ □ V	NI-
To	al indebtedness to shareholders described above there written evidence of the indebtedre you claiming small business taxpayer	• ness?			117	• □ Yes	• 🗆 No

Name Employer identification number Computation of Combined Business Allocation Percentage for Aviation Corporations, Except Certain Foreign Airlines (use the combined totals when dividing) 120 New York aircraft arrivals and departures (revenue flights only) 120 Total aircraft arrivals and departures (revenue flights only) 121 122 New York revenue tons handled 123 Total revenue tons handled 124 Combined New York percentage (divide line 123, column E, by line 124, column E)..... 125 New York originating revenue 126 Total originating revenue 127 128 129 130 Computation of Combined Business Allocation Percentage (use combined totals when dividing) Average value of (see instructions): 131 New York real estate owned..... 131 132 133 134 New York inventories owned 135 Total inventories owned..... 136 New York tangible personal property owned.... 137 Total tangible personal property owned..... 138 139 140 141 142 143 Receipts in the regular course of business from: Sales of tangible personal property shipped to points within New York State 144 145 Total sales of tangible personal property..... 145 146 New York services performed 146 Total services performed.... 147 147 148 149 New York royalties Total royalties 151 Other New York business receipts..... 152 153 Total New York receipts (add lines 144, 146, 148, 150 and 152) 154 Total receipts everywhere (add lines 145, 147, 149, 151 and 153) 155 156 157 New York wages and other compensation of employees except general executive officers..... 158 Total wages and other compensation of employees except general executive officers 159 161

162 Combined business allocation percentage (divide line 161 by four or the number of factors; enter here and in the boxes on line 21 and line 381

162

) A	В	C Subtotal	D Intercorporate		E Combined Total
l	Parent	Total Subsidiaries	(column A + column B)	Eliminations		(column C — column D)
120					120	• ; /
121					121	•
122						• %
123					123	•
124					124	•
125					125	• %
126		·			126	•
127			·		127	•
128					128	• %
129	The second secon					• %
130					130	• %
1,						
, å						
٤					-	
				:		
131					131	•
132		· · · · · · · · · · · · · · · · · · ·			132	•
133					133	•
134					134	•
135					135	•
136					136	•
137						• .
138						•
139	J					
140						•
141						•
142						•
143						•
140			THE RESIDENCE OF THE PARTY OF T		143	• %
144						
145						•
146						
147						•
148						•
140						•
149						•
150						•
151						•
152 153 154						•
153					-	•
154						•
155						•
155 156 157 158			Province Control of the Control of t			• %
157						• %
158						•
159 160						•
160				1	60	• %
100						
161 162					61 62	• % %

Employer identification number Name Combined Alternative Business Allocation Percentage for Minimum Taxable Income Base (use combined totals when dividing) Average value of (see instructions): 163 New York real estate owned...... 163 164 164 Total real estate owned..... 166 167 New York inventories owned 168 168 Total inventories owned 169 169 New York tangible personal property owned..... 170 171 172 Total tangible personal property rented 173 174 175 Receipts in the regular course of business from: 176 177 177 Total sales of tangible personal property..... 178 New York services performed 179 Total services performed ... 180 New York rentals of property..... 181 182 182 New York royalties 183 Total royalties Other New York business receipts..... 184 185 Total other business receipts 186 187 188 189 190

Total wages everywhere and other compensation of employees except general executive officers

Combined New York State payroll factor (divide line 190, column E, by line 191, column E).....

 191

192

193

<u> </u>	Α	В	C	D		E
			Subtotal	Intercorporate		Combined Total
	Parent	Total Subsidiaries	(column A + column B)	Eliminations		(column C — column D
63					163	
64					164	
65		-1- A-2			165	
66		***************************************			166	
167					167	·
68					168	
69					169	
70					170	
171					171	•
72		**************************************			172	
73			1.		173	•
74			<u> </u>		174	•
75					175	• %
76					176	
77					177	
78					178	
79					179	
80					180	
81	· · · · · · · · · · · · · · · · · · ·	****			181	
82)				182	
83 1					183	
84					184	
85					185	
86					186	•
87					187	•
88					188	• %
89					189	• %
90					190	•
91					191	•
92					192	• %
93				and the same of the same of the same of the same of the same of the same of the same of the same of the same of	193	• 0/0
94					194	0/6

Name	Employer identification number
	nputation of Combined Adjusted Minimum Tax and Combined Alternative Minimum Tax Credit omplete if tax due this year is based on the minimum taxable income base)
195	Entire net income from line 17, column E
196	
197	Total (add lines 195 and 196)
198	
199	Modified combined business income before allocation (subtract line 198 from line 197)
200	Allocated modified combined business income (multiply line 199 by % from line 130 or line 194)
201	Allocated combined investment income (multiply line 198 by
202	Total allocated modified combined minimum income (add lines 200 and 201)
203	Optional depreciation adjustment from line 23, column E
204	
205	
206	
207	
208	
209	
210	
211	Excess modified combined minimum tax (subtract line 210 from line 209; if less than 0, enter "0")
212	Combined adjusted minimum tax (subtract line 211 from line 208; if less than 0, use parentheses)
···········	
App	plication of Combined Minimum Tax Credit (Complete if tax due for a prior year was based on the minimum
ta	xable income base)
213	Combined adjusted minimum tax from 1994 (see instructions)
214	
215	
216	
217	Total combined adjusted minimum tax (add lines 213, 214 and 216)
218	Combined minimum tax credits used in prior periods
	Combined minimum tax credit available for use this period (subtract line 218 from line 217)
	Combined minimum tax credit used this period (see instructions)
221	Combined minimum tax credit available to be carried forward to next period (subtract line 220 from line 219)

				<u> </u>		
	A '' '	В	C	D		
	* "			Intercorporate	1 . 1	i da i da i
	Parent	Total Subsidiaries	Subtotal	Eliminations		Combined Total
	Marie Daniel Communication	The state of the s			195	
					196	
'					197	
					198	
					199	
					200	
					201	
					202	
					203	
					204	
					205	
					206	
					207	
					208)
					209	•
					210	
					211	
					212	

lingus pelipelikili. Pelipen saman sa Referense dan dan dalam saman saman saman saman saman saman saman saman saman saman saman saman saman saman sa

A per terminal and even mention of the

213	213	
214	214	
215	215	
216	216	
217	217	
218	218	
219	219	
220	220	•
221	221	

Name	Employer identification number
Cor	nputation of Combined Investment Capital and Investment Allocation Percentage (See instructions r information for lines 222 through 226)
222	Section 1 - Corporate and Governmental Debt Instruments
A	Average value (see instructions)
В	Liabilities (see instructions)
C	Net average value (subtract line B from line A)
D	Net average value allocated to New York State
223	Section 2 - Corporate Stock, Stock Rights, Stock Warrants and Stock Options
Α	Average value
В	Liabilities
С	Net average value (subtract line B from line A)
D	Net average value allocated to New York State
224	Total Section 1 and Section 2
. A	Average value (add lines 222A and 223A)
· B	
C	Net average value (add lines 222C and 223C)
D	did the transfer of the transf
225	Combined investment allocation percentage (divide line 224D by line 224C; use to compute lines 20, 37, 65 and 201)
225	Cash (optional)
221	Combined investment capital (add lines 224C, column E, and 226, column E)
	nputation of Combined Investment Income for Allocation
228	Interest income from investment capital, listed on line 222, Section 1 (see instructions)
229	Interest income from bank accounts
230	All other interest income from investment capital
231	Dividend income from investment capital
232	Net capital gain (or loss) from investment capital
233	investment income other than interest, dividends, capital gains or capital losses
234	lotal combined investment income (add lines 228 through 233)
235	Interest deductions directly attributable to investment capital
230	Non-interest deductions directly attributable to investment capital
237	Interest deductions indirectly attributable to investment capital
230	Non-interest deductions indirectly attributable to investment capital
240	Balance (subtract the sum of lines 235 through 238, column E, from line 234, column E)
240	Apportioned New York combined net operating loss deduction
Con	Combined investment income before allocation (subtract line 240 from line 239; enter here and on line 18 and 198)
COII	nputation of Income From Combined Subsidiary Capital (see instructions for completing this section)
242	Interest from combined subsidiary capital (attach list)
243	Dividends from combined subsidiary capital (attach list)
244	Capital gains from combined subsidiary capital (see instructions; attach list)
245	lotal income from combined subsidiary capital (add lines 242 through 244, column E: enter here and on line 10)
CON	nputation and Allocation of Combined Subsidiary Capital Base and Tax (See instructions for information lines 246 through 249)
	clude all corporations (except a DISC) in which you own more than 50% of the voting stock.
246	Average value
247	Liabilities
248	Net average value
249	Net average value allocated to New York State
250	Combined subsidiary capital base tax (multiply line 249, column E, by .0009; also enter on line 74)
	A STATE OF THE STA

	A Parent	B Total Subsidiaries	C Subtotal (column A + column B)	D Intercorporate Eliminations		Combined Total
. 222			(Celanin X / Column B)	Limitations	222	(column C — column D)
. A					Α	
В					В	
<u>C</u>					С	
, D					D	
223						
A A					223	
В					B	
C					C	
. D					D	
. 224					224	
<u>A</u>					A	•
. <u>B</u>					В	•
C					С	•
225					D	•
226					225	• %
227					226	•
÷ (==:					227	
000						
228	'				228	•
230					229	•
231					230	
232					231	•
233					232 233	•
234					234	•
235					235	
236					236	•
237						•
238					238	•
239					239	•
240						•
241					241	•
<u> </u>						
242						
243			-			•
244 245						•
243					245	•
246			T		246	•
247						
248					248	
248 249 250					249	
250					250	