



# 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

All filers must enter tax period:

Final return  Amended return

beginning  ending

Employer identification number	File number	Business telephone number ( )	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) c/o 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)	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)
Principal business activity				

### 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> 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  Form 1120-A  Consolidated basis  Other:  \_\_\_\_\_

E. Mark an **X** in the box **only if you need a tax packet** mailed to you next year (see instructions).....

Newly formed NYS combined groups must attach Form CT-51, *Combined Filer Statement for Newly Formed Groups Only*, stating the names, addresses, and other identifying information for each member of the group. Existing combined groups will be sent Form CT-50, *Combined Filer Statement for Existing Groups*, annually to verify the members in the group and to add or remove any corporations from the group. Attach Form CT-50 or Form CT-51 to your return.

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

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

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

	<b>A</b> Parent	<b>B</b> Total subsidiaries	<b>C</b> Subtotal <i>(column A + column B)</i>	<b>D</b> Intercorporate eliminations	<b>E</b> Combined total <i>(column C - column D)</i>
1.					1.
2.					2.
3.					3.
4a.					4a.
4b.					4b.
5a.					5a.
5b.					5b.
6.					6.
7.					7.
8.					8.
9.					9.
10.					10.
11.					11.
12.					12.
13.					13.
14.					14.
15.					15.
16.					16.
17.					17.
18.					18.
19.					19.
20.					20.
21.					21.
22.					22.
23.					23.
24.					24.
25.					25.
26.					26.
27.					27.
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31.					31.
32.					32.
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37.					37.
38.					38.
39.					39.
40.					40.
41.					41.

Name	Employer identification number
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**Computation of combined minimum taxable income (MTI) base**

42 Combined ENI from line 17.....	<b>42.</b>
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**Adjustments** (see instructions)

43 Depreciation of tangible property placed in service after 1986 (see instructions) .....	<b>43.</b>
44 Amortization of mining exploration and development costs paid or incurred after 1986.....	<b>44.</b>
45 Amortization of circulation expenditures paid or incurred after 1986 (personal holding companies only) .....	<b>45.</b>
46 Basis adjustments in determining gain or loss from sale or exchange of property .....	<b>46.</b>
47 Long-term contracts entered into after February 28, 1986 .....	<b>47.</b>
48 Installment sales of certain property .....	<b>48.</b>
49 Merchant marine capital construction funds .....	<b>49.</b>
50 Passive activity loss (closely held and personal service corporations only) .....	<b>50.</b>
51 Add lines 42 through 50, column E .....	<b>51.</b>

**Tax preference items** (see instructions)

52 Depletion.....	<b>52.</b>
53 Appreciated property charitable deduction .....	<b>53.</b>
54 Intangible drilling costs.....	<b>54.</b>
55 Add lines 51 through 54, column E .....	<b>55.</b>
56 Combined New York NOLD from line 13 .....	<b>56.</b>
57 Total (add lines 55 and 56) .....	<b>57.</b>
58 Combined alternative net operating loss deduction (ANOLD) (see instructions) .....	<b>58.</b>
59 Combined MTI (subtract line 58 from 57) .....	<b>59.</b>
60 Combined investment income before apportioned NOLD (add line 18 and line 214) .....	<b>60.</b>
61 Combined investment income not included in ENI but included in MTI .....	<b>61.</b>
62 Combined investment income before apportioned ANOLD (add lines 60 and 61) .....	<b>62.</b>
63 Apportioned combined New York ANOLD (see instructions) .....	<b>63.</b>
64 Combined alternative investment income before allocation (subtract line 63 from line 62) .....	<b>64.</b>
65 Combined alternative business income before allocation (subtract line 64 from line 59) .....	<b>65.</b>
66 Allocated combined alternative business income (multiply line 65 by <input type="text"/> % from line 128, line 163, or line 195) .....	<b>66.</b>
67 Allocated combined alternative investment income (multiply line 64 by <input type="text"/> % from line 199) .....	<b>67.</b>
68 Allocated combined MTI (add lines 66 and 67) .....	<b>68.</b>
69 Optional depreciation adjustment from line 23, column E .....	<b>69.</b>
70 Combined MTI base (line 68 plus or minus line 69) .....	<b>70.</b>
71 Tax on combined MTI base (multiply line 70 by .025) .....	<b>71.</b>

	A Parent	B Total subsidiaries	C Subtotal <i>(column A + column B)</i>	D Intercorporate eliminations	E Combined total <i>(column C - column D)</i>
42.					42.

43.					43.
44.					44.
45.					45.
46.					46.
47.					47.
48.					48.
49.					49.
50.					50.
51.					51.

52.					52.
53.					53.
54.					54.
55.					55.
56.					56.
57.					57.
58.					58.
59.					59.
60.					60.
61.					61.
62.					62.
63.					63.
64.					64.
65.					65.
66.					66.
67.					67.
68.					68.
69.					69.
70.					70.
71.					71.

Name	Employer identification number
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**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) (if new small business, mark an X 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 Gross payroll everywhere (see instructions).....	•	<b>74a.</b>	
74b Total receipts everywhere (see instructions).....	•	<b>74b.</b>	
74c Average value of gross assets everywhere (see instructions) ...	•	<b>74c.</b>	
74d Fixed dollar minimum tax (for the corporation filing this form) .....	•	<b>74d.</b>	
75 Amount from line 71, 72, 73, or 74d, 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 74d, 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 Fixed dollar minimum tax for subsidiaries (\$1,500) .....	•	<b>83a.</b>	
83b Fixed dollar minimum tax for subsidiaries (\$100, \$225, \$325, \$425, or \$800) .....	•	<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 underpayment penalty (mark an X 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 World Trade Center Memorial Foundation Fund.....	•	<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 (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-242 ..... ●		CT-603 ..... ●		DTF-621 .....	●		
CT-40 ... ●		CT-243 ..... ●		CT-604 ..... ●		DTF-622 .....	●		
CT-41 ... ●		CT-248 ..... ●		CT-605 ..... ●		DTF-623 .....	●		
CT-43 ... ●		CT-249 ..... ●		CT-606 ..... ●		DTF-624 .....	●		
CT-44 ... ●		CT-250 ..... ●		CT-611 ..... ●		DTF-630 .....	●		
CT-46 ... ●		CT-259 ..... ●		CT-612 ..... ●		Servicing			
CT-47 ... ●		CT-601 ..... ●		CT-613 ..... ●		mortgages credit ... ●			
CT-239 .. ●		CT-601.1 ... ●		CT-631 ..... ●		Other credits..... ●			
CT-241.. ●		CT-602 ..... ●		DTF-619 ... ●					

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>	

**109** Interest deducted in computing federal taxable income..... ● **109.**

**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 \$
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**Interest paid to shareholders**

**114** 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 **X** in the appropriate box)? If Yes, complete the following and mark an **X** in the appropriate box on line 115 (if more than one, attach separate sheet) ..... **114.** Yes ●  No ●

Shareholder's name	Social security number or EIN
● Interest paid to shareholder	● Total interest paid
Total indebtedness to shareholders described above	

**115** Is there written evidence of the indebtedness? ..... **115.** Yes ●  No ●

**116a** Is the combined group claiming small business taxpayer status for lower ENI tax rates? ..... **116a.** Yes ●  No ●

**116b** If you marked Yes on line 116a, enter total capital contributions (see instructions) ..... ● **116b.**

**117** Is the combined group claiming manufacturer status for lower capital base tax limitation? (see instructions; mark an **X** in the appropriate box)..... **117.** Yes ●  No

Name	Employer identification number
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**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) <i>(multiply line 118a by 60% (.60))</i> .....	<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 <i>(divide line 118b, column E, by line 119, column E)</i> .....	<b>120.</b>
<b>121a</b>	New York revenue tons handled .....	<b>121a.</b>
<b>121b</b>	Adjusted New York revenue tons handled <i>(multiply line 121a by 60% (.60))</i> .....	<b>121b.</b>
<b>122</b>	Total revenue tons handled .....	<b>122.</b>
<b>123</b>	Combined New York revenue tons handled percentage <i>(divide line 121b, column E, by line 122, column E)</i> .....	<b>123.</b>
<b>124a</b>	New York originating revenue .....	<b>124a.</b>
<b>124b</b>	Adjusted New York originating revenue <i>(multiply line 124a by 60% (.60))</i> .....	<b>124b.</b>
<b>125</b>	Total originating revenue .....	<b>125.</b>
<b>126</b>	Combined New York originating revenue percentage <i>(divide line 124b, column E, by line 125, column E)</i> .....	<b>126.</b>
<b>127</b>	Total combined New York percentages <i>(add lines 120, 123, and 126)</i> .....	<b>127.</b>
<b>128</b>	Combined New York business allocation percentage <i>(divide line 127 by three)</i> .....	<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)*.....

	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>139</b>	Total New York property <i>(add lines 129, 131, 133, 135, and 137)</i> .....	<b>139.</b>
<b>140</b>	Total property everywhere <i>(add lines 130, 132, 134, 136, and 138)</i> .....	<b>140.</b>
<b>141</b>	Combined New York State weighted property factor <i>(divide line 139, column E, by line 140, column E)</i> .....	<b>141.</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 <i>(add lines 142, 144, 146, 148, and 150)</i> .....	<b>152.</b>
<b>153</b>	Total receipts everywhere <i>(add lines 143, 145, 147, 149, and 151)</i> .....	<b>153.</b>
<b>154</b>	Combined New York State receipts factor <i>(divide line 152, column E, by line 153, column E)</i> .....	<b>154.</b>
<b>155</b>	Combined New York State weighted receipts factor <i>(multiply line 154 by three; see instructions)</i> .....	<b>155.</b>
	New York wages and other compensation of employees except general executive officers .....	<b>156.</b>
<b>157</b>	Total wages and other compensation of employees except general executive officers .....	<b>157.</b>
<b>158</b>	Combined New York State weighted payroll factor <i>(divide line 156, column E, by line 157, column E)</i> .....	<b>158.</b>
<b>159</b>	Total combined New York State weighted factors <i>(add lines 141, 155, and 158)</i> .....	<b>159.</b>
<b>160</b>	Combined business allocation percentage <i>(see instructions; enter here and in the boxes on line 21 and line 38)</i> .....	<b>160.</b>



	<b>A</b> Parent	<b>B</b> Total subsidiaries	<b>C</b> Subtotal <i>(column A + column B)</i>	<b>D</b> Intercompany eliminations	<b>E</b> Combined total <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.
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156.					156.
157.					157.
158.					158.
159.					159.
160.					160.

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

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

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

<b>Average value of property</b> <i>(see instructions)</i>		
164	New York real estate owned .....	164.
165	Total real estate owned .....	165.
166	New York real estate rented .....	166.
167	Total real estate rented .....	167.
168	New York inventories owned .....	168.
169	Total inventories owned .....	169.
170	New York tangible personal property owned .....	170.
171	Total tangible personal property owned .....	171.
172	New York tangible personal property rented .....	172.
173	Total tangible personal property rented .....	173.
174	Total New York property <i>(add lines 164, 166, 168, 170, and 172)</i> .....	174.
175	Total property everywhere <i>(add lines 165, 167, 169, 171, and 173)</i> .....	175.
176	Combined New York State weighted property factor <i>(divide line 174, column E, by line 175, column E)</i> .....	176.

**Receipts in the regular course of business from:**

177	Sales of tangible personal property allocated to New York State .....	177.
178	Total sales of tangible personal property .....	178.
179	New York services performed .....	179.
180	Total services performed .....	180.
181	New York rentals of property .....	181.
182	Total rentals of property .....	182.
183	New York royalties .....	183.
184	Total royalties .....	184.
185	Other New York business receipts .....	185.
186	Total other business receipts .....	186.
187	Total New York receipts <i>(add lines 177, 179, 181, 183, and 185)</i> .....	187.
188	Total receipts everywhere <i>(add lines 178, 180, 182, 184, and 186)</i> .....	188.
189	Combined New York State receipts factor <i>(divide line 187, column E, by line 188, column E)</i> .....	189.
190	Combined New York State weighted receipts factor <i>(multiply line 189 by three; see instructions)</i> .....	190.

**Payroll**

191	New York wages and other compensation of employees except general executive officers .....	191.
192	Total wages everywhere and other compensation of employees except general executive officers .....	192.
193	Combined New York State weighted payroll factor <i>(divide line 191, column E, by line 192, column E)</i> .....	193.
194	Total combined New York State weighted factors <i>(add lines 176, 190, and 193)</i> .....	194.
195	Combined alternative business allocation percentage <i>(divide line 194 by five or by the number of factor weights; see instructions)</i> ...	195.

	<b>A</b> Parent	<b>B</b> Total subsidiaries	<b>C</b> Subtotal <i>(column A + column B)</i>	<b>D</b> Intercorporate eliminations	<b>E</b> Combined total <i>(column C - column D)</i>
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
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**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 all corporations (except a DISC) in which you own more than 50% of the voting stock. Eliminate the value of subsidiaries included in the combined return in column D, *Intercorporate eliminations*.

<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> Parent	<b>B</b> Total subsidiaries	<b>C</b> Subtotal <i>(column A + column B)</i>	<b>D</b> Intercorporate eliminations	<b>E</b> Combined total <i>(column C — column D)</i>
196.					196.
A.					A.
B.					B.
C.					C.
D.					D.
197.					197.
A.					A.
B.					B.
C.					C.
D.					D.
198.					198.
A.					A.
B.					B.
C.					C.
D.					D.
199.					199.
200.					200.
201.					201.

202.					202.
203.					203.
204.					204.
205.					205.
206.					206.
207.					207.
208.					208.
209.					209.
210.					210.
211.					211.
212.					212.
213.					213.
214.					214.
215.					215.

216.					216.
217.					217.
218.					218.
219.					219.

220.					220.
221.					221.
222.					222.
223.					223.
224.					224.

<b>Third – party designee</b>	Do you want to allow another person to discuss this return with the Tax Dept? <i>(see instructions)</i> <b>Yes</b> <input type="checkbox"/> <i>(complete the following)</i> <b>No</b> <input type="checkbox"/>		
	Designee's name	Designee's phone number (       )	Personal identification number (PIN) <input style="width: 100px;" type="text"/>

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Signature of authorized person		Official title		Date	
Paid preparer use only	Signature of individual preparing this return		Firm's name <i>(or yours if self-employed)</i>		
	Address	City	State	ZIP code	ID number
				Date	

See instructions for where to file.