

Filing Instructions

FAIRLANE VRTX, INC

Form 8879-S

U.S. S Corporation Income Tax Declaration for an IRS *e-file* Return with Electronic Filing Personal Identification Number

Taxable Year Ended December 31, 2015

Date Due: March 15, 2016

Remittance: None is required. No amount is due or overpaid.

Signature: You are using the Personal Identification Number (PIN) for signing your return electronically. Form 8879-S, IRS e-file Signature Authorization for Form 1120S should be signed and dated by an authorized officer of the corporation and returned to:

Cohn & Langer, CPAs
18 Blanche St
Plainview, NY 11803-4607

Important: Your return will not be filed with the IRS until the signed Form 8879-S, IRS e-file Signature Authorization for Form 1120S has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1120S to the IRS it will delay processing of your return.

Form **8879-S****IRS e-file Signature Authorization for Form 1120S**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service
Name of corporation

► **Do not send to the IRS. Keep for your records.**

► **Information about Form 8879-S and its instructions is at www.irs.gov/form8879s.**

For calendar year 2015, or tax year beginning , and ending

2015**FAIRLANE VRTX, INC**Employer identification number
46-1575705**Part I Tax Return Information (Whole dollars only)**

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	282,713
2	Gross profit (Form 1120S, line 3)	2	33,497
3	Ordinary business income (loss) (Form 1120S, line 21)	3	5,307
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	5,307

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2015 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN as my signature
ERO firm name
 on the corporation's 2015 electronically filed income tax return. do not enter all zeros

☒ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2015 electronically filed income tax return.

Officer's signature ► _____ Date ► **02/28/16** Title ► **PRESIDENT**
CLAUDE SIMON

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

12076312345
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► **Arthur Langer CPA** Date ► **02/28/16**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-S** (2015)

Form **1120S**Department of the Treasury
Internal Revenue Service**U.S. Income Tax Return for an S Corporation**Do not file this form unless the corporation has filed or is
attaching Form 2553 to elect to be an S corporation.Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

OMB No. 1545-0123

2015

For calendar year 2015 or tax year beginning , ending

A S election effective date 01/01/13	TYPE OR PRINT	Name FAIRLANE VRTX, INC	D Employer identification number 46-1575705
B Business activity code number (see instructions) 424300		Number, street, and room or suite no. If a P.O. box, see instructions. 534 WEST 42ND STREET #8	E Date incorporated 12/04/2012
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code NEW YORK NY 10036	F Total assets (see instructions) \$ 194,679

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year **1**

Caution. Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a	284,068	1c	282,713	
	b Returns and allowances	1b	1,355		2	249,216
	c Balance. Subtract line 1b from line 1a				3	33,497
	2 Cost of goods sold (attach Form 1125-A)				4	
	3 Gross profit. Subtract line 2 from line 1c				5	
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)				6	33,497
Deductions (see instructions for limitations)	5 Other income (loss) (see instructions—attach statement)					
	6 Total income (loss). Add lines 3 through 5					
	7 Compensation of officers (see instructions—attach Form 1125-E)			7		
	8 Salaries and wages (less employment credits)			8		
	9 Repairs and maintenance			9		
	10 Bad debts			10		
	11 Rents			11		
	12 Taxes and licenses			12	350	
	13 Interest			13		
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14		
	15 Depletion (Do not deduct oil and gas depletion.)			15		
	16 Advertising			16		
Tax and Payments	17 Pension, profit-sharing, etc., plans			17		
	18 Employee benefit programs			18		
	19 Other deductions (attach statement) See Stmt 1			19	27,840	
	20 Total deductions. Add lines 7 through 19			20	28,190	
	21 Ordinary business income (loss). Subtract line 20 from line 6			21	5,307	
	22a Excess net passive income or LIFO recapture tax (see instructions)	22a		22c		
	b Tax from Schedule D (Form 1120S)	22b				
	c Add lines 22a and 22b (see instructions for additional taxes)					
	23a 2015 estimated tax payments and 2014 overpayment credited to 2015	23a		23d		
	b Tax deposited with Form 7004	23b				
	c Credit for federal tax paid on fuels (attach Form 4136)	23c				
d Add lines 23a through 23c						
24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			24			
25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25			
26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26			
27 Enter amount from line 26 Credited to 2016 estimated tax Refunded			27			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Sign Here	Signature of officer CLAUDE SIMON	Date	Title PRESIDENT
	Print/Type preparer's name Arthur Langer CPA	Preparer's signature Arthur Langer CPA	Date 02/28/16
	Firm's name Cohn & Langer, CPAs	Firm's EIN 45-4014297	Check <input checked="" type="checkbox"/> if self-employed PTIN P01396073
Paid Preparer Use Only	Firm's address 18 Blanche St Plainview, NY 11803-4607	Phone no 516-702-3002	

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120S** (2015)

Form 1120S (2015) **FAIRLANE VRTX, INC****46-1575705**Page **3****Schedule K Shareholders' Pro Rata Share Items**

		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	5,307
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b Collectibles (28%) gain (loss)	8b	
	c Unrecaptured section 1250 gain (attach statement)	8c	
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions) Type ▶	10	
	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
Credits	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures(1) Type ▶ (2) Amount ▶	12c(2)	
	d Other deductions (see instructions) Type ▶	12d	
	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instructions) Type ▶	13d	
Foreign Transactions	e Other rental credits (see instructions) Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type ▶	13g	
	14a Name of country or U.S. possession ▶	14b	
	b Gross income from all sources	14c	
	c Gross income sourced at shareholder level Foreign gross income sourced at corporate level	14d	
	d Passive category	14e	
	e General category	14f	
	f Other (attach statement) Deductions allocated and apportioned at shareholder level	14g	
	g Interest expense	14h	
	h Other Deductions allocated and apportioned at corporate level to foreign source income	14i	
	i Passive category	14j	
	j General category	14k	
	k Other (attach statement) Other information	14l	
Alternative Minimum Tax (AMT) Items	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14m	
	m Reduction in taxes available for credit (attach statement)	15a	
	n Other foreign tax information (attach statement)	15b	
	15a Post-1986 depreciation adjustment	15c	
	b Adjusted gain or loss	15d	
	c Depletion (other than oil and gas)	15e	
Items Affecting Shareholder Basis	d Oil, gas, and geothermal properties – gross income	15f	
	e Oil, gas, and geothermal properties – deductions	16a	
	f Other AMT items (attach statement)	16b	
	16a Tax-exempt interest income	16c	
	b Other tax-exempt income	16d	
c Nondeductible expenses	16e		
d Distributions (attach statement if required) (see instructions)			
e Repayment of loans from shareholders			

Form **1120S** (2015)

Schedule K Shareholders' Pro Rata Share Items (continued)**Total amount**

Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	5,307

Schedule L Balance Sheets per Books

Beginning of tax year

End of tax year

Assets		(a)	(b)	(c)	(d)
1	Cash		824		1,918
2a	Trade notes and accounts receivable	140,351		186,761	
b	Less allowance for bad debts	()	140,351	()	186,761
3	Inventories		67,217		6,000
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation	()		()	
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		208,392		194,679
Liabilities and Shareholders' Equity					
16	Accounts payable		23,057		36,705
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement) Stmt 2		188,366		155,698
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock		1,000		1,000
23	Additional paid-in capital				
24	Retained earnings		-4,031		1,276
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock	()		()	
27	Total liabilities and shareholders' equity		208,392		194,679

Form **1120S** (2015)

Form 1120S (2015) **FAIRLANE VRTX, INC****46-1575705**Page **5****Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return****Note:** The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	5,307	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14I (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14I, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$		7 Add lines 5 and 6	
4 Add lines 1 through 3	5,307	8 Income (loss) (Schedule K, line 18). Line 4 less line 7	5,307

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	-4,031		
2 Ordinary income from page 1, line 21	5,307		
3 Other additions			
4 Loss from page 1, line 21	()		
5 Other reductions	()		
6 Combine lines 1 through 5	1,276		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	1,276		

Form **1120S** (2015)

Form **1125-A****Cost of Goods Sold**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.

▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

OMB No. 1545-2225

Name

FAIRLANE VRTX, INC

Employer identification number

46-1575705

1	Inventory at beginning of year	1	67,217
2	Purchases	2	237,391
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) Stmt 3	5	4,608
6	Total. Add lines 1 through 5	6	309,216
7	Inventory at end of year	7	60,000
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	249,216

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter the amount of closing inventory computed under LIFO **9d**

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 12-2012)

**Schedule K-1
(Form 1120S)**Department of the Treasury
Internal Revenue Service**2015**

For calendar year 2015, or tax

year beginning _____

ending _____

Final K-1

Amended K-1

OMB No. 1545-0123

**Shareholder's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

Part I Information About the Corporation**A** Corporation's employer identification number**46-1575705****B** Corporation's name, address, city, state, and ZIP code**FAIRLANE VRTX, INC****534 WEST 42ND STREET #8****NEW YORK NY 10036****C** IRS Center where corporation filed return**e-file****Part II Information About the Shareholder****D** Shareholder's identifying number**106-50-1158****E** Shareholder's name, address, city, state, and ZIP code**CLAUDE SIMON****71 TONJES ROAD****CALLICOON****NY 12723****F** Shareholder's percentage of stock
ownership for tax year**100.000000 %****Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss) 5,307	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17	Other information

* See attached statement for additional information.

Federal Statements**Statement 1 - Form 1120S, Page 1, Line 19 - Other Deductions**

<u>Description</u>	<u>Amount</u>
LEGAL & PROFESSIONAL	\$ 13,427
PROMOTION	7,094
TRUCK & DELIVERY	3,295
INSURANCE	2,757
OFFICE & POSTAGE	1,118
BANK CHARGES	80
TRAVEL	69
Total	<u>\$ 27,840</u>

Statement 2 - Form 1120S, Page 4, Schedule L, Line 18 - Other Current Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Other Current Liabilities	\$ 188,366	\$ 155,698
Total	<u>\$ 188,366</u>	<u>\$ 155,698</u>

Federal Statements**Statement 3 - Form 1125-A, Line 5 - Other Costs**

<u>Description</u>	<u>Amount</u>
FREIGHT	\$ 1,741
STORAGE	2,867
Total	<u>\$ 4,608</u>

Filing Instructions

FAIRLANE VRTX, INC

Form TR-579-CT - New York State E-File Signature Authorization

Taxable Year Ended December 31, 2015

Date Due: March 15, 2016

Remittance: A check in the amount of \$175 should be made payable to New York State Corporation Tax and included with Form CT-200-V. Write "E.I.N. 46-1575705, Form CT-3-S balance due for the year ended 12/31/15" on the check.

Mail To: NYS Dept of Taxation and Finance
Corp - V
P.O. Box 15163
Albany, NY 12212-5163

Signature: Form TR-579-CT, New York State E-File Signature Authorization should be signed and dated by an authorized officer of the corporation and returned to:

Cohn & Langer, CPAs
18 Blanche St
Plainview, NY 11803-4607

Other: Your return is being filed electronically with the New York Department of Taxation and Finance and is not required to be mailed. If you mail a paper copy of your return, it will delay processing of your return.

**New York State E-File Signature Authorization for Tax Year 2015
For Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A,
CT-33-C, CT-33-M, CT-33-NL, or CT-400**Electronic return originator (ERO)/paid preparer: **Do not** mail this form to the Tax Department. Keep it for your records.Legal name of corporation: FAIRLANE VRTX, INCReturn type (mark all that apply): CT-3 ☐ CT-3-A ☐ CT-3-M ☐ CT-3-S ☒ CT-13 ☐ CT-33 ☐CT-33-A ☐ CT-33-C ☐ CT-33-M ☐ CT-33-NL ☐ CT-400 ☐**Purpose**

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return*; CT-3-A, *General Business Corporation Combined Franchise Tax Return*; CT-3-M, *General Business Corporation MTA Surcharge Return*; CT-3-S, *New York S Corporation Franchise Tax Return*; CT-13, *Unrelated Business Income Tax Return*; CT-33, *Life Insurance Corporation Franchise Tax Return*; CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return*; CT-33-C, *Captive Insurance Company Franchise Tax Return*; CT-33-M, *Insurance Corporation MTA Surcharge Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; or CT-400, *Estimated Tax for Corporations*.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the

ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in TSB-M-05(1)C, *Alternative Methods of Signing for Tax Return Preparers*. Go to our Web site at www.tax.ny.gov to find this document.

Do not mail this form to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do not use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both)*; Form CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge, or both)*; Form CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*; Form CT-5.9, *Request for Three-Month Extension to File (for Article 9 tax return, MTA surcharge, or both)*; or Form CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E*. Instead use Form TR-579, 1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year 2015*.

Financial institution information (required if electronic payment is authorized)

1	Amount of authorized debit	1.	_____
2	Financial institution routing number	2.	_____
3	Financial institution account number	3.	_____

Part A – Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2015 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2015 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2015 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five business days prior to the payment date.

Signature of authorized officer of the corporation: _____ Date: 02-28-16Print your name and title: CLAUDE SIMON PRESIDENT**Part B – Declaration of ERO and paid preparer**

Under penalty of perjury, I declare that the information contained in this 2015 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2015 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2015 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2015 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____ Date: _____

Print name: _____

Paid preparer's signature: ARTHUR LANGER CPA Date: 02-28-16Print name: ARTHUR LANGER CPA



Department of Taxation and Finance
New York S Corporation Franchise Tax Return
Tax Law – Articles 9-A and 22

CT-3-S

Final return (see instructions) ☐

Amended return ☐

All filers must enter tax period:

beginning 01-01-15 ending 12-31-15

Employer identification number (EIN) 46-1575705		File number AA6	Business telephone number 516-702-3002	If you claim an overpayment, mark an X in the box	
Legal name of corporation FAIRLANE VRTX, INC			Trade name/DBA		
Mailing name (if different from legal name above) c/o			State or country of incorporation NY	Date received (for Tax Department use only)	
Number and street or PO box 534 WEST 42ND STREET #8			Date of incorporation 12-04-12		
City NEW YORK		State NY	ZIP code 10036	Foreign corporations: date began business in NYS	
NAICS business code number (from <i>NYS Pub 910</i>) 424300	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.		New York S election effective date 01-01-13	Audit (for Tax Department use only)
NYS principal business activity JOBBER		Has the corporation revoked its election to be treated as a New York S corporation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, enter effective date:		Number of shareholders 1	
A Pay amount shown on line 46. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)					Payment enclosed 175.

You must attach a copy of the following: (1) federal Form 1120S as filed; (2) Form CT-34-SH; (3) Form CT-60; (4) any applicable credit claim forms, and (5) Form CT-225.

- B If you filed a return(s) other than federal Form 1120S, enter the form number(s) here
- C Enter your business apportionment percentage (from line 104) **100.0000%**
- D Did the S corporation make an IRC section 338 or 453 election? Yes ☐ No ☒
- E Did this entity have an interest in real property located in New York State during the last three years? Yes ☐ No ☒
- F Has there been a transfer or acquisition of a controlling interest in this entity during the last three years? Yes ☐ No ☒
- G If the IRS has completed an audit of any of your returns within the last five years, list years
- H If this return is for a New York S termination year, mark an X in the appropriate box to indicate which method of accounting was used for the New York S short year (see instructions, page 4) Normal accounting rules ☐ Daily pro rata allocation ☐
- I Mark an X in the box if you are filing Form CT-3-S as a result of the mandatory New York S election of Tax Law, Article 22, section 660 ☐
- J If you are one of the following, mark an X in one box: QETC ☐ Qualified New York manufacturer ☐
- K If you filed as a New York C corporation in previous years, enter the last year filed as such
- L Are you a residual interest holder in a real estate mortgage investment conduit (REMIC)? Yes ☐ No ☒

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Provide the information for lines 1 through 10 from the corresponding lines on your federal Form 1120S, Schedule K, total amount column. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

1	Ordinary business income or loss	1	5,307.
2	Net rental real estate income or loss	2	
3	Other net rental income or loss	3	
4	Interest income	4	
5	Ordinary dividends	5	
6	Royalties	6	
7	Net short-term capital gain or loss	7	
8	Net long-term capital gain or loss	8	
9	Net section 1231 gain or loss	9	
10	Other income or loss	10	
11	Loans to shareholders (from federal Form 1120S, Schedule L, line 7, columns b and d)		
	Beginning of tax year	End of tax year	
12	Total assets (from federal Form 1120S, Schedule L, line 15, columns b and d)		
	Beginning of tax year	End of tax year	194,679.
13a	Loans from shareholders (from federal Form 1120S, Schedule L, line 19, columns b and d)		
	Beginning of tax year	End of tax year	
13b	If any portion of such loans was used as basis to deduct current or suspended loss, enter the amount used	13b	

Provide the information for lines 14 through 21 from the corresponding lines on your federal Form 1120S, Schedule M-2. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

	A Accumulated adjustments account	B Other adjustments account	C Shareholders' undistributed taxable income previously taxed
14 Balance at beginning of tax year	-4,031.		
15 Ordinary income from federal Form 1120S, page 1, line 21	5,307.		
16 Other additions			
17 Loss from federal Form 1120S, page 1, line 21			
18 Other reductions			
19 Combine lines 14 through 18	1,276.		
20 Distributions other than dividend distributions			
21 Balance at end of tax year. Subtract line 20 from line 19	1,276.		

Computation of tax (see instructions)

Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1, mark an X in one box)

Yes ☐ No ☒ X

You must enter an amount on line 22; if none, enter 0.

22	New York receipts (from line 103, column A (New York State))	22	284,068.
23	Fixed dollar minimum tax (see instructions)	23	175.
24	Recapture of tax credits (see instructions)	24	
25	Total tax after recapture of tax credits (add lines 23 and 24)	25	175.
26	Special additional mortgage recording tax credit (current year or deferred; see instructions)	26	
27	Tax due after tax credits (subtract line 26 from line 25)	27	175.

First installment of estimated tax for the next tax period:

28	Enter amount from line 27	28	175.
29	If you filed a request for extension, enter amount from Form CT-5.4, line 2	29	
30	If you did not file Form CT-5.4 and line 28 is over \$1,000, enter 25% (.25) of line 28. Otherwise enter 0	30	
31	Add line 28 and line 29 or 30	31	175.

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Computation of tax (continued)

Composition of prepayments (see instructions):		Date paid	Amount
32	Mandatory first installment	32	
33	Second installment from Form CT-400	33	
34	Third installment from Form CT-400	34	
35	Fourth installment from Form CT-400	35	
36	Payment with extension request from Form CT-5.4	36	
37	Overpayment credited from prior years (see instructions)	37	
38	Total prepayments (add lines 32 through 37)	38	
39	Balance (subtract line 38 from line 31; if line 38 is larger than line 31, enter 0)	39	175.
40	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached)	40	0.
41	Interest on late payment (see instructions)	41	
42	Late filing and late payment penalties (see instructions)	42	
43	Balance (add lines 39 through 42)	43	175.
Voluntary gifts/contributions (see instructions):			
44a	Return a Gift to Wildlife	44a	00
44b	Breast Cancer Research & Education Fund	44b	00
44c	Prostate and Testicular Cancer Research and Education Fund	44c	00
44d	9/11 Memorial	44d	00
44e	Volunteer Firefighting & EMS Recruitment Fund	44e	00
44f	Veterans Remembrance	44f	00
44g	Women's Cancers Education and Prevention Fund	44g	00
45	Add lines 31, 40, 41, 42, and 44a through 44g	45	175.
46	Balance due (If line 38 is less than line 45, subtract line 38 from line 45 and enter here. This is the amount due; enter your payment amount on line A on page 1.)	46	175.
47	Overpayment (If line 38 is more than line 45, subtract line 45 from line 38 and enter here. This is the amount of your overpayment; see instructions.)	47	
48	Amount of overpayment to be credited to next period (see instructions)	48	
49	Refund of overpayment (subtract line 48 from line 47; see instructions)	49	

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Computation of business apportionment factor (see instructions)

		A New York State	B Everywhere
Section 210-A.2			
50 Sales of tangible personal property	50		
51 Sales of electricity	51		
52 Net gains from sales of real property	52		
Section 210-A.3			
53 Rentals of real and tangible personal property	53		
54 Royalties from patents, copyrights, trademarks, and similar intangible personal property	54		
55 Sales of rights for certain closed-circuit and cable TV transmissions of an event	55		
Section 210-A.4			
56 Sale, licensing, or granting access to digital products	56		
Section 210-A.5(a)(1) – Fixed percentage method for qualified financial instruments (QFIs)			
57 To make this irrevocable election, mark an X in the box (see instructions)			57
Section 210-A.5(a)(2) – Mark an X in each box that is applicable (see instructions)			
Section 210-A.5(a)(2)(A)			
58 Interest from loans secured by real property	58		
59 Net gains from sales of loans secured by real property	59		
60 Interest from loans not secured by real property (QFI <input type="checkbox"/>)	60		
61 Net gains from sales of loans not secured by real property (QFI <input type="checkbox"/>)	61		
Section 210-A.5(a)(2)(B) (QFI <input type="checkbox"/>)			
62 Interest from federal debt	62		
63 Net gains from federal debt	63		
64 Interest from NYS and its political subdivisions debt	64		
65 Net gains from NYS and its political subdivisions debt	65		
66 Interest from other states and their political subdivisions debt	66		
67 Net gains from other states and their political subdivisions debt	67		
Section 210-A.5(a)(2)(C) (QFI <input type="checkbox"/>)			
68 Interest from asset-backed securities and other government agency debt	68		
69 Net gains from government agency debt or asset-backed securities sold through an exchange	69		
70 Net gains from all other asset-backed securities	70		
Section 210-A.5(a)(2)(D) (QFI <input type="checkbox"/>)			
71 Interest from corporate bonds	71		
72 Net gains from corporate bonds sold through broker/dealer or licensed exchange	72		
73 Net gains from other corporate bonds	73		
Section 210-A.5(a)(2)(E)			
74 Net interest from reverse repurchase and securities borrowing agreements	74		
Section 210-A.5(a)(2)(F)			
75 Net interest from federal funds	75		
Section 210-A.5(a)(2)(I) (QFI <input type="checkbox"/>)			
76 Net income from sales of physical commodities	76		
Section 210-A.5(a)(2)(J) (QFI <input type="checkbox"/>)			
77 Marked to market net gains	77		
Section 210-A.5(a)(2)(H) (QFI <input type="checkbox"/>)			
78 Interest from other financial instruments	78		
79 Net gains and other income from other financial instruments	79		

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Computation of business apportionment factor (continued)

		A New York State	B Everywhere
Section 210-A.5(b)			
80 Brokerage commissions	80		
81 Margin interest earned on behalf of brokerage accounts	81		
82 Fees for advisory services for underwriting or management of underwriting	82		
83 Receipts from primary spread of selling concessions	83		
84 Receipts from account maintenance fees	84		
85 Fees for management or advisory services	85		
86 Interest from an affiliated corporation	86		
Section 210-A.5(c)			
87 Interest, fees, and penalties from credit cards	87		
88 Service charges and fees from credit cards	88		
89 Receipts from merchant discounts	89		
90 Receipts from credit card authorizations and settlement processing	90		
91 Other credit card processing receipts	91		
Section 210-A.5(d)			
92 Receipts from certain services to investment companies	92		
Section 210-A.6			
93 Receipts from railroad and trucking business	93		
Section 210-A.6-a			
94 Receipts from the operation of vessels	94		
Section 210-A.7			
95 Receipts from air freight forwarding	95		
96 Receipts from other aviation services	96		
Section 210-A.8			
97 Advertising in newspapers or periodicals	97		
98 Advertising on television or radio	98		
99 Advertising via other means	99		
Section 210-A.9			
100 Transportation or transmission of gas through pipes	100		
Section 210-A.10			
101 Receipts from other services/activities not specified	101		
Section 210-A.11			
102 Discretionary adjustments	102		
Total receipts			
103 Add lines 50 through 102, columns A and B	103	284,068.	284,068.
Calculation of business apportionment factor			
104 New York State business apportionment factor (divide line 103, column A by line 103, column B; round to the fourth decimal place)	104	100.0000	

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Amended return informationIf filing an amended return, mark an **X** in the box for any items that apply and attach documentation.Final federal determination ☐ If marked, enter date of determination: ☐

Third – party designee (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) ARTHUR LANGER CPA	Designee's phone number 516-702-3002
	Designee's e-mail address		PIN <input type="text"/>

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

Authorized person	Printed name of authorized person CLAUDE SIMON	Signature of authorized person	Official title PRESIDENT	
	E-mail address of authorized person		Telephone number 516-702-3002	Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) COHN & LANGER, CPAS		Firm's EIN 45-4014297	Preparer's PTIN or SSN P01396073
	Signature of individual preparing this return ARTHUR LANGER CPA	Address 18 BLANCHE ST	City PLAINVIEW	State ZIP code NY 11803-4607
	E-mail address of individual preparing this return		Preparer's NYTPRIN or Excl code 03	Date 02-28-16

See instructions for where to file.

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Department of Taxation and Finance

New York S Corporation Shareholders' Information Schedule

CT-34-SH

Legal name of corporation FAIRLANE VRTX, INC	Employer identification number (EIN) 46-1575705
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Attach to Form CT-3-S

Schedule A – Shareholders' New York State modifications and credits (Enter the total amount reported by the New York S corporation on each line. Each shareholder must include his or her pro rata share of these amounts on his or her personal income tax return.)

Part 1 – Total shareholder modifications related to S corporation items (see instructions)

Additions	1	New York State franchise tax imposed under Article 9-A	1	
	2	Federal depreciation deduction from Form CT-399, if applicable	2	
	3	Other additions (attach Form CT-225)	3	
Subtractions	4	Allowable New York depreciation from Form CT-399, if applicable	4	
	5	Other subtractions (attach Form CT-225)	5	
Other items (attach explanation)	6	Additions to federal itemized deductions	6	
	7	Subtractions from federal itemized deductions	7	

Part 2 – Total S corporation New York State credits and taxes on early dispositions (see instructions; attach applicable forms)**START-UP NY tax credits** (see instructions)

8	START-UP NY business certificate number	8	
9	Year of the START-UP NY business tax benefit period (enter the year number from 1 to 10)	9	
10	START-UP NY telecommunication services excise tax credit (Form CT-640)	10	
11	Recapture of START-UP NY tax benefits (Form CT-645)	11	
12	START-UP NY tax elimination credit tax free NY area allocation factor (Form CT-638)	12	
13	START-UP NY tax elimination credit business allocation factor (Form CT-638)	13	
START-UP NY tax elimination credit factors from partnership (for multiple partnerships attach separate statement; see instructions)			
14	START-UP NY partnership EIN	14	
15	START-UP NY business certificate number (obtain number from your partnership)	15	
16	Year of the START-UP NY business tax benefit period (enter the year number from 1 to 10; obtain number from your partnership)	16	
17	START-UP NY tax elimination credit tax free NY area allocation factor (obtain factor from your partnership)	17	
18	START-UP NY tax elimination credit business allocation factor (obtain factor from your partnership)	18	

Investment tax credits (see instructions)

19	Investment tax credit and employment incentive credit (Form CT-46)	19	
20	Investment tax credit on research and development property (Form CT-46)	20	
21	Investment tax credit for financial services industry (Form CT-44)	21	
22	Tax on early dispositions – investment tax credit, retail enterprise tax credit, historic barn credit, investment tax credit on research and development property, or investment tax credit for financial services industry (Form CT-44 or CT-46)	22	

Empire zone (EZ) tax credits (see instructions)

23	EZ investment tax credit (Form CT-603)	23	
24	EZ investment tax credit for financial services industry (Form CT-605)	24	
25	Recaptured tax credit – EZ capital tax credit, EZ investment tax credit, or EZ investment tax credit for financial services industry (Form CT-602, CT-603, or CT-605)	25	

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Part 2 – Total S corporation New York State credits and taxes on early dispositions (continued)**Qualified empire zone enterprise (QEZE) tax credits** (see instructions)

26 QEZE real property tax credit allowed (Form CT-606)	• 26	
27 Net recapture of QEZE real property tax credit (Form CT-606)	• 27	
28 QEZE tax reduction credit employment increase factor (Form CT-604)	• 28	
29 QEZE tax reduction credit zone allocation factor (Form CT-604)	• 29	
30 QEZE tax reduction credit benefit period factor (Form CT-604)	• 30	

QEZE tax reduction credit factors from partnership (for multiple partnerships attach separate statement; see instructions)

31 QEZE partnership EIN	• 31	
32 QEZE employment increase factor (obtain factor from your partnership)	• 32	
33 QEZE zone allocation factor (obtain factor from your partnership)	• 33	
34 QEZE benefit period factor (obtain factor from your partnership)	• 34	

Farmers' school tax credit (see instructions)

35 Total acres of qualified agricultural property	• 35	
36 Total amount of eligible school district property taxes paid	• 36	
37 Total acres of qualified agricultural property converted to nonqualified use	• 37	
38 Total acres of qualified conservation property	• 38	

Other credits (attach applicable forms)

39 Recapture of alternative fuels credit (Form CT-40)	• 39	
40 Credit for employment of persons with disabilities (Form CT-41)	• 40	
41 Rehabilitation of historic properties credit (Form CT-238)	• 41	
42 Recapture of rehabilitation of historic properties credit (Form CT-238)	• 42	
43 Clean heating fuel credit (Form CT-241)	• 43	
44 Biofuel production credit (Form CT-243)	• 44	
45 Empire State commercial production credit (Form CT-246)	• 45	
46 Empire State film production credit for the current year (Form CT-248)	• 46	
47 Empire State film production credit for the second year (Form CT-248)	• 47	
48 Empire State film production credit for the third year (Form CT-248)	• 48	
49 Long-term care insurance credit (Form CT-249)	• 49	
50 Credit for purchase of an automated external defibrillator (Form CT-250)	• 50	
51 Empire State film post-production credit for the current year (Form CT-261)	• 51	
52 Empire State film post-production credit for the second year (Form CT-261)	• 52	
53 Empire State film post-production credit for the third year (Form CT-261)	• 53	
54 Excelsior jobs tax credit component (Form CT-607)	• 54	
55 Excelsior investment tax credit component (Form CT-607)	• 55	
56 Excelsior research and development tax credit component (Form CT-607)	• 56	
57 Excelsior real property tax credit component (Form CT-607)	• 57	
58 Recapture of excelsior jobs program tax credit (Form CT-607)	• 58	
59 Brownfield redevelopment tax credit site preparation credit component (Form CT-611)	• 59	
60 Brownfield redevelopment tax credit tangible property credit component (Form CT-611)	• 60	
61 Brownfield redevelopment tax credit on-site groundwater remediation credit component (Form CT-611)	• 61	
62 Recapture of brownfield redevelopment tax credit (Form CT-611)	• 62	
63 Brownfield redevelopment tax credit site preparation credit component (Form CT-611.1)	• 63	
64 Brownfield redevelopment tax credit tangible property credit component (Form CT-611.1)	• 64	
65 Brownfield redevelopment tax credit on-site ground water remediation credit component (Form CT-611.1)	• 65	
66 Recapture of brownfield redevelopment tax credit (Form CT-611.1)	• 66	
67 Brownfield redevelopment tax credit site preparation credit component (Form CT-611.2)	• 67	
68 Brownfield redevelopment tax credit tangible property credit component (Form CT-611.2)	• 68	
69 Brownfield redevelopment tax credit on-site ground water remediation credit component (Form CT-611.2)	• 69	
70 Recapture of brownfield redevelopment tax credit (Form CT-611.2)	• 70	
71 Remediated brownfield credit for real property taxes (Form CT-612)	• 71	
72 Recapture of remediated brownfield credit for real property taxes (Form CT-612)	• 72	
73 Environmental remediation insurance credit (Form CT-613)	• 73	
74 Recapture of environmental remediation insurance credit (Form CT-613)	• 74	

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Part 2 – Total S corporation New York State credits and taxes on early dispositions *(continued)*

75 Security officer training tax credit <i>(attach Form CT-631)</i>	• 75	
76 Economic transformation and facility redevelopment program jobs tax credit component <i>(Form CT-633)</i>	• 76	
77 Economic transformation and facility redevelopment program investment tax credit component <i>(Form CT-633)</i>	• 77	
78 Economic transformation and facility redevelopment program job training tax credit component <i>(Form CT-633)</i>	• 78	
79 Economic transformation and facility redevelopment program real property tax credit component <i>(Form CT-633)</i>	• 79	
80 Recapture of economic transformation and facilities redevelopment program tax credit <i>(Form CT-633)</i>	• 80	
81 Taxicabs and livery service vehicles accessible to persons with disabilities credit <i>(Form CT-236)</i>	• 81	
82 QETC employment credit <i>(Form DTF-621)</i>	• 82	
83 QETC capital tax credit <i>(Form DTF-622)</i>	• 83	
84 Recapture of QETC capital tax credit <i>(Form DTF-622)</i>	• 84	
85 Low-income housing credit <i>(Form DTF-624)</i>	• 85	
86 Recapture of low-income housing credit <i>(Form DTF-626)</i>	• 86	
87 Empire state jobs retention credit <i>(Form CT-634)</i>	• 87	
88 Recapture of empire state jobs retention credit <i>(Form CT-634)</i>	• 88	
89 Urban youth jobs program credit <i>(Form CT-635)</i>	• 89	
90 Beer production credit <i>(Form CT-636)</i>	• 90	
91 Alternative fuels and electric vehicle recharging property credit <i>(Form CT-637)</i>	• 91	
92 Recapture of alternative fuels and electric vehicle recharging property credit <i>(Form CT-637)</i>	• 92	
93 Minimum wage reimbursement credit <i>(Form CT-639)</i>	• 93	
94 Real property tax credit for manufacturers <i>(Form CT-641)</i>	• 94	
95 Recapture of real property tax credit for manufacturers <i>(Form CT-641)</i>	• 95	
96 Empire state musical and theatrical production credit <i>(Form CT-642)</i>	• 96	
97 Hire a veteran credit <i>(Form CT-643)</i>	• 97	
98 Workers with disabilities tax credit <i>(Form CT-644)</i>	• 98	
99 Employee training incentive program tax credit <i>(Form CT-646)</i>	• 99	
100 New York City general corporation tax credit <i>(see instructions)</i>	• 100	175.
101 Other tax credit(s) and recapture(s) <i>(see instructions)</i>	• 101	

(complete Schedule B on the last page)

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Schedule B – Shareholders' identifying information (see instructions)Photocopy Schedule B as needed. Attach all additional sheets to this form. Also mark an **X** in the box

A For each shareholder, enter last name, first name, middle initial on first line; enter home address on second and third lines. (attach federal Schedule K-1 for each shareholder)	B Identifying number (SSN or EIN)	C Percentage of ownership	D Shareholder residency status (make only one entry) 1 for New York State 2 for New York City 3 for Yonkers 4 for NYS nonresident	E Shareholder entity status (make only one entry) I for individual F for estate or trust E for exempt organization
1 SIMON, CLAUDE 71 TONJES ROAD CALLICOON NY 12723	1 106-50-1158	100.0000	1	I
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			
11	11			

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Department of Taxation and Finance

Affiliated Entity Information Schedule**CT-60**

(formerly CT-60-QSSS)

For period ended

12-31-15

Legal name of corporation

FAIRLANE VRTX, INC

Employer identification number (EIN)

46-1575705

Attach to Form CT-3, CT-3-A, or CT-3-S.

Schedule A – QSSS information (see instructions)**Part 1 – QSSS inclusion** (see instructions)

Name and address of QSSS	Effective date of federal QSSS election (mm-dd-yy)	Federal EIN or temporary filing (TF) number of QSSS	Federal EIN or TF number of QSSS parent

Part 2 – QSSS elective inclusion (see instructions)

Name and address of QSSS	Effective date of federal QSSS election (mm-dd-yy)	Federal EIN or TF number of QSSS	Federal EIN or TF number of QSSS parent

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Part 3 – 1120S shareholder information (see instructions)

1 Amount of distributions as shown on federal Form 1120S, Schedule K, line 16d and/or 17c

1

Name and address of shareholder			Shareholder SSN
CLAUDE SIMON	71 TONJES ROAD CALLICOON	NY 12723	106-50-1158

Schedule B – Affiliates and activities (see instructions)**Part 1**2 If the activities of any of the following impact your federal return, mark an **X** for all that apply:

QSSS • Captive REIT or RIC • Combinable captive insurance company • Partnership •
Disregarded entity • Tax-exempt DISC • SMLLC •

3 If any of your subsidiaries are incorporated outside of New York State, mark an **X** in the box

3

4 If you filed a consolidated federal return, mark an **X** in the box and complete lines 4a through 4d

4

4a Number of corporations included in the federal consolidated group

4a

4b Total consolidated federal taxable income (FTI) before net operating loss deduction (NOLD)

4b

4c Total consolidated FTI before NOLD of corporations in federal group, but not in New York group

4c

4d Total FTI before NOLD of corporations not in federal group, but in New York group

4d

Part 2Mark an **X** in any box(es) that apply to you, and enter the appropriate name(s) and EIN(s).

5 More than 50% of the voting power of your capital stock is owned or controlled, directly or indirectly, by another corporation or by the same interests

5

Name of controlling corporation

EIN

6 You or the same interests own or control, directly or indirectly, more than 50% of the voting power of the capital stock of another corporation

6

Name of corporation controlled

EIN

7 There has been a transfer or acquisition of controlling interest in the entity during the last 3 years

7

Name of transferred or acquired corporation

EIN

8 You are a member of an affiliated federal group

8

Name of primary corporation

EIN

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Part 3 – Entities taxable as partnerships (see instructions)

9 If partnership items of income, gain, loss, deduction, credits, etc. are included in your New York return, mark an **X** in the box and enter the required information below

9

Name and address of partnership	EIN of partnership	EIN of all tiered partners of partnership

Part 4 – Disregarded entities (see instructions)

10 If items of income, gain, loss, deduction, credits, etc. from a disregarded entity or a tax-exempt DISC are included in your New York return, mark an **X** in the box and enter the required information below

10

Name and address of disregarded entity	If the disregarded entity generated credits mark an X in the box	EIN of disregarded entity	EIN of all tiered members of disregarded entity

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

Authorized person	Printed name of authorized person CLAUDE SIMON		Signature of authorized person		Official title PRESIDENT	
	E-mail address of authorized person		Telephone number 516-702-3002		Date	
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) COHN & LANGER, CPAS		Firm's EIN 45-4014297		Preparer's PTIN or SSN P01396073	
	Signature of individual preparing this document ARTHUR LANGER CPA		Address 18 BLANCHE ST PLAINVIEW, NY 11803-4607		City State ZIP code	
	E-mail address of individual preparing this document		Preparer's NYTPRIN or		Excl code 03	
					Date 02-28-16	

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Filing Instructions

FAIRLANE VRTX, INC

Form NYC-579-GCT - Signature Authorization For E-Filed General Corporation Tax Return

Taxable Year Ended December 31, 2015

Date Due: March 15, 2016

Signature: Form NYC-579-GCT, Signature Authorization For E-Filed General Corporation Tax Return should be signed and dated by an authorized officer of the corporation and returned to:

Cohn & Langer, CPAs
18 Blanche St
Plainview, NY 11803-4607

Other: Your return is being filed electronically with the New York City Department of Finance and is not required to be mailed. If you mail a paper copy of your return, it will delay processing of your return.

Filing Instructions

FAIRLANE VRTX, INC

Form NYC-200V - Payment Voucher for Returns and Extensions

Taxable Year Ended December 31, 2015

Date Due: March 15, 2016

Remittance: A check in the amount of \$175 should be made payable to NYC Department of Finance and mailed with Form NYC-200V. Write "E.I.N. 46-1575705, Form NYC-3L balance due for the year ended 12/31/15" on the check.

Mail To: NYC Department of Finance
P.O. Box 3646
New York, NY 10008-3646

To be filed by S Corporations only. All C Corporations must file Form NYC-2 or NYC-2A

For CALENDAR YEAR 2015 or FISCAL YEAR beginning

and ending

Name FAIRLANE VRTX, INC		Name Change		Taxpayer's Email Address:	
In Care Of					
Address (number and street) 534 WEST 42ND STREET #8				EMPLOYER IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; text-align: center;">46-1575705</div>	
City and State NEW YORK NY		Zip Code 10036			
Country (if not U.S.)					
Business Telephone Number 516-702-3002		Date business began in NYC 12-04-12		BUSINESS CODE NUMBER AS PER FEDERAL RETURN <div style="border: 1px solid black; padding: 2px; text-align: center;">424300</div>	

CHECK ALL THAT APPLY	<input type="checkbox"/> Final return	<input type="checkbox"/> Filing a 52- 53-week taxable year
	<input type="checkbox"/> Special short period return (See Instr.)	<input type="checkbox"/> A pro-forma federal return is attached
	<input type="checkbox"/> Claim any 9/11/01-related federal tax benefits (see instr.)	<div style="border: 1px solid black; width: 100px; height: 15px;"></div> Enter 2-character special condition code, if applicable (see instr.)
	<input type="checkbox"/> Amended return	<input type="checkbox"/> If the purpose of the amended return is to report a federal or state change, check the appropriate box: <input type="checkbox"/> IRS change <input type="checkbox"/> NYS change Date of Final Determination

SCHEDULE A Computation of Tax - BEGIN WITH SCH. B ON PG. 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMTS. TO SCH. A.

A. Payment	Amount being paid electronically with this return	A.	Payment Amount
1. Allocated net income (from Schedule B, line 26)	1.	0.	1.
2a. Allocated capital (from Schedule E, line 14)	2a.	X .0885	2a.
2b. Total allocated capital - Cooperative Housing Corps.	2b.	X .0015	2b.
2c. Cooperatives - enter: BORO BLOCK LOT		X .0004	2b.
3. Alternative Tax (from Alternative Tax Schedule on page 2) (see instructions)			3.
4. Minimum tax (see instructions) - NYC Gross Receipts:	282,713.		4.
5. Allocated subsidiary capital (see instructions)	5.	X .00075	5.
6. Tax (line 1, 2a, 2b, 3 or 4, whichever is largest, PLUS line 5)			6.
7. UBT Paid Credit (attach Form NYC-9.7)			7.
8. Tax after UBT Credit (line 6 less line 7)			8.
9a. REAP Credit (attach Form NYC-9.5)			9a.
9b. LMREAP Credit (attach Form NYC-9.8)			9b.
10a. Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6)			10a.
10b. Biotechnology Credit (attach Form NYC-9.10)			10b.
11. Net tax after credits (line 8 less total of lines 9a through 10b)			11.
12. First installment of estimated tax for period following that covered by this return:			12.
(a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT			12a.
(b) If application for extension has not been filed and line 11 exceeds \$1,000, enter 25% of line 11			12b.
13. Total of lines 11, 12a and 12b			13.
14. Prepayments (from Prepayments Schedule, page 2, line G) (see instructions)			14.
15. Balance due (line 13 less line 14)			15.
16. Overpayment (line 14 less line 13)			16.
17a. Interest (see instructions)	17a.		17a.
17b. Additional charges (see instructions)	17b.		17b.
17c. Penalty for underpayment of estimated tax (attach Form NYC-222)	17c.		17c.
18. Total of lines 17a, 17b and 17c			18.
19. Net overpayment (line 16 less line 18)			19.
20. Amount of line 19 to be (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 20c OR <input type="checkbox"/> Paper check			20a.
(b) Credited to 2016 estimated tax			20b.
20c. Routing Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Account Number <div style="border: 1px solid black; width: 150px; height: 20px;"></div> ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings			20c.
21. TOTAL REMITTANCE DUE (see instructions)			21.

SCHEDULE A - Continued Computation of Tax - BEGIN WITH SCH. B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCH. A.

22.	Issuer's allocation percentage (from Schedule E, line 15)	22.	
23.	NYC rent deducted on federal tax return or NYC rent from Schedule G, Part 1.	23.	0.
THIS LINE MUST BE COMPLETED (see instr.)		24.	282,713.
24.	Gross receipts or sales from federal return	26.	194,679.
25.	EIN of Parent Corporation	28.	
26.	Total assets from federal return	29.	100.0000 %
27.	EIN of Common Parent Corporation		
28.	Compensation of stockholders (from Sched. F, line 1)		
29.	Business allocation percentage (from Schedule H, line 5) - if not allocating, enter 100%		

COMPOSITION OF PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 14	DATE	AMOUNT
A. Mandatory first installment paid with preceding year's tax		
B. Payment with Declaration, Form NYC-400 (1)		
C. Payment with Notice of Estimated Tax Due (2)		
D. Payment with Notice of Estimated Tax Due (3)		
E. Payment with extension, Form NYC-EXT		
F. Overpayment from preceding year credited to this year		
G. TOTAL of A through F (enter on Schedule A, line 14)		

ALTERNATIVE TAX SCHEDULE

Refer to page 7 of instructions before computing the alternative tax.

Net income/loss (See instructions)	1. \$	
Enter 100% of salaries and compensation for the taxable year paid to stockholders owning more than 5% of the taxpayer's stock. (See instr.)	2. \$	
Total (line 1 plus line 2)	3. \$	
Statutory exclusion - Enter \$40,000. (if return does not cover an entire year, exclusion must be prorated based on the period covered by the return)	4. \$	
Net amount (line 3 minus line 4)	5. \$	
15% of net amount (line 5 x 15%)	6. \$	
Investment income to be allocated (amount on Schedule B, line 22b x 15%. Do not enter more than the amount on line 6 above. Enter "0" if not applicable.)	7. \$	0.
Business income to be allocated (line 6 minus line 7)	8. \$	
Allocated investment income (line 7 x investment allocation % from Schedule D, line 2F)	9. \$	0.0000 %
Allocated business income (line 8 x business allocation % from Schedule H, line 5)	10. \$	0.0000 %
Taxable net income (line 9 plus line 10)	11. \$	0.
Tax rate	12.	8.85% (.0885)
Alternative tax (line 11 x line 12) Transfer amount to page 1, Schedule A, line 3	13. \$	0.



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SCHEDULE B Computation and Allocation of Entire Net Income

1. Federal taxable income before net operating loss deduction and special deductions (see instructions)	1.	5,307.
2. Interest on federal, state, municipal and other obligations not included in line 1 above (see instructions)	2.	
3. Deductions directly attributable to subsidiary capital (attach list) (see instructions)	3.	
4. Deductions indirectly attributable to subsidiary capital (attach list) (see instructions)	4.	
5a. NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (attach rider) (see instr.)	5a.	
5b. NYC General Corporation Tax deducted on federal return (see instructions)	5b.	
6. New York City adjustments relating to (see instructions):		
(a) Employment opportunity relocation costs credit and IBZ credit	6a.	
(b) Real estate tax escalation credit	6b.	
(c) ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399Z)	6c.	
7. Additions:		
(a) Payment for use of intangibles	7a.	
(b) Domestic Production Activities Deduction (see instructions)	7b.	
(c) Other (see instructions) (attach rider)	7c.	
8. Total additions (add lines 1 through 7c)	8.	5,307.
9a. Dividends from subsidiary capital (itemize on rider) (see instr.)	9a.	
9b. Interest from subsidiary capital (itemize on rider) (see instructions)	9b.	
9c. Gains from subsidiary capital	9c.	
10. 50% of dividends from nonsubsidiary corporations (see instructions)	10.	
11. New York City net operating loss deduction (attach Form NYC-NOLD-GCT) (see instr.)	11.	5,307.
12. Gain on sale of certain property acquired prior to 1/1/66 (see instructions)	12.	
13. NYC and NYS tax refunds included in Sch. B, line 8 (see instructions)	13.	
14. Wages and salaries subject to federal jobs credit (attach federal Form 5884) (see instructions)	14.	
15. Depreciation and/or adjustment calculated under pre-ACRS or pre-9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instr.)	15.	
16. Other deductions: (see instructions) (attach rider)	16.	
17. Total deductions (add lines 9a through 16)	17.	5,307.
18. Entire net income (line 8 less line 17) (see instructions)	18.	0.
19. If the amount in line 18 is not correct, enter correct amount here and explain on rider (see instr.)	19.	
20. Investment income - (complete lines a through h below) (see instructions)		
(a) Dividends from nonsubsidiary stocks held for investment (see instructions)	20a.	
(b) Interest from investment capital (include federal, state and municipal obligations) (itemize on rider)	20b.	
(c) Net capital gain (loss) from sales or exchanges of nonsubsidiary securities held for investment (itemize on rider or attach Federal Schedule D)	20c.	
(d) Income from assets included on line 3 of Schedule D	20d.	
(e) Add lines 20a through 20d inclusive	20e.	
(f) Deductions directly or indirectly attributable to investment income (attach list) (see instructions)	20f.	
(g) Balance (line 20e less line 20f)	20g.	
(h) Interest on bank accounts included in income reported on line 20d	20h.	
21. New York City net operating loss deduction apportioned to investment income (attach rider) (see instr.)	21.	
22a. Investment income (line 20g less line 21)	22a.	
22b. Investment income to be allocated (see instructions)	22b.	
23. Business income to be allocated (line 18 or line 19 less line 22b)	23.	
24. Allocated investment income (line 22b multiplied by: 0.0000% - Schedule D, line 2) (see instr.)	24.	
25. Allocated business income (line 23 multiplied by: 100.0000% - Schedule H, line 5)	25.	0.
26. Total allocated net income (line 24 plus line 25 (enter at Schedule A, line 1))	26.	0.



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ATTACH ALL PAGES OF FEDERAL RETURN

SCHEDULE C Subsidiary Capital and Allocation

A DESCRIPTION OF SUBSIDIARY CAPITAL (LIST EACH ITEM (USE RIDER IF NECESSARY))	B EMPLOYER IDENTIFICATION NUMBER	C % of Voting Stock Owned	D Average Value	E Liabilities Directly or Indirectly Attributable to Subsidiary Capital	F Net Average Value (column C minus column D)	G Issuer's Allocation Percentage	H Value Allocated to NYC (column E x column F)
		%				%	
1. Total Cols C, D and E (including items on rider)				1.			
2. Total Column G - Allocated subsidiary capital: Transfer this total to Schedule A, line 5						2.	

SCHEDULE D Investment Capital and Allocation

A DESCRIPTION OF INVESTMENT (LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY))	B No. of Shares or Amount of Securities	C Average Value	D Liabilities Directly or Indirectly Attributable to Investment Capital	E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G Value Allocated to NYC (column E x column F)	H Gross Income from Investment
					%		
1. Totals (incl 1. items on rider)							
2. Investment allocation percentage (line 1G divided by line 1E rounded to the nearest one hundredth of a percentage point)					2.	%	
3. Cash - (To treat cash as investment capital, you must include it on this line.) 3.							
4. Investment capital (total of lines 1E and 3E - enter on Schedule E, line 10)				4.			

SCHEDULE E Computation and Allocation of CapitalBasis used to determine average value in column C. **Check one. (Attach detailed schedule.)**

___ - Annually ___ - Semi-annually ___ - Quarterly

___ - Monthly ___ - Weekly ___ - Daily

COLUMN A Beginning of Year	COLUMN B End of Year	COLUMN C Average Value
		1.
		2.
		3.
		4.
		5.
		6.
		7.
		8.
		9.
		10.
		11.
		12.
		13.
		14.
		15.

- Total assets from federal return
- Real property and marketable securities included in line 1
- Subtract line 2 from line 1
- Real property and marketable securities at **fair market value**
- Adjusted total assets (add lines 3 and 4)
- Total liabilities (*see instructions*)
- Total capital (column C, line 5 less column C, line 6)
- Subsidiary capital (Schedule C, column E, line 1)
- Business and investment capital (line 7 less line 8) (*see instructions*)
- Investment capital (Schedule D, line 4) (*see instructions*)
- Business capital (line 9 less line 10)
- Allocated investment capital (line 10 x _____ % from Schedule D, line 2)
- Allocated business capital (line 11 x _____ % from Schedule H, line 5)
- Total allocated business and investment capital (line 12 plus line 13) (enter at Schedule A, line 2a or 2b)
- Issuer's allocation percentage (sum of Sch. E, line 14 and Sch. C, col. G, line 2 ÷ Sch. E, line 7 rounded to the nearest one hundredth of a percentage point) (enter on page 2 - line 22. *See Instr.*)

SCHEDULE F Certain Stockholders

Include all stockholders owning in excess of 5% of taxpayer's issued capital stock who received any compensation, including commissions.

Name, Country and U.S. Zip Code (Attach rider if necessary)	Social Security Number	Official Title	Salary & All Other Compensation Received from Corporation (If none, enter '0')

1. Total, including any amount on rider. (Enter on Schedule A, line 28)

1. _____

ATTACH ALL PAGES OF FEDERAL RETURN

SCHEDULE G Complete this schedule if business is carried on both inside and outside NYC

Part 1 - List location of, and rent paid or payable, if any, for each place of business **INSIDE** New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location. (Attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
Total					

Part 2 - List location of, and rent paid or payable, if any, for each place of business **OUTSIDE** New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location. (Attach rider if necessary)

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
Total					

SCHEDULE H Business Allocation - see instructions before completing this schedule

1. Did you make an election to use fair market value in the property factor? 1. ☐ Yes ☐ No
 2. If this is your first tax year, are you making the election to use fair market value in the property factor? 2. ☐ Yes ☐ No

	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1a. Real estate owned	1a.	1a.
1b. Real estate rented - multiply by 8 (see instr.) (attach rider)	1b.	1b.
1c. Inventories owned	1c.	1c.
1d. Tangible personal property owned (see instructions)	1d.	1d.
1e. Tangible personal property rented - multiply by 8 (see instr.)	1e.	1e.
1f. Total	1f.	1f.
1g. Percentage in New York City (column A divided by column B)		1g. %
1h. Multiply line 1g by 10		1h.

Receipts in the regular course of business from:

2a. Sales of tangible personal property where shipments are made to points within New York City	2a.	
2b. All sales of tangible personal property	2b.	
2c. Services performed	2c.	
2d. Rentals of property	2d.	
2e. Royalties	2e.	
2f. Other business receipts	2f.	
2g. Total	2g.	
2h. Percentage in New York City (col. A of line 2g divided by col. B)	2h.	%
2i. Multiply line 2h by 80	2i.	
3a. Wages, salaries and other compensation of employees, except general executive officers (see instructions)	3a.	
3b. Percentage in New York City (column A divided by column B)	3b.	%
3c. Multiply line 3b by 10	3c.	

Weighted Factor Allocation

4a. Add lines 1h, 2i and 3c	4a.	
4b. Divide line 4a by 100 if no factors are missing. If a factor is missing, divide line 4a by the total of the weights of the factors present. Enter as percentage. Round to the nearest one hundredth of a percentage point.	4b.	100.0000 %

Business Allocation Percentage

5. Enter percentage from line 4b. (If using Schedule I, enter percentage from part 1, line 8 or part 2, line 2). See instructions.	5.	100.0000 %
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ATTACH ALL PAGES OF FEDERAL RETURN

SCHEDULE I Business Allocation for Aviation Corporations and Corporations Operating Vessels**Part 1 Business allocation for aviation corporations**

		AVERAGE FOR THE YEAR	
		COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1. Aircraft arrivals and departures	1.		
2. New York City percentage (column A divided by column B)	2.		%
3. Revenue tons handled	3.		
4. New York City percentage (column A divided by column B)	4.		%
5. Originating revenue	5.		
6. New York City percentage (column A divided by column B)	6.		%
7. Total of lines 2, 4 and 6	7.		%
8. Allocation percentage (line 7 divided by three rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 5)	8.		%

Part 2 Business allocation for corporations operating vessels in foreign commerce

		COLUMN A - NEW YORK CITY TERRITORIAL WATERS	COLUMN B - EVERYWHERE
1. Aggregate number of working days	1.		
2. Allocation percentage (column A divided by column B rounded to the nearest one hundredth of a percentage point) (enter on Schedule H, line 5)	2.		%

SCHEDULE J The following information must be entered for this return to be complete. (REFER TO INSTRUCTIONS BEFORE COMPLETING THIS SECTION.)

- 1a. New York City principal business activity JOBBER
- 1b. Other significant business activities (attach schedule, see instructions)
2. Trade name of reporting corporation, if different from name entered on page 1
3. Is this corporation included in a consolidated federal return? YES X NO
If "YES", give parent's name EIN enter here and on page 2, line 25
4. Is this corporation a member of a controlled group of corporations as defined in IRC section 1563, disregarding any exclusion by reason of paragraph (b)(2) of that section? YES X NO
If "YES", give common parent corporation's name, if any EIN enter here and on page 2, line 27
5. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year, or are you currently under audit? YES X NO
If "YES", by whom? Internal Revenue Service State period(s): Beg.: MMDDYY End.: MMDDYY
New York State Department of Taxation and Finance State period(s): Beg.: MMDDYY End.: MMDDYY
6. If "YES" to question 5, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? YES X NO
7. Did this corporation make any payments treated as interest in the computation of entire net income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? If "YES", complete the following (if more than one, attach separate sheet) YES X NO
Shareholder's name: SSN/EIN:
Interest paid to Shareholder: Total indebtedness to Shareholder described above: Total interest paid:
8. Was this corporation a member of a partnership or joint venture during the tax year? YES X NO
If "YES", attach schedule listing name(s) and Employer Identification Number(s).
9. At any time during the taxable year, did the corporation have an interest in real property (including a leasehold interest) located in NYC or a controlling interest in an entity owning such real property? YES X NO
10. a) If "YES" to 9, attach a schedule of such property, indicating the nature of the interest and including the street address, borough, block and lot number.
b) Was any NYC real property (including a leasehold interest) or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration? YES X NO
c) Was there a partial or complete liquidation of the corporation? YES X NO
d) Was 50% or more of the corporation's ownership transferred during the tax year, over a three-year period or according to a plan? YES X NO
11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed? YES X NO
12. If "NO" to 11, explain:
13. Does the corporation have one or more qualified subchapter S subsidiaries? YES X NO
If "YES": Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether the QSSS filed or was required to file a City business income tax return. (see instructions)
14. Enter the number of Fed K1 returns attached: 1
15. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? YES X NO
16. If "YES", were all required Commercial Rent Tax Returns filed? YES X NO
Please enter Employer Identification Number which was used on the Commercial Rent Tax Return:

SCHEDULE K Federal Return Information

The following information must be entered for this return to be complete.

Enter on lines 1 through 10 in the Federal Amount column the amounts reported on your federal Form 1120S. (See instructions)

Federal 1120**▼ Federal Amount ▼**

1. Dividends	1.	
2. Interest income	2.	
3. Capital gain net income	3.	
4. Other income	4.	
5. Total income	5.	33,497.
6. Bad debts	6.	
7. Interest expense	7.	
8. Other deductions	8.	27,840.
9. Total deductions	9.	28,190.
10. Net operating loss deduction	10.	5,307.

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete. Email Address: _____
 I authorize the Dept. of Finance to discuss this return with the preparer listed below. (See instructions) YES ☒ NO ☐

SIGN HERE: Signature of officer _____		Title PRESIDENT	Date _____	Preparer's SSN or PTIN P01396073
PREPARER'S USE →	Preparer's signature COHN & LANGER, CPAS	Preparer's printed name ARTHUR LANGER CPA	Check if self-employed <input checked="" type="checkbox"/> X	Date 02-28-16
ONLY	18 BLANCHE ST PLAINVIEW NY		11803-4607	Firm's Employer ID Number 45-4014297
▲ Firm's name (or yours, if self-employed)		▲ Address		▲ Zip Code

MAILING INSTRUCTIONS**ATTACH COPY OF ALL PAGES OF YOUR FEDERAL TAX RETURN 1120S.**

Make remittance payable to the order of NYC DEPARTMENT OF FINANCE. Payment must be made in U.S. dollars and drawn on a U.S. bank.

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

The due date for the calendar year 2015 return is on or before March 15, 2016.

For fiscal years beginning in 2015, file on or before the 15th day of the 3rd month following the close of the fiscal year.

ALL RETURNS EXCEPT REFUND RETURNS

NYC DEPARTMENT OF FINANCE
GENERAL CORPORATION TAX
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

REMITTANCES

**PAY ONLINE WITH FORM NYC-200V
AT NYC.GOV/ESERVICES
OR**

Mail Payment and Form NYC-200V ONLY to:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3646
NEW YORK, NY 10008-3646

RETURNS CLAIMING REFUNDS

NYC DEPARTMENT OF FINANCE
GENERAL CORPORATION TAX
P.O. BOX 5563
BINGHAMTON, NY 13902-5563



All federal Subchapter S Corporations must complete this schedule and include it when filing Form NYC-1, NYC-3A, NYC-3L, NYC-4S, or NYC-4SEZ. Amounts on Part I, Lines 1 through 8, 12 and 13 and Part II, Lines 15 through 18 are carried directly from your Federal form 1120S, Schedule K.

SPECIFIC LINE INSTRUCTIONS

PART I

Line 9 - If the calculated value for line 9 is negative, enter 0.

Line 10 - The capital loss carryover from prior years that may be used in the current tax year for City purposes. This amount may not exceed the value on line 9.

Line 11 - Subtract Line 10 from Line 9.

PART II

Line 19 - If the Domestic Production Activities Deduction has been taken on the corporate level, do

not include it on line 19, but enter it on Part II Line 20.

Line 20 - If the Domestic Production Activities Deduction has not been taken on the corporate level, or if the corporation is not eligible to take the deduction, leave line 20 blank.

PART III

Line 22 - Federal Taxable Income: Calculate the value of Part I, Line 14 minus Part II, Line 21 and enter here and on Schedule B, Line 1 of your form NYC-1, NYC-3L, NYC-4S, or NYC-4SEZ. For members of a Combined Group in-

cluded in an NYC-3A, enter on Form NYC-3A, Schedule B Column A, line 1, if this form NYC-ATT-S-Corp is for the reporting corporation. For any other member of the combined group, enter on Form NYC-3A/B, Schedule B, line 1, in the column for this corporation. If there is only one other member of the combined group, enter on Form NYC-3A, Schedule B Column B, line 1. For members of a Combined Group included in an NYC-1A, this form NYC-ATT-S-CORP must be attached to the Form NYC-1 for each Subchapter S corporation included in the combined group

For CALENDAR YEAR 2015 or FISCAL YEAR beginning _____ and ending _____

Name as shown on NYC-3A/ATT, NYC-3L, NYC-4S or NYC-4SEZ

FAIRLANE VRTX, INC

EMPLOYER IDENTIFICATION NUMBER

46-1575705

PART I - ADDITIONS TO ORDINARY BUSINESS INCOME

	From Federal Form 1120S		
1. Ordinary business income (loss)	Schedule K, Line 1	1.	5,307.
2. Net rental real estate income (loss)	Schedule K, Line 2	2.	
3. Other net rental income (loss)	Schedule K, Line 3c	3.	
4. Interest income	Schedule K, Line 4	4.	
5. Ordinary dividends	Schedule K, Line 5a	5.	
6. Royalties	Schedule K, Line 6	6.	
7. Net short-term capital gain (loss)	Schedule K, Line 7	7.	
8. Net long-term capital gain (loss)	Schedule K, Line 8a	8.	
9. Sum of lines 7 and 8	See Instructions	9.	
10. Capital Loss Carryover	See Instructions	10.	
11. Net Capital Gain	See Instructions	11.	
12. Net Section 1231 gain (loss)	Schedule K, Line 9	12.	
13. Other income (loss)	Schedule K, Line 10	13.	
14. TOTAL ADDITIONS (Sum of lines 1 through 6 plus lines 11 through 13)		14.	5,307.

PART II - DEDUCTIONS FROM ORDINARY BUSINESS INCOME

Make applicable adjustments for C Corporation treatment of items 15 through 21

15. Section 179 deduction	Schedule K, Line 11	15.	
16. Contributions	Schedule K, Line 12a	16.	
17. Investment interest expense	Schedule K, Line 12b	17.	
18. Section 59(e)(2) expenditures	Schedule K, Line 12c(2)	18.	
19. Other deductions (do not include Domestic Productions Activities Deduction)	See Instructions	19.	
20. Domestic Production Activities Deduction (If deducted at corporate level)	See Instructions	20.	
21. TOTAL DEDUCTIONS (Sum of lines 15 through 20)		21.	

PART III - CALCULATION OF FEDERAL TAXABLE INCOME

22. Federal Taxable Income	See Instructions	22.	5,307.
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NET OPERATING LOSS DEDUCTION COMPUTATION 2015
GENERAL CORPORATION TAX

ATTACH TO FORM NYC-3A, NYC-3L, NYC-4S or NYC-4SEZ

For CALENDAR YEAR 2015 or FISCAL YEAR beginning _____ and ending _____

Print or Type ▼

Name as shown on NYC-3A, NYC-3L, NYC-4S or NYC-4SEZ:

EMPLOYER IDENTIFICATION NUMBER

FAIRLANE VRTX, INC

46-1575705

SCHEDULE A - NYC Net Operating Loss Deduction Schedule (NOLD)

APPLICABLE YEAR	COLUMN A - Tax Year	COLUMN B - Federal Taxable Income (Loss) before NOL and special deductions	COLUMN C - Amount from NYC-3A, NYC-3L, NYC-4S or NYC-4SEZ (See instructions)	COLUMN D - NYC Net Operating Loss Generated (attach rider for Separate Return Limitation Year (SRLY) Loss)	COLUMN E - NYC Net Operating Loss Utilized	COLUMN F - NYC Net Operating Loss Expired	COLUMN G - NYC Net Operating Loss Remaining
A. NOL Carryforward from prior years →							
1. 20th pre-ceeding yr							
2. 19th pre-ceeding yr							
3. 18th pre-ceeding yr							
4. 17th pre-ceeding yr	12-31-98						
5. 16th pre-ceeding yr	12-31-99						
6. 15th pre-ceeding yr	12-31-00						
7. 14th pre-ceeding yr	12-31-01						
8. 13th pre-ceeding yr	12-31-02						
9. 12th pre-ceeding yr	12-31-03						
10. 11th pre-ceeding yr	12-31-04						
11. 10th pre-ceeding yr	12-31-05						
12. 9th pre-ceeding yr	12-31-06						
13. 8th pre-ceeding yr	12-31-07						
14. 7th pre-ceeding yr	12-31-08						
15. 6th pre-ceeding yr	12-31-09						
16. 5th pre-ceeding yr	12-31-10						
17. 4th pre-ceeding yr	12-31-11						
18. 3rd pre-ceeding yr	12-31-12						
19. 2nd pre-ceeding yr	12-31-13	6,286.	6,286.				
20. 1st pre-ceeding yr	12-31-14	-10,317.	-10,317.	10,317.			10,317.
21. Current year	12-31-15	5,307.	5,307.		5,307.		5,010.

Note: Current Year's Net Operating Loss Utilized should be carried forward to NYC-3A or NYC-3L, Sch. B, Line 11 or NYC-4S, Sch. B, Line 6a or NYC-4SEZ, Sch. B, line 4.

Were there any special federal Net Operating Loss elections? YES ☒ NO ☐

SCHEDULE B - Complete the Net Operating Loss Apportionment to Investment Income (if applicable)

NYC Net Operating Loss Apportionment To Investment Income

DESCRIPTION

- Investment Income before Net Operating Loss from NYC-3A or NYC-3L, Sch. B line 20g
- Entire Net Income before Net Operating Loss from NYC-3A or NYC-3L, Sch. B line 18 or 19 plus line 11
- Ratio: (Divide line 1 by line 2)
- Net Operating Loss (NYC-3A or NYC 3L, Sch. B line 11)
- Net Operating Loss Apportionment to Investment Income (multiply line 3 by line 4 and enter on NYC-3A or NYC-3L, Sch. B line 21)

AMOUNT	
1.	
2.	
3.	%
4.	
5.	

NYC	Federal Net Operating Loss Worksheet	2015
For calendar year 2015 or fiscal year beginning , ending		
Name FAIRLANE VRTX, INC		Employer Identification Number 46-1575705

Preceding Taxable Year	Income/(Loss)	Prior Year		Current Year	Next Year
		NOL Utilized (Income Offset)	Carryovers	(Income Offset By NOL Carryback)/Carryover NOL Utilized	Carryover
18th					
17th					
12/31/98					
16th					
12-31-99					
15th					
12-31-00					
14th					
12-31-01					
13th					
12-31-02					
12th					
12-31-03					
11th					
12-31-04					
10th					
12-31-05					
9th					
12-31-06					
8th					
12-31-07					
7th					
12-31-08					
6th					
12-31-09					
5th					
12-31-10					
4th					
12-31-11					
3rd					
12-31-12					
2nd					
12-31-13	6,286				
1st					
12-31-14	-10,317		10,317	5,307	5,010
NOL Carryover Available To Current Year			10,317		
Current Year	5,307			5,307	0
NOL Carryover Available To Next Year					5,010