

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

▶ Go to www.irs.gov/Form1120S for instructions and the latest information.

EXTENSION GRANTED TO 09/17/18

2017

For calendar year 2017 or tax year beginning , and ending

A S election effective date 04/04/2013	TYPE OR PRINT	Name HIGHBURY CONCRETE, INC.	D Employer identification number 46-2507279
B Business activity code number (see instructions) 238100		Number, street, and room or suite no. If a P.O. box, see instructions. 53-19 46TH STREET	E Date incorporated 04/04/2013
C Check if Sch. M-3 attached <input checked="" type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code MASPETH, NY 11378	F Total assets (see instructions) \$ 18,133,617.

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 2

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

Income	1 a Gross receipts or sales ... 58,746,517.	b Return and allowances	c Bal. Subtract line 1b from line 1a	1c 58,746,517.
	2 Cost of goods sold (attach Form 1125-A)			2 52,846,211.
	3 Gross profit. Subtract line 2 from line 1c			3 5,900,306.
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4
	5 Other income (loss) (attach statement)			5
	6 Total income (loss). Add lines 3 through 5			6 5,900,306.
Deductions (See instructions for limitations)	7 Compensation of officers (see instrs. - attach Form 1125-E)			7 739,000.
	8 Salaries and wages (less employment credits)			8 1,446,387.
	9 Repairs and maintenance			9 147,914.
	10 Bad debts			10
	11 Rents			11 184,924.
	12 Taxes and licenses STATEMENT 1			12 511,060.
	13 Interest			13 74,329.
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14 183,106.
	15 Depletion (Do not deduct oil and gas depletion.)			15
	16 Advertising			16 56,914.
	17 Pension, profit-sharing, etc., plans			17
	18 Employee benefit programs			18 156,711.
	19 Other deductions (attach statement) STATEMENT 2			19 1,336,900.
	20 Total deductions. Add lines 7 through 19			20 4,837,245.
	21 Ordinary business income (loss). Subtract line 20 from line 6			21 1,063,061.
Tax and Payments	22 a 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			
	23 a 2017 estimated tax payments and 2016 overpayment credited to 2017	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			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 2018 estimated tax Refunded			27	

Sign Here

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.

Signature of officer

COPY

Sax LLP

Date

PRESIDENT

Title

May the IRS discuss this return with the preparer shown below (see instr.)?

☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name ERMAL LUZAJ	Preparer's signature ERMAL LUZAJ	Date 09/10/18	Check if self-employed <input type="checkbox"/>	PTIN P01386005
	Firm's name SAX LLP	Firm's EIN 81-2950760			
	Firm's address 855 VALLEY ROAD CLIFTON, NJ 07013	Phone no. 973-472-6250			

Schedule B Other Information (see instructions)					Yes	No	
1 Check accounting method: (a) <input type="checkbox"/> Cash (b) <input checked="" type="checkbox"/> Accrual (c) <input type="checkbox"/> Other (specify) ▶ _____							
2 See the instructions and enter the:							
(a) Business activity ▶ CONSTRUCTION (b) Product or service ▶ CONSTRUCTION							
3 At any time during the tax year, was any shareholder in 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 _____							X
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 _____							X
(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 _____							X
(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? _____							X
If "yes" complete lines (i) and (ii) below							
(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? _____							X
If "yes" complete lines (i) and (ii) below							
(i) Total shares of stock outstanding at the end of the tax year ▶ _____							
(ii) Total shares of stock outstanding if all instruments were executed ▶ _____							
6 Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide info. on any reportable transaction? ...							X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ <input type="checkbox"/>							
If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.							
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 ▶ \$ _____							
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 _____							X
If "Yes," the corporation is not required to complete Schedules L and M-1							
11 During the tax year, did the corporation have any non-shareholder debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? _____							X
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 _____							X
13a Did the corporation make any payments in 2017 that would require it to file Form(s) 1099? _____							X
b If "Yes," did the corporation file or will it file all required Forms 1099? _____							X

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	1,063,061.
	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 STATEMENT 3	4	3,362.
	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) STATEMENT 4	11	406,903.
Credits	12a Charitable contributions STATEMENT 4	12a	70,242.
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶		
	(2) Amount ▶	12c(2)	
Foreign Transactions	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)	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	
Alternative Minimum Tax (AMT) Items	g Other credits (see instructions) Type ▶	13g	
	14a Name of country or U.S. possession ▶		
	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)			
Items Affecting Shareholder Basis	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 STATEMENT 5	16c	431,466.
	d Distributions (attach statement if required)	16d	
	e Repayment of loans from shareholders	16e	

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Other Information	17a Investment income	17a	3,362.
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (att. stmt.) STATEMENT 6		
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		18 589,278.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		1,418,700.		312,743.
2 a	Trade notes and accounts receivable	7,461,323.		12,044,822.	
b	Less allowance for bad debts		7,461,323.		12,044,822.
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (att. stmt.)	STATEMENT 7	475,986.		4,226,494.
7	Loans to shareholders		0.		303,270.
8	Mortgage and real estate loans				
9	Other investments (att. stmt.)				
10 a	Buildings and other depreciable assets	1,154,231.		1,664,532.	
b	Less accumulated depreciation	168,176.	986,055.	418,244.	1,246,288.
11 a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13 a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (att. stmt.)				
15	Total assets		10,342,064.		18,133,617.
Liabilities and Shareholders' Equity					
16	Accounts payable		6,283,147.		9,047,777.
17	Mortgages, notes, bonds payable in less than 1 year		0.		1,932,110.
18	Other current liabilities (att. stmt.)	STATEMENT 8	1,551,870.		4,318,122.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		0.		457,837.
21	Other liabilities (att. stmt.)	STATEMENT 9	771,383.		0.
22	Capital stock		200.		200.
23	Additional paid-in capital		311,217.		311,217.
24	Retained earnings	STATEMENT 10	1,424,247.		2,066,354.
25	Adjustments to shareholders' equity (att. stmt.)				
26	Less cost of treasury stock		()		()
27	Total liabilities and shareholders' equity		10,342,064.		18,133,617.

JWA

Form 1120S (2017)

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	533,636.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest \$	
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):			
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize): a Depreciation \$		6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize): a Depreciation \$	
b Travel and entertainment \$ 69,124.		STMT 12 31,345.	375,824.
STMT 11 362,342.	431,466.	7 Add lines 5 and 6	375,824.
4 Add lines 1 through 3	965,102.	8 Income (loss) (Schedule K, line 18). Line 4 less line 7	589,278.

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	1,473,645.		
2 Ordinary income from page 1, line 21	1,063,061.		
3 Other additions STATEMENT 13	3,362.		
4 Loss from page 1, line 21	()		
5 Other reductions STATEMENT 14	(908,611.)	()	
6 Combine lines 1 through 5	1,631,457.		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	1,631,457.		

JWA

Form 1120S (2017)

Cost of Goods Sold

(Rev. October 2016)

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

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service▶ **Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.**

Name

Employer identification number

HIGHBURY CONCRETE, INC.**46-2507279**

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	8,301,552.
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) SEE STATEMENT 15	5	44,544,659.
6	Total. Add lines 1 through 5	6	52,846,211.
7	Inventory at end of year	7	
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	52,846,211.

9 a 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 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? ☐ Yes ☒ No
If "Yes," attach explanation.**For Paperwork Reduction Act Notice, see separate instructions.**Form **1125-A** (Rev. 10-2016)

Compensation of Officers

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

► Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

OMB No. 1545-0123

Employer Identification number	
--------------------------------	--

HIGHBURY CONCRETE, INC.

46-2507279

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

[illegible]

2 Total compensation of officers	2	739,000.
3 Compensation of officers claimed on Form 1125-A or elsewhere on return	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return	4	739,000.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-E (Rev. 10-2016)

SCHEDULE M-3
(Form 1120S)

Department of the Treasury
Internal Revenue Service

Net Income (Loss) Reconciliation for S Corporations
With Total Assets of \$10 Million or More

OMB No. 1545-0123

▶ Attach to Form 1120S.

▶ Go to www.irs.gov/Form1120S for instructions and the latest information.

2017

Name of corporation

HIGHBURY CONCRETE, INC.

Employer identification number

46-2507279

Part I Financial Information and Net Income (Loss) Reconciliation (see instructions)

1a Did the corporation prepare a certified audited non-tax-basis income statement for the period ending with or within this tax year?

See instructions if multiple non-tax-basis income statements are prepared.

☐ **Yes.** Skip line 1b and complete lines 2 through 11 with respect to that income statement.

☒ **No.** Go to line 1b.

b Did the corporation prepare a non-tax-basis income statement for that period?

☒ **Yes.** Complete lines 2 through 11 with respect to that income statement.

☐ **No.** Skip lines 2 through 3b and enter the corporation's net income (loss) per its books and records on line 4a.

2 Enter the income statement period: Beginning 01/01/2017 Ending 12/31/2017

3a Has the corporation's income statement been restated for the income statement period on line 2?

☐ **Yes.** If "Yes," attach an explanation and the amount of each item restated.

☒ **No.**

b Has the corporation's income statement been restated for any of the five income statement periods immediately preceding the period on line 2?

☐ **Yes.** If "Yes," attach an explanation and the amount of each item restated.

☒ **No.**

4a Worldwide consolidated net income (loss) from income statement source identified in Part I, line 1	4a	533,636.
b Indicate accounting standard used for line 4a (see instructions):		
(1) <input checked="" type="checkbox"/> GAAP (2) <input type="checkbox"/> IFRS		
(3) <input type="checkbox"/> Tax-basis (4) <input type="checkbox"/> Other (specify)		
5a Net income from nonincludible foreign entities (attach statement)	5a	()
b Net loss from nonincludible foreign entities (attach statement and enter as a positive amount)	5b	
6a Net income from nonincludible U.S. entities (attach statement)	6a	()
b Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount)	6b	
7a Net income (loss) of other foreign disregarded entities (attach statement)	7a	
b Net income (loss) of other U.S. disregarded entities (except qualified subchapter S subsidiaries) (attach stmt.)	7b	
c Net income (loss) of other qualified subchapter S subsidiaries (QSubs) (attach statement)	7c	
8 Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach statement)	8	
9 Adjustment to reconcile income statement period to tax year (attach statement)	9	
10 Other adjustments to reconcile to amount on line 11 (attach statement)	10	
11 Net income (loss) per income statement of the corporation. Combine lines 4 through 10	11	533,636.

Note. Part I, line 11, must equal Part II, line 26, column (a) or Schedule M-1, line 1. See instructions.

12 Enter the total amount (not just the corporation's share) of the assets and liabilities of all entities included or removed on the following lines:

	Total Assets	Total Liabilities
a Included on Part I, line 4	18,133,617.	15,755,846.
b Removed on Part I, line 5		
c Removed on Part I, line 6		
d Included on Part I, line 7		

Form **4562**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property) **OTHER**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017Attachment
Sequence No. **179****HIGHBURY CONCRETE, INC.****OTHER DEPRECIATION****46-2507279****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	510,301.
3	Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	510,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
QUALIFIED REAL PROPERTY		168,339.	168,339.
7	Listed property. Enter the amount from line 29	7	238,564.
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	406,903.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	406,903.
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	510,000.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	406,903.
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	21,558.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	78,620.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	30,775.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	52,153.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	183,106.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25****26** Property used more than 50% in a qualified business use:

SEE STATEMENT 17	%						52,153.	238,564.
------------------	---	--	--	--	--	--	---------	----------

27 Property used 50% or less in a qualified business use:

	%				S/L -			
	%				S/L -			
	%				S/L -			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28** 52,153.**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29** 238,564.**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year ...						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

42 Amortization of costs that begins during your 2017 tax year:

--	--	--	--	--	--

43 Amortization of costs that began before your 2017 tax year **43****44** Total. Add amounts in column (f). See the instructions for where to report **44**

Domestic Production Activities Deduction▶ **Attach to your tax return.** ▶ **See separate instructions.**Attachment
Sequence No. **143**

Name(s) as shown on return

Identifying number

HIGHBURY CONCRETE, INC.**46-2507279**

	(a) Oil-related production activities	(b) All activities
Note. Do not complete column (a), unless you have oil-related production activities. Enter amounts for all activities in column (b), including oil-related production activities.		
1 Domestic production gross receipts (DPGR)	1	58,749,879.
2 Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3	2	52,846,211.
3 Enter deductions and losses allocable to DPGR (see instructions)	3	5,314,390.
4 If you are using the small business simplified overall method, enter the amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR. All others, skip line 4	4	
5 Add lines 2 through 4	5	58,160,601.
6 Subtract line 5 from line 1	6	589,278.
7 Qualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions)	7	
8 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10	8	589,278.
9 Amount allocated to beneficiaries of the estate or trust (see instructions)	9	
10a Oil-related qualified production activities income. Estates and trusts, subtract line 9, column (a), from line 8, column (a), all others, enter amount from line 8, column (a). If zero or less, enter -0- here	10a	
b Qualified production activities income. Estates and trusts, subtract line 9, column (b), from line 8, column (b), all others, enter amount from line 8, column (b). If zero or less, enter -0- here, skip lines 11 through 21, and enter -0- on line 22	10b	589,278.
11 Income limitation (see instructions): <ul style="list-style-type: none"> • Individuals, estates, and trusts. Enter your adjusted gross income figured without the domestic production activities deduction • All others. Enter your taxable income figured without the domestic production activities deduction (tax-exempt organizations, see instructions) 	11	
12 Enter the smaller of line 10b or line 11. If zero or less, enter -0- here, skip lines 13 through 21, and enter -0- on line 22	12	
13 Enter 9% of line 12	13	
14a Enter the smaller of line 10a or line 12	14a	
b Reduction for oil-related qualified production activities income. Multiply line 14a by 3%	14b	
15 Subtract line 14b from line 13	15	
16 Form W-2 wages (see instructions)	16	10,486,939.
17 Form W-2 wages from estates, trusts, and certain partnerships and S corporations (see instructions)	17	
18 Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and go to line 20	18	10,486,939.
19 Amount allocated to beneficiaries of the estate or trust (see instructions)	19	
20 Estates and trusts, subtract line 19 from line 18, all others, enter amount from line 18	20	10,486,939.
21 Form W-2 wage limitation. Enter 50% of line 20	21	
22 Enter the smaller of line 15 or line 21	22	
23 Domestic production activities deduction from cooperatives. Enter deduction from Form 1099-PATR, box 6	23	
24 Expanded affiliated group allocation (see instructions)	24	
25 Domestic production activities deduction. Combine lines 22 through 24 and enter the result here and on Form 1040, line 35; Form 1120, line 25; or the applicable line of your return	25	

LHA **For Paperwork Reduction Act Notice, see separate instructions.**Form **8903** (Rev. 12-2010)

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

HIGHBURY CONCRETE, INC.
53-19 46TH STREET
MASPETH, NY 11378

EMPLOYER IDENTIFICATION NUMBER: 46-2507279

FOR THE YEAR ENDING DECEMBER 31, 2017

HIGHBURY CONCRETE, INC. IS MAKING THE DE MINIMIS SAFE HARBOR
ELECTION UNDER REG. SEC. 1.263(A)-1(F).

FORM 1120S	TAXES AND LICENSES	STATEMENT 1
DESCRIPTION		AMOUNT
PAYROLL TAXES		176,415.
NEW YORK TAXES - BASED ON INCOME		127,056.
NEW YORK CITY TAXES - BASED ON INCOME		207,589.
TOTAL TO FORM 1120S, PAGE 1, LINE 12		511,060.

FORM 1120S	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
BUSINESS LICENSES		24,606.
COMPUTER & INTERNET EXPENSE		68,206.
INSURANCE		301,199.
LEGAL AND ACCOUNTING		248,609.
MEALS AND ENTERTAINMENT		69,124.
OFFICE SUPPLIES		174,925.
PAYROLL FEES		38,667.
TRAVEL		71,905.
UTILITIES AND TELEPHONE		80,254.
VEHICLE EXPENSE		259,405.
TOTAL TO FORM 1120S, PAGE 1, LINE 19		1,336,900.

SCHEDULE K	INTEREST INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
INTEREST INCOME		3,362.
TOTAL TO SCHEDULE K, LINE 4		3,362.

SCHEDULE K	CHARITABLE CONTRIBUTIONS				STATEMENT 4
DESCRIPTION	NO LIMIT	50% / 100% LIMIT	30% LIMIT	20% LIMIT	
CASH CHARITABLE CONTRIBUTIONS (50%)		70,242.			
TOTALS TO SCHEDULE K, LINE 12A		70,242.			

SCHEDULE K	NONDEDUCTIBLE EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
OFFICER LIFE INSURANCE PREMIUMS		336,704.
PENALTIES		25,638.
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES		69,124.
TOTAL TO SCHEDULE K, LINE 16C		431,466.

SCHEDULE K	OTHER ITEMS, LINE 17D	STATEMENT 6
DESCRIPTION		AMOUNT
DPAD INFORMATION - DOMESTIC PRODUCTION GROSS RECEIPTS (DPGR)		58,749,879.
DPAD INFORMATION - COST OF GOODS SOLD ALLOCABLE TO DPGR		52,846,211.
DPAD INFORMATION - COST OF GOODS SOLD FROM ALL SOURCES		52,846,211.
DPAD INFORMATION - DEDUCTIONS, EXPENSES & LOSSES NOT DIRECTLY ALLOCABLE		5,240,061.
DPAD INFORMATION - INTEREST EXPENSE		74,329.
DPAD INFORMATION - FORM W-2 WAGES		10,486,939.

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT 7
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
COST IN EXCESS OF BILLINGS	475,986.	1,220,656.
LOANS RECEIVABLE	0.	228,857.
PREPAID EXPENSE	0.	2,776,981.
TOTAL TO SCHEDULE L, LINE 6	475,986.	4,226,494.

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT 8
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED EXPENSES	124,052.	2,613,356.
BILLINGS IN EXCESS OF COSTS	0.	1,704,766.
INCOME TAXES PAYABLE	758,727.	0.
OTHER CURRENT LIABILITIES	669,091.	0.
TOTAL TO SCHEDULE L, LINE 18	1,551,870.	4,318,122.

SCHEDULE L	OTHER LIABILITIES	STATEMENT 9
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DEFERRED INCOME TAXES PAYABLE	771,383.	0.
TOTAL TO SCHEDULE L, LINE 21	771,383.	0.

SCHEDULE L	ANALYSIS OF TOTAL RETAINED EARNINGS PER BOOKS	STATEMENT 10
DESCRIPTION	AMOUNT	
BALANCE AT BEGINNING OF YEAR	1,424,247.	
NET INCOME PER BOOKS	533,636.	
DISTRIBUTIONS	0.	
OTHER INCREASES (DECREASES)		
PRIOR PERIOD ADJUSTMENT	108,471.	
BALANCE AT END OF YEAR - SCHEDULE L, LINE 24, COLUMN (D)	2,066,354.	

SCHEDULE M-1	EXPENSES RECORDED ON BOOKS THIS YEAR NOT INCLUDED ON SCHEDULE K	STATEMENT 11
--------------	--	--------------

DESCRIPTION	AMOUNT
OFFICER LIFE INSURANCE PREMIUMS	336,704.
PENALTIES	25,638.
TOTAL TO SCHEDULE M-1, LINE 3	362,342.

SCHEDULE M-1	DEDUCTIONS ON SCHEDULE K NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT 12
--------------	---	--------------

DESCRIPTION	AMOUNT
CONTRACTS LESS THAN 10% COMPLETE	31,345.
TOTAL TO SCHEDULE M-1, LINE 6	31,345.

SCHEDULE M-2	ACCUMULATED ADJUSTMENTS ACCOUNT - OTHER ADDITIONS	STATEMENT 13
--------------	---	--------------

DESCRIPTION	AMOUNT
PORTFOLIO INTEREST INCOME	3,362.
TOTAL TO SCHEDULE M-2, LINE 3 - COLUMN (A)	3,362.

SCHEDULE M-2	ACCUMULATED ADJUSTMENTS ACCOUNT- OTHER REDUCTIONS	STATEMENT 14
--------------	---	--------------

DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS	70,242.
SECTION 179 EXPENSE DEDUCTION	406,903.
NONDEDUCTIBLE EXPENSES	431,466.
TOTAL TO SCHEDULE M-2, LINE 5 - COLUMN (A)	908,611.

FORM 1125-A

OTHER COSTS

STATEMENT 15

DESCRIPTION	AMOUNT
BIDDING AND BOND EXPENSE	459,162.
EQUIPMENT RENTAL	2,286,801.
INSURANCE	5,191,802.
MATERIALS	26,911,852.
PAYROLL TAXES	670,141.
SMALL TOOLS & EQUIPMENT	675,252.
SUBCONTRACTED SERVICES	8,349,649.
TOTAL TO LINE 5	44,544,659.

FORM 4562 ELECTION FOR QUALIFIED SECTION 179 REAL PROPERTY STATEMENT 16

THE ELECTION TO TREAT CERTAIN QUALIFIED REAL PROPERTY AS SECTION 179 PROPERTY IS BEING MADE FOR TAX YEAR 2017, PURSUANT TO IRC SECTION 179(F).

	<u>COST</u>	<u>ELECTED COST</u>
QUALIFIED LEASEHOLD IMPROVEMENT PROPERTY		
QUALIFIED REAL PROPERTY	168,339.	168,339.

FORM 4562

LISTED PROPERTY INFORMATION-MORE THAN 50%

STATEMENT 17

(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION	(I) 179 ELECTED
(K) TOTAL MILES	(L) BUSINESS MILES	(M) COMMUTING MILES	(N) PERSONAL MILES	(O) WAS VEH. AVAIL.? Y N	(P) > 5% OWNER? Y N	(Q) ANOTHER VEH. AVAILABLE? Y N		
MITSUBISHI TRUCK	07/01/14	100.00	34,726.	34,726.	5.0	SL-HY	6,945.	
2012 FORD F-150	07/01/15	100.00	75,307.	75,307.	5.0	SL-HY	15,061.	
2015 FORD F-150	07/01/15	100.00	75,307.	75,307.	5.0	SL-HY	15,061.	
2015 FORD F-150	07/01/15	100.00	75,428.	75,428.	5.0	SL-HY	15,086.	
2015 FORD F-150	01/01/17	100.00	58,092.	0.	5.0	200DBHY		58,092.
2015 FORD F-150	01/01/17	100.00	58,288.	0.	5.0	200DBHY		58,288.
2015 FORD F-150	01/01/17	100.00	60,152.	0.	5.0	200DBHY		60,152.
2012 FORD F-150	01/01/17	100.00	58,872.	0.	5.0	200DBHY		58,872.
2015 BMW	01/01/17	100.00	85,000.	0.	5.0	200DBHY		3,160.
TOTALS TO FORM 4562, PART V, LINE 26							52,153.	238,564.

Schedule K-1
(Form 1120S)

Department of the Treasury
Internal Revenue Service

For calendar year 2017, or tax
year beginning _____
ending _____

2017

☐ Final K-1 ☐ Amended K-1

OMB No. 1545-0123

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
46-2507279

B Corporation's name, address, city, state, and ZIP code

HIGHBURY CONCRETE, INC.
53-19 46TH STREET
MASPETH, NY 11378

C IRS Center where corporation filed return
E-FILE

Part II Information About the Shareholder

D Shareholder's identifying number
183-71-0295

E Shareholder's name, address, city, state and ZIP code

THOMAS FOGARTY
53-19 46TH STREET
MASPETH, NY 11378

F	Shareholder's percentage of stock ownership for tax year	50.000000 %
---	--	-------------

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 531,531.	13	Credits
2	Net rental real estate inc (loss)		
3	Other net rental income (loss)		
4	Interest income 1,681.		
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 sec 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative min tax (AMT) items
11	Section 179 deduction 203,452.	16	Items affecting shareholder basis
12	Other deductions 35,121.	C*	215,733.
A			
P*	STMT		
		17	Other information
		A	1,681.

*See attached statement for additional information.

SCHEDULE K-1	DOMESTIC PRODUCTION ACTIVITIES INFORMATION
	BOX 12, CODE P

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
DEDUCTIONS, EXPENSES & LOSSES NOT DIRECTLY ALLOCABLE	2,620,030.	SEE FORM 8903 INSTRUCTIONS
DIRECTLY ALLOCABLE COST OF GOODS SOLD	26,423,105.	SEE FORM 8903 INSTRUCTIONS
DOMESTIC PRODUCTION GROSS RECEIPTS (DPGR)	29,374,940.	SEE FORM 8903 INSTRUCTIONS
FORM W-2 WAGES	5,243,469.	SEE FORM 8903 INSTRUCTIONS
INTEREST EXPENSE	37,165.	SEE FORM 8903 INSTRUCTIONS
NON-DOMESTIC PRODUCTION GROSS RECEIPTS	0.	SEE FORM 8903 INSTRUCTIONS
TOTAL COST OF GOODS SOLD	26,423,106.	SEE FORM 8903 INSTRUCTIONS

SCHEDULE K-1	NONDEDUCTIBLE EXPENSES, BOX 16, CODE C
--------------	--

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	34,562.	SEE SHAREHOLDERS INSTRUCTIONS
OFFICER LIFE INSURANCE PREMIUMS	168,352.	
PENALTIES	12,819.	
TOTAL	215,733.	

Schedule K-1
(Form 1120S)

Department of the Treasury
Internal Revenue Service

For calendar year 2017, or tax
year beginning _____
ending _____

2017

Final K-1

Amended K-1

OMB No. 1545-0123

Part III

Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 531,530.	13	Credits
2	Net rental real estate inc (loss)		
3	Other net rental income (loss)		
4	Interest income 1,681.		
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 sec 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative min tax (AMT) items
11	Section 179 deduction 203,451.	16 C*	Items affecting shareholder basis 215,733.
12 A	Other deductions 35,121.		
P*	STMT		
		17 A	Other information 1,681.

*See attached statement for additional information.

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See separate instructions.

► See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
46-2507279

B Corporation's name, address, city, state, and ZIP code

HIGHBURY CONCRETE, INC.
53-19 46TH STREET
MASPETH, NY 11378

C IRS Center where corporation filed return
E-FILE

Part II Information About the Shareholder

D Shareholder's identifying number
091-02-0446

E Shareholder's name, address, city, state and ZIP code

THOMAS GORMAN
53-19 46TH STREET
MASPETH, NY 11378

F Shareholder's percentage of stock ownership for tax year 50.000000 %

For IRS Use Only

SCHEDULE K-1 DOMESTIC PRODUCTION ACTIVITIES INFORMATION
BOX 12, CODE P

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
DEDUCTIONS, EXPENSES & LOSSES NOT DIRECTLY ALLOCABLE	2,620,030.	SEE FORM 8903 INSTRUCTIONS
DIRECTLY ALLOCABLE COST OF GOODS SOLD	26,423,105.	SEE FORM 8903 INSTRUCTIONS
DOMESTIC PRODUCTION GROSS RECEIPTS (DPGR)	29,374,940.	SEE FORM 8903 INSTRUCTIONS
FORM W-2 WAGES	5,243,469.	SEE FORM 8903 INSTRUCTIONS
INTEREST EXPENSE	37,165.	SEE FORM 8903 INSTRUCTIONS
NON-DOMESTIC PRODUCTION GROSS RECEIPTS	0.	SEE FORM 8903 INSTRUCTIONS
TOTAL COST OF GOODS SOLD	26,423,106.	SEE FORM 8903 INSTRUCTIONS

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 16, CODE C

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	34,562.	SEE SHAREHOLDERS INSTRUCTIONS
OFFICER LIFE INSURANCE PREMIUMS	168,352.	
PENALTIES	12,819.	
TOTAL	215,733.	

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns
► **File a separate application for each return.**
► **Go to www.irs.gov/Form7004 for instructions and the latest information.**

OMB No. 1545-0233

**Print
or
Type**

Name

HIGHBURY CONCRETE, INC

Number, street, and room or suite no. (If P.O. box, see instructions.)

53-19 46TH STREET

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).

MASPETH, NY 11378

Identifying number

46-2507279

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for **25**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND	19
Form 706-GS(T)	02	Form 1120-ND (section 4951 taxes)	20
Form 1041 (bankruptcy estate only)	03	Form 1120-PC	21
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-POL	22
Form 1041 (trust)	05	Form 1120-REIT	23
Form 1041-N	06	Form 1120-RIC	24
Form 1041-QFT	07	Form 1120S	25
Form 1042	08	Form 1120-SF	26
Form 1065	09	Form 3520-A	27
Form 1065-B	10	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36

Part II All Filers Must Complete This Part

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐
- 5a** The application is for calendar year **2017**, or tax year beginning _____, and ending _____
- b Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (see instructions - attach explanation)

6 Tentative total tax	6	0.
7 Total payments and credits (see instructions)	7	0.
8 Balance due. Subtract line 7 from line 6 (see instructions)	8	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2017)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

STATE COPY



Department of Taxation and Finance

**Mandatory First Installment (MFI) of
Estimated Tax for Corporations**For New York C corporations subject to tax under Article 9-A or Article 33, and
corporations subject to tax under Article 9, sections 184, 184-a, 186-a, 186-c, and 186-e only**CT-300**
(12/17)

Employer identification number 462507279	File number AA5	Return type (required) CT3	Tax sub type 23	Tax year ending (mm-yy) 12-18	MFI due date 03-15-18	Date received (for Tax Department use only)
Business telephone number 718-424-4423	State or country of incorporation NY	Date 04-04-13	Foreign corporations: date began business in NYS			
Legal name of corporation HIGHBURY CONCRETE, INC.						
Mailing name (If different from legal name above) c/o						
Mailing address number and street or PO Box 53-19 46TH STREET						
City MASPETH				State NY	ZIP code 11378	

Filing made easy: File and pay electronically instead through *Online Services* at www.tax.ny.gov.

A. Make check or money order payable in U.S. funds to: New York State Corporation Tax. ◀ Attach your payment here. (Detach all check stubs; see instructions for details.)	A	Payment enclosed 31,977.
---	----------	------------------------------------

Computation of MFI (see instructions, Form CT-300-I, before completing this form)

	A New York State MFI	B MTA MFI
1 Franchise, excise, or gross receipts tax from second preceding tax year	1 99,934.	
2 First installment of estimated tax for the upcoming tax year	2 24,984.	
3 MTA surcharge from second preceding tax year	3	27,982.
4 First installment of estimated MTA surcharge for the upcoming tax year	4	6,996.
5 Enter the total overpayments credited from prior periods (see instructions)	5 0.	
6 Subtotal (in column A: subtract line 5 from line 2; in column B: subtract line 5 from line 4; do not enter less than 0)	6 24,984.	6,996.
7 Total state and MTA MFI due (add line 6, columns A and B; enter here and payment amount on line A)	7 31,980.	
Note: If line 7 is zero and line 5 is greater than line 2 in column A or line 4 in column B, you have overpayments in excess of the amount of MFI due. Use line 8 to compute the estimated amount of overpayment remaining (see instructions).		
8 Estimated overpayment remaining (in column A: subtract line 2 from line 5; in column B: subtract line 4 from line 5; do not enter less than 0; see instr.) ...	8	

Mail this form with your payment to: **NYS ESTIMATED CORPORATION TAX**
PO BOX 4136
BINGHAMTON NY 13902-4136**Private delivery services**
If not using U.S. Mail, see Publication 55, *Designated Private
Delivery Services.*

Third - party designee (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) ERMAL LUZAJ	Designee's phone number 973-472-6250
	Designee's e-mail address ELUZAJ@SAXLLP.COM		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 ERMAL LUZAJ	Signature of authorized person ERMAL LUZAJ	Official Title PRESIDENT
	E-mail address of authorized person ELUZAJ@SAXLLP.COM	Telephone number 718-424-4423	Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) SAX LLP	Firm's EIN 81-2950760	Preparer's PTIN or SSN P01386005
	Signature of individual preparing this return ERMAL LUZAJ	City CLIFTON	State ZIP code NJ 07013
	E-mail address of individual preparing this return ELUZAJ@SAXLLP.COM	Preparer's NYTPRIN 03	Excl. code Date 04-30-18

572001171019



784211 10-25-17

1019



Department of Taxation and Finance
**General Business Corporation
Franchise Tax Return**
Tax Law - Article 9-A

CT-3

Caution: This form must be used **only** for tax periods beginning on or after January 1, 2017. If you use it for any prior periods, the return will **not** be processed and will **not** be considered timely filed. As a result, penalties and interest may be incurred.

See instructions, Form CT-3-I, before completing return.

All filers must enter tax period:

Final return <input type="checkbox"/> Amended return <input type="checkbox"/>	beginning 01-01-17	ending 12-31-17
Employer identification number (EIN) 46-2507279	File number AA5	Business telephone number 718-424-4423
Legal name of corporation HIGHBURY CONCRETE, INC.		Trade name / DBA
Mailing name (if different from legal name above) c/o		State or country of incorporation NY
Mailing address no. and street or PO box 53-19 46TH STREET		Date of incorporation 04-04-13
City MASPETH		Foreign corporations: date began business in NYS
State ZIP code NY 11378		Country (if not United States)
Principal business activity in NYS CONSTRUCTION		For office use only
NAICS business code no. (from NYS Pub 910) 238100		
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 Business Information in Form CT-1.		

A. Pay amount shown on Part 2, line 23c. Make payable to: New York State Corporation Tax Attach your payment here. (Detach all check stubs; see instructions for details.)	A. Payment enclosed 55,322.
B. Are you subject to the metropolitan transportation business tax (MTA surcharge)? (see instructions, mark an X in the appropriate box) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
C. If you are disclaiming tax liability in New York State based on Public Law 86-272, mark an X in the box (see instructions) <input type="checkbox"/> <input checked="" type="checkbox"/>	

Third - party designee (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) ERMAL LUZAJ	Designee's phone number 973-472-6250
	Designee's e-mail address ELUZAJ@SAXLLP.COM		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 Sax LLP	Signature of authorized person Certified Public Accountants	Official Title PRESIDENT
	E-mail address of authorized person	855 Valley Road	Telephone number 718-424-4423
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) SAX LLP	Firm's EIN 81-2950760	Preparer's PTIN or SSN P01386005
	Signature of individual preparing this return ERMAL LUZAJ	Address 855 VALLEY ROAD	City CLIFTON
	E-mail address of individual preparing this return ELUZAJ@SAXLLP.COM	State NJ	ZIP code 07013
	Preparer's NYTPRIN or Excl. code 03	Date 09-10-18	

See instructions for where to file.

Content of Form CT-3

Part 1 - General corporate information	Part 5 - Computation of investment capital for the current tax year
Part 2 - Computation of balance due or overpayment	Part 6 - Computation of business apportionment factor
Part 3 - Computation of tax on business income base	Part 7 - Summary of tax credits claimed
Part 4 - Computation of tax on capital base	

567001171019



Part 1 - General corporate information**Section A - Qualification for preferential tax rates -**

If you are a corporation as identified in this section and qualify for preferential tax rates, mark an **X** in the boxes that apply to you (see instructions).

- 1 A qualified emerging technology company (QETC) for purposes of the lower tax rates, capital base tax cap, and fixed dollar minimum tax amounts ☐ 1 ☐
- 2 A qualified New York manufacturer based on the principally engaged test for purposes of the lower business income base tax rate and fixed dollar minimum tax amounts ☐ 2 ☐
- 3 A qualified New York manufacturer based on the principally engaged test for purposes of the lower capital base tax rate and capital base tax cap ☐ 3 ☐
- 4 A qualified New York manufacturer based on the significant employment and property test for purposes of the lower tax rates, capital base tax cap, and fixed dollar minimum tax amounts ☐ 4 ☐
- 5 Claiming cooperative housing corporation status for the lower capital base tax rate ☐ 5 ☐
- 6 A small business eligible for the capital base tax exception ☐ 6 ☐
- If you marked this box, complete line 6a, also mark the box at line 6b or 6c, as applicable.
- 6a Total capital contributions ☐ 6a
- 6b **Small business taxpayers only:** you are also a QETC ☐ 6b ☐
- 6c **Small business taxpayers only:** you are also a qualified New York manufacturer ☐ 6c ☐
- 7 A qualified entity of a New York State innovation hot spot that operates solely within such New York State Innovation hot spot, and you have elected to be subject only to the fixed dollar minimum tax base ☐ 7 ☐

Section B - New York State Information (see instructions)

- 1 Number of New York State employees ☐ 1 500
- 2 Wages paid to New York State employees ☐ 2 10,486,939.
- 3 Number of business establishments in New York State ☐ 3 1
- 4 If you have an interest in, or have rented, real property in New York State, mark an **X** in the box ☐ 4 ☒
- 5 If you are claiming an exception to the related member expense addback under section §208.9(o)(2)(B), mark and **X** in the box ☐ 5 **STATEMENT 1**
- 5a If you marked the line 5 box, use line 5a to report the applicable exception number (1-4) and the amount of royalty payments ☐ 5a **Number** **Amount**
- 6 If you are not protected by Public Law 86-272 and are subject to tax **solely** as a result of deriving receipts in New York State, mark an **X** in the box ☐ 6 ☐

Section C - filing Information

- 1 **Federal form filed** - you must mark an **X** in one box and attach a complete copy of your federal return
- 1120 ☐ 1120 consolidated ☐ 1120-REIT or 1120-RIC ☐ 1120S ☒ 1120F ☐ 1120H ☐
- 2 **Amended return** - If you marked the amended return box on page 1, then for any item(s) that apply, mark an **X** in the box and attach documentation:
- Failure to meet investment capital holding period ☐
- Final federal determination ☐ Date of determination NOL carryback ☐ Capital loss carryback ☐ 1139 ☐ 1120X ☐
- 2a Enter the tax due amount from your most recently filed New York State return for this tax period ☐ 2a
- 3 **Required attachments** - For all forms, other than tax credit claim forms, that are attached to this return, mark an **X** in the applicable box(es)
- CT-3.1 ☐ CT-3.2 ☐ CT-3.3 ☐ CT-3.4 ☒ CT-60 ☒ CT-225 ☒ Other (identify): **CT-399** ☒
- 4 If you are claiming tax credits, enter the number of credit forms attached to this return. Where multiple forms are filed for the same credit, count **each** form filed ☐ 4
- 5 If you filed federal Form 1120F and you have effectively connected income (ECI), mark an **X** in the box ☐ 5
- 6 Were you required to report, under P.L. 110-343, Div. C, §801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see instructions) Yes ☐ No ☒
- 7 If you are a foreign corporation computing your tax taking into account **only** your distributive shares from **multiple** limited partnerships, mark an **X** in the box and file Form CT-60 ☐

567002171019

768752
12-01-17

1019

Highbury Concrete, Inc.

46-2507279

Part 2 - Computation of balance due or overpayment**Largest of three tax bases, minus credits**

1a	Business income base tax (from Part 3, line 20)	•	1a	48,729.		
1b	Capital base tax (from Part 4, line 15: see instructions)	•	1b	2,057.		
1c	Fixed dollar minimum tax (see instr)	•	1c	10,000.		
2	Tax due (enter the amount from line 1a, 1b, or 1c, whichever is largest; see instructions)	•	2	48,729.		
3	Tax credits used (from Part 7, line 2; see instructions)	•	3			
4	Tax due after credits (subtract line 3 from line 2; if line 3 is more than line 2, enter 0)	•	4	48,729.		
5						
6						
7						

Penalties and interest

8	Estimated tax penalty (see instructions; if Form CT-222 is attached, mark an X in the box)	•	8	2,943.		
9	Interest on late payment (see instructions)	•	9	2,214.		
10	Late filing and late payment penalties (see instructions)	•	10	1,461.		
11	Total penalties and interest (add lines 8, 9, and 10)	•	11	6,618.		

Voluntary gifts/contributions (see instructions)

12a	Return a Gift to Wildlife	12a			
12b	Breast Cancer Research and Education Fund	12b			
12c	Prostate Cancer Research, Detection, and Education Fund	12c			
12d	9/11 Memorial	12d			
12e	Volunteer Firefighting & EMS Recruitment Fund	12e			
12f	Veterans Remembrance	12f			
12g	Women's Cancers Education and Prevention Fund	12g			
12h	New York State Veterans' Homes	12h			
13	Total voluntary gifts/contributions (add lines 12a through 12h)	13			

Total amount due

14	Add lines 4, 11, and 13	•	14	55,347.		
----	-------------------------	---	----	---------	--	--

Prepayments

15	Mandatory first installment from Form CT-300 (see instructions)	15			
16	Second installment (from Form CT-400)	16			
17	Third installment (from Form CT-400)	17			
18	Fourth installment (from Form CT-400)	18			
19	Payment with extension request (from Form CT-5, line 5)	19	25.		
20	Overpayment credited from prior years (see instructions)	20			
21	Overpayment credited from Form CT-3-M	21			
22	Total prepayments (add lines 15 through 21; see instructions)	•	22	25.	

Payment due or overpayment to be credited/refunded (see instructions)

23a	Underpayment	•	23a	55,322.		
23b	Additional amount for 2018 MFI	•	23b			
23c	Balance due	•	23c	55,322.		
24a	Excess prepayments	•	24a			
24b	Amount previously credited to 2018 MFI	•	24b			
24c	Overpayment	•	24c			
25	Amount of overpayment to be credited to next period	•	25			
26	Balance of overpayment available (subtract line 25 from line 24c)	•	26			
27	Amount of overpayment to be credited to Form CT-3-M	•	27			
28	Balance of overpayment to be refunded (subtract line 27 from line 26)	•	28			
29	Unused tax credits to be refunded	•	29			
30	Unused tax credits applied to next period	•	30			

567003171019

768753
11-15-17

1019

Part 3 - Computation of tax on business income base

1	Federal taxable income (FTI) before net operating loss (NOL) and special deductions (see instructions) ...	•	1	540,533.
2	Additions to FTI (from Form CT-225, line 5)	•	2	778,786.
3	Add lines 1 and 2	•	3	1,319,319.
4	Subtractions from FTI (from Form CT-225, line 10)	•	4	569,649.
5	Subtract line 4 from line 3	•	5	749,670.
6	Subtraction modification for qualified banks (from Form CT-3.2, Schedule A, line 1; see instructions)	•	6	
7	Entire net income (ENI) (subtract line 6 from line 5)	•	7	749,670.
8	Investment and other exempt income (from Form CT-3.1, Schedule D, line 1)	•	8	
9	Subtract line 8 from line 7	•	9	749,670.
10	Excess interest deductions attributable to investment income, investment capital, and other exempt income (from Form CT-3.1, Schedule D, line 2)	•	10	
11	Business income (add lines 9 and 10)	•	11	749,670.
12	Addback of income previously reported as investment income (from Form CT-3.1, Schedule F, line 6; if zero, enter 0; see instructions)	•	12	
13	Business income after addback (add lines 11 and 12)	•	13	749,670.
14	Business apportionment factor (from Part 6, line 55)	•	14	1.0000
15	Apportioned business income after addback (multiply line 13 by line 14)	•	15	749,670.
16	Prior net operating loss conversion subtraction (from Form CT-3.3, Schedule C, line 4)	•	16	
17	Subtract line 16 from line 15	•	17	749,670.
18	NOL deduction (from Form CT-3.4, line 6)	•	18	
19	Business income base (subtract line 18 from line 17)	•	19	749,670.
20	Business income base tax (multiply line 19 by the appropriate business income tax rate from the tax rates schedule in Form CT-3-I; enter here and on Part 2, line 1a; see instructions)	•	20	48,729.

Note: If you make any entry on line 2, 4, 6, 8, 10, 12, 16, or 18, you **must** complete and file the appropriate attachment form, or any tax benefit claimed may be disallowed, or there may be a delay in receiving such benefit. In addition, all amounts entered on these lines must be entered as positive numbers.



HIGHBURY CONCRETE, INC.

46-2507279

Part 4 - Computation of tax on capital base (see instructions)

		A Beginning of year	B End of year	C Average value
1 Total assets from federal return	1	10,342,064.	18,133,617.	14,237,841.
2 Real property and marketable securities included on line 1	2			
3 Subtract line 2 from line 1	3	10,342,064.	18,133,617.	14,237,841.
4 Real property and marketable securities at fair market value	4			
5 Adjusted total assets (add lines 3 and 4)	5	10,342,064.	18,133,617.	14,237,841.
6 Total liabilities	6	8,606,400.	15,755,846.	12,181,123.
7 Total net assets (subtract line 6, column C, from line 5, column C)	7			2,056,718.
8 Investment capital (from Part 5, line 19; if zero or less, enter 0)	8			
9 Business capital (subtract line 8 from line 7)	9			2,056,718.
10 Addback of capital previously reported as investment capital (from Part 5, line 20, column C, if zero or less, enter 0)	10			
11 Total business capital (add lines 9 and 10)	11			2,056,718.
12 Business apportionment factor (from Part 6, line 55)	12			1.0000
13 Apportioned business capital (multiply line 11 by line 12)	13			2,056,718.
14 New small business (if in first two tax years, mark an X in one box) Year one <input type="checkbox"/> Year two <input type="checkbox"/>				
15 Capital base tax (multiply line 13 by the appropriate capital base tax rate from the tax rates schedule in Form CT-3-I; enter here and on Part 2, line 1b)	15			2,057.

Part 5 - Computation of investment capital for the current tax year (see instructions)

		A Average fair market value	B Liabilities attributable to column A amount	C Net average value (column A - column B)
16 Total capital that generate income claimed to not be taxable by New York under the U.S. Constitution (from Form CT-3.1, Schedule E, line 1)	16			
17 Total of stocks actually held for more than one year (from Form CT-3.1, Schedule E line 2)	17			
18 Total of stocks presumed held for more than one year (from Form CT-3.1, Schedule E, line 3)	18			
19 Total investment capital for the current year (Add column C lines 16, 17, and 18; enter the result here and on Part 4, line 8. If zero or less, enter 0)	19			

Addback of capital previously reported as investment capital

		A Average fair market value as previously reported	B Liabilities attributable to column A amount as previously reported	C Net average value as previously reported (column A - column B)
20 Total of stocks previously presumed held for more than one year, but did not meet the holding period (from Form CT-3.1, Schedule F, line 1; enter here and on Part 4, line 10)	20			

567005171019

768755 1019
11-15-17

Part 6 - Computation of business apportionment factor (see instructions)Mark an X in this box only if you have **no receipts** required to be included in the denominator of the apportionment factor (see instr.) • ☐

		A - New York State	B - Everywhere
Section 210-A.2			
1 Sales of tangible personal property	• 1		•
2 Sales of electricity	• 2		•
3 Net gains from sales of real property	• 3		•
Section 210-A.3			•
4 Rentals of real and tangible personal property	• 4		
5 Royalties from patents, copyrights, trademarks, and similar intangible personal property	• 5		•
6 Sales of rights for certain closed-circuit and cable TV transmissions of an event	• 6		•
Section 210-A.4			•
7 Sale, licensing, or granting access to digital products	• 7		
Section 210-A.5(a)(1) - Fixed percentage method for qualified financial instruments (QFIs)			
8 To make this irrevocable election, mark an X in the box (see instructions)			• 8 <input type="checkbox"/>
Section 210-A.5(a)(2) - Mark an X in each box that is applicable (see line 8 instructions)			
Section 210-A.5(a)(2)(A)			•
9 Interest from loans secured by real property	• 9		
10 Net gains from sales of loans secured by real property	• 10		•
11 Interest from loans not secured by real property (QFI • <input type="checkbox"/>)	• 11		•
12 Net gains from sales of loans not secured by real property (QFI • <input type="checkbox"/>)	• 12		•
Section 210-A.5(a)(2)(B) (QFI • <input type="checkbox"/>)			•
13 Interest from federal debt	• 13		
14			
15 Interest from NYS and its political subdivisions debt	• 15		•
16 Net gains from federal, NYS, and NYS political subdivisions debt	• 16		•
17 Interest from other states and their political subdivisions debt	• 17		•
18 Net gains from other states and their political subdivisions debt	• 18		•
Section 210-A.5(a)(2)(C) (QFI • <input type="checkbox"/>)			•
19 Interest from asset-backed securities and other government agency debt	• 19		
20 Net gains from government agency debt or asset-backed securities sold through and exchange	• 20		•
21 Net gains from all other asset-backed securities	• 21		•
Section 210-A.5(a)(2)(D) (QFI • <input type="checkbox"/>)			•
22 Interest from corporate bonds	• 22		
23 Net gains from corporate bonds sold through broker/dealer or licensed exchange	• 23		•
24 Net gains from other corporate bonds	• 24		•
Section 210-A.5(a)(2)(E)			•
25 Net interest from reverse repurchase and securities borrowing agreements	• 25		
Section 210-A.5(a)(2)(F)			•
26 Interest from federal funds	• 26		
Section 210-A.5(a)(2)(I) (QFI • <input type="checkbox"/>)			•
27 Net income from sales of physical commodities	• 27		
Section 210-A.5(a)(2)(J) (QFI • <input type="checkbox"/>)			•
28 Marked to market net gains	• 28		
Section 210-A.5(a)(2)(H) (QFI • <input type="checkbox"/>)			•
210-A.5(a)(2)(G) (QFI • <input type="checkbox"/>)			
29 Interest from other financial instruments	• 29		•
30 Net gains and other income from other financial instruments	• 30		•



Part 6 - Computation of business apportionment factor (continued)

		A - New York State	B - Everywhere
Section 210-A.5(b)			
31	Brokerage commissions		
32	Margin interest earned on behalf of brokerage accounts		
33	Fees for advisory services for underwriting or management of underwriting		
34	Receipts from primary spread of selling concessions		
35	Receipts from account maintenance fees		
36	Fees for management or advisory services		
37	Interest from an affiliated corporation		
Section 210-A.5(c)			
38	Interest, fees, and penalties from credit cards		
39	Service charges and fees from credit cards		
40	Receipts from merchant discounts		
41	Receipts from credit card authorizations and settlement processing		
42	Other credit card processing receipts		
Section 210-A.5(d)			
43	Receipts from certain services to investment companies		
Section 210-A.6			
44	Receipts from railroad and trucking business		
Section 210-A.6-a			
45	Receipts from the operation of vessels		
Section 210-A.7			
46	Receipts from air freight forwarding		
47	Receipts from other aviation services		
Section 210-A.8			
48	Advertising in newspapers or periodicals		
49	Advertising on television or radio		
50	Advertising via other means		
Section 210-A.9			
51	Transportation of transmission of gas through pipes		
Section 210-A.10			
52	Receipts from other services/activities not specified	58,746,517.	58,746,517.
Section 210-A.11			
53	Discretionary adjustment		
Total receipts			
54	Add lines 1 through 53 in columns A and B	58,746,517.	58,746,517.

Calculation of business apportionment factor

55 New York State business apportionment factor (divide line 54, column A by line 54, column B and enter the result

here; round to the fourth decimal place; if 100% in New York State, enter as 1.0000) 55 1.0000

Enter line 55 on Part 3, Computation of tax on business income base, line 14; and on Part 4, Computation of tax on capital base, line 12.



Part 7- Summary of tax credits claimed

- 1 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 ☒

Enter in the appropriate box below the amount of each tax credit **used** to reduce the tax due shown on Part 2, line 2, and attach the corresponding properly completed claim form. The amount of credit to enter is computed on each credit form and carried to this section.

CT-37	•		CT-606	•		DTF-622	•	
CT-40	•		CT-607	•		DTF-624	•	
CT-41	•		CT-611	•		DTF-630	•	
CT-43	•		CT-611.1	•		Other credits ...	•	
CT-44	•		CT-611.2	•				
CT-46	•		CT-612	•				
CT-47	•		CT-613	•				
CT-236	•		CT-631	•				
CT-238	•		CT-633	•				
CT-239	•		CT-634	•				
CT-241	•		CT-635	•				
CT-242	•		CT-636	•				
CT-243	•		CT-637	•				
CT-246	•		CT-638	•				
CT-248	•		CT-639	•				
CT-249	•		CT-640	•				
CT-250	•		CT-641	•				
CT-261	•		CT-642	•				
CT-501	•		CT-643	•				
CT-601	•		CT-644	•				
CT-602	•		CT-645	•				
CT-603	•		CT-646	•				
CT-604	•		CT-647	•				
CT-605	•		DTF-621	•				

- 2 Total tax credits claimed above (enter here and on Part 2, line 3; attach appropriate form for each credit claimed) •
- 3 Total tax credits claimed that are refund eligible (see instructions) •

- 4a If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, mark an X in the box •
- 4b If you claimed the tax-free NY area tax elimination credit, and you had a 100% area allocation factor, mark an X in the box •
- 4c If you claimed the tax-free NY area excise tax on telecommunications credit and you had a 100% area allocation factor, mark an X in the box •



Legal name of corporation	Employer identification number (EIN)
HIGHBURY CONCRETE, INC.	46-2507279

Attach to Form CT-3 or CT-3-A; see Form CT-3.4-I before completing.

1	Multiply Form CT-3 or CT-3-A, Part 3, line 17, by your appropriate business income base tax rate for the current year from the <i>Tax rates schedule</i> in Form CT-3-I or CT-3-A-I	•	1	48,729.
2	Enter the greater of the capital base tax or the fixed dollar minimum tax for the current tax year (from Form CT-3 or CT-3-A, Part 2, line 1b or 1c)	•	2	10,000.
3	Subtract line 2 from line 1	•	3	38,729.
4	Maximum allowable amount of the NOLD to be deducted in the current tax year (divide line 3 by the same business income base tax rate used for line 1; do not enter less than zero)	•	4	595,831.
Computation of available net operating losses (NOLs) (see instructions)				
5a	NOLs incurred on or after January 1, 2015 and before current year, which have not been previously used	•	5a	
5b	NOL incurred in the current year	•	5b	
5c	Carryback of NOL from a subsequent year	•	5c	
5d	Add lines 5a through 5c	•	5d	
5e	NOLs expired before current year	•	5e	
5	Total NOLs available in this period (subtract line 5e from line 5d)	•	5	0.
6	NOLD to be used in the current tax year (see instructions)	•	6	0.
7	Unused NOLD (subtract line 6 from line 5; do not enter less than zero)	•	7	

Schedule A - Apportioned business income or loss (must be completed for each tax period; see instructions)

[illegible]

Note: You **must** complete and attach Form CT-3.4 to Form CT-3 or CT-3-A each tax year.



Schedule B - New members included in the combined group for the current tax period;**Form CT-3-A filers only** (see instructions)

A Name	B EIN	C NOL available at the beginning of this tax period	D Beginning date of this tax period (mm-dd-yy)	E Ending date of this tax period (mm-dd-yy)

Schedule C - Former members not included in the combined group for the current tax period;**Form CT-3-A filers only** (see instructions)

A Name	B EIN	C NOL available at the beginning of this tax period	D Beginning date of this tax period (mm-dd-yy)	E Ending date of this tax period (mm-dd-yy)





Department of Taxation and Finance
New York State Modifications
Tax Law - Articles 9-A, 22, and 33

CT-225

Legal name of corporation HIGHBURY CONCRETE, INC.	Employer identification number (EIN) 46-2507279
---	---

File this form with Form CT-3, CT-3-S, or CT-33.

Complete all parts that apply to you. See Form CT-225-I, Instructions for Form CT-225.

Identify the return you are filing by marking an **X** in the box: CT-3 • ☒ CT-3-S • ☐ CT-33 • ☐

Schedule A - Certain New York State additions to federal income

Part 1 - For certain additions to federal income that did not flow through from a partnership, estate, or trust

1 New York State additions (see instructions)

	Modification Number	Amount		Modification Number	Amount
1a	• A- 214	• 8,686 00	1i	• A-	• 00
1b	• A- 213	• 53,035 00	1j	• A-	• 00
1c	• A- 505	• 127,056 00	1k	• A-	• 00
1d	• A- 507	• 590,009 00	1l	• A-	• 00
1e	• A-	• 00	1m	• A-	• 00
1f	• A-	• 00	1n	• A-	• 00
1g	• A-	• 00	1o	• A-	• 00
1h	• A-	• 00	1p	• A-	• 00
Total from additional Form(s) CT-225, if any					00

STATEMENT 4

2 Total (add lines 1a through 1p and the total from additional Form(s) CT-225) • **2** **778,786** 00

Part 2 - Corporation's share of certain additions to federal income from a partnership, estate, or trust

3 New York State additions (see instructions)

	Modification Number	Amount		Modification Number	Amount
3a	• EA-	• 00	3i	• EA-	• 00
3b	• EA-	• 00	3j	• EA-	• 00
3c	• EA-	• 00	3k	• EA-	• 00
3d	• EA-	• 00	3l	• EA-	• 00
3e	• EA-	• 00	3m	• EA-	• 00
3f	• EA-	• 00	3n	• EA-	• 00
3g	• EA-	• 00	3o	• EA-	• 00
3h	• EA-	• 00	3p	• EA-	• 00
Total from additional Form(s) CT-225, if any					00

4 Total (add lines 3a through 3p and the total from additional Form(s) CT-225) • **4** 00

5 Total additions (add lines 2 and 4; see instructions) • **5** **778,786** 00

548001171019



768661
01-12-18

Highbury Concrete, Inc.

46-2507279

Schedule B - Certain New York State subtractions from federal income**Part 1 - For certain subtractions from federal income that did not flow through from a partnership, estate, or trust****6 New York State subtractions (see instructions)**

Modification Number		Amount		Modification Number		Amount	
6a	• S- 507	•	569,649	00	6i	• S-	00
6b	• S-	•		00	6j	• S-	00
6c	• S-	•		00	6k	• S-	00
6d	• S-	•		00	6l	• S-	00
6e	• S-	•		00	6m	• S-	00
6f	• S-	•		00	6n	• S-	00
6g	• S-	•		00	6o	• S-	00
6h	• S-	•		00	6p	• S-	00
Total from additional Form(s) CT-225, if any				0	00		

STATEMENT 5

7 Total (add lines 6a through 6p and the total from additional Form(s) CT-225) • **7** 569,649 00

Part 2 - Corporation's share of certain subtractions from federal income from a partnership, estate, or trust**8 New York State subtractions (see instructions)**

Modification Number		Amount		Modification Number		Amount	
8a	• ES-	•		00	8i	• ES-	00
8b	• ES-	•		00	8j	• ES-	00
8c	• ES-	•		00	8k	• ES-	00
8d	• ES-	•		00	8l	• ES-	00
8e	• ES-	•		00	8m	• ES-	00
8f	• ES-	•		00	8n	• ES-	00
8g	• ES-	•		00	8o	• ES-	00
8h	• ES-	•		00	8p	• ES-	00
Total from additional Form(s) CT-225, if any				0	00		

9 Total (add lines 8a through 8p and the total from additional Form(s) CT-225) • **9** 0 00

10 Total subtractions (add lines 7 and 9; see instructions) • **10** 569,649 00

548002171019





Department of Taxation and Finance
Affiliated Entity Information Schedule

CT-60

For period ended
12-31-17

Legal name of corporation HIGHBURY CONCRETE, INC.	Employer identification number (EIN) 46-2507279
---	---

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

Schedule A - Federal S corporation 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



[illegible]

Part 1

4a	Number of corporations included in federal consolidated group(s)	•	4a	
4b	Consolidated federal taxable income (FTI) before net operating loss deduction (NOLD)	•	4b	
4c	Consolidated FTI before NOLD of corporations in federal group(s), but not in New York combined group	•	4c	
4d	FTI before NOLD of corporations not in federal group(s), but in New York combined group	•	4d	

Name of primary corporation	EIN
<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

Part 3 - Entities taxable as partnerships (see instructions)

9 If you are a partner in a partnership, mark an X in the appropriate box and enter the required information below

9

Name and address of partnership	Entity method		Separate accounting election		EIN of partnership	EIN or SSN of all tiered partners of partnership
	Mark an X in the box	Mark an X in the box	Date			
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

Part 4 - SMLLCs and tax-exempt DISCs (see instructions)

10 If items of income, gain, loss, deduction, credits, etc. from an SMLLC 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 SMLLC or tax-exempt DISC	If the SMLLC or tax-exempt DISC generated credits, mark an X in the box	EIN of SMLLC or tax-exempt DISC	EIN or SSN of all tiered members of SMLLC or tax-exempt DISC
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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	Signature of authorized person	Official title PRESIDENT	
	E-mail address of authorized person	Telephone number 718-424-4423	Date	
Paid preparer use only	Firm's name (or yours if self-employed) SAX LLP	Firm's EIN 81-2950760	Preparer's PTIN or SSN P01386005	
	Signature of individual preparing this document ERMAL LUZAJ	Address 855 VALLEY ROAD CLIFTON	State NJ	ZIP code 07013
	E-mail address of individual preparing this document ELUZAJ@SAXLLP.COM	Preparer's NYTPRIN or	Excl. code 03	Date 09-10-18

478003171019



**Underpayment of Estimated Tax
by a Corporation**
Tax Law - Article 27, Section 1085**CT-222**Tax return filed: CT-3

All filers must enter tax period:

beginning 01-01-17 ending 12-31-17

Legal name of corporation HIGHBURY CONCRETE, INC.	Employer identification number 46-2507279
---	---

Read the instructions, Form CT-222-I, before completing.**Part 1 - Annual payment**

1 Enter your 2017 corporation franchise, excise, or gross receipts tax after credits or enter the 2017 metropolitan transportation business tax (MTA surcharge) (if both, use separate forms)	1	48,729.
2 Multiply line 1 by 91% (.91) or, if a large corporation, 100% (1.0). Large corporations enter this amount on line 5 and skip lines 3 and 4	2	48,729.
3 Enter your 2016 corporation franchise, excise or gross receipts tax after credits or enter the 2016 MTA surcharge	3	99,934.
4 Enter the amount from line 101; if not using the line 9 exception, skip this line	4	
5 Annual payment. Enter the lesser of lines 2, 3, or 4. Large corporations, enter the line 2 amount	5	48,729.

Part 2 - Reasons for filingMark an **X** in the boxes below that apply. If any boxes are marked, you must file Form CT-222 even if you do not owe a penalty.

- 6 You are using the adjusted seasonal installment method (see instructions; complete applicable parts of Schedule A) ☐
- 7 You are using the annualized income installment method (see instructions; complete applicable parts of Schedule A) ☐
- 8 You are **not** a large corporation and figure your estimated tax based on the prior year's tax (the prior year cannot be a short year, and your return must show a tax liability) ☐
- 9 You are **not** a large corporation and figure your estimated tax by applying to the tax base on which the current year's tax was paid the facts shown on your return for, and the law applicable to, the preceding tax year, but using the rates applicable to the current year (complete Schedule B) ☐

Part 3 - Computing the underpayment - for lines 11 through 19, complete one column before going to the next column.

	A	B	C	D
10 Installment due dates (see instructions) ...	03-15-17	06-15-17	09-15-17	12-15-17
11 Required installments (see instructions) ...	24,984.	7,915.	7,915.	7,916.
12 Estimated tax timely paid or credited for each period (see instructions). For column A only, also enter the amount from this line on line 16				
13 Enter amount, if any, from line 19 of the preceding column				
14 Add lines 12 and 13				
15 In column B, enter line 18, column A amount. In columns C and D, add amounts on lines 17 and 18 of the preceding column		24,984.	32,899.	40,814.
16 In column A, enter the line 12 amount. For other columns, subtract line 15 from line 14. If zero or less, enter 0	0.	0.	0.	0.
17 If the amount on line 16 is zero, subtract line 14 from line 15. Otherwise, enter 0		24,984.	32,899.	
18 Underpayment - If line 16 is less than or equal to line 11, subtract line 16 from line 11. Otherwise, go to line 19 (see instructions) ...	24,984.	7,915.	7,915.	7,916.
19 Overpayment - If line 11 is less than line 16, subtract line 11 from line 16				





	A	B - 1st 5 months	C - 1st 8 months	D - 1st 11 months
Enter ENI for the following:				
52a Tax year beginning in 2014	•		•	•
52b Tax year beginning in 2015	•		•	•
52c Tax year beginning in 2016	•		•	•
53 Enter the total of the amounts that enter into the computation of the business income base for 2017 for the months delineated in each column	•		•	•
Enter ENI for the following periods:		1st 6 months	1st 9 months	Entire year
54a Tax year beginning in 2014	•		•	•
54b Tax year beginning in 2015	•		•	•
54c Tax year beginning in 2016	•		•	•
55 Divide the amount in each column on line 52a by the amount in column D on line 54a				
56 Divide the amount in each column on line 52b by the amount in column D on line 54b				
57 Divide the amount in each column on line 52c by the amount in column D on line 54c				
58 Add lines 55 through 57				
59 Divide line 58 by three				
60 Divide line 53 by line 59				
61 Figure the tax on the amount on line 60 using the instructions for your corporation's return (see instructions for MTA surcharge)	•		•	•
62 Divide the amount in each of columns B and C on line 54a by the amount in column D on line 54a				
63 Divide the amount in each of columns B and C on line 54b by the amount in column D on line 54b				
64 Divide the amount in each of columns B and C on line 54c by the amount in column D on line 54c				
65 Add lines 62 through 64				
66 Divide line 65 by three				
67 Multiply the amounts in columns B and C of line 61 by columns B and C of line 66. In column D, enter the amount from line 61, column D ...				
68 Enter any other taxes for each payment period (see instructions)	•		•	•
69 Total tax before credits (add lines 67 and 68)				
70 Enter the amount of tax credits your corporation is entitled to for the months shown in each column heading above line 52a	•		•	•
71 Total tax after credits. Subtract line 70 from line 69. If zero or less, enter 0				
72 If not a large corporation, enter .91 (91%). Otherwise, enter 1.				
73 Multiply line 71 by line 72				



Schedule A, Part 2 - Annualized income installment method

	A	B	C	D
74 Annualized periods (see instructions)		1st • months	1st • months	1st • months
75 See instructions		•	•	•
76 See instructions				
77 Annualized taxable inc. Multiply line 75 by line 76				
78 Figure the tax on the line 77 amount using the instructions for your corporation's return (see instructions for MTA surcharge)		•	•	•
79 Enter any other taxes for each payment period (see insts.)		•	•	•
80 Total tax before credits (add lines 78 and 79)				
81 Tax credits (see instructions)		•	•	•
82 Total tax after credits. Subtract line 81 from line 80; if zero or less, enter 0				
83 If not a large corporation, enter .91 (91%). Otherwise, enter 1				
84 Multiply line 82 by line 83				
85 Applicable percentage		50%	75%	100%
86 Multiply line 84 by line 85				

Schedule A, Part 3 - Required installment - In completing Part 3, complete one column before going to the next column.

	A	B	C	D
87 If only Schedule A, Part 1 or Part 2 is completed, enter the amount in each column from line 73 or line 86. If both parts are completed, enter the smaller of the amounts in each column from line 73 or line 86				
88 Add the amounts in all preceding columns of line 93				
89 Subtract line 88 from line 87. If zero or less, enter 0				
90 Subtract line 11, column A (MFI), from line 5. Divide the result by three and enter in each of columns B, C, and D				
91 In column C, subtract line 89, column B from line 90, column B. If zero or less, enter 0. In column D, subtract line 93, column C from line 92, column C and enter the result				
92 Add lines 90 and 91				
93 Required installments - For column A, enter the amount from line 11, column A (MFI). For column B, enter the smaller of line 89, column B or line 90, column B. For columns C and D, respectively, enter the smaller of line 89 or line 92. Also enter each result on line 11 ...				

Schedule B - Line 9 exception - (see instructions)

94 2016 ENI or business income (as applicable) base multiplied by 2017 ENI or business income base tax rate (as applicable)	•	94	
95 2016 capital base multiplied by 2017 capital tax rate	•	95	
96 Enter the amount from line 94 or 95, as applicable		96	
97 2016 subsidiary capital base multiplied by 2017 subsidiary capital tax rate	•	97	
98 Any other taxes (see instructions)	•	98	
99 Add line 96, 97, and 98		99	
100 2016 tax credits	•	100	
101 Recomputed tax (subtract line 100 from line 99); enter here and on line 4		101	

415004171019

768724
01-18-18

1019





Department of Taxation and Finance

Depreciation Adjustment Schedule
Tax Law - Articles 9-A and 33**CT-399**

Legal name of corporation

Highbury Concrete, Inc.

Employer identification no.

46-2507279

Part 1 - Computation of New York State depreciation modifications when computing entire net income (ENI)

List only depreciable property that requires or is entitled to a depreciation modification when computing ENI (see Form CT-399-I, Instructions for Form CT-399).

Section A - ACRS/MACRS property (attach separate sheets if necessary, displaying this information formatted as below; see instructions)**A - Description of property** (identify ea item of property here; for ea item of property complete columns B through I on the corresponding lines below)

Item	Property							
A Item	B Date placed in service (mm-dd-yy)	C Cost or other basis (see instructions)	D Accumulated federal ACRS/MACRS depreciation (see instructions)	E Federal ACRS/MACRS depreciation deduction (see instructions)	F Method of figuring NYS de- preciation (see instr)	G Life or rate (see instr.)	H Accumulated NYS depreciation (see instructions)	I Allowable NYS depreciation (see instructions)
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								
N								
O								
P								
Q								
Amounts from attached list, if any								
1 Totals of Section A 1.								0.



Highbury Concrete, Inc.

46-2507279

Section B - 30%/50%/100% federal special depreciation property (attach separate sheets if necessary, displaying this information formatted as below; see instructions)

A - Description of property (identify ea item of property here; for ea item of property complete columns B through I on the corresponding lines below)

Item	Property							
A	EQUIPMENT							
B	EQUIPMENT							
C	EQUIPMENT							
D	EQUIPMENT							
E								
F								
G								
H								
I								
J								
K								
L								
M								
A Item	B Date placed in service (mm-dd-yy)	C Cost or other basis (see instructions)	D Accumulated federal depreciation (see instructions)	E Federal depreciation deduction (see instructions)	F Method of figuring NYS depreciation (see instr.)	G Life or rate (see instr.)	H Accumulated NYS depreciation (see instructions)	I Allowable NYS depreciation
A	01-01-14	34,726.	17,363.	6,945.	SL	5	17,363.	6,945.
B	01-01-15	457,305.	113,974.	75,983.	SL	5	113,974.	75,983.
C	01-01-16	662,200.	41,377.	78,620.	SL	5	41,377.	78,620.
D	01-01-17	510,301.	0.	428,461.	SL	5	0.	408,101.
E								
F								
G								
H								
I								
J								
K								
L								
M								
Amounts from attached list, if any								
2 Totals of Section B		2. 1,664,532.	172,714.	590,009.			172,714.	569,649.
3 Add lines 1 and 2 in columns C, D, E, H, and I (see instructions)		3. 1,664,532.	172,714.	590,009.			172,714.	569,649.

If you **have not disposed** of any ACRS/MACRS property placed in service in tax years beginning before 1994, and you **have not disposed** of qualified property for which you claimed a 30%/50%/100% federal special depreciation deduction (in a tax year beginning after December 31, 2002, for property placed in service on or after June 1, 2003) enter the total of column E as an addback to federal taxable income (FTI) and the total of column I as a deduction from FTI on the appropriate lines of the applicable form (see line 3 instructions).

If you have disposed of any property listed on this form in a prior year, complete Parts 2 and 3.



HIGHBURY CONCRETE, INC.

46-2507279

Part 2 - Disposition adjustments *(attach separate sheets if necessary, displaying this information as below; see instructions)*

- For each item of property listed below, determine the difference between the total federal depreciation deduction, including a 30%/50%/100% federal special depreciation deduction, and the total New York State depreciation used in the computation of federal and New York State taxable income in prior and current years.
- If the federal depreciation deduction is larger than the New York State depreciation deduction, subtract column D from column C and enter the result in column E.
- If the New York State depreciation deduction is larger than the federal depreciation deduction, subtract column C from column D and enter the result in column F.

Disposition of property for certain tax credits - In this tax period, did you dispose of property for which theinvestment tax credit was previously claimed? (mark an **X** in one box; see instructions)..... Yes ☐ No ☒**A - Description of property** *(identify ea item of property here; for ea item of property complete columns B through F on the corresponding lines below)*

Item	Property				
A					
B					
C					
D					
E					
F					
G					
H					
A Item	B Date placed in service (mm-dd-yy)	C Total federal depreciation deduction taken (see instructions)	D Total New York State depreciation deduction taken (see instructions)	E Adjustment (if C is larger than D, column C - column D; see instructions)	F Adjustment (if D is larger than C, column D - column C; see instructions)
A					
B					
C					
D					
E					
F					
G					
H					
Amounts from attached list, if any					
4 Total excess federal depreciation deductions over New York State depreciation deductions <i>(add column E amounts)</i>			4.		
5 Total excess NY State depreciation deductions over federal depreciation deductions <i>(add column F amounts)</i>			5.		
Part 3 - Summary of adjustments to ENI				A Federal	B New York State
6 Enter amount from line 3, column E				6. 590,009.	
7 Enter amount from line 3, column I				7.	569,649.
8 Enter amount from line 4				8.	
9 Enter amount from line 5				9.	
10 Add amounts in column A and column B				10. 590,009.	569,649.

If you file Form:

Enter the amount from line 10, column A, on Form:

Enter the amount from line 10, column B, on Form:

CT-3	CT-225, Schedule A	CT-225, Schedule B
CT-3-A	CT-225-A, Schedule A	CT-225-A, Schedule B
CT-3-A/B	CT-225-A/B, schedule A	CT-225-A/B, Schedule B
CT-33	CT-33, line 70	CT-33, line 78
CT-33-A	CT-33-A, line 73	CT-33-A, line 82

482003171019



COMPUTATION OF FEDERAL TAXABLE INCOME

INCOME

1a	Gross receipts/sales _____ (b) Less: Returns and allow. _____ Balance	1c	58,746,517.
2	Less: Cost of goods sold and/or operations	2	52,846,211.
3	Gross profit	3	5,900,306.
4	Dividends	4	
5	Interest	5	3,362.
6	Gross rents	6	
7	Gross royalties	7	
8	Capital gain net income	8	
9	Net gain or (loss) from Form 4797, Part II, line 17	9	
10	Other income (attach schedule)	10	
11	TOTAL income - Add lines 3 through 10	11	5,903,668.

DEDUCTIONS

12	Compensation of officers	12	739,000.
13	(a) Salaries and wages <u>1,446,387.</u> 13(b) Less empl. credit _____ Balance	13(c)	1,446,387.
14	Repairs and maintenance	14	147,914.
15	Bad debts	15	
16	Rents	16	184,924.
17	Taxes and licenses	17	511,060.
18	Interest	18	74,329.
19	Contributions SEE STATEMENT 7	19	65,952.
20a	Depreciation (attach Form 4562) 20a 590,009.		
20b	Less depreciation claimed elsewhere on return 20b	20c	590,009.
21	Depletion	21	
22	Advertising	22	56,914.
23	Pension, profit-sharing, etc. plans	23	
24	Employee benefit programs	24	156,711.
25	Domestic production activities deduction	25	53,035.
26	Other deductions (attach schedule)	26	1,336,900.
27	TOTAL deductions - Add lines 12 through 26	27	5,363,135.
28	Taxable income before net operating loss deduction and special deductions (subtract line 27 from line 11)	28	540,533.

RENTAL VALUES BY COUNTY

STATEMENT 1

COUNTY CODE	COUNTY NAME	AMOUNT
63	QUEENS	184,924.
TOTAL		184,924.

NY/MTA/NYC

COMPUTATION OF LATE PAYMENT INTEREST

STATEMENT 2

PAYMENT AMOUNT	REMAINING COMPOUNDED BALANCE	PERIOD OF UNDERPAYMENT	DAYS	INTEREST RATE	AMOUNT OF INTEREST
0.	48,704.	03-15-2018 03-31-2018	15	8.0000	160.
0.	48,864.	03-31-2018 09-14-2018	167	9.0000	2,054.
TOTAL LATE PAYMENT INTEREST					2,214.

NY/MTA/NYC

COMPUTATION OF LATE PAYMENT PENALTY

STATEMENT 3

PAYMENT AMOUNT	REMAINING BALANCE	PERIOD OF UNDERPAYMENT	MOS	PENALTY RATE	AMOUNT OF PENALTY
0.	48,704.	03-15-2018 09-14-2018	6	.5000	1,461.
TOTAL LATE PAYMENT PENALTY					1,461.

NY FORM CT-225

OTHER ADDITIONS FOR COMPUTATION
OF THE ENTIRE NET INCOME BASE

STATEMENT 4

MODIFICATION NUMBER	DESCRIPTION	AMOUNT
A-214	MCTMT	8,686.
A-213	DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	53,035.
A-505	STATE & LOCAL TAXES DEDUCTED ON FEDERAL RETURN	127,056.
A-507	FEDERAL DEPRECIATION FROM FORM CT-399	590,009.
TOTAL TO FORM CT-225, PAGE 1		778,786.

NY FORM CT-225

OTHER SUBTRACTIONS FOR COMPUTATION
OF THE ENTIRE NET INCOME BASE

STATEMENT 5

MODIFICATION NUMBER	DESCRIPTION	AMOUNT
S-507	ALLOWABLE NEW YORK DEPRECIATION FROM FORM CT-399	569,649.
TOTAL TO FORM 225, PAGE 2		569,649.

NY FORM CT-3/3A

STATEMENT 6

NY FORM CT-3-S

UNDERPAYMENT OF ESTIMATED TAX

Q T R	EVENT AMOUNT	TYPE	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT		DAYS	INTEREST RATE	AMOUNT OF PENALTY
A								
		Q	24,984.	03-15-2017	03-31-2017	16	8.0000	88.
		R	24,984.	03-31-2017	06-30-2017	91	8.0000	498.
		R	24,984.	06-30-2017	09-30-2017	92	8.0000	504.
		R	24,984.	09-30-2017	12-31-2017	92	8.0000	504.
		R	24,984.	12-31-2017	03-15-2018	74	8.0000	405.
B								
		Q	7,915.	06-15-2017	06-30-2017	15	8.0000	26.
		R	7,915.	06-30-2017	09-30-2017	92	8.0000	160.
		R	7,915.	09-30-2017	12-31-2017	92	8.0000	160.
		R	7,915.	12-31-2017	03-15-2018	74	8.0000	128.
C								
		Q	7,915.	09-15-2017	09-30-2017	15	8.0000	26.
		R	7,915.	09-30-2017	12-31-2017	92	8.0000	160.
		R	7,915.	12-31-2017	03-15-2018	74	8.0000	128.
D								
		Q	7,916.	12-15-2017	12-31-2017	16	8.0000	28.
		R	7,916.	12-31-2017	03-15-2018	74	8.0000	128.
TOTAL TO FORM CT-222 LINE 42								2,943.

EVENT TYPE: Q = QUARTERLY AMOUNT DUE
P = PAYMENT
R = INTEREST RATE CHANGE
L = LEAP YEAR CHANGE
O = OVERPAYMENT FROM PRIOR YEAR/QUARTER

C CORPORATION

CONTRIBUTION LIMITATION

STATEMENT 7

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS:

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

FOR TAX YEAR 2016

TOTAL CARRYOVER

CURRENT YEAR CONTRIBUTIONS

70,242

TOTAL CONTRIBUTIONS

70,242

10% OF TAXABLE INCOME AS ADJUSTED

65,952

EXCESS CONTRIBUTIONS

4,290

ALLOWABLE CONTRIBUTIONS

65,952



Department of Taxation and Finance
Request for Six-Month Extension to File
(for franchise/business taxes, MTA surcharge, or both)
Tax Law - Articles 9-A, 13, and 33

CT-5

All filers must enter tax period:

beginning **01-01-17** ending **12-31-17**

Employer identification number (EIN) 46-2507279	File number AA5	Business telephone number
Legal name of corporation HIGHBURY CONCRETE, INC		Trade name / DBA
Mailing name (If different from legal name) and address c/o Number and street or PO box 53-19 46TH STREET City MASPETH State ZIP code NY 11378		State or country of incorporation NY Date of incorporation 04-04-13 Foreign corporations: date began business in NYS
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business Information in Form CT-1.		Date received (for Tax Department use only) Audit use

Request for extension of time to file the following forms: Mark box(es) for one article only. Submit only one Form CT-5 and mark an **X** in both boxes in the appropriate article if you are requesting an extension for **both** the franchise tax and MTA surcharge returns. For example, mark an **X** in **both** the CT-3 box and the CT-3-M box under Article 9-A if you are requesting an extension of time to file **both** returns.

Article 9-A		Article 13	Article 33			
CT-3 <input checked="" type="checkbox"/>	CT-3-M <input checked="" type="checkbox"/>	CT-13 <input type="checkbox"/>	CT-33 <input type="checkbox"/>	CT-33-C <input type="checkbox"/>	CT-33-M <input type="checkbox"/>	CT-33-NL <input type="checkbox"/>

A. Pay amount shown on line 11. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)	A. Payment enclosed 35.
--	--

Certain corporations filing as part of a combined group: Typically, taxpayers filing a combined return use Form CT-5.3. **However**, if for the tax year for which you are requesting an extension to file, you are either becoming a member of a **new** combined group, or being **added** to an **existing** group, you **must also** file Form CT-5. Complete the business information section above and line B. Then, mark an **X** in this box on either line C or D (see instructions).

Do **not** complete line A and lines 1 through 16.

B. Enter the EIN of the combined group's designated agent (CT-3-A filers), or parent (CT-33-A filers) **B**
Note: Failure to include the EIN of the designated agent (or parent) may delay processing of your extension request, and may result in penalties and interest.

C. If this extension request is for the **first** tax year that your are being included in a **new** combined group filing a combined return, mark an **X** in the box **C** ☐

D. If this extension request is for the **first** tax year that your are being **added** to an **existing** combined group filing a combined return, mark an **X** in the box **D** ☐

Computation of estimated franchise tax

1 Franchise tax from the worksheet in Form CT-5-I	1	25.
2		
3		
4 Prepayments of franchise tax (from line 16, column A)	4	
5 Balance due - franchise tax (subtract line 4 from line 1; do not enter less than zero)	5	25.

Computation of estimated MTA surcharge

6 MTA surcharge from the worksheet in Form CT-5-I	6	10.
7		
8		
9 Prepayments of MTA surcharge (from line 16, column B)	9	
10 Balance due - MTA surcharge (subtract line 9 from line 6; do not enter less than zero)	10	10.
11 Total balance due (see instructions)	11	35.

455001171019



768511
11-01-17

HIGHBURY CONCRETE, INC

46-2507279

Composition of prepayments - Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the

MTA surcharge on line 9. See instructions.

	Date paid	A. Franchise tax	B. MTA surcharge
12 Mandatory first installment from Form CT-300 ...	12		
13a Second installment from Form CT-400	13a		
13b Third installment from Form CT-400	13b		
13c Fourth installment from Form CT-400	13c		
14 Overpayment credited from prior years	14		
15 Overpayment credited from Form CT- _____ Period _____	15		
16 Total prepayments (total all entries in column A and column B)	16		

Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)		Firm's EIN		Preparer's PTIN or SSN	
	SAX LLP		81-2950760		P01386005	
	Signature of individual preparing this document	Address	City	State	ZIP code	
	ERMAL LUZAJ	855 VALLEY ROAD	CLIFTON	NJ	07013	
	E-mail address of individual preparing this document		Preparer's NYTPRN	or Excl. code	Date	
	ELUZAJ@SAXLLP.COM			03	03-09-18	

See instructions for where to file

455002171019



**CT-3-M**

Department of Taxation and Finance
General Business Corporation
MTA Surcharge Return
Tax Law - Article 9-A, Section 209-B

Caution: This form must be used **only** for tax periods beginning on or after January 1, 2017. If you use it for any prior periods, the return will **not** be processed and will **not** be considered timely filed. As a result, penalties and interest may be incurred.

Amended return <input type="checkbox"/>		All filers must enter tax period: beginning 01-01-17 ending 12-31-17	
Employer identification number (EIN) 46-2507279	File number AA5	Business telephone number 718-424-4423	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation HIGHBURY CONCRETE, INC.		Trade name/DBA	
Mailing name (if different from legal name above) c/o		State or country of incorporation NY	Date received (for Tax Dept use only)
Number and street or PO box 53-19 46TH STREET		Date of incorporation 04-04-13	
City MASPETH	State ZIP code NY 11378	Foreign corporations: date began business in NYS	

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business Information in Form CT-1.

File this form with your Form CT-3 or CT-3-A. Before completing this return, see Form CT-3-M-I, Instructions for Form CT-3-M.

A. Pay amount shown on line 12. Make payable to: New York State Corporation Tax	A. Payment enclosed
Attach your payment here. Detach all check stubs. (See instructions for details.)	15,439.

Computation of MTA surcharge

1	New York State franchise tax (see instructions)	1	48,729.
2	MCTD apportionment percentage from line 82	2	100.0000 %
3	Apportioned franchise tax (multiply line 1 by line 2)	3	48,729.
4	MTA surcharge (multiply line 3 by 28.3% (.283)) SEE STATEMENT 1	4	13,790.

5a

5b

6

7	Total prepayments from line 91	7	10.
8a	Underpayment (subtract line 7 from line 4)	8a	13,780.
8b	Additional amount for 2018 MFI (see instructions)	8b	3.
8c	Balance due (add lines 8a and 8b)	8c	13,783.
9	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) • <input checked="" type="checkbox"/>	9	617.
10	Interest on late payment (see instructions for Form CT-3 or CT-3-A) STMT 2	10	626.
11	Late filing and late payment penalties (see instructions for Form CT-3 or CT-3-A)	11	413.
12	Balance due (add lines 8c through 11 and enter here; enter the payment amount on line A above)	12	15,439.
13a	Excess prepayments (subtract line 4 from line 7)	13a	
13b	Amount previously credited to 2018 MFI (see instructions)	13b	
13c	Overpayment (subtract line 13b from from line 13a)	13c	
14	Amount of overpayment to be credited to New York State franchise tax (see instructions)	14	
15	Amount of overpayment to be credited to MTA surcharge for next period (see instructions)	15	
16	Amount of overpayment to be refunded (see instructions)	16	

Schedule A - Computation of MCTD apportionment percentage (see instructions)

Average value of property (see instructions)	A MCTD	B New York State
17 Real estate owned (see instructions)	17.	
18 Real estate rented (see instructions)	18. 1,479,392.	1,479,392.
19 Inventories owned	19.	
20 Tangible personal property owned (see instructions)	20. 1,664,532.	1,664,532.
21 Tangible personal property rented (see instructions)	21. 18,294,408.	18,294,408.
22 Total (add lines 17 through 21 in columns A and B) •	22. 21,438,332.	21,438,332.
23 MCTD property factor (divide line 22, column A, by line 22, column B) •	23.	100.0000 %

STMT 3

COPY
Sax LLP
Certified Public Accountant
855 Valley Rd.
Clifton, NJ 07013-2483

439001171019

768871
12-15-17

1019



Receipts from: (see instructions for lines 24 through 76)		A MCTD	B New York State
Section 210-A.2			
24 Sales of tangible personal property	24		
25 Sales of electricity	25		
26 Net gains from sales of real property	26		
Section 210-A.3			
27 Rentals of real and tangible personal property	27		
28 Royalties from patents, copyrights, trademarks, and similar intangible personal property	28		
29 Sales of rights for certain closed-circuit and cable TV transmissions of an event	29		
Section 210-A.4			
30 Sale, licensing, or granting access to digital products	30		
Section 210-A.5(a)(1) - Fixed percentage method for qualified financial instruments (QFIs)			
31 If this irrevocable election was made on Form CT-3 or CT-3-A, mark an X in the box (see Form CT-3-I or CT-3-A-I, line 8 instructions) ...			31
Section 210-A.5(a)(2) - Mark an X in each box that is applicable (see Form CT-3-I or CT-3-A-I line 8 instructions)			
Section 210-A.5(a)(2)(A)			
32 Interest from loans secured by real property	32		
33 Net gains from sales of loans secured by real property	33		
34 Interest from loans not secured by real property (QFI <input type="checkbox"/>)	34		
35 Net gains from sales of loans not secured by real property (QFI <input type="checkbox"/>)	35		
Section 210-A.5(a)(2)(B) (QFI <input type="checkbox"/>)			
36 Interest from federal debt	36		
37			
38 Interest from NYS and its political subdivisions debt	38		
39 Net gains from federal, NYS, and NYS political subdivisions debt	39		
40 Interest from other states and their political subdivisions debt	40		
41 Net gains from other states and their political subdivisions debt	41		
Section 210-A.5(a)(2)(C) (QFI <input type="checkbox"/>)			
42 Interest from asset-backed securities and other government agency debt	42		
43 Net gains from government agency debt or asset-backed securities sold through an exchange	43		
44 Net gains from all other asset-backed securities	44		
Section 210-A.5(a)(2)(D) (QFI <input type="checkbox"/>)			
45 Interest from corporate bonds	45		
46 Net gains from corporate bonds sold through broker/dealer or licensed exchange	46		
47 Net gains from other corporate bonds	47		
Section 210-A.5(a)(2)(E)			
48 Net interest from reverse repurchase and securities borrowing agreements	48		
Section 210-A.5(a)(2)(F)			
49 Net Interest from federal funds	49		
Section 210-A.5(a)(2)(I) (QFI <input type="checkbox"/>)			
50 Net income from sales of physical commodities	50		
Section 210-A.5(a)(2)(J) (QFI <input type="checkbox"/>)			
51 Marked to market net gains	51		
Section 210-A.5(a)(2)(H) (QFI <input type="checkbox"/>)			
210-A.5(a)(2)(G) (QFI <input type="checkbox"/>)			
52 Interest from other financial instruments	52		
53 Net gains and other income from other financial instruments	53		



Receipts from: (continued)		A MCTD	B New York State
Section 210-A.5(b)			
54 Brokerage commissions	54		
55 Margin interest earned on behalf of brokerage accounts	55		
56 Fees for advisory services for underwriting or management of underwriting	56		
57 Receipts from primary spread of selling concessions	57		
58 Receipts from account maintenance fees	58		
59 Fees for management or advisory services	59		
60 Interest from an affiliated corporation	60		
Section 210-A.5(c)			
61 Interest, fees, and penalties from credit cards	61		
62 Service charges and fees from credit cards	62		
63 Receipts from merchant discounts	63		
64 Receipts from credit card authorizations and settlement processing	64		
65 Other credit card processing receipts	65		
Section 210-A.5(d)			
66 Receipts from certain services to investment companies	66		
Section 210-A.6			
67 Receipts from railroad and trucking business	67		
Section 210-A.6-a			
68 Receipts from the operation of vessels	68		
Section 210-A.7			
69 Receipts from air freight forwarding	69		
70 Receipts from other aviation services	70		
Section 210-A.8			
71 Advertising in newspapers or periodicals	71		
72 Advertising on television or radio	72		
73 Advertising via other means	73		
Section 210-A.9			
74 Transportation or transmission of gas through pipes	74		
Section 210-A.10			
75 Receipts from other services/activities not specified	75	58,746,517.	58,746,517.
Section 210-A.11			
76 Discretionary adjustments	76		
77 Total (add lines 24 through 76 in columns A and B)	77	0.	
78 MCTD receipts factor (divide line 77, column A, by line 77, column B)	78		.0000 %
Payroll		A MCTD	B New York State
79 Wages and other compensation of employees except general executive officers	79	9,743,015.	9,743,015.
80 MCTD payroll factor (divide line 79, column A, by line 79, column B)	80		100.0000 %
81 Total MCTD factors (add lines 23, 78, and 80)	81		200.0000 %
82 MCTD apportionment percentage (Divide line 81 by three; if a factor is missing, see instructions. Enter here and on line 2)	82		100.0000 %

439003171019

768873
12-15-17

1019

Composition of prepayments claimed on line 7 (see instructions)		Date paid	Amount
83	Mandatory first installment from Form CT-300 (see instructions)	83	
84	Second installment from Form CT-400	84	
85	Third installment from Form CT-400	85	
86	Fourth installment from Form CT-400	86	
87	Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13	03-15-18	10.
88	Overpayment credited from prior years (see instructions)	88	
89	Add lines 83 through 88	89	10.
90	Overpayment credited from Form CT- _____ Period _____	90	
91	Total prepayments (add lines 89 and 90, enter here and on line 7)	91	10.

Third - party designee (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) ERMAL LUZAJ	Designee's phone number 973-472-6250
	Designee's e-mail address ELUZAJ@SAXLLP.COM		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	Signature of authorized person	Official Title PRESIDENT	
	E-mail address of authorized person	Telephone number 718-424-4423		Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) SAX LLP	Firm's EIN 81-2950760	Preparer's PTIN or SSN P01386005	
	Signature of individual preparing this return ERMAL LUZAJ	Address 855 VALLEY ROAD	City CLIFTON	State ZIP code NJ 07013
	E-mail address of individual preparing this return ELUZAJ@SAXLLP.COM	Preparer's NYTPRIN or Excl. code 03	Date 09-10-18	

See instructions for where to file.

439004171019

768874
12-15-17

1019

**Underpayment of Estimated Tax
by a Corporation**
Tax Law - Article 27, Section 1085**CT-222**Tax return filed: CT-3M

All filers must enter tax period:

beginning 01-01-17 ending 12-31-17

Legal name of corporation HIGHBURY CONCRETE, INC.	Employer identification number 46-2507279
---	---

Read the instructions, Form CT-222-I, before completing.**Part 1 - Annual payment**

1 Enter your 2017 corporation franchise, excise, or gross receipts tax after credits or enter the 2017 metropolitan transportation business tax (MTA surcharge) (if both, use separate forms)	1	13,790.
2 Multiply line 1 by 91% (.91) or, if a large corporation, 100% (1.0). Large corporations enter this amount on line 5 and skip lines 3 and 4	2	13,790.
3 Enter your 2016 corporation franchise, excise or gross receipts tax after credits or enter the 2016 MTA surcharge	3	6,996.
4 Enter the amount from line 101; if not using the line 9 exception, skip this line	4	
5 Annual payment. Enter the lesser of lines 2, 3, or 4. Large corporations, enter the line 2 amount	5	13,790.

Part 2 - Reasons for filingMark an **X** in the boxes below that apply. If any boxes are marked, you must file Form CT-222 even if you do not owe a penalty.

- 6 You are using the adjusted seasonal installment method (see instructions; complete applicable parts of Schedule A) ☐
- 7 You are using the annualized income installment method (see instructions; complete applicable parts of Schedule A) ☐
- 8 You are **not** a large corporation and figure your estimated tax based on the prior year's tax (the prior year cannot be a short year, and your return must show a tax liability) ☐
- 9 You are **not** a large corporation and figure your estimated tax by applying to the tax base on which the current year's tax was paid the facts shown on your return for, and the law applicable to, the preceding tax year, but using the rates applicable to the current year (complete Schedule B) ☐

Part 3 - Computing the underpayment - for lines 11 through 19, complete one column before going to the next column.

	A	B	C	D
10 Installment due dates (see instructions) ...	03-15-17	06-15-17	09-15-17	12-15-17
11 Required installments (see instructions) ...	1,749.	4,014.	4,014.	4,013.
12 Estimated tax timely paid or credited for each period (see instructions). For column A only, also enter the amount from this line on line 16				
13 Enter amount, if any, from line 19 of the preceding column				
14 Add lines 12 and 13				
15 In column B, enter line 18, column A amount. In columns C and D, add amounts on lines 17 and 18 of the preceding column		1,749.	5,763.	9,777.
16 In column A, enter the line 12 amount. For other columns, subtract line 15 from line 14. If zero or less, enter 0	0.	0.	0.	0.
17 If the amount on line 16 is zero, subtract line 14 from line 15. Otherwise, enter 0		1,749.	5,763.	
18 Underpayment - If line 16 is less than or equal to line 11, subtract line 16 from line 11. Otherwise, go to line 19 (see instructions) ...	1,749.	4,014.	4,014.	4,013.
19 Overpayment - If line 11 is less than line 16, subtract line 11 from line 16				

415001171019



Part 4 - Computation of the underpayment penalty (see instr.)		A First	B Second	C Third	D Fourth
20	Enter the date of payment or the 15th day of the 3rd month after the end of the tax year, whichever is earlier (mm/dd/yy)	03-15-18	03-15-18	03-15-18	03-15-18
Number of days:					
21	From due date of installment to the date shown on line 20	365	273	181	90
22	On line 21 after 3/15/17 and before 4/1/17 ...	16			
23	On line 21 after 3/31/17 and before 7/1/17 ...	91	15		
24	On line 21 after 6/30/17 and before 10/1/17 ...	92	92	15	
25	On line 21 after 9/30/17 and before 1/1/18 ...	92	92	92	16
26	On line 21 after 12/31/17 and before 4/1/18 ...	74	74	74	74
27	On line 21 after 3/31/18 and before 7/1/18 ...				
28	On line 21 after 6/30/18 and before 10/1/18 ...				
29	On line 21 after 9/30/18 and before 1/1/19				
30	On line 21 after 12/31/18 and before 3/15/19				
31	On line 22 ÷ 365 x 8% x amount on line 18	6.			
32	On line 23 ÷ 365 x 8% x amount on line 18	35.	13.		
33	On line 24 ÷ 365 x 8% x amount on line 18	35.	81.	13.	
34	On line 25 ÷ 365 x 8% x amount on line 18	35.	81.	81.	14.
35	On line 26 ÷ 365 x %* x amount on line 18	28.	65.	65.	65.
36	On line 27 ÷ 365 x %* x amount on line 18				
37	On line 28 ÷ 365 x %* x amount on line 18				
38	On line 29 ÷ 365 x %* x amount on line 18				
39	On line 30 ÷ 365 x %* x amount on line 18				
40	Add lines 31 through 39	139.	240.	159.	79.
41	Underpayment penalty (see instructions) ...	139.	240.	159.	79.
SEE STATEMENT 4					
42	Add line 41, columns A through D; enter here and on your franchise tax return or MTA surcharge return			42	617.
43	Multiply line 1 by 80% (.8)			43	11,032.
44	Subtract line 11, column A from line 43			44	9,283.
45	Divide line 44 by three			45	3,094.

*For rates not shown, access our Web site or call the Corporation Tax Information Center (see *Need help?* in Form CT-1).

Schedule A, Part I - Adjusted seasonal installment method (see instructions)

Note: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. Use lines 46 through 51 below to compute the base period percentage. When appropriate, in lieu of ENI, use the applicable tax base.

	A - 2014	B - 2015	C - 2016
46	Enter the period of 6 consecutive months for which the base period percentage is to be computed:		
	• <input type="text"/> through • <input type="text"/>		
47	Enter the ENI for the same 6 consecutive month period in preceding periods		
48	Enter the total ENI for the entire year in preceding periods		
49	In each column, enter as a percentage the result of dividing that column's line 47 by that column's line 48		
50	Add the percentages in line 49, columns A, B, and C, and enter the result here		
51	Base period percentage: Divide line 50 by three; enter the result here ...		
	%	%	%
	%		
	%		

If 70% or higher, continue with Schedule A, line 52a.

768722
01-26-18

1019

415002171019



	A	B - 1st 5 months	C - 1st 8 months	D - 1st 11 months
Enter ENI for the following:				
52a Tax year beginning in 2014	•		•	•
52b Tax year beginning in 2015	•		•	•
52c Tax year beginning in 2016	•		•	•
53 Enter the total of the amounts that enter into the computation of the business income base for 2017 for the months delineated in each column	•		•	•
Enter ENI for the following periods:		1st 6 months	1st 9 months	Entire year
54a Tax year beginning in 2014	•		•	•
54b Tax year beginning in 2015	•		•	•
54c Tax year beginning in 2016	•		•	•
55 Divide the amount in each column on line 52a by the amount in column D on line 54a				
56 Divide the amount in each column on line 52b by the amount in column D on line 54b				
57 Divide the amount in each column on line 52c by the amount in column D on line 54c				
58 Add lines 55 through 57				
59 Divide line 58 by three				
60 Divide line 53 by line 59				
61 Figure the tax on the amount on line 60 using the instructions for your corporation's return (see instructions for MTA surcharge)	•		•	•
62 Divide the amount in each of columns B and C on line 54a by the amount in column D on line 54a				
63 Divide the amount in each of columns B and C on line 54b by the amount in column D on line 54b				
64 Divide the amount in each of columns B and C on line 54c by the amount in column D on line 54c				
65 Add lines 62 through 64				
66 Divide line 65 by three				
67 Multiply the amounts in columns B and C of line 61 by columns B and C of line 66. In column D, enter the amount from line 61, column D ...				
68 Enter any other taxes for each payment period (see instructions)	•		•	•
69 Total tax before credits (add lines 67 and 68)				
70 Enter the amount of tax credits your corporation is entitled to for the months shown in each column heading above line 52a	•		•	•
71 Total tax after credits. Subtract line 70 from line 69. If zero or less, enter 0				
72 If not a large corporation, enter .91 (91%). Otherwise, enter 1.				
73 Multiply line 71 by line 72				



Schedule A, Part 2 - Annualized income installment method

	A	B	C	D
74 Annualized periods (see instructions)		1st months	1st months	1st months
75 See instructions		•	•	•
76 See instructions				
77 Annualized taxable inc. Multiply line 75 by line 76				
78 Figure the tax on the line 77 amount using the instructions for your corporation's return (see instructions for MTA surcharge)		•	•	•
79 Enter any other taxes for each payment period (see insts.)		•	•	•
80 Total tax before credits (add lines 78 and 79)				
81 Tax credits (see instructions)		•	•	•
82 Total tax after credits. Subtract line 81 from line 80; if zero or less, enter 0				
83 If not a large corporation, enter .91 (91%). Otherwise, enter 1				
84 Multiply line 82 by line 83				
85 Applicable percentage		50%	75%	100%
86 Multiply line 84 by line 85				

Schedule A, Part 3 - Required installment - In completing Part 3, complete one column before going to the next column.

	A	B	C	D
87 If only Schedule A, Part 1 or Part 2 is completed, enter the amount in each column from line 73 or line 86. If both parts are completed, enter the smaller of the amounts in each column from line 73 or line 86				
88 Add the amounts in all preceding columns of line 93				
89 Subtract line 88 from line 87. If zero or less, enter 0				
90 Subtract line 11, column A (MFI), from line 5. Divide the result by three and enter in each of columns B, C, and D				
91 In column C, subtract line 89, column B from line 90, column B. If zero or less, enter 0. In column D, subtract line 93, column C from line 92, column C and enter the result				
92 Add lines 90 and 91				
93 Required installments - For column A, enter the amount from line 11, column A (MFI). For column B, enter the smaller of line 89, column B or line 90, column B. For columns C and D, respectively, enter the smaller of line 89 or line 92. Also enter each result on line 11 ...				

Schedule B - Line 9 exception - (see instructions)

94 2016 ENI or business income (as applicable) base multiplied by 2017 ENI or business income base tax rate (as applicable)	•	94	
95 2016 capital base multiplied by 2017 capital tax rate	•	95	
96 Enter the amount from line 94 or 95, as applicable		96	
97 2016 subsidiary capital base multiplied by 2017 subsidiary capital tax rate	•	97	
98 Any other taxes (see instructions)	•	98	
99 Add line 96, 97, and 98		99	
100 2016 tax credits	•	100	
101 Recomputed tax (subtract line 100 from line 99); enter here and on line 4		101	

415004171019

768724
01-18-18

1019



FORM CT-3M	NEW YORK STATE FRANCHISE TAX	STATEMENT 1
FRANCHISE TAX		48,729
FIXED DOLLAR MINIMUM TAX FOR SUBSIDIARIES (CT-3-A ONLY) . . .		
TOTAL COMBINED TAX TO CT-3M, LINE 1		48,729

NY/MTA/NYC		COMPUTATION OF LATE PAYMENT INTEREST				STATEMENT 2	
PAYMENT AMOUNT	REMAINING COMPOUNDED BALANCE	PERIOD OF UNDERPAYMENT		DAYS	INTEREST RATE	AMOUNT OF INTEREST	
0.	13,780.	03-15-2018	03-31-2018	15	8.0000	45.	
0.	13,825.	03-31-2018	09-14-2018	167	9.0000	581.	
TOTAL LATE PAYMENT INTEREST						626.	

NY/MTA/NYC		COMPUTATION OF LATE PAYMENT PENALTY				STATEMENT 3	
PAYMENT AMOUNT	REMAINING BALANCE	PERIOD OF UNDERPAYMENT		MOS	PENALTY RATE	AMOUNT OF PENALTY	
0.	13,780.	03-15-2018	09-14-2018	6	.5000	413.	
0.	13,780.	03-31-2018	09-14-2018	0	.5000	0.	
TOTAL LATE PAYMENT PENALTY						413.	

NY FORM CT-3M
 NY FORM CT-33M

UNDERPAYMENT OF ESTIMATED TAX

STATEMENT 4

Q T R -	EVENT AMOUNT	TYPE	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT		DAYS	INTEREST RATE	AMOUNT OF PENALTY
A								
	Q		1,749.	03-15-2017	03-31-2017	16	8.0000	6.
	R		1,749.	03-31-2017	06-30-2017	91	8.0000	35.
	R		1,749.	06-30-2017	09-30-2017	92	8.0000	35.
	R		1,749.	09-30-2017	12-31-2017	92	8.0000	35.
	R		1,749.	12-31-2017	03-15-2018	74	8.0000	28.
B								
	Q		4,014.	06-15-2017	06-30-2017	15	8.0000	13.
	R		4,014.	06-30-2017	09-30-2017	92	8.0000	81.
	R		4,014.	09-30-2017	12-31-2017	92	8.0000	81.
	R		4,014.	12-31-2017	03-15-2018	74	8.0000	65.
C								
	Q		4,014.	09-15-2017	09-30-2017	15	8.0000	13.
	R		4,014.	09-30-2017	12-31-2017	92	8.0000	81.
	R		4,014.	12-31-2017	03-15-2018	74	8.0000	65.
D								
	Q		4,013.	12-15-2017	12-31-2017	16	8.0000	14.
	R		4,013.	12-31-2017	03-15-2018	74	8.0000	65.
TOTAL TO FORM CT-222 LINE 42								617.

EVENT TYPE: Q = QUARTERLY AMOUNT DUE
 P = PAYMENT
 R = INTEREST RATE CHANGE
 L = LEAP YEAR CHANGE
 O = OVERPAYMENT FROM PRIOR YEAR/QUARTER



Department of Taxation and Finance
Request for Six-Month Extension to File
(for franchise/business taxes, MTA surcharge, or both)
Tax Law - Articles 9-A, 13, and 33

CT-5

All filers must enter tax period:

beginning **01-01-17** ending **12-31-17**

Employer identification number (EIN) 46-2507279	File number AA5	Business telephone number
Legal name of corporation HIGHBURY CONCRETE, INC		Trade name / DBA
Mailing name (if different from legal name) and address c/o Number and street or PO box 53-19 46TH STREET City MASPETH State ZIP code NY 11378		State or country of incorporation NY Date of incorporation 04-04-13 Foreign corporations: date began business in NYS
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business Information in Form CT-1.		Date received (for Tax Department use only) Audit use

Request for extension of time to file the following forms: Mark box(es) for one article only. Submit only one Form CT-5 and mark an **X** in both boxes in the appropriate article if you are requesting an extension for **both** the franchise tax and MTA surcharge returns. For example, mark an **X** in **both** the CT-3 box and the CT-3-M box under Article 9-A if you are requesting an extension of time to file **both** returns.

Article 9-A		Article 13	Article 33			
CT-3 <input checked="" type="checkbox"/>	CT-3-M <input checked="" type="checkbox"/>	CT-13 <input type="checkbox"/>	CT-33 <input type="checkbox"/>	CT-33-C <input type="checkbox"/>	CT-33-M <input type="checkbox"/>	CT-33-NL <input type="checkbox"/>

A. Pay amount shown on line 11. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)	A. Payment enclosed 35.
--	--

Certain corporations filing as part of a combined group: Typically, taxpayers filing a combined return use Form CT-5.3. **However**, if for the tax year for which you are requesting an extension to file, you are either becoming a member of a **new** combined group, or being **added** to an **existing** group, you **must also** file Form CT-5. Complete the business information section above and line B. Then, mark an **X** in this box on either line C or D (see instructions).

Do **not** complete line A and lines 1 through 16.

B. Enter the EIN of the combined group's designated agent (CT-3-A filers), or parent (CT-33-A filers) **B**
Note: Failure to include the EIN of the designated agent (or parent) may delay processing of your extension request, and may result in penalties and interest.

C. If this extension request is for the **first** tax year that your are being included in a **new** combined group filing a combined return, mark an **X** in the box **C** ☐

D. If this extension request is for the **first** tax year that your are being **added** to an **existing** combined group filing a combined return, mark an **X** in the box **D** ☐

Computation of estimated franchise tax

1 Franchise tax from the worksheet in Form CT-5-I	1	25.
2		
3		
4 Prepayments of franchise tax (from line 16, column A)	4	
5 Balance due - franchise tax (subtract line 4 from line 1; do not enter less than zero)	5	25.

Computation of estimated MTA surcharge

6 MTA surcharge from the worksheet in Form CT-5-I	6	10.
7		
8		
9 Prepayments of MTA surcharge (from line 16, column B)	9	
10 Balance due - MTA surcharge (subtract line 9 from line 6; do not enter less than zero)	10	10.
11 Total balance due (see instructions)	11	35.

455001171019



768511
11-01-17

HIGHBURY CONCRETE, INC

46-2507279

Composition of prepayments - Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the

MTA surcharge on line 9. See instructions.

	Date paid	A. Franchise tax	B. MTA surcharge
12 Mandatory first installment from Form CT-300 ...	12		
13a Second installment from Form CT-400	13a		
13b Third installment from Form CT-400	13b		
13c Fourth installment from Form CT-400	13c		
14 Overpayment credited from prior years	14		
15 Overpayment credited from Form CT- _____ Period _____	15		
16 Total prepayments (total all entries in column A and column B)	16		

Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)		Firm's EIN		Preparer's PTIN or SSN	
	SAX LLP		81-2950760		P01386005	
	Signature of individual preparing this document	Address	City	State	ZIP code	
	ERMAL LUZAJ	855 VALLEY ROAD	CLIFTON	NJ	07013	
	E-mail address of individual preparing this document		Preparer's NYTPRN	or Excl. code	Date	
	ELUZAJ@SAXLLP.COM			03	03-09-18	

See instructions for where to file

455002171019

768512
11-01-17

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScaling" selection box in the Adobe "Print" dialog.

CITY COPY



NYC-3L

Department of Finance

GENERAL CORPORATION TAX RETURN

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

2017

For CALENDAR YEAR 2017 or FISCAL YEAR beginning _____

2017 and ending _____

Name and Address HIGHBURY CONCRETE, INC. 53-19 46TH STREET MASPETH, NY 11378		Name Change _____ Address Change _____ Country (if not US) _____	Taxpayer's Email Address: _____ EMPLOYER IDENTIFICATION NUMBER 46-2507279 BUSINESS CODE NUMBER AS PER FEDERAL RETURN 238100
Business Telephone Number 718-424-4423	Date business began in NYC 04-04-2013		
<div>Check All That Apply</div> <div><input type="checkbox"/> Final return <input type="checkbox"/> Special short period return (see instr.) <input type="checkbox"/> Claim any 9/11/01 - related federal tax benefits (see instr.) <input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Filing a 52-53 -week taxable year <input type="checkbox"/> A pro-forma federal return is attached <input type="checkbox"/> Enter 2-character special condition code, if applicable (see instr.) <input type="checkbox"/> IRS change <input type="checkbox"/> Date of Final Determination _____ <input type="checkbox"/> NYS change</div> <div>If the purpose of the amended return is to report a federal or state change, check the appropriate box.</div>			

SCHEDULE A - Computation of Tax

- BEGIN WITH SCH B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES.
TRANSFER APPLICABLE AMOUNTS 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. 957,259.	x .0885	1. 84,717.
2a. Allocated capital (from Schedule E, line 14)	2a. 2,056,718.	x .0015	2a. 3,085.
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. _____		3. 21,987.
4. Minimum tax (see instructions) - NYC Gross Receipts:	4. 58,746,517.		4. 5,000.
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. _____		6. 84,717.
7. UBT Paid Credit (attach Form NYC-9.7)	7. _____		7. _____
8. Tax after UBT Credit (line 6 less line 7)	8. _____		8. 84,717.
9a. REAP Credit (attach Form NYC-9.5)	9a. _____		9a. _____
9b. LMREAP Credit (attach Form NYC-9.8)	9b. _____		9b. _____
10a. Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6)	10a. _____		10a. _____
10b. Biotechnology Credit (attach Form NYC-9.10)	10b. _____		10b. _____
10c. Beer Production Credit (attach Form NYC-9.12)	10c. _____		10c. _____
11. Net tax after credits (line 8 less total of lines 9a through 10c)	11. _____		11. 84,717.
12. First installment of estimated tax for period following that covered by this return:			
(a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT	12a. _____		12a. _____
(b) If application for extension has not been filed and line 11 exceeds \$1,000, enter 25% of line 11	12b. _____		12b. _____
13. Total of lines 11, 12a and 12b	13. _____		13. 84,717.
14. Prepayments (from Prepayments Schedule, page 2, line G) (see instructions)	14. _____		14. 25.
15. Balance due (line 13 less line 14)	15. _____		15. 84,692.
16. Overpayment (line 14 less line 13)	16. _____		16. _____
17a. Interest (see instructions)	17a. SEE STATEMENT 1	17a. 3,851.	
17b. Additional charges (see instructions)	17b. STMT 2	17b. 2,541.	
17c. Penalty for underpayment of estimated tax (attach Form NYC-222)	17c. _____	17c. 4,399.	
18. Total of lines 17a, 17b and 17c	18. _____		18. 10,791.
19. Net overpayment (line 16 less line 18)	19. _____		19. _____
20. Amount of line 19 to be: (a) Refunded - _____ Direct deposit - fill out line 20c OR _____ Paper check	20a. _____		20a. _____
(b) Credited to 2018 estimated tax	20b. _____		20b. _____
20c. Routing number _____ Account number _____ Checking _____ Savings _____			
21. TOTAL REMITTANCE DUE (see instructions)	21. _____		21. 95,483.

COPY
Sax LLP
Certified Public Accountants
855 Valley Road
Clifton, NJ 07013-2488
FLING COPY INCLUDED THE
REQUIRED FEDERAL RETURN

SEE PAGE 7 FOR MAILING INSTRUCTIONS

NYC-3L - 2017

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

22. Issuer's allocation percentage (from Schedule E, line 15)	22.	100.00 %
23. NYC rent deducted on federal tax return or NYC rent from Sch. G, part 1. (see instructions)	23.	184,924.
24. Gross receipts or sales from federal return	24.	58,746,517.
25. EIN of Parent Corporation		
26. Total assets from federal return	26.	18,133,617.
27. EIN of Common Parent Corporation		
28. Compensation of stockholders (from Schedule F, line 1)	28.	739,000.
29. Business allocation percentage (from Schedule H, line 5) - if not allocating, enter 100%	29.	100.00 %

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	03-15-18	25.
F. Overpayment from preceding year credited to this year		
G. TOTAL of A through F (enter on Schedule A, line 14)		25.

Alternative Tax Schedule	Refer to page 7 of instructions before computing the alternative tax.	
Net income/loss (See instructions)	1.	\$ 957,259.
Enter 100% of salaries and compensation for the taxable year paid to stockholders owning more than 5% of the taxpayer's stock. (See instructions.)	2.	\$ 739,000.
Total (line 1 plus line 2)	3.	\$ 1,696,259.
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.	\$ 40,000.
Net amount (line 3 minus line 4)	5.	\$ 1,656,259.
15% of net amount (line 5 x 15%)	6.	\$ 248,439.
Investment income to be allocated (amount on Schedule B, line 22b x 15%. Do not enter more than amount on line 6 above. Enter "0" if not applicable.)	7.	\$
Business income to be allocated (line 6 minus line 7)	8.	\$ 248,439.
Allocated investment income (line 7 x investment allocation % from Schedule D, line 2F)	9.	\$ 0.
Allocated business income (line 8 x business allocation % from Schedule H, line 5)	10.	\$ 248,439.
Taxable net income (line 9 plus line 10)	11.	\$ 248,439.
Tax rate	12.	8.85% (.0885)
Alternative tax (line 11 x line 12) Transfer amount to page 1, Schedule A, line 3	13.	\$ 21,987.



SCHEDULE B Computation and Allocation of Entire Net Income

1. Federal taxable income before net operating loss deduction and special deductions	1.	540,533.
2. Interest on federal, state, municipal and other obligations not included in line 1 above	2.	
3. Deductions directly attributable to subsidiary capital (attach list)	3.	
4. Deductions indirectly attributable to subsidiary capital (attach list)	4.	
5a. NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (see instr.) ...	5a.	127,056.
5b. NYC General Corporation Tax deducted on federal return	5b.	207,589.
6. New York City adjustments relating to:		
(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.	590,009.
7. Additions:		
(a) Payment for use of intangibles	7a.	
(b) Domestic Production Activities Deduction (see instructions)	7b.	53,035.
(c) Other (see instructions) (attach rider)	7c.	8,686.
8. Total additions (add lines 1 through 7c)	8.	1,526,908.
9a. Dividends from subsidiary capital (itemize on rider)	9a.	
9b. Interest from subsidiary capital (itemize on rider)	9b.	
9c. Gains from subsidiary capital	9c.	
10. 50% of dividends from nonsubsidiary corporations	10.	
11. New York City net operating loss deduction (attach Form NYC-NOLD-GCT) (see instr.)	11.	
12. Gain on sale of certain property acquired prior to 1/1/66	12.	
13. NYC and NYS tax refunds included in Sch. B, line 8	13.	
14. Wages and salaries subject to federal jobs credit (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)	15.	569,649.
16. Other deductions: (see instructions) (attach rider)	16.	
17. Total deductions (add lines 9a through 16)	17.	569,649.
18. Entire net income (line 8 less line 17)	18.	957,259.
19. If the amount in line 18 is not correct, enter correct amount here and explain on rider	19.	
20. Investment income - (complete lines a through h below)		
(a) Dividends from nonsubsidiary stocks held for investment	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)	20f.	
(g) Balance (subtract line 20e from 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)	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.	957,259.
24. Allocated investment income (ln 22b multiplied by: <u>100.00</u> % - Schedule D, line 2)	24.	0.
25a. Allocated business income (line 23 multiplied by: <u>100.00</u> % - Schedule H, line 5)	25a.	957,259.
25b. If the amount on line 25a is not correct, enter correct amount here and explain in rider (see instructions)	25b.	
26. Total allocated net income (line 24 plus line 25a or line 25b (enter at Schedule A, line 1))	26.	957,259.

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 % 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)
	EMPLOYER IDENTIFICATION NUMBER	%				%	
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 (including items on rider)	1.						
2. Investment allocation percentage (line 1G divided by line 1E rounded to the nearest one hundredth of a percentage point)				2.	100.00 %		
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 Capital

Basis 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. Total assets from federal return	10,342,064.	18,133,617.	1. 14,237,841.
2. Real property and marketable securities included in line 1			2.
3. Subtract line 2 from line 1			14,237,841.
4. Real property and marketable securities at fair market value			4.
5. Adjusted total assets (add lines 3 and 4)			5. 14,237,841.
6. Total liabilities	8,606,400.	15,755,846.	6. 12,181,123.
7. Total capital (column C, line 5 less column C, line 6)			7. 2,056,718.
8. Subsidiary capital (Schedule C, column E, line 1)			8.
9. Business and investment capital (line 7 less line 8)			9. 2,056,718.
10. Investment capital (Schedule D, line 4)			10.
11. Business capital (line 9 less line 10)			11. 2,056,718.
12. Allocated investment capital (line 10 x 100.00 % from Schedule D, line 2)			12.
13. Allocated business capital (line 11 x 100.00 % from Schedule H, line 5)			13. 2,056,718.
14. Total allocated business and investment capital (line 12 plus line 13) (enter at Schedule A, line 2a or 2b)			14. 2,056,718.
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 22.)			15. 100.00 %

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 US Zip Code (Attach rider if necessary)	Social Security Number	Official Title	Salary & All Other Compensation Received from Corporation (If none, enter "0")
SEE STATEMENT 4			

1. Total, including any amount on rider. (Enter on Schedule A, line 28) 1. 739,000.

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.

Complete Address	Rent	Nature of Activities	Number 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.

Complete Address	Rent	Nature of Activities	Number 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 (<i>attach rider</i>)	1b.	1,479,392.	1b. 1,479,392.
1c. Inventories owned	1c.		1c.
1d. Tangible personal property owned	1d.	1,664,532.	1d. 1,664,532.
1e. Tangible personal property rented - multiply by 8	1e.	18,294,408.	1e. 18,294,408.
1f. Total	1f.	21,438,332.	1f. 21,438,332.
1g. Percentage in New York City (column A divided by column B)	1g.		100.0000%
1h. Multiply line 1g by 3.5	1h.		350.0000

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.	58,746,517.	2c. 58,746,517.
2d. Rentals of property	2d.		
2e. Royalties	2e.		
2f. Other business receipts	2f.		
2g. Total	2g.	58,746,517.	2g. 58,746,517.
2h. Percentage in New York City (column A of line 2g divided by column B)	2h.		100.0000%
2i. Multiply line 2h by 93	2i.		9300.0000
3a. Wages, salaries and other compensation of employees, except general executive officers	3a.	9,743,015.	3a. 9,743,015.
3b. Percentage in New York City (column A divided by column B)	3b.		100.0000%
3c. Multiply line 3b by 3.5	3c.		350.0000

Weighted Factor Allocation

4a. Add lines 1h, 2i and 3c	4a.	10000.0000
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.	100.00%

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%
---	----	---------

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 **CONSTRUCTION**
- 1b. Other significant business activities (attach schedule) _____
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 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 ☒ 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 ☒ NO
If "YES", by whom? _____ Internal Revenue Service State period(s): Beg.: _____ End.: _____
MMDDYY MMDDYY
_____ New York State Department of Taxation and Finance State period(s): Beg.: _____ End.: _____
MMDDYY MMDDYY
6. If "YES" to question 5, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? Only applicable for years prior to 1/1/15. For years beginning on or after 1/1/15, file an amended return. (see instructions) _____ YES _____ 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 ☒ 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 ☒ 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 _____ 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 _____ NO
11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed? _____ YES _____ NO
12. If "NO" to 11, explain: _____
13. 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.
14. Enter the number of Fed K1 returns attached: 2
15. Does this taxpayer pay rent greater than \$200,000 for any premises 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 ☒ NO
16. 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 Form 1120S. (See instructions)

Federal 1120

▼ Federal Amount ▼

1. Dividends	1.	
2. Interest income	2.	3,362.
3. Capital gain net income	3.	
4. Other income	4.	
5. Total income	5.	5,903,668.
6. Bad debts	6.	
7. Interest expense	7.	74,329.
8. Other deductions	8.	1,336,900.
9. Total deductions	9.	5,363,135.
10. Net operating loss deduction	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. I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions)		Firm's Email Address:	
		YES <input checked="" type="checkbox"/> X ELUZAJ@SAXLL	
SIGN HERE		Signature of officer	Title
Sax LLP Certified Public Accountants 855 Valley Road Clifton, NJ 07013-2488		ERMAL LUZAJ Preparer's name	PRESIDENT Title
PREPARER'S USE ONLY		Preparer's signature	Check if self-employed <input checked="" type="checkbox"/>
SAX LLP FILING COPY INCLUDED THE REQUIRED FEDERAL RETURN		855 VALLEY ROAD CLIFTON, NJ 07013 Address	Date 09-10-18 Date
▲ Firm's name (or yours, if self-employed)		▲ Zip Code 81-2950760	
Preparer's Social Security Number or PTIN P01386005 Firm's Employer Identification No.			

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 2017 return is on or before March 15, 2018.

For fiscal years beginning in 2017, 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
 PO 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 3933
 NEW YORK, NY 10008-3933

RETURNS CLAIMING REFUNDS
 NYC DEPARTMENT OF FINANCE
 GENERAL CORPORATION TAX
 PO BOX 5563
 BINGHAMTON, NY 13902-5563



DEPRECIATION ADJUSTMENTS FOR CERTAIN POST 9/10/01 PROPERTY

For CALENDAR YEAR 2017 or FISCAL YEAR beginning _____ and ending _____

Name (Print or Type)

HIGHBURY CONCRETE, INC.

EMPLOYER IDENTIFICATION NUMBER

46-2507279

OR

SOCIAL SECURITY NUMBER

▲ Federal Form 4562 must accompany this form.

▲ This schedule must be attached to your applicable New York City tax return.

See instructions.

▲ Use Schedule A2 to report modifications to the deductions for certain sport utility vehicles, not Schedule A1. See instructions.

SCHEDULE A1 Computation of allowable New York City depreciation for current year							Attach rider if necessary	
A Description of Property	B Class of Property	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Depreciation Taken in Prior Years	F Federal Depreciation	G Method of Figuring NYC Depre- ciation	H Life or Rate	I Allowable New York City Depreciation
EQUIPMENT		01-01-14	34726.	17363.	6945.	SL	5	6945.
EQUIPMENT		01-01-15	457305.	113974.	75983.	SL	5	75983.
EQUIPMENT		01-01-16	662200.	41377.	78620.	SL	5	78620.
EQUIPMENT		01-01-17	510301.	0.	428461.	SL	5	408101.
1a. Total columns D, E, F, and I			1664532.	172714.	590009.			569649.

Enter total of columns F and I on line 4 and line 5 of Schedule C below. (See instructions.)

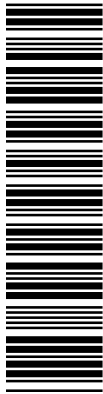
SCHEDULE A2 Computation of NYC deductions for current year for sport utility vehicles							Attach rider if necessary	
A Description of Property	B Class of Property	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Deductions Taken in Prior Years	F Federal Depreciation and Section 179 Deductions	G Method of Figuring NYC Depre- ciation	H Life or Rate	I Total Allowable New York City Deductions
1b. Total columns D, E, F, and I								

SCHEDULE B Disposition adjustment						Attach rider if necessary
For each item of property listed below, determine the difference between federal and New York City deductions used in the computation of federal and New York City taxable income in prior years. ▲ If federal deduction exceeds New York City deduction, subtract column E from column D and enter in column F. ▲ If New York City deduction exceeds federal, subtract column D from column E and enter in column G.						
A Description of Property	B Class of Property (ACRS)	C Date Placed in Service: mm-dd-yy	D Total Federal Depreciation Taken	E Total NYC Depreciation Taken	F Adjustment (D <i>minus</i> E)	G Adjustment (E <i>minus</i> D)
2. Total excess federal deductions over NYC deductions (see instructions)						
3. Total excess NYC deductions over federal deductions (see instructions)						

SCHEDULE C Computation of adjustments to New York City income		
	A. Federal	B. New York City
4. Enter amount from Schedule A1, line 1a, column F	4. 590009.	
5. Enter amount from Schedule A1, line 1a, column I	5.	569649.
6a. Enter amount from Schedule A2, line 1b, column F	6a.	
6b. Enter amount from Schedule A2, line 1b, column I	6b.	
7a. Enter amount from Schedule B, line 2	7a.	
7b. Enter amount from Schedule B, line 3	7b.	
8. Totals: column A, lines 4, 6a and 7b; column B, lines 5, 6b and 7a	8. 590009.	569649.

Enter the amount on line 8, column A, as an addition and the amount on line 8, column B, as a deduction on the applicable New York City return.
(See instr.)



**NYC-222**Department of
Finance**UNDERPAYMENT OF ESTIMATED TAX BY
BUSINESS AND GENERAL CORPORATIONS****2017**

ATTACH TO FORM NYC-2, NYC-2A, NYC-2S, NYC-3L, NYC-3A, NYC-4S OR NYC-4SEZ

For CALENDAR YEAR 2017 or FISCAL YEAR beginning _____ and ending _____

Print or Type ▼

Name HIGHBURY CONCRETE, INC.	EMPLOYER IDENTIFICATION NUMBER 46-2507279
--	---

Computation of Underpayment

1. 2017 tax (from NYC-2, Sch. A, line 4; NYC-2A, Sch. A, line 6; NYC-2S, Sch. A, line 4; NYC-3L, Sch. A, line 6; NYC-4S, Sch. A, line 5; NYC-4S-EZ, Sch. A, line 3; or NYC-3A, Sch. A, line 8)	1.	84717.
2. Credits (from NYC-2, Schedule A, lines 5, 7, 8, 9, 10 and 11; NYC-2A, Schedule A, lines 7, 9, 10, 11, 12 and 13; NYC-3L, Schedule A, lines 7, 9a, 9b, 10a, 10b and 10c or NYC-3A, Schedule A, lines 9, 11a, 11b, 12a, 12b and 12c)	2.	
3. Line 1 less line 2	3.	84717.
4. 90% of line 3	4.	76245.

Enter quarterly due dates of installments:	1- FIRST 03-15-17	2- SECOND 06-15-17	3- THIRD 09-15-17	4- FOURTH 12-15-17
5. 2015 Business Corporation Tax (C corp.) or 2016 General Corporation Tax (S corp.)	136063.			
6. Enter 25% of line 5 if over \$1000 or, for S Corporations, if Form NYC-EXT was filed for 2016, enter amount from Form NYC-EXT, line 2	34016.			
7. Line 4 less line 6	42229.			
8. Enter amount of the installments due in Quarters 2, 3 and 4	14076.	14076.	14077.	
9. Amount paid or credited for each period				
10. Overpayment of previous installment				
11. Total of lines 9 and 10				
12. OVERPAYMENT Quarter 1-line 11 less line 6 Quarters 2, 3 and 4-line 11 less line 8 ▶				
13. UNDERPAYMENT Quarter 1-line 6 less line 11 Quarters 2, 3 and 4-line 8 less line 11 ▶	34016.	14076.	14076.	14077.

→ **COMPUTATION CONTINUES ON PAGE 2****Exceptions that Avoid the Underpayment Penalty**

Total cumulative amount paid or credited from the beginning of the taxable year through the installment dates that correspond to the 15th day of the 3rd, 6th, 9th and 12th months of the taxable year	1 - FIRST QUARTER	2 - SECOND QUARTER	3 - THIRD QUARTER	4 - FOURTH QUARTER
▲ EXCEPTION 1 - Prior year's tax (2016) \$ 136063.		50% of 2016 tax	75% of 2016 tax	100% of 2016 tax
▲ EXCEPTION 2 - Tax on prior year's facts and law using 2017 rates (attach computation)		Enter 50% of tax	Enter 75% of tax	Enter 100% of tax
▲ EXCEPTION 3 - Tax on annualized 2017 income (attach computation)		Enter 45% of tax	Enter 67.50% of tax	Enter 90% of tax
▲ EXCEPTION 4 - Tax on recurring seasonal 2017 income (attach computation)				

NYC-222 2017 - Rev. 04.25.2018

Computation of Penalty

	1- FIRST	2- SECOND	3- THIRD	4- FOURTH
14. Enter the date of payment or the 15th day of the 3rd month after the close of the taxable year, whichever is earlier 14.				
15. Number of days from due date of installment to the date shown on line 14 15.				
16. Number of days on line 15 after 3/15/17 and before 4/1/17 16.				
17. Number of days on line 15 after 3/31/17 and before 7/1/17 17.				
18. Number of days on line 15 after 6/30/17 and before 10/1/17 18.				
19. Number of days on line 15 after 9/30/17 and before 1/1/18 19.				
20. Number of days on line 15 after 12/31/17 and before 4/1/18 20.				
21. Number of days on line 15 after 3/31/18 and before 7/1/18 21.				
22. Number of days on line 15 after 6/30/18 and before 10/1/18 22.				
23. Number of days on line 15 after 9/30/18 and before 1/1/19 23.				
24. Number of days on line 15 after 12/31/18 and before 3/15/19 24.				
25. <u>Number of days on line 16 x 8% x amount on line 13</u> 365 25.				
26. <u>Number of days on line 17 x 8% x amount on line 13</u> 365 26.				
27. <u>Number of days on line 18 x 8% x amount on line 13</u> 365 27.				
28. <u>Number of days on line 19 x 8% x amount on line 13</u> 365 28.				
29. <u>Number of days on line 20 x *% x amount on line 13</u> 365 29.				
30. <u>Number of days on line 21 x *% x amount on line 13</u> 365 30.				
31. <u>Number of days on line 22 x *% x amount on line 13</u> 365 31.				
32. <u>Number of days on line 23 x *% x amount on line 13</u> 365 32.				
33. <u>Number of days on line 24 x *% x amount on line 13</u> 365 33.				
34. Add lines 25 through 33 34.	2721.	842.	558.	278.
35. To complete this line, refer to the instructions for line 35 35.				
36. Add the amounts on line 34 (or line 35, if applicable) quarters 1 through 4. Enter total and transfer amount to Form NYC-4SEZ, line 9c, Form NYC-4S, Schedule A, line 11c, Form NYC-3L, Schedule A, line 17c, Form NYC-3A, Sch. A, line 19c, Form NYC-2, Schedule A, line 16c or Form NYC-2A, Schedule A, line 18c or Form NYC-2S, Sch. A, line 8c. (see instructions for line 35) 36.				4399.

STMT 5



30921706

794752
11-16-17

* For information regarding interest rates, call 311.
If calling from outside the five NYC boroughs,
please call 212-NEW-YORK (212-639-9675).
You may also consult the Finance website at nyc.gov/finance

06

NYC - ATT-S-CORP CALCULATION OF FEDERAL TAXABLE INCOME FOR S CORPORATIONS 2017

Department of Finance

ATTACH TO FORM NYC-1, NYC-3A, NYC-3L, NYC-4S OR NYC-4SEZ

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

<p>Part I</p> <p>Line 9 - If the calculated value for line 9 is negative, enter 0.</p> <p>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 of line 9.</p> <p>Line 11 - Subtract Line 10 from Line 9.</p> <p>Part II</p> <p>Line 19 - If the Domestic Production Activities Deduction has been taken on the corporate level, do</p>	<p>not include it on line 19, but enter it on Part II Line 20.</p> <p>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.</p> <p>Part III</p> <p>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 included in an NYC-3A, enter on Form</p>	<p>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.</p>
--	---	--

For CALENDAR YEAR 2017 or FISCAL YEAR beginning _____ and ending _____

Name as shown on NYC-1, NYC-3A/ATT, NYC-3L, NYC-4S or NYC-4SEZ HIGHBURY CONCRETE, INC.	EMPLOYER IDENTIFICATION NUMBER 46-2507279
--	---

PART 1 - ADDITIONS TO ORDINARY BUSINESS INCOME

	From Federal Form 1120S		
1. Ordinary business income (loss)	Schedule K, Line 1	1.	1,063,061.
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.	3,362.
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.	1,066,423.

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.	406,903.
16. Contributions	Schedule K, Line 12a	16.	65,952.
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 Deductions)	See Instructions	19.	
20. Domestic Production Activities Deduction	See Instructions	20.	53,035.
(If deducted at corporate level)			
21. TOTAL DEDUCTIONS (Sum of lines 15 through 20)		21.	525,890.

PART III - CALCULATION OF FEDERAL TAXABLE INCOME

22. Federal Taxable Income	See Instructions	22.	540,533.
-----------------------------------	------------------	-----	----------

NYC-ATT-S-CORP 2017

COMPUTATION OF FEDERAL TAXABLE INCOME

(TAXABLE INCOME CALCULATED AS A C CORPORATION)

INCOME

1a	Gross receipts/sales _____ (b) Less: Returns and allow. _____ Balance	1c	58,746,517.
2	Less: Cost of goods sold and/or operations	2	52,846,211.
3	Gross profit	3	5,900,306.
4	Dividends	4	
5	Interest	5	3,362.
6	Gross rents	6	
7	Gross royalties	7	
8	Capital gain net income	8	
9	Net gain or (loss) from Form 4797, Part II, line 17	9	
10	Other income (attach schedule)	10	
11	TOTAL income - Add lines 3 through 10	11	5,903,668.

DEDUCTIONS

12	Compensation of officers	12	739,000.
13	(a) Salaries and wages <u>1,446,387.</u> 13(b) Less empl. credit _____ Balance	13(c)	1,446,387.
14	Repairs and maintenance	14	147,914.
15	Bad debts	15	
16	Rents	16	184,924.
17	Taxes and licenses	17	511,060.
18	Interest	18	74,329.
19	Contributions SEE STATEMENT 6	19	65,952.
20a	Depreciation (attach Form 4562) 20a 590,009.		
20b	Less depreciation claimed elsewhere on return 20b	20c	590,009.
21	Depletion	21	
22	Advertising	22	56,914.
23	Pension, profit-sharing, etc. plans	23	
24	Employee benefit programs	24	156,711.
25	Domestic production activities deduction	25	53,035.
26	Other deductions (attach schedule)	26	1,336,900.
27	TOTAL deductions - Add lines 12 through 26	27	5,363,135.
28	Taxable income before net operating loss deduction and special deductions (subtract line 27 from line 11)	28	540,533.

NY/MTA/NYC		COMPUTATION OF LATE PAYMENT INTEREST				STATEMENT 1
PAYMENT AMOUNT	REMAINING COMPOUNDED BALANCE	PERIOD OF UNDERPAYMENT		DAYS	INTEREST RATE	AMOUNT OF INTEREST
0.	84,692.	03-15-2018	03-31-2018	15	8.0000	279.
0.	84,971.	03-31-2018	09-14-2018	167	9.0000	3,572.
TOTAL LATE PAYMENT INTEREST						3,851.

NY/MTA/NYC		COMPUTATION OF LATE PAYMENT PENALTY				STATEMENT 2
PAYMENT AMOUNT	REMAINING BALANCE	PERIOD OF UNDERPAYMENT		MOS	PENALTY RATE	AMOUNT OF PENALTY
0.	84,692.	03-15-2018	09-14-2018	6	.5000	2,541.
TOTAL LATE PAYMENT PENALTY						2,541.

FORM NYC-3L		SCHEDULE B OTHER ADDITIONS	STATEMENT 3
DESCRIPTION			AMOUNT
MCTMT			8,686.
TOTAL TO FORM NYC-3L, SCHEDULE B, LINE 7C			8,686.

FORM NYC-3L/4S		SCHEDULE OF STOCKHOLDERS WITH AGGREGATE OWNERSHIP GREATER THAN FIVE PERCENT		STATEMENT 4
NAME AND ADDRESS	SOC. SEC. #	TITLE	SALARY & OTH COMPENSATION	
THOMAS FOGARTY	183-71-0295		369,500.	
THOMAS GORMAN	091-02-0446		369,500.	
TOTAL TO FORM NYC-3L OR NYC-4S				739,000.

NYC FORM NYC 3L/4S/3A UNDERPAYMENT OF ESTIMATED TAX STATEMENT 5

Q T R -	EVENT AMOUNT	TYPE	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT		DAYS	INTEREST RATE	AMOUNT OF PENALTY
A		Q	34,016.	03-15-2017	03-15-2018	365	8.0000	2,721.
B		Q	14,076.	06-15-2017	03-15-2018	273	8.0000	842.
C		Q	14,076.	09-15-2017	03-15-2018	181	8.0000	558.
D		Q	14,077.	12-15-2017	03-15-2018	90	8.0000	278.
TOTAL TO FORM NYC-222 LINE 36								4,399.

EVENT TYPE: Q = QUARTERLY AMOUNT DUE
 P = PAYMENT
 R = INTEREST RATE CHANGE
 L = LEAP YEAR CHANGE
 O = OVERPAYMENT FROM PRIOR YEAR/QUARTER

C CORPORATION

CONTRIBUTION LIMITATION

STATEMENT 6

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS:

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

FOR TAX YEAR 2016

TOTAL CARRYOVER

CURRENT YEAR CONTRIBUTIONS

70,242

TOTAL CONTRIBUTIONS

70,242

10% OF TAXABLE INCOME AS ADJUSTED

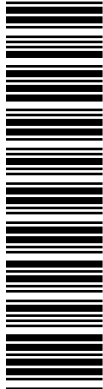
65,952

EXCESS CONTRIBUTIONS

4,290

ALLOWABLE CONTRIBUTIONS

65,952



☐ **Final Return** - Check this box if you have ceased operations.

PRINT OR TYPE For CALENDAR YEAR 2017 or Fiscal Year beginning

and ending

Name (if combined corporate filer, give name of reporting corporation) HIGHBURY CONCRETE, INC.		Name Change
In Care of		
Unincorporated Business-Individuals Only	First Name	Last Name Name Change
Business address (number and street) 53-19 46TH STREET		Address Change
City and State MASPETH, NY	ZIP Code 11378	Country (if not US)
Business Telephone Number 718-424-4423	Email Address	

EMPLOYER IDENTIFICATION NUMBER 46-2507279
OR SOCIAL SECURITY NUMBER (FOR UNINCORPORATED BUSINESS-INDIVIDUALS ONLY)
BUSINESS CODE NO. AS PER FEDERAL RETURN 238100

Tax Type

Corporation Tax			Unincorporated Business Tax (UBT)	
<input type="checkbox"/> Business C Corporations only	<input checked="" type="checkbox"/> General-Subchapter S Corporations and Qualified Subchapter S Subsidiaries only	<input type="checkbox"/> Banking Subchapter S Corporations only	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individuals Single-Member LLCs, Estates or Trusts
NYC-2 NYC-2A NYC-2S	NYC-3L NYC-3A NYC-4S NYC-4SEZ	NYC-1 NYC-1A	NYC-204 NYC-204EZ	NYC-202 NYC-202S NYC-202EIN

☐ Check the box if the organization is a corporation and is the common parent of a group that intends to file a combined return. If checked, attach a schedule, listing the name, address and Employer Identification Number (EIN) for each member covered by this application.

Payment Information

For payment amount, refer to the tax form for the tax that you will be filing after the extension period.
Finance forms and instructions are available on line at **NYC.gov/finance**.

A. Payment	Amount included with form.	Payment Amount
	Make payable to: <i>NYC Department of Finance</i> A.	25.

- | | |
|--|---------------|
| 1. Current Year Estimated Tax | 1. 25. |
| 2. If amount on line 1 exceeds \$1,000, enter 25% of line 1
(For S Corporations only -- for UBT and C Corporations leave blank) | 2. _____ |
| 3. Total of lines 1 and 2 | 3. 25. |
| 4. Total payments and credits | 4. _____ |
| 5. Balance due. Subtract line 4 from line 3 | 5. 25. |

CERTIFICATION OF TAXPAYER OR OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this form, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

Signature: _____	PRESIDENT	Date: _____
	Title (if an officer):	