

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

2014

For calendar year 2014 or tax year beginning , ending

A Select on 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) \$ 208,392

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 filedH Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocationI 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 258,541	1c 257,634
	b Returns and allowances	1b 907	
	c Balance. Subtract line 1b from line 1a		2 217,210
	2 Cost of goods sold (attach Form 1125-A)		3 40,424
	3 Gross profit. Subtract line 2 from line 1c		4
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)		5
	5 Other income (loss) (see instructions—attach statement)		6 40,424
	6 Total income (loss). Add lines 3 through 5		7
	7 Compensation of officers (see instructions—attach Form 1125-E)		8
	8 Salaries and wages (less employment credits)		9
	9 Repairs and maintenance		10
	10 Bad debts		11
	11 Rents		12 631
	12 Taxes and licenses		13
	13 Interest		14
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		15
	15 Depletion (Do not deduct oil and gas depletion.)		16
	16 Advertising		17
	17 Pension, profit-sharing, etc., plans		18
	18 Employee benefit programs		19 50,110
	19 Other deductions (attach statement)		20 50,741
	20 Total deductions. Add lines 7 through 19		21 -10,317
	21 Ordinary business income (loss). Subtract line 20 from line 6		
Tax and Payments	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 2014 estimated tax payments and 2013 overpayment credited to 2014	23a	
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		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 2015 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.

Sign Here

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

PRESIDENT

Signature of officer CLAUDE SIMON

Date

Title

Paid Preparer Use Only	Print/Type preparer's name Arthur Langer CPA	Preparer's signature Arthur Langer CPA	Date 03/13/15	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01396073
	Firm's name ► Cohn & Langer, CPAs		Firm's EIN ► 45-4014297		
	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 (2014)

Form 1120S (2014) **FAIRLANE VRTX, INC** **Schedule B Other Information (see instructions)**

		Yes	No
1 Check accounting method:	a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ►		
2 See the instructions and enter the:	a Business activity ► JOBBER b Product or service ► YARN		
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation			<input checked="" type="checkbox"/>
4 At the end of the tax year, did the corporation:			
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below			<input checked="" type="checkbox"/>

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below				<input checked="" type="checkbox"/>
---	--	--	--	-------------------------------------

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.	<input checked="" type="checkbox"/>
(i) Total shares of restricted stock	►
(ii) Total shares of non-restricted stock	►
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.	<input checked="" type="checkbox"/>
(i) Total shares of stock outstanding at the end of the tax year	►
(ii) Total shares of stock outstanding if all instruments were exercised	►
6 Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?	<input checked="" type="checkbox"/>
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.	► <input type="checkbox"/>
8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions)	► \$
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year.	\$
10 Does the corporation satisfy both of the following conditions?	
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000	
b The corporation's total assets at the end of the tax year were less than \$250,000	
If "Yes," the corporation is not required to complete Schedules L and M-1.	<input checked="" type="checkbox"/>
11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction	\$
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions	
13a Did the corporation make any payments in 2014 that would require it to file Form(s) 1099?	
b If "Yes," did the corporation file or will it file required Forms 1099?	

Form 1120S (2014) **FAIRLANE VRTX, INC**
Schedule K Shareholders' Pro Rata Share Items**46-1575705**

Page 3

		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 -10,317
	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
	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
Deductions	11 Section 179 deduction (attach Form 4562)	11
	12a Charitable contributions	12a
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures(1) Type ►	(2) Amount ► 12c(2)
	d Other deductions (see instructions) Type ►	12d
Credits	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
	e Other rental credits (see instructions) Type ►	13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions) Type ►	13g
Foreign Transactions	14a Name of country or U.S. possession ►	14a
	b Gross income from all sources	14b
	c Gross income sourced at shareholder level	14c
	Foreign gross income sourced at corporate level	
	d Passive category	14d
	e General category	14e
	f Other (attach statement)	14f
	Deductions allocated and apportioned at shareholder level	
	g Interest expense	14g
	h Other	14h
	Deductions allocated and apportioned at corporate level to foreign source income	
	i Passive category	14i
	j General category	14j
	k Other (attach statement)	14k
	Other information	
	l Total foreign taxes (check one): ► <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l
	m Reduction in taxes available for credit (attach statement)	14m
	n Other foreign tax information (attach statement)	
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties – gross income	15d
	e Oil, gas, and geothermal properties – deductions	15e
	f Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c
	d Distributions (attach statement if required) (see instructions)	16d
	e Repayment of loans from shareholders	16e

Form 1120S (2014)

Form 1120S (2014) FAIRLANE VRTX, INC

46-1575705

Schedule K Shareholders' Pro Rata Share Items (continued)

Other Information	Reconciliation	Total amount	
		17a	
		17b	
		17c	
	17a Investment income		
	b Investment expenses		
	c Dividend distributions paid from accumulated earnings and profits		
	d Other items and amounts (attach statement)		
	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 14i	18	-10,317

Schedule L Balance Sheets per Books

		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
1	Cash		512		824
2a	Trade notes and accounts receivable	62,872		140,351	
b	Less allowance for bad debts		62,872		140,351
3	Inventories		89,613		67,217
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		152,997		208,392
Liabilities and Shareholders' Equity					
16	Accounts payable		16,239		23,057
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement) Stmt. 2	129,472		188,366	
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)		1,000		1,000
22	Capital stock				
23	Additional paid-in capital				
24	Retained earnings	6,286			-4,031
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity	152,997			208,392

Form 1120S (2014)

Form 1120S (2014) **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	-10,317	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 14l (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14l, 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	-10,317	8 Income (loss) (Schedule K, line 18). Line 4 less line 7	-10,317

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	6,286		
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21	(10,317)		
5 Other reductions	()	
6 Combine lines 1 through 5	-4,031		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	-4,031		

Form **1120S** (2014)

1125-A

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service**Cost of Goods Sold**

OMB No. 1545-2225

► 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.

Name

FAIRLANE VRTX, INC

Employer identification number

46-1575705

1	Inventory at beginning of year	1	89,613
2	Purchases	2	192,229
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	2,585
6	Total. Add lines 1 through 5	6	284,427
7	Inventory at end of year	7	67,217
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	217,210

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 ►

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. 12-2011)

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

Description	Amount
PROMOTION	\$ 8,299
TRAVEL	624
BANK CHARGES	105
DUES & SUBSCRIPTIONS	50
COMMISSIONS	204
TRUCK & DELIVERY	3,453
INSURANCE	1,828
LEGAL & PROFESSIONAL	34,514
POSTAGE	1,033
Total	\$ <u>50,110</u>

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

Description	Beginning of Year	End of Year
Other Current Liabilities	\$ 129,472	\$ 188,366
Total	\$ <u>129,472</u>	\$ <u>188,366</u>

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

Description	Amount
FREIGHT	\$ 1,423
STORAGE	1,162
Total	<u>2,585</u>

2014

New York State Department of Taxation and Finance

New York S Corporation Franchise Tax Return **CT-3-S**

Tax Law – Articles 9-A and 22

All filers must enter tax period:

Final return (see instr., page 5)

Amended return

beginning **01-01-14** ending **12-31-14**

Employer identification number (EIN) 46-1575705	File number AA6	Business telephone number 516-702-3002	If you have any subsidiaries incorporated outside NYS, mark an X in the box	If you claim an overpayment, mark an X in the box
Legal name of corporation FAIRLANE VRX, INC			Trade name/DBA	
Mailing name (if different from legal name above) co			State or country of incorporation NY	
Number and street or PO box 134 WEST 42ND STREET #8			Date of incorporation 12-04-12	
City NEW YORK		State NY	ZIP code 10036	
NAICS business code number (from NYS Pub 910) 424300		If address/phone above is new, mark an X in the box		If you need to update your address or phone information <input checked="" type="checkbox"/> New York S election effective date 01-01-13
NYS principal business activity JOBBER				for corporation tax, or other tax types, you can do so online. See Business information in Form CT-1.
Has the corporation revoked its election to be treated as a New York S corporation? <input checked="" type="checkbox"/> 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.**A**

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

B If you filed a return(s) other than federal Form 1120S, enter the form number(s) here

C If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS

D Have you underreported your tax due on past returns? To correct this without penalty, visit our Web site (see instructions).

E Enter your business allocation percentage (if you did not complete Form CT-3-S-ATT, Schedule A, you must enter either 0 or 100) **100.0000%**

F Enter your investment allocation percentage (if you did not complete Form CT-3-S-ATT, Schedule B, you must enter either 0 or 100) **0.0000%**

G Did the S corporation make an IRC section 338 or 453 election? Yes No X

H Did this entity have an interest in real property located in New York State during the last three years? Yes No X

I Has there been a transfer or acquisition of a controlling interest in this entity during the last three years? Yes No X

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

K 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 5) Normal accounting rules Daily pro rata allocation

L Issuer's allocation percentage (see instructions) **100.0000%**

M 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 6606

N If you are one of the following, mark an X in one box: QETC Qualified New York manufacturer Eligible qualified New York manufacturer

O Did you include any disregarded entities in this return? (mark an X in the appropriate box) Yes No X
If Yes, enter the name(s) and EIN(s) on Form CT-60-QSSS and attach it to your return.

P If you filed as a New York C corporation in previous years, enter the last year filed as such

Q Are you a residual interest holder in a real estate mortgage investment conduit (REMIC)? Yes No X

440001141022



P If you filed as a New York C corporation in previous years, enter the last year filed as such

Q Are you a residual interest holder in a real estate mortgage investment conduit (REMIC)? Yes No X

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	-10,317.			
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	●	152,997.	End of tax year	●	208,392.
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	● 6,286.	●	●
15 Ordinary income from federal Form 1120S, page 1, line 21	●		
16 Other additions	●	●	
17 Loss from federal Form 1120S, page 1, line 21	● -10,317.		
18 Other reductions	●	●	
19 Add lines 14 through 18	● -4,031.	●	●
20 Distributions other than dividend distributions	●	●	●
21 Balance at end of tax year. Subtract line 20 from line 19	● -4,031.		

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 (see instructions)	22	257,634.
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.	30	
Otherwise enter 0	31	175.

31 Add line 28 and line 29 or 30



Computation of tax (continued)**Composition of prepayments** (see instructions):

	Date paid	Amount	
32			
33			
34			
35			
36			
37		37	
38			38
39			39 175.
40			40 0.
41			41
42			42
43			43 175.

Voluntary gifts/contributions (see instructions):

44a		
44b		
44c		
44d		
44e		
44f		
45		175.
46		175.
47		
48		
49		
50		
51		

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	Designee's name (print) ARTHUR LANGER CPA	Designee's phone number: 516-702-3002
		Designee's e-mail address	PIN

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 PLAINVIEW	City NY 11803-4607
	E-mail address of individual preparing this return	State ZIP code	Preparer's NYTPRIN 03-13-15

See instructions for where to file.



2014

New York State Department of Taxation and Finance

New York S Corporation

Shareholders' Information Schedule

Attachment to Form CT-3-S or CT-32-S

CT-34-SH

Legal name of corporation FAIRLANE VRTX, INC	Employer identification number (EIN) 46-1575705
---	--

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 or Article 32	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 (leave blank; not applicable for this tax year)	• 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 three factor formula business allocation percentage (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 three factor formula business allocation percentage (obtain percentage from your partnership)	• 18	

Investment tax credits (see instructions)

19 Investment tax credit, retail enterprise tax credit, historic barn credit, and employment incentive credit (Form CT-46 and, if applicable, Form CT-46-ATT)	• 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 wage tax credit (Form CT-601)	• 23	
24 EZ capital tax credit for monetary contributions (Form CT-602)	• 24	
25 EZ investment tax credit (Form CT-603)	• 25	
26 EZ investment tax credit for financial services industry (Form CT-605)	• 26	
27 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)	• 27	



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

Qualified empire zone enterprise (QEZE) tax credits (see instructions)

28 QEZE real property tax credit allowed (Form CT-606)	• 28	
29 Net recapture of QEZE real property tax credit (Form CT-606)	• 29	
30 QEZE tax reduction credit employment increase factor (Form CT-604)	• 30	
31 QEZE tax reduction credit zone allocation factor (Form CT-604)	• 31	
32 QEZE tax reduction credit benefit period factor (Form CT-604)	• 32	

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

33 QEZE partnership EIN	• 33	
34 QEZE employment increase factor (obtain factor from your partnership)	• 34	
35 QEZE zone allocation factor (obtain factor from your partnership)	• 35	
36 QEZE benefit period factor (obtain factor from your partnership)	• 36	

Farmers' school tax credit (see instructions)

37 Total acres of qualified agricultural property	• 37	
38 Total amount of eligible school district property taxes paid	• 38	
39 Total acres of qualified agricultural property converted to nonqualified use	• 39	
40 Total acres of qualified conservation property	• 40	

Other credits (attach applicable forms)

41 Recapture of alternative fuels credit (Form CT-40)	• 41	
42 Credit for employment of persons with disabilities (Form CT-41)	• 42	
43 Rehabilitation of historic properties credit (Form CT-238)	• 43	
44 Recapture of rehabilitation of historic properties credit (Form CT-238)	• 44	
45 Clean heating fuel credit (Form CT-241)	• 45	
46 Biofuel production credit (Form CT-243)	• 46	
47 Empire State commercial production credit (Form CT-246)	• 47	
48 Empire State film production credit for the current year (Form CT-248)	• 48	
49 Empire State film production credit for the second year (Form CT-248)	• 49	
50 Empire State film production credit for the third year (Form CT-248)	• 50	
51 Long-term care insurance credit (Form CT-249)	• 51	
52 Credit for purchase of an automated external defibrillator (Form CT-250)	• 52	
53a Empire State film post-production credit for the current year (Form CT-261)	• 53a	
53b Empire State film post-production credit for the second year (Form CT-261)	• 53b	
53c Empire State film post-production credit for the third year (Form CT-261)	• 53c	
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 Brownfield redevelopment tax credit site preparation credit component (Form CT-611)	• 58	
59 Brownfield redevelopment tax credit tangible property credit component (Form CT-611)	• 59	
60 Brownfield redevelopment tax credit on-site groundwater remediation credit component (Form CT-611)	• 60	
61 Recapture of brownfield redevelopment tax credit (Form CT-611)	• 61	
62 Brownfield redevelopment tax credit site preparation credit component (Form CT-611.1)	• 62	
63 Brownfield redevelopment tax credit tangible property credit component (Form CT-611.1)	• 63	
64 Brownfield redevelopment tax credit on-site ground water remediation credit component (Form CT-611.1)	• 64	
65 Recapture of brownfield redevelopment tax credit (Form CT-611.1)	• 65	
66 Remediated brownfield credit for real property taxes (Form CT-612)	• 66	
67 Recapture of remediated brownfield credit for real property taxes (Form CT-612)	• 67	
68 Environmental remediation insurance credit (Form CT-613)	• 68	
69 Recapture of environmental remediation insurance credit (Form CT-613)	• 69	
70 Security officer training tax credit (attach Form CT-631)	• 70	



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

71 Economic transformation and facility redevelopment program jobs tax credit component (Form CT-633)	• 71
72 Economic transformation and facility redevelopment program investment tax credit component (Form CT-633)	• 72
73 Economic transformation and facility redevelopment program job training tax credit component (Form CT-633)	• 73
74 Economic transformation and facility redevelopment program real property tax credit component (Form CT-633)	• 74
75 Taxicabs and livery service vehicles accessible to persons with disabilities credit (Form CT-236)	• 75
76 QETC employment credit (Form DTF-621)	• 76
77 QETC capital tax credit (Form DTF-622)	• 77
78 Recapture of QETC capital tax credit (Form DTF-622)	• 78
79 Low-income housing credit (Form DTF-624)	• 79
80 Recapture of low-income housing credit (Form DTF-626)	• 80
81 Green building credit (Form DTF-630)	• 81
82 Empire state jobs retention credit (Form CT-634)	• 82
83 Recapture of empire state jobs retention credit (Form CT-634)	• 83
84 New York youth works credit (Form CT-635)	• 84
85 Beer production credit (Form CT-636)	• 85
86 Alternative fuels and electric vehicle recharging property credit (Form CT-637)	• 86
87 Recapture of alternative fuels and electric vehicle recharging property credit (Form CT-637)	• 87
88 Minimum wage reimbursement credit (Form CT-639)	• 88
89 Real property tax credit for manufacturers (Form CT-641)	• 89
90 Recapture of real property tax credit for manufacturers (Form CT-641)	• 90
91 New York City general corporation tax credit (see instructions)	• 91
92 Other tax credit(s) and recapture(s) (see instructions)	• 92 175.

(complete Schedule B on the last page)



Schedule B – Shareholders' identifying information (see instructions)

Photocopy Schedule B, as needed, attach additional sheets, and 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	• 1106-50-1158	• 100.0000	• 1	• I
• 2	• 2 [redacted]	•	•	•
• 3	• 3 [redacted]	•	•	•
• 4	• 4 [redacted]	•	•	•
• 5	• 5 [redacted]	•	•	•
• 6	• 6 [redacted]	•	•	•
• 7	• 7 [redacted]	•	•	•
• 8	• 8 [redacted]	•	•	•
• 9	• 9 [redacted]	•	•	•
• 10	• 10 [redacted]	•	•	•
• 11	• 11 [redacted]	•	•	•



Filing Instructions

FAIRLANE VRTX, INC

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

Taxable Year Ended December 31, 2014

Date Due: March 16, 2015

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

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.

GENERAL CORPORATION TAX RETURN 2014



For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ and ending _____

Check box if you are filing a 52-53-week taxable year

Amended return Final return Check box if the corporation has ceased operations.

Special short period return
(See Instructions)

Check box if a pro-forma federal return is attached Check box if you claim any 9/11/01-related federal tax benefits. (See Instr.)

Enter 2-character special condition code, if applicable. (See instructions): _____

Name

FAIRLANE VRTX, INC

In Care Of

Address (number and street)

534 WEST 42ND STREET #8

City and State

NEW YORK

Zip Code

10036

Business Telephone Number

516-702-3002

Date business began in NYC

12-04-12

Taxpayer's Email Address:

EMPLOYER IDENTIFICATION NUMBER

46-1875105

BUSINESS CODE NUMBER AS PER FEDERAL RETURN

424300

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

Payment Amount

A. Payment	Amount being paid electronically with this return	A.	Payment Amount
1. Allocated net income (from Schedule B, line 27)	1. 0.	X .0885	1.
2a. Allocated capital (from Schedule E, line 14)	2a.	X .0015	2a.
2b. Total allocated capital - Cooperative Housing Corps.	2b.	X .0004	2b.
2c. Cooperatives - enter: BORO	BLOCK	LOT	
3. Alternative Tax (from Alternative Tax Schedule on page 2) (see instructions)			3.
4. Minimum tax (see instructions) - NYC Gross Receipts:	257,634.		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.
8a. REAP Credit (attach Form NYC-9.5)			8a.
8b. LMREAP Credit (attach Form NYC-9.8)			8b.
9a. Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6)			9a.
9b. Biotechnology Credit (attach Form NYC-9.10)			9b.
10. Net tax after credits (line 6 less total of lines 7, 8a, 8b, 9a and 9b)			10.
11. First installment of estimated tax for period following that covered by this return:			11a.
(a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT			11b.
(b) If application for extension has not been filed and line 10 exceeds \$1,000, enter 25% of line 10			12.
13. Sales tax addback per Admin. Code §11-604.12(c) and 11-604.17a(c) (see instructions)			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.		
17b. Additional charges (see instructions)	17b.		
17c. Penalty for underpayment of estimated tax (attach Form NYC-222)	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 (b) Credited to 2015 estimated tax			20a.
20c. Routing Number	Account Number	ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>	20b.
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.

21a. Issuer's allocation percentage (from Schedule E, line 15)	21a. <input type="text"/> %
22. NYC rent deducted on federal tax return or NYC rent from Schedule G, Part 1.	22. <input type="text"/>
THIS LINE MUST BE COMPLETED (see instr.)	
23. Federal return filed:	
<input type="checkbox"/> 1120 <input type="checkbox"/> 1120C <input checked="" type="checkbox"/> 1120S <input type="checkbox"/> 1120F <input type="checkbox"/> 1120-RIC <input type="checkbox"/> 1120-REIT <input type="checkbox"/> 1120H <input type="checkbox"/> Other/None	
24. Gross receipts or sales from federal return	24. <input type="text"/>
25. EIN of Parent Corporation	25. <input type="text"/>
26. Total assets from federal return	26. <input type="text"/>
27. EIN of Common Parent Corporation	27. <input type="text"/>
28. Compensation of stockholders (from Sched. F, line 1)	28. <input type="text"/>
29. Business allocation percentage (from Schedule H, line 5) - if not allocating, enter 100%	29. <input type="text"/> 100.0000 %

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. \$ <input type="text"/>
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. \$ <input type="text"/>
Total (line 1 plus line 2)	3. \$ <input type="text"/>
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. \$ <input type="text"/>
Net amount (line 3 minus line 4)	5. \$ <input type="text"/>
15% of net amount (line 5 x 15%)	6. \$ <input type="text"/>
Investment income to be allocated (amount on Schedule B, line 23b x 15%. Do not enter more than the amount on line 6 above. Enter "0" if not applicable.)	7. \$ <input type="text"/>
Business income to be allocated (line 6 minus line 7)	8. \$ <input type="text"/>
Allocated investment income (line 7 x investment allocation % from Schedule D, line 2F)	9. \$ <input type="text"/> 0.0000 %
Allocated business income (line 8 x business allocation % from Schedule H, line 5)	10. \$ <input type="text"/> 0.0000 %
Taxable net income (line 9 plus line 10)	11. \$ <input type="text"/>
Tax rate	12. <input type="text"/> 8.85% (.0885)
Alternative tax (line 11 x line 12) Transfer amount to page 1, Schedule A, line 3	13. \$ <input type="text"/>



30221411

SCHEDULE B Computation and Allocation of Entire Net Income

1. Federal taxable income before net operating loss deduction and special deductions (see instructions)	1. <input type="text" value="10,311"/>
2. Interest on federal, state, municipal and other obligations not included in line 1 above (see instructions)	2. <input type="text"/>
3. Deductions directly attributable to subsidiary capital (attach list) (see instructions)	3. <input type="text"/>
4. Deductions indirectly attributable to subsidiary capital (attach list) (see instructions)	4. <input type="text"/>
5a. NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (attach rider) (see instr.)	5a. <input type="text"/>
5b. NYC General Corporation Tax deducted on federal return (see instructions)	5b. <input type="text"/>
6. New York City adjustments relating to (see instructions):	
(a) Sales and compensating use tax credit	6a. <input type="text"/>
(b) Employment opportunity relocation costs credit and IBZ credit	6b. <input type="text"/>
(c) Real estate tax escalation credit	6c. <input type="text"/>
(d) ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399Z)	6d. <input type="text"/>
7. Additions:	
(a) Payment for use of intangibles	7a. <input type="text"/>
(b) Domestic Production Activities Deduction (see instructions)	7b. <input type="text"/>
(c) Other (see instructions) (attach rider)	7c. <input type="text"/>
8. Total additions (add lines 1 through 7c)	8. <input type="text"/>
9a. Dividends from subsidiary capital (itemize on rider) (see instr.)	9a. <input type="text"/>
9b. Interest from subsidiary capital (itemize on rider) (see instructions)	9b. <input type="text"/>
9c. Gains from subsidiary capital	9c. <input type="text"/>
10. 50% of dividends from nonsubsidiary corporations (see instructions)	10. <input type="text"/>
11. New York City net operating loss deduction (attach Form NYC-NOLD-GCT) (see instr.)	11. <input type="text"/>
12. Gain on sale of certain property acquired prior to 1/1/66 (see instructions)	12. <input type="text"/>
13. NYC and NYS tax refunds included in Sch. B, line 8 (see instructions)	13. <input type="text"/>
14. Sales tax refunds or credits from vendors or New York State. Also include on page 1, Sch. A, line 12 (see instr.)	14. <input type="text"/>
15. Wages and salaries subject to federal jobs credit (attach federal Form 5884) (see instructions)	15. <input type="text"/>
16. Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instr.)	16. <input type="text"/>
17. Other deductions: (see instructions) (attach rider)	17. <input type="text"/>
18. Total deductions (add lines 9a through 17)	18. <input type="text"/>
19. Entire net income (line 8 less line 18) (see instructions)	19. <input type="text"/>
20. If the amount in line 19 is not correct, enter correct amount here and explain on rider (see instr.)	20. <input type="text"/>
21. Investment income - (complete lines a through h below) (see instructions)	
(a) Dividends from nonsubsidiary stocks held for investment (see instructions)	21a. <input type="text"/>
(b) Interest from investment capital (include federal, state and municipal obligations) (itemize on rider)	21b. <input type="text"/>
(c) Net capital gain (loss) from sales or exchanges of nonsubsidiary securities held for investment (itemize on rider or attach Federal Schedule D)	21c. <input type="text"/>
(d) Income from assets included on line 3 of Schedule D	21d. <input type="text"/>
(e) Add lines 21a through 21d inclusive	21e. <input type="text"/>
(f) Deductions directly or indirectly attributable to investment income (attach list) (see instructions)	21f. <input type="text"/>
(g) Balance (subtract line 21f from line 21e)	21g. <input type="text"/>
(h) Interest on bank accounts included in income reported on line 21	21h. <input type="text"/>
22. New York City net operating loss deduction apportioned to investment income (attach rider) (see instr.)	22. <input type="text"/>
23a. Investment income (line 21g less line 22)	23a. <input type="text"/>
23b. Investment income to be allocated (see instructions)	23b. <input type="text"/>
24. Business income to be allocated (line 19 or line 20 less line 23b)	24. <input type="text"/>
25. Allocated investment income (line 23b multiplied by: 0.0000 % - Schedule D, line 2) (see instr.)	25. <input type="text"/>
26. Allocated business income (line 24 multiplied by: 100.0000 % - Schedule H, line 5)	26. <input type="text"/>
27. Total allocated net income (line 25 plus line 26 (enter at Schedule A, line 1))	27. <input type="text"/>

S CORPORATIONS
see instructions
for line 1



30231411

ATTACH ALL PAGES OF FEDERAL RETURN

SCHEDULE C Subsidiary Capital and Allocation

DESCRIPTION OF SUBSIDIARY CAPITAL LIST EACH ITEM (USE RIDER IF NECESSARY)	A EMPLOYER IDENTIFICATION NUMBER	B % of Voting Stock Owned	C Average Value	D Liabilities Directly or Indirectly Attributable to Subsidiary 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)
		%				%	
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

DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	A No. of Shares or Amount of Securities	B Average Value	C 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 - <small>(To treat cash as investment capital, you must include it on this line.)</small> 3.							
4. Investment capital (total of lines 1E and 3E - enter on Schedule E, line 104).							

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

1. Total assets from federal return
2. Real property and marketable securities included in line 1
3. Subtract line 2 from line 1
4. Real property and marketable securities at **fair market value**
5. Adjusted total assets (add lines 3 and 4)
6. Total liabilities (see instructions)
 7. Total capital (column C, line 5 less column C, line 6)
 8. Subsidiary capital (Schedule C, column E, line 1)
 9. Business and investment capital (line 7 less line 8) (see instructions)
 10. Investment capital (Schedule D, line 4) (see instructions)
 11. Business capital (line 9 less line 10)
 12. Allocated investment capital (line 10 x _____ % from Schedule D, line 2)
 13. Allocated business capital (line 11 x _____ % from Schedule H, line 5)
 14. Total allocated business and investment capital (line 12 plus line 13) (enter at Schedule A, line 2a or 2b)
 15. 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 21a. See Instr.)

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. %

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.

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 13.5	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.	2a.
2b. All sales of tangible personal property		2b.
2c. Services performed	2c.	2c.
2d. Rentals of property	2d.	2d.
2e. Royalties	2e.	2e.
2f. Other business receipts	2f.	2f.
2g. Total	2g.	2g.
2h. Percentage in New York City (col. A of line 2g divided by col. B)	2h.	%
2i. Multiply line 2h by 73		2i.

3a. Wages, salaries and other compensation of employees, except general executive officers (see instructions)	3a.	3a.
3b. Percentage in New York City (column A divided by column B)	3b.	%
3c. Multiply line 3b by 13.5	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. %

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. 100.00 %
--	-------------

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 NO
If "YES", give parent's name _____EIN
enter here and on page 2, line 254. 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 NO
If "YES", give common parent corporation's name, if any _____EIN
enter here and on page 2, line 275. 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 NO
If "YES", by whom? _____ Internal Revenue Service State period(s): Beg.: _____ End.: _____ MMDDYY_____
New York State Department of Taxation and Finance State period(s): Beg.: _____ End.: _____ MMDDYY6. If "YES" to question 5, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? YES NO7. 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 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 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 NO10. 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 NO
c) Was there a partial or complete liquidation of the corporation? YES 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 NO11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed? YES NO12. If "NO" to 11, explain: _____ YES NO13. Does the corporation have one or more qualified subchapter S subsidiaries? YES 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. If a federal return was filed on Form 1120S, enter the number of Fed K1 returns attached: 1 YES NO15. 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 NO16. If "YES", were all required Commercial Rent Tax Returns filed? YES 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 return or pro-forma Federal return. (See instructions)

Federal 1120

1. Dividends
2. Interest income
3. Capital gain net income
4. Other income
5. Total income
6. Bad debts
7. Interest expense
8. Other deductions
9. Total deductions
10. Net operating loss deduction

▼ Federal Amount▼

1.	
2.	
3.	
4.	
5.	40,424.
6.	
7.	
8.	50,111.
9.	
10.	

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

SIGN HERE:	Signature of officer	Title	PRESIDENT	Date	Preparer's SSN or PTIN
PREPARER'S SIGNATURE	Preparer's printed name	ARTHUR LANGER CPA	Check if self-employed <input checked="" type="checkbox"/>	03-13-15	201396073
USE → ONLY JOHN & LANGER, CPAS 16 BLANCHE ST PLATINUM	NY			11803-4607	Firm's Employer ID Number 46-4001679
▲ Firm's name (or yours, if self-employed)		▲ Address	▲ Zip Code		

MAILING INSTRUCTIONS

Attach copy of all pages of your federal tax return or pro forma federal tax return.

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 2014 return is on or before March 16, 2015.

For fiscal years beginning in 2014, 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



**CALCULATION OF FEDERAL TAXABLE
 INCOME FOR S CORPORATIONS**
 ATTACH TO FORM NYC-3A, NYC-3L, NYC-4S OR NYC-4SEZ

2014

All federal S Corporations must complete this schedule and include it when filing Form 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	has been taken on the corporate level, do not include it on line 19, but enter it on Part II Line 20.	form NYC-4S, or on Schedule B2, Line 1 of your form NYC-4SEZ. For members of a Combined Group included 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-3AB. 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
Line 9 - If the calculated value for line 9 is negative, enter 0	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.	
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 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-3L or	

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ and ending _____

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

HAIRLANE VRTX, INC

EMPLOYER IDENTIFICATION NUMBER

46-1575700

PART I - ADDITIONS TO ORDINARY BUSINESS INCOME

	From Federal Form 1120S		
1. Ordinary business income (loss)	Schedule K, Line 1	1.	-10,300
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.	-10,300

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 Production 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.	-10,300
----------------------------------	------------------	-----	---------

NYC - ATT-S-CORP 2014

NET OPERATING LOSS DEDUCTION COMPUTATION 2014
GENERAL CORPORATION TAX

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

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ and ending _____

Print or Type ▼

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

AIRLANE VRTX, INC

EMPLOYER IDENTIFICATION NUMBER

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 preceding yr							
2. 19th preceding yr							
3. 18th preceding yr							
4. 17th preceding yr							
5. 16th preceding yr	12-31-98						
6. 15th preceding yr	12-31-99						
7. 14th preceding yr	12-31-00						
8. 13th preceding yr	12-31-01						
9. 12th preceding yr	12-31-02						
10. 11th preceding yr	12-31-03						
11. 10th preceding yr	12-31-04						
12. 9th preceding yr	12-31-05						
13. 8th preceding yr	12-31-06						
14. 7th preceding yr	12-31-07						
15. 6th preceding yr	12-31-08						
16. 5th preceding yr	12-31-09						
17. 4th preceding yr	12-31-10						
18. 3rd preceding yr	12-31-11						
19. 2nd preceding yr	12-31-12						
20. 1st preceding yr	12-31-13	6,286.	6,286.				
21. Current year	12-31-14	-10,317.	-10,317.	10,317.			

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. B2, 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

1. Investment Income before Net Operating Loss from NYC-3A or NYC-3L, Sch. B line 21g
2. Entire Net Income before Net Operating Loss from NYC-3A or NYC-3L, Sch. B line 19 or 20 plus line 11
3. Ratio: (Divide line 1 by line 2)
4. Net Operating Loss (NYC-3A or NYC 3L, Sch. B line 11)
5. Net Operating Loss Apportionment to Investment Income (multiply line 3 by line 4 and enter on NYC-3A or NYC-3L, Sch. B line 22)

AMOUNT
1.
2.
3.
4.
5.

Federal Net Operating Loss Worksheet

NYC

2014

For calendar year 2014 or fiscal year beginning _____, ending _____.

Name _____

Employer Identification Number

FAIRLANE VRTX, INC

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
17th 12-31-97					
16th 12-31-98					
15th 12-31-99					
14th 12-31-00					
13th 12-31-01					
12th 12-31-02					
11th 12-31-03					
10th 12-31-04					
9th 12-31-05					
8th 12-31-06					
7th 12-31-07					
6th 12-31-08					
5th 12-31-09					
4th 12-31-10					
3rd 12-31-11					
2nd 12-31-12					
1st 12-31-13	6,286				
NOL Carryover Available To Current Year			0		
Current Year	-10,317			10,317	
NOL Carryover Available To Next Year					