



# CT-3-A

New York State Department of Taxation and Finance

## General Business Corporation Combined Franchise Tax Return

Tax Law — Article 9-A

Staple forms here

Final return  Amended return

All filers must enter tax period: beginning  ending

|   |  |   |  |   |   |
|---|--|---|--|---|---|
| Employer identification number  |  | File number   | Business telephone number<br>( )   | If you have any subsidiaries incorporated outside NYS, mark an <b>X</b> in the box <input type="checkbox"/> | If you claim an overpayment, mark an <b>X</b> in the box <input type="checkbox"/> |
| Legal name of corporation   |  |   | Trade name/DBA   |   |   |
| Mailing name (if different from legal name above)<br>c/o<br>Number and street or PO box |  |   | State or country of incorporation  | Date received (for Tax Department use only)   |   |
| City State ZIP code   |  |   | Date of incorporation  |   |   |
| NAICS business code number (from federal return)  |  |   | Foreign corporations: date began business in NYS   |   |   |
| Principal business activity   |  | If address above is new, mark an <b>X</b> in the box <input type="checkbox"/> | If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, by fax, or by phone. See <i>Need help?</i> in the instructions. |   | Audit (for Tax Department use only)   |

### Metropolitan transportation business tax (MTA surcharge)

During the tax year, did any corporation in the combined group do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD)? If Yes, the parent must file Form CT-3M/4M (see instructions)..... Yes  No

|  |                  |                        |
|--|------------------|------------------------|
| <b>A.</b> Pay amount shown on line 94. Make payable to: <b>New York State Corporation Tax</b><br>Attach your payment here. Detach all check stubs. (See instructions for details.) | Payment enclosed |                        |
|  | <b>A.</b>        | <input type="text"/>   |
| <b>B.</b> Combined issuer's allocation percentage (from line 41) .....   | <b>B.</b>        | <input type="text"/> % |

- C. If any member of the combined group is the parent of a QSSS, mark an **X** in the box and attach Form CT-60-QSSS.....
- D. Federal return filed (mark an **X** in one): **Attach a complete copy of your federal return.**  
 Form 1120  Consolidated basis  Other:  \_\_\_\_\_
- E. Have you underreported your tax due on past returns? To correct this without penalty, visit us at [www.nystax.gov](http://www.nystax.gov).
- F. If any member in the combined group is a captive real estate investment trust (REIT) or captive regulated investment company (RIC), mark an **X** in the box (see instructions) .....

If you are filing Form CT-3-A for the first time and are part of a newly formed New York State combined group, follow the instructions on Form CT-51, *Combined Filer Statement for Newly Formed Groups Only*. For existing groups, Form CT-50, *Combined Filer Statement for Existing Groups*, will be sent to you for verification. Follow the instructions on Form CT-50.

**Additional forms to file** — File a Form CT-3-A/C, *Report by a Corporation Included in a Combined Franchise Tax Return*, for each member of the combined group, except the taxpayer that is designated as the parent corporation (the corporation responsible for filing this Form CT-3-A) and any nontaxpayer (a foreign corporation not taxable in New York State but included in the combined group).

Attach the following when you file your Form CT-3-A: Form(s) CT-3-A/C, *Report by a Corporation Included in a Combined Franchise Tax Return*; Form(s) CT-3-A/ATT, *Schedules A, B, and C — Attachment to Form CT-3-A*; Form(s) CT-3-A/B, *Subsidiary Detail Spreadsheet* (if necessary); other relevant forms.

For additional information, see *Which forms to file* in Form CT-3-A-I, *Instructions for Forms CT-3-A, CT-3-A/ATT, and CT-3-A/B*.

See page 8 for third-party designee, certification, and signature entry areas.

|      |                                |
|------|--------------------------------|
| Name | Employer identification number |
|------|--------------------------------|

**Computation of combined entire net income (ENI) base**

|  |            |
|--|------------|
| 1 Federal taxable income before net operating loss (NOL) and special deductions (include disallowed dividends paid deduction: ● <input style="width: 100px;" type="text"/> ) ..... | <b>1.</b>  |
| 2 Interest on federal, state, municipal, and other obligations not included on line 1 .....  | <b>2.</b>  |
| 3 Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock .....  | <b>3.</b>  |
| <b>4a Interest</b> deductions <b>directly</b> attributable to subsidiary capital .....   | <b>4a.</b> |
| <b>4b Noninterest</b> deductions <b>directly</b> attributable to subsidiary capital .....  | <b>4b.</b> |
| <b>5a Interest</b> deductions <b>indirectly</b> attributable to subsidiary capital .....   | <b>5a.</b> |
| <b>5b Noninterest</b> deductions <b>indirectly</b> attributable to subsidiary capital .....  | <b>5b.</b> |
| 6 New York State and other state and local taxes deducted on your federal return (see instructions) .....  | <b>6.</b>  |
| 7 Federal depreciation from Form CT-399, if applicable (see instructions) .....  | <b>7.</b>  |
| 8 Other additions (see instructions) ● IRC section 199 deduction: <input style="width: 150px;" type="text"/> .....   | <b>8.</b>  |
| 9 Add lines 1 through 8, column E .....  | <b>9.</b>  |
| 10 Income from subsidiary capital (from line 219) .....  | <b>10.</b> |
| 11 Fifty percent of dividends from nonsubsidiary corporations (see instructions) .....   | <b>11.</b> |
| 12 Foreign dividends gross-up not included on lines 10 and 11 .....  | <b>12.</b> |
| 13 Combined New York net operating loss deduction (NOLD) (attach federal and NYS computations) .....   | <b>13.</b> |
| 14 Allowable New York depreciation from Form CT-399, if applicable (see instructions) .....  | <b>14.</b> |
| 15 Other subtractions (see instructions) .....   | <b>15.</b> |
| 16 Total subtractions (add lines 10 through 15, column E) .....  | <b>16.</b> |
| 17 Combined ENI (subtract line 16 from line 9; enter here and on line 42) .....  | <b>17.</b> |
| 18 Combined investment income before allocation (from line 215, but not more than line 17, column E) .....   | <b>18.</b> |
| 19 Combined business income before allocation (subtract line 18, column E, from line 17, column E) .....   | <b>19.</b> |
| 20 Allocated combined investment income (multiply line 18 by ● <input style="width: 50px;" type="text"/> % from line 199) .....  | <b>20.</b> |
| 21 Allocated combined business income (multiply line 19 by ● <input style="width: 50px;" type="text"/> % from line 128, 160, or 163) .....   | <b>21.</b> |
| 22 Total combined allocated income (add lines 20 and 21) .....   | <b>22.</b> |
| 23 Optional depreciation adjustments (see instructions) .....  | <b>23.</b> |
| 24 Combined ENI base (line 22 plus or minus line 23, column E) .....   | <b>24.</b> |
| 25 Combined ENI base tax (multiply line 24 by the appropriate tax rate from the Tax rates schedule on page 7 of the instructions; enter here and on line 72) .....                 | <b>25.</b> |

**Computation of combined capital base** (use average values and enter whole dollars for lines 26 through 31; see instructions)

|   |            |
|---|------------|
| 26 Total assets from federal return .....   | <b>26.</b> |
| 27 Real property and marketable securities included on line 26 .....  | <b>27.</b> |
| 28 Subtract line 27 from line 26 .....  | <b>28.</b> |
| 29 Real property and marketable securities at fair market value .....   | <b>29.</b> |
| 30 Adjusted total assets (add lines 28 and 29) .....  | <b>30.</b> |
| 31 Total liabilities .....  | <b>31.</b> |
| 32 Total combined capital (subtract line 31, column E, from line 30, column E) .....  | <b>32.</b> |
| 33 Combined subsidiary capital from line 222, column E; if none, enter 0 .....  | <b>33.</b> |
| 34 Combined business and investment capital (subtract line 33 from line 32) .....   | <b>34.</b> |
| 35 Combined investment capital from line 201, column E; if none, enter 0 .....  | <b>35.</b> |
| 36 Combined business capital (subtract line 35 from line 34) .....  | <b>36.</b> |
| 37 Allocated combined investment capital (multiply line 35 by ● <input style="width: 50px;" type="text"/> % from line 199) .....            | <b>37.</b> |
| 38 Allocated combined business capital (multiply line 36 by ● <input style="width: 50px;" type="text"/> % from line 128, 160, or 163) ..... | <b>38.</b> |
| 39 Combined capital base (add lines 37 and 38) .....  | <b>39.</b> |
| 40 Combined capital base tax (see instructions) .....   | <b>40.</b> |
| 41 Combined issuer's allocation percentage (see instructions; enter here and on line B on page 1) .....                                     | <b>41.</b> |

|     | A<br>Parent |  | B<br>Total subsidiaries |  | C<br>Subtotal<br><i>(column A + column B)</i> |  | D<br>Intercorporate<br>eliminations |  | E<br>Combined total<br><i>(column C - column D)</i> |     |  |
|-----|-------------|--|-------------------------|--|---|--|-------------------------------------|--|---|-----|--|
| 1.  |             |  |                         |  |   |  |                                     |  | 1.  |     |  |
| 2.  |             |  |                         |  |   |  |                                     |  | 2.  |     |  |
| 3.  |             |  |                         |  |   |  |                                     |  | 3.  |     |  |
| 4a. |             |  |                         |  |   |  |                                     |  | 4a.   |     |  |
| 4b. |             |  |                         |  |   |  |                                     |  | 4b.   |     |  |
| 5a. |             |  |                         |  |   |  |                                     |  | 5a.   |     |  |
| 5b. |             |  |                         |  |   |  |                                     |  | 5b.   |     |  |
| 6.  |             |  |                         |  |   |  |                                     |  | 6.  |     |  |
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|      |                                |
|------|--------------------------------|
| Name | Employer identification number |
|------|--------------------------------|

**Computation of combined minimum taxable income (MTI) base**

|                                   |     |
|-----------------------------------|-----|
| 42 Combined ENI 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 February 28, 1986 .....   | 47. |
| 48 Installment sales of certain property .....  | 48. |
| 49 Merchant marine capital construction funds .....   | 49. |
| 50 Passive activity loss (closely held and personal service corporations only) .....                            | 50. |
| 51 Add lines 42 through 50, column E.....   | 51. |

**Tax preference items** (see instructions)

|   |     |
|---|-----|
| 52 Depletion.....   | 52. |
| 53 Appreciated property charitable deduction .....  | 53. |
| 54 Intangible drilling costs.....   | 54. |
| 55 Add lines 51 through 54, column E.....   | 55. |
| 56 Combined New York NOLD from line 13.....   | 56. |
| 57 Total (add lines 55 and 56) .....  | 57. |
| 58 Combined alternative net operating loss deduction (ANOLD) (see instructions) .....   | 58. |
| 59 Combined MTI (subtract line 58 from 57) .....  | 59. |
| 60 Combined investment income before apportioned NOLD (add line 18 and line 214) .....  | 60. |
| 61 Combined investment income not included in ENI but included in MTI .....   | 61. |
| 62 Combined investment income before apportioned ANOLD (add lines 60 and 61) .....  | 62. |
| 63 Apportioned combined New York ANOLD (see instructions) .....   | 63. |
| 64 Combined alternative investment income before allocation (subtract line 63 from line 62) .....   | 64. |
| 65 Combined alternative business income before allocation (subtract line 64 from line 59) .....   | 65. |
| 66 Allocated combined alternative business income (multiply line 65 by <input type="text"/> % from line 128, line 163, or line 195) ..... | 66. |
| 67 Allocated combined alternative investment income (multiply line 64 by <input type="text"/> % from line 199) .....                      | 67. |
| 68 Allocated combined MTI (add lines 66 and 67) .....   | 68. |
| 69 Optional depreciation adjustment from line 23, column E .....  | 69. |
| 70 Combined MTI base (line 68 plus or minus line 69) .....  | 70. |
| 71 Tax on combined MTI base (multiply line 70 by .015) .....  | 71. |

|     | <b>A</b><br>Parent | <b>B</b><br>Total subsidiaries | <b>C</b><br>Subtotal<br><i>(column A + column B)</i> | <b>D</b><br>Intercorporate<br>eliminations | <b>E</b><br>Combined total<br><i>(column C - column D)</i> |
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|      |                                |
|------|--------------------------------|
| Name | Employer identification number |
|------|--------------------------------|

**Computation of tax**

|   |   |              |    |
|---|---|--------------|----|
| 72 Tax on combined ENI base from line 25 .....  | • | <b>72.</b>   |    |
| 73 Tax on combined capital base from line 40 (see instructions)<br>(if new small business, mark an <b>X</b> in applicable box: first year • <input type="checkbox"/> second year • <input type="checkbox"/> ) • | • | <b>73.</b>   |    |
| <b>Fixed dollar minimum tax (see instructions)</b>  |   |              |    |
| 74a New York receipts (see instructions) .....  | • | <b>74a.</b>  |    |
| 74b Fixed dollar minimum tax (for the corporation filing this form) .....   | • | <b>74b.</b>  |    |
| 75 Amount from line 71, 72, 73, or 74b, whichever is greatest (see instructions) .....  | • | <b>75.</b>   |    |
| 76 Combined subsidiary capital base tax from line 224 .....   | • | <b>76.</b>   |    |
| 77 Combined tax due before credits (add lines 75 and 76) .....  | • | <b>77.</b>   |    |
| 78 Tax credits from line 101a (attach appropriate form for each credit claimed) .....   | • | <b>78.</b>   |    |
| 79 Balance (subtract line 78 from line 77) .....  | • | <b>79.</b>   |    |
| 80 Amount from line 71 or line 74b, whichever is greater .....  | • | <b>80.</b>   |    |
| 81 Combined franchise tax (see instructions) .....  | • | <b>81.</b>   |    |
| 82 Number of subsidiaries: • <input type="text"/> Number of taxable subsidiaries: • <input type="text"/>  | • | <b>82.</b>   |    |
| <b>See instructions before completing lines 83a and 83b</b>   |   |              |    |
| 83a Sum of fixed dollar minimum taxes from subsidiaries (levels: \$1,500, \$3,500, \$5,000).....  | • | <b>83a.</b>  |    |
| 83b Sum of fixed dollar minimum taxes from subsidiaries (levels: \$25, \$75, \$175, or \$500) .....   | • | <b>83b.</b>  |    |
| 84 Total combined tax due (add lines 81, 83a, and 83b) .....  | • | <b>84.</b>   |    |
| <b>First installment of estimated tax for next period:</b>  |   |              |    |
| 85a If you filed a request for extension, enter amount from Form CT-5.3, line 5 .....   | • | <b>85a.</b>  |    |
| 85b If you did not file Form CT-5.3 and the total of lines 81 and 83a is over \$1,000, see instructions .....   | • | <b>85b.</b>  |    |
| 86 Add line 84 and line 85a or 85b .....  | • | <b>86.</b>   |    |
| 87 Total prepayments from line 108.....   | • | <b>87.</b>   |    |
| 88 Balance (subtract line 87 from line 86; if line 87 is more than line 86, enter 0) .....  | • | <b>88.</b>   |    |
| 89 Estimated tax penalty (see instructions; mark an <b>X</b> in the box if Form CT-222 is attached) • <input type="checkbox"/> .....  | • | <b>89.</b>   |    |
| 90 Interest on late payment (see instructions) .....  | • | <b>90.</b>   |    |
| 91 Late filing and late payment penalties (see instructions).....   | • | <b>91.</b>   |    |
| 92 Balance (add lines 88 through 91) .....  | • | <b>92.</b>   |    |
| <b>Voluntary gifts/contributions (see instructions):</b>  |   |              |    |
| 93a Return a Gift to Wildlife .....   | • | <b>93a.</b>  | 00 |
| 93b Breast Cancer Research & Education Fund.....  | • | <b>93b.</b>  | 00 |
| 93c Prostate Cancer Research, Detection, and Education Fund .....   | • | <b>93c.</b>  | 00 |
| 93d National 9/11 Memorial.....   | • | <b>93d.</b>  | 00 |
| 94 Balance due (if line 87 is less than the total of lines 86, 89, 90, 91, and 93a through 93d, enter the difference here. This is the amount due; enter the payment amount on line A on page 1) .....          | • | <b>94.</b>   |    |
| 95 Overpayment (if line 87 is more than the total of lines 86, 89, 90, 91, and 93a through 93d, enter the difference here. This is the amount overpaid) .....   | • | <b>95.</b>   |    |
| 96 Amount of overpayment to be credited to next period .....  | • | <b>96.</b>   |    |
| 97 Balance of overpayment (subtract line 96 from line 95) .....   | • | <b>97.</b>   |    |
| 98 Amount of overpayment to be credited to Form CT-3M/4M .....  | • | <b>98.</b>   |    |
| 99 Refund of overpayment (subtract line 98 from line 97) .....  | • | <b>99.</b>   |    |
| 100a Refund of unused tax credits (see instructions and attach appropriate forms) .....   | • | <b>100a.</b> |    |
| 100b Tax credits to be credited as an overpayment to next year's return<br>(see instructions and attach appropriate forms) .....  | • | <b>100b.</b> |    |

**Summary of credits claimed on line 78 against current year's franchise tax** (see instructions for lines 78, 100a and 100b, 101a and 101b)

|             |  |               |  |                |  |                      |   |  |
|-------------|--|---------------|--|----------------|--|----------------------|---|--|
| CT-38 ... ● |  | CT-241..... ● |  | CT-601.1 ... ● |  | CT-631 .....         | ● |  |
| CT-40 ... ● |  | CT-242..... ● |  | CT-602..... ●  |  | DTF-619 .....        | ● |  |
| CT-41 ... ● |  | CT-243..... ● |  | CT-603..... ●  |  | DTF-621 .....        | ● |  |
| CT-43 ... ● |  | CT-246..... ● |  | CT-604..... ●  |  | DTF-622 .....        | ● |  |
| CT-44 ... ● |  | CT-248..... ● |  | CT-605..... ●  |  | DTF-624 .....        | ● |  |
| CT-46 ... ● |  | CT-249..... ● |  | CT-606..... ●  |  | DTF-630 .....        | ● |  |
| CT-47 ... ● |  | CT-250..... ● |  | CT-611..... ●  |  | Servicing            |   |  |
| CT-238.. ●  |  | CT-259..... ● |  | CT-612..... ●  |  | mortgages credit ... | ● |  |
| CT-239.. ●  |  | CT-601..... ● |  | CT-613..... ●  |  | Other credits.....   | ● |  |

If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, mark an **X** in the box ..... ●

**101a** Total credits listed above (enter here and on line 78; attach appropriate form or statement for each credit claimed) **101a.**

**101b** Total refund eligible tax credits (see instructions; the amount of the credit claimed as a refund should be shown only on line 100a) ● **101b.**

| Composition of prepayments included on line 87 (see instructions) |  | Date paid    | Amount |
|---|--|--------------|--------|
| <b>102</b>  | Mandatory first installment of combined group .....  | <b>102.</b>  |        |
| <b>103a</b>   | Second installment of combined group from Form CT-400.....   | <b>103a.</b> |        |
| <b>103b</b>   | Third installment of combined group from Form CT-400.....  | <b>103b.</b> |        |
| <b>103c</b>   | Fourth installment of combined group from Form CT-400 .....  | <b>103c.</b> |        |
| <b>104</b>  | Payment with extension request, from Form CT-5.3, line 8 .....   | <b>104.</b>  |        |
| <b>105</b>  | Overpayment credited from prior years .....  | <b>105.</b>  |        |
| <b>106</b>  | Overpayment credited from Form CT-3M/4M <input type="text" value="Period"/> .....                                | <b>106.</b>  |        |
| <b>107</b>  | Total prepayments from subsidiaries not previously included in the combined return (from Form(s) CT-3-A/C) ..... | <b>107.</b>  |        |
| <b>108</b>  | Total prepayments (add lines 102 through 107; enter here and on line 87) .....                                   | <b>108.</b>  |        |
| <b>109</b>  | Interest deducted in computing federal taxable income..... ●   | <b>109.</b>  |        |

**110** If the IRS has completed an audit of any of your returns within the last five years, list years:

**111** If a member of an affiliated federal group, enter name of primary corporation and EIN:  
 ● Name  ● EIN

**112** If more than 50% owned by another corporation, enter name of parent corporation and EIN:  
 ● Name  ● EIN

**113** Corporations organized outside New York State, complete the following for capital stock issued and outstanding:

|                      |       |                         |       |
|----------------------|-------|-------------------------|-------|
| Number of par shares | Value | Number of no-par shares | Value |
|                      | \$    |                         | \$    |

**Interest paid to shareholders**

|             |   |              |  |
|-------------|---|--------------|--|
| <b>114</b>  | Did this corporation make any payments treated as interest in the computation of ENI to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock (mark an <b>X</b> in the appropriate box)? If Yes, complete the following and mark an <b>X</b> in the appropriate box on line 115 (if more than one, attach separate sheet) ..... | <b>114.</b>  | Yes ● <input type="checkbox"/> No ● <input type="checkbox"/> |
|             | Shareholder's name <input type="text"/> Social security number or EIN <input type="text"/>  |              |  |
|             | ● Interest paid to shareholder <input type="text"/> Total indebtedness to shareholders described above <input type="text"/> ● Total interest paid <input type="text"/>  |              |  |
| <b>115</b>  | Is there written evidence of the indebtedness? .....  | <b>115.</b>  | Yes ● <input type="checkbox"/> No ● <input type="checkbox"/> |
| <b>116a</b> | Is the combined group claiming small business taxpayer status for lower ENI tax rates? .....  | <b>116a.</b> | Yes ● <input type="checkbox"/> No ● <input type="checkbox"/> |
| <b>116b</b> | If you marked Yes on line 116a, enter total capital contributions (see instructions) .....  | <b>116b.</b> |  |
| <b>117a</b> | Is the combined group claiming qualified New York manufacturer status for lower capital base tax limitation? (see instructions; mark an <b>X</b> in the appropriate box).....   | <b>117a.</b> | Yes ● <input type="checkbox"/> No <input type="checkbox"/>   |
| <b>117b</b> | Is the combined group claiming qualified New York manufacturer status for lower ENI tax rates? (see instructions; mark an <b>X</b> in the appropriate box).....   | <b>117b.</b> | Yes ● <input type="checkbox"/> No <input type="checkbox"/>   |

|      |                                |
|------|--------------------------------|
| Name | Employer identification number |
|------|--------------------------------|

**Computation of combined business allocation percentage for aviation corporations** (use the combined totals when dividing)

|             |   |              |
|-------------|---|--------------|
| <b>118a</b> | New York aircraft arrivals and departures (revenue flights only) .....  | <b>118a.</b> |
| <b>118b</b> | Adjusted New York aircraft arrivals and departures (revenue flights only) (multiply line 118a by 60% (.60)) .....       | <b>118b.</b> |
| <b>119</b>  | Total aircraft arrivals and departures (revenue flights only) .....   | <b>119.</b>  |
| <b>120</b>  | Combined New York aircraft arrivals and departures percentage (divide line 118b, column E, by line 119, column E) ..... | <b>120.</b>  |
| <b>121a</b> | New York revenue tons handled .....   | <b>121a.</b> |
| <b>121b</b> | Adjusted New York revenue tons handled (multiply line 121a by 60% (.60)) .....  | <b>121b.</b> |
| <b>122</b>  | Total revenue tons handled .....  | <b>122.</b>  |
| <b>123</b>  | Combined New York revenue tons handled percentage (divide line 121b, column E, by line 122, column E) .....             | <b>123.</b>  |
| <b>124a</b> | New York originating revenue .....  | <b>124a.</b> |
| <b>124b</b> | Adjusted New York originating revenue (multiply line 124a by 60% (.60)) .....   | <b>124b.</b> |
| <b>125</b>  | Total originating revenue .....   | <b>125.</b>  |
| <b>126</b>  | Combined New York originating revenue percentage (divide line 124b, column E, by line 125, column E) .....              | <b>126.</b>  |
| <b>127</b>  | Total combined New York percentages (add lines 120, 123, and 126) .....   | <b>127.</b>  |
| <b>128</b>  | Combined New York business allocation percentage (divide line 127 by three) .....                                       | <b>128.</b>  |

**Computation of combined business allocation percentage** (use combined totals when dividing)

Mark an **X** in the box if the companies in the combined group are air freight forwarders acting as principal or like indirect air carriers, or are qualified foreign air carriers. (see instructions).....

If the companies in the combined group are **not** air freight forwarders acting as principal or like indirect air carriers, or qualified foreign air carriers, complete **only** lines 142 through 154 and enter on line 160 the receipts factor computed on line 154. The receipts factor is the business allocation percentage.

|   |  |  |             |
|---|--|--|-------------|
| <b>Average value of property</b> (see instructions)     | <b>129</b>   | New York real estate owned .....   | <b>129.</b> |
|   | <b>130</b>   | Total real estate owned .....  | <b>130.</b> |
|   | <b>131</b>   | New York real estate rented .....  | <b>131.</b> |
|   | <b>132</b>   | Total real estate rented .....   | <b>132.</b> |
|   | <b>133</b>   | New York inventories owned .....   | <b>133.</b> |
|   | <b>134</b>   | Total inventories owned .....  | <b>134.</b> |
|   | <b>135</b>   | New York tangible personal property owned .....  | <b>135.</b> |
|   | <b>136</b>   | Total tangible personal property owned .....   | <b>136.</b> |
|   | <b>137</b>   | New York tangible personal property rented .....   | <b>137.</b> |
|   | <b>138</b>   | Total tangible personal property rented .....  | <b>138.</b> |
| <b>Receipts in the regular course of business from:</b> | <b>139</b>   | Total New York property (add lines 129, 131, 133, 135, and 137) .....                            | <b>139.</b> |
|   | <b>140</b>   | Total property everywhere (add lines 130, 132, 134, 136, and 138) .....                          | <b>140.</b> |
|   | <b>141</b>   | Combined New York State property factor (divide line 139, column E, by line 140, column E) ..... | <b>141.</b> |
|   | <b>142</b>   | Sales of tangible personal property allocated to New York State .....                            | <b>142.</b> |
|   | <b>143</b>   | Total sales of tangible personal property .....  | <b>143.</b> |
|   | <b>144</b>   | New York services performed .....  | <b>144.</b> |
|   | <b>145</b>   | Total services performed .....   | <b>145.</b> |
|   | <b>146</b>   | New York rentals of property .....   | <b>146.</b> |
|   | <b>147</b>   | Total rentals of property .....  | <b>147.</b> |
|   | <b>148</b>   | New York royalties .....   | <b>148.</b> |
|   | <b>149</b>   | Total royalties .....  | <b>149.</b> |
|   | <b>150</b>   | Other New York business receipts .....   | <b>150.</b> |
|   | <b>151</b>   | Total other business receipts .....  | <b>151.</b> |
|   | <b>152</b>   | Total New York receipts (add lines 142, 144, 146, 148, and 150) .....                            | <b>152.</b> |
|   | <b>153</b>   | Total receipts everywhere (add lines 143, 145, 147, 149, and 151) .....                          | <b>153.</b> |
| <b>154</b>  | Combined New York State receipts factor (divide line 152, column E, by line 153, column E) ..... | <b>154.</b>  |             |
| <b>155</b>  | Combined New York State additional receipts factor (see instructions) .....                      | <b>155.</b>  |             |

(continued)

|       | <b>A</b><br>Parent | <b>B</b><br>Total subsidiaries | <b>C</b><br>Subtotal<br><i>(column A + column B)</i> | <b>D</b><br>Intercorporate<br>eliminations | <b>E</b><br>Combined total<br><i>(column C - column D)</i> |
|-------|--------------------|--------------------------------|--|--|--|
| 118a. |                    |                                |  |  | 118a.  |
| 118b. |                    |                                |  |  | 118b.  |
| 119.  |                    |                                |  |  | 119.   |
| 120.  |                    |                                |  |  | 120.   |
| 121a. |                    |                                |  |  | 121a.  |
| 121b. |                    |                                |  |  | 121b.  |
| 122.  |                    |                                |  |  | 122.   |
| 123.  |                    |                                |  |  | 123.   |
| 124a. |                    |                                |  |  | 124a.  |
| 124b. |                    |                                |  |  | 124b.  |
| 125.  |                    |                                |  |  | 125.   |
| 126.  |                    |                                |  |  | 126.   |
| 127.  |                    |                                |  |  | 127.   |
| 128.  |                    |                                |  |  | 128.   |

|      |  |  |  |  |      |
|------|--|--|--|--|------|
| 129. |  |  |  |  | 129. |
| 130. |  |  |  |  | 130. |
| 131. |  |  |  |  | 131. |
| 132. |  |  |  |  | 132. |
| 133. |  |  |  |  | 133. |
| 134. |  |  |  |  | 134. |
| 135. |  |  |  |  | 135. |
| 136. |  |  |  |  | 136. |
| 137. |  |  |  |  | 137. |
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| 139. |  |  |  |  | 139. |
| 140. |  |  |  |  | 140. |
| 141. |  |  |  |  | 141. |
| 142. |  |  |  |  | 142. |
| 143. |  |  |  |  | 143. |
| 144. |  |  |  |  | 144. |
| 145. |  |  |  |  | 145. |
| 146. |  |  |  |  | 146. |
| 147. |  |  |  |  | 147. |
| 148. |  |  |  |  | 148. |
| 149. |  |  |  |  | 149. |
| 150. |  |  |  |  | 150. |
| 151. |  |  |  |  | 151. |
| 152. |  |  |  |  | 152. |
| 153. |  |  |  |  | 153. |
| 154. |  |  |  |  | 154. |
| 155. |  |  |  |  | 155. |

|      |                                |
|------|--------------------------------|
| Name | Employer identification number |
|------|--------------------------------|

**Computation of combined business allocation percentage** *(use combined totals when dividing)* *(continued)*

|                |   |             |
|----------------|---|-------------|
| <b>Payroll</b> | 156 New York wages and other compensation of employees except general executive officers .....                                  | <b>156.</b> |
|                | 157 Total wages and other compensation of employees except general executive officers .....                                     | <b>157.</b> |
|                | 158 Combined New York State payroll factor <i>(divide line 156, column E, by line 157, column E)</i> .....                      | <b>158.</b> |
|                | 159 Total combined New York State factors <i>(add lines 141, 154, 155, and 158)</i> .....                                       | <b>159.</b> |
|                | 160 Combined business allocation percentage <i>(see instructions; enter here and in the boxes on line 21 and line 38)</i> ..... | <b>160.</b> |

**Computation of combined business allocation percentage for trucking and railroad corporations**  
*(use the combined totals when dividing)*

|     |  |             |
|-----|--|-------------|
| 161 | New York revenue miles .....   | <b>161.</b> |
| 162 | Total revenue miles.....   | <b>162.</b> |
| 163 | Combined New York business allocation percentage <i>(divide line 161, column E, by line 162, column E)</i> ..... | <b>163.</b> |

**Computation of combined alternative business allocation percentage for combined MTI base**  
*(use the combined totals when dividing)*

If the companies in the combined group are **not** air freight forwarders acting as principal or like indirect air carriers, or qualified foreign air carriers, complete **only** lines 177 through 189 and enter on line 195 the receipts factor computed on line 189. The receipts factor is the alternative business allocation percentage.

|   |   |   |             |
|---|---|---|-------------|
| <b>Average value of property</b><br><small><i>(see instructions)</i></small>                                | 164 New York real estate owned .....  | <b>164.</b>   |             |
|   | 165 Total real estate owned .....   | <b>165.</b>   |             |
|   | 166 New York real estate rented .....   | <b>166.</b>   |             |
|   | 167 Total real estate rented .....  | <b>167.</b>   |             |
|   | 168 New York inventories owned .....  | <b>168.</b>   |             |
|   | 169 Total inventories owned .....   | <b>169.</b>   |             |
|   | 170 New York tangible personal property owned .....   | <b>170.</b>   |             |
|   | 171 Total tangible personal property owned.....   | <b>171.</b>   |             |
|   | 172 New York tangible personal property rented .....  | <b>172.</b>   |             |
|   | 173 Total tangible personal property rented .....   | <b>173.</b>   |             |
|   | 174 Total New York property <i>(add lines 164, 166, 168, 170, and 172)</i> .....                            | <b>174.</b>   |             |
|   | 175 Total property everywhere <i>(add lines 165, 167, 169, 171, and 173)</i> .....                          | <b>175.</b>   |             |
|   | 176 Combined New York State property factor <i>(divide line 174, column E, by line 175, column E)</i> ..... | <b>176.</b>   |             |
|   | <b>Receipts in the regular course of business from:</b>   | 177 Sales of tangible personal property allocated to New York State ..... | <b>177.</b> |
|   |   | 178 Total sales of tangible personal property .....                       | <b>178.</b> |
|   |   | 179 New York services performed .....                                     | <b>179.</b> |
| 180 Total services performed .....  |   | <b>180.</b>   |             |
| 181 New York rentals of property .....  |   | <b>181.</b>   |             |
| 182 Total rentals of property .....   |   | <b>182.</b>   |             |
| 183 New York royalties .....  |   | <b>183.</b>   |             |
| 184 Total royalties .....   |   | <b>184.</b>   |             |
| 185 Other New York business receipts .....  |   | <b>185.</b>   |             |
| 186 Total other business receipts .....   |   | <b>186.</b>   |             |
| 187 Total New York receipts <i>(add lines 177, 179, 181, 183, and 185)</i> .....                            |   | <b>187.</b>   |             |
| 188 Total receipts everywhere <i>(add lines 178, 180, 182, 184, and 186)</i> .....                          |   | <b>188.</b>   |             |
| 189 Combined New York State receipts factor <i>(divide line 187, column E, by line 188, column E)</i> ..... |   | <b>189.</b>   |             |
| 190 Combined New York State additional receipts factor <i>(see instructions)</i> .....                      |   | <b>190.</b>   |             |
| <b>Payroll</b>  | 191 New York wages and other compensation of employees except general executive officers .....              | <b>191.</b>   |             |
|   | 192 Total wages everywhere and other compensation of employees except general executive officers .....      | <b>192.</b>   |             |
|   | 193 Combined New York State payroll factor <i>(divide line 191, column E, by line 192, column E)</i> .....  | <b>193.</b>   |             |
|   | 194 Total combined New York State factors <i>(add lines 176, 189, 190, and 193)</i> .....                   | <b>194.</b>   |             |
|   | 195 Combined alternative business allocation percentage <i>(see instructions)</i> .....                     | <b>195.</b>   |             |

|        | A<br>Parent | B<br>Total subsidiaries | C<br>Subtotal<br>(column A + column B) | D<br>Intercorporate<br>eliminations | E<br>Combined total<br>(column C - column D) |
|--------|-------------|-------------------------|--|-------------------------------------|--|
| 156.   |             |                         |  |                                     | 156. •                                       |
| 157.   |             |                         |  |                                     | 157. •                                       |
| 158.   |             |                         |  |                                     | 158. • %                                     |
| 159.   |             |                         |  |                                     | 159. • %                                     |
| 160.   |             |                         |  |                                     | 160. • %                                     |
| 161.   |             |                         |  |                                     | 161. •                                       |
| 162.   |             |                         |  |                                     | 162. •                                       |
| 163.   |             |                         |  |                                     | 163. • %                                     |
| 164.   |             |                         |  |                                     | 164. •                                       |
| 165.   |             |                         |  |                                     | 165. •                                       |
| 166.   |             |                         |  |                                     | 166. •                                       |
| 167.   |             |                         |  |                                     | 167. •                                       |
| 168.   |             |                         |  |                                     | 168. •                                       |
| 169.   |             |                         |  |                                     | 169. •                                       |
| 170.   |             |                         |  |                                     | 170. •                                       |
| 171.   |             |                         |  |                                     | 171. •                                       |
| 172.   |             |                         |  |                                     | 172. •                                       |
| 173.   |             |                         |  |                                     | 173. •                                       |
| 174.   |             |                         |  |                                     | 174. •                                       |
| 175.   |             |                         |  |                                     | 175. •                                       |
| 176.   |             |                         |  |                                     | 176. • %                                     |
| 177.   |             |                         |  |                                     | 177. •                                       |
| 178.   |             |                         |  |                                     | 178. •                                       |
| 179.   |             |                         |  |                                     | 179. •                                       |
| 180.   |             |                         |  |                                     | 180. •                                       |
| 181.   |             |                         |  |                                     | 181. •                                       |
| 182.   |             |                         |  |                                     | 182. •                                       |
| 183.   |             |                         |  |                                     | 183. •                                       |
| 184.   |             |                         |  |                                     | 184. •                                       |
| 185.   |             |                         |  |                                     | 185. •                                       |
| 186.   |             |                         |  |                                     | 186. •                                       |
| 187. • |             |                         |  |                                     | 187. •                                       |
| 188.   |             |                         |  |                                     | 188. •                                       |
| 189.   |             |                         |  |                                     | 189. • %                                     |
| 190.   |             |                         |  |                                     | 190. • %                                     |
| 191.   |             |                         |  |                                     | 191. •                                       |
| 192.   |             |                         |  |                                     | 192. •                                       |
| 193.   |             |                         |  |                                     | 193. • %                                     |
| 194.   |             |                         |  |                                     | 194. • %                                     |
| 195.   |             |                         |  |                                     | 195. • %                                     |

|      |                                |
|------|--------------------------------|
| Name | Employer identification number |
|------|--------------------------------|

**Computation of combined investment capital and investment allocation percentage** *(see instructions)*

|  |             |
|--|-------------|
| <b>196</b> Section 1 - Corporate and governmental debt instruments .....   | <b>196.</b> |
| <b>A</b> Average value <i>(see instructions)</i> .....   | <b>A.</b>   |
| <b>B</b> Liabilities directly or indirectly attributable to investment capital <i>(see instructions)</i> .....                     | <b>B.</b>   |
| <b>C</b> Net average value <i>(subtract line B from line A)</i> .....  | <b>C.</b>   |
| <b>D</b> Net average value allocated to New York State .....   | <b>D.</b>   |
| <b>197</b> Section 2 - Corporate stock, stock rights, stock warrants, and stock options .....                                      | <b>197.</b> |
| <b>A</b> Average value <i>(see instructions)</i> .....   | <b>A.</b>   |
| <b>B</b> Liabilities directly or indirectly attributable to investment capital <i>(see instructions)</i> .....                     | <b>B.</b>   |
| <b>C</b> Net average value <i>(subtract line B from line A)</i> .....  | <b>C.</b>   |
| <b>D</b> Net average value allocated to New York State .....   | <b>D.</b>   |
| <b>198</b> Total Section 1 and Section 2 .....   | <b>198.</b> |
| <b>A</b> Average value <i>(add lines 196A and 197A)</i> .....  | <b>A.</b>   |
| <b>B</b> Liabilities directly or indirectly attributable to investment capital <i>(add lines 196B and 197B)</i> .....              | <b>B.</b>   |
| <b>C</b> Net average value <i>(add lines 196C and 197C)</i> .....  | <b>C.</b>   |
| <b>D</b> Net average value allocated to New York State <i>(add lines 196D and 197D)</i> .....                                      | <b>D.</b>   |
| <b>199</b> Combined investment allocation percentage <i>(divide line 198D by line 198C; use to compute lines 20, 37, 67)</i> ..... | <b>199.</b> |
| <b>200</b> Cash (optional).....  | <b>200.</b> |
| <b>201</b> Combined investment capital <i>(add lines 198C, column E, and 200, column E)</i> .....                                  | <b>201.</b> |

**Computation of combined investment income for allocation**

|   |             |
|---|-------------|
| <b>202</b> Interest income from investment capital, listed on line 196, Section 1 <i>(see instructions)</i> .....                 | <b>202.</b> |
| <b>203</b> Interest income from bank accounts .....   | <b>203.</b> |
| <b>204</b> All other interest income from investment capital.....   | <b>204.</b> |
| <b>205</b> Dividend income from investment capital.....   | <b>205.</b> |
| <b>206</b> Net capital gain or loss from investment capital.....  | <b>206.</b> |
| <b>207</b> Investment income other than interest, dividends, capital gains or capital losses .....                                | <b>207.</b> |
| <b>208</b> Total combined investment income <i>(add lines 202 through 207)</i> .....  | <b>208.</b> |
| <b>209</b> <b>Interest</b> deductions <b>directly</b> attributable to investment capital .....                                    | <b>209.</b> |
| <b>210</b> <b>Noninterest</b> deductions <b>directly</b> attributable to investment capital .....                                 | <b>210.</b> |
| <b>211</b> <b>Interest</b> deductions <b>indirectly</b> attributable to investment capital .....                                  | <b>211.</b> |
| <b>212</b> <b>Noninterest</b> deductions <b>indirectly</b> attributable to investment capital .....                               | <b>212.</b> |
| <b>213</b> Balance <i>(subtract the sum of lines 209 through 212, column E, from line 208, column E)</i> .....                    | <b>213.</b> |
| <b>214</b> Apportioned New York combined NOLD .....   | <b>214.</b> |
| <b>215</b> Combined investment income before allocation <i>(subtract line 214 from line 213; enter here and on line 18)</i> ..... | <b>215.</b> |

**Computation of income from combined subsidiary capital** *(see instructions)*

|  |             |
|--|-------------|
| <b>216</b> Interest from combined subsidiary capital <i>(attach list)</i> .....  | <b>216.</b> |
| <b>217</b> Dividends from combined subsidiary capital <i>(attach list)</i> .....   | <b>217.</b> |
| <b>218</b> Capital gains from combined subsidiary capital <i>(see instructions; attach list)</i> .....                       | <b>218.</b> |
| <b>219</b> Total income from combined subsidiary capital <i>(add lines 216 through 218; enter here and on line 10)</i> ..... | <b>219.</b> |

**Computation and allocation of combined subsidiary capital base and tax** *(see instructions for lines 220*

*through 223)* Include corporations (except a DISC) in which you own more than 50% of the voting stock. Do not include the value of any subsidiaries included in the combined return.

|   |             |
|---|-------------|
| <b>220</b> Average value .....  | <b>220.</b> |
| <b>221</b> Liabilities directly or indirectly attributable to subsidiary capital.....   | <b>221.</b> |
| <b>222</b> Net average value <i>(subtract line 221 from line 220)</i> .....   | <b>222.</b> |
| <b>223</b> Net average value allocated to New York State.....   | <b>223.</b> |
| <b>224</b> Combined subsidiary capital base tax <i>(multiply line 223, column E, by .0009; enter here and on line 76)</i> ..... | <b>224.</b> |

|             | <b>A</b><br>Parent | <b>B</b><br>Total subsidiaries | <b>C</b><br>Subtotal<br><i>(column A + column B)</i> | <b>D</b><br>Intercorporate<br>eliminations | <b>E</b><br>Combined total<br><i>(column C — column D)</i> |
|-------------|--------------------|--------------------------------|--|--|--|
| <b>196.</b> |                    |                                |  |  | <b>196.</b>  |
| A.          |                    |                                |  |  | A.   |
| B.          |                    |                                |  |  | B.   |
| C.          |                    |                                |  |  | C.   |
| D.          |                    |                                |  |  | D.   |
| <b>197.</b> |                    |                                |  |  | <b>197.</b>  |
| A.          |                    |                                |  |  | A.   |
| B.          |                    |                                |  |  | B.   |
| C.          |                    |                                |  |  | C.   |
| D.          |                    |                                |  |  | D.   |
| <b>198.</b> |                    |                                |  |  | <b>198.</b>  |
| A.          |                    |                                |  |  | A.   |
| B.          |                    |                                |  |  | B.   |
| C.          |                    |                                |  |  | C.   |
| D.          |                    |                                |  |  | D.   |
| <b>199.</b> |                    |                                |  |  | <b>199.</b> %  |
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| <b>Third – party designee</b><br><i>(see instructions)</i>   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Designee's name <i>(print)</i> |         | Designee's phone number<br>( ) |           |                |
|  | Designee's e-mail address                                |                                |         |                                | PIN       |                |
| <b>Certification:</b> I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete. |  |                                |         |                                |           |                |
| <b>Authorized person</b>   | Signature of authorized person                           |                                |         | Official title                 |           |                |
|  | E-mail address of authorized person                      |                                |         |                                | Date      |                |
| <b>Paid preparer use only</b>  | Firm's name <i>(or yours if self-employed)</i>           |                                |         |                                | ID number |                |
|  | Signature of individual preparing this return            |                                | Address |                                | City      | State ZIP code |
|  | E-mail address of individual preparing this return       |                                |         |                                | Date      |                |

See instructions for where to file.