8.

9.

NEW YORK CITY DEPAR	TMENT	OF FIN	ANCE
NYC	N	Y	S
Finance	20	()2	

UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS

	00
20	09

		Finance 202	2S For CALENDAR YEAR	R 2009 or FISCAL YEAR beginning		, 2009 and endi	ing		
			• Amended	i return •	Final return.	Check box if you have	e ceased operations.		
			Check box	if you are engaged in an exempt	unincorporated bu	siness activity			
		First name and initial	First name and initial Last name			ENTER SOCIAL SEC	CURITY NUMBER		
		Business name	Business name						
		Business address (number and str	reet)		NEW YORK STATE SALES TAX ID NUMBER - ENTER 9, 10 OR 11 DIG				
		City and State	Zip Code						
		Business Telephone Number	Date business began (mm-dd-yy)	Date business ended (mm-dd-yy		S CODE NUMBER FR	OM FEDERAL SCHEDU	JLE C:	
			-						
	CHEDULE A						LE AMOUNTS TO SCHE ment Enclosed	EDULE A.	
Α.	Payment	Pay amount shown on line 14 -	· Make check payable to	: NYC Department of F	inance •				
1.	Business incom	ne (from page 2, Schedule B	, line 6)		• 1.				
2.		ce for taxpayer's services - c 200, whichever is less <i>(see ii</i>			• 2.				
3.		exemption (line 1 less line 2							
4.		n - \$5,000 (taxpayer operatir							
	short period tax	payer, see instructions)			• 4.				
5.	Taxable income	e (line 3 less line 4) (see inst	ructions)		• 5.				
6.	5. TAX: 4% of amount on line 5				• 6.				
7.	Z. Less: business tax credit (select the applicable credit condition from the Business Tax Credit Computation schedule on page 2 and enter amount) (see instructions)								
8.	UNINCORPOR	ATED BUSINESS TAX (line	6 less line 7) (see ins	tructions)	• 8.				
9.	-	imated Unincorporated Busir	_	-					
		and payment with extension							
	· ·	er than line 9, enter balance o							
		ler than line 9, enter overpay			• 11.				
		structions)	1		0.42-				
13.	Amount of line	` ,							
14	Total remitters	, ,	010 Estimated Tax on						
		ce due. Line 10 plus line 12 or sales from federal return							
13.	Gross receipts	or sales itotti ledetai tetufft			● 15.				
		hat this return, including any acco		est of my knowledge and		•			
SIGN HERE	Taxpayer's	epartment of Finance to discuss th	1		•		YES Social Security Numbe		
	Signature: Preparer's		Title: Preparer's	Date	MM-DD-YY	• Treparet S	- County Number	. 51 1 1114	
ARER'S ONLY	signature:		printed name:	Date	MM-DD-YY	Firm's Em	ployer Identification	Number	
SE O	■ Firm's name	▲ Address	▲ Zin Code		Check if self-employed				

▲ Zip Code

Firm's name

▲ Address

lame:		S	SSN:			
SCHE	DULE B Computation of Total Income					
	business income, gain, loss or deduction					
1. Net pro	ofit (or loss) from business, as reported for federal tax purp deral Schedule C or C-EZ	• 1.				
2. Other b	ousiness income (or loss) (see instructions)		• 2.			
3. Income	e taxes and unincorporated business tax paid this year and	deducted on federal returr	n 3.			
4. Total in	al income (combine lines 1, 2 and 3)					
5. Less: 0	Charitable contributions (not to exceed 5% of line 4) (see ins	structions)	5.			
6. Balanc	e (line 4 less line 5)		6.			
Busine	ss Tax Credit Computation					
is the	amount on page 1, line 6, is \$3,400 or less, your credit on line entire amount of tax on line 6. (NO TAX WILL BE DUE.) amount on page 1, line 6, is \$5,400 or over, no credit is ed. Enter "0" on line 7.	your credit is co	mputed by the follo	over \$3,400 but less than \$ wing formula: us tax on line 6 your c		
SCH	EDULE C The following information must be	ne entered for this ret	urn to be comp	lete		
	of business or profession:		din to be comp			
2007 2008	u file a New York City Unincorporated Business Tax Retur YES NO YES NO state reason:					
3. Enter h	nome address:			Zip Code:		
	ness terminated during the current taxable year, state date a statement showing disposition of business property.)	e terminated. (mm-dd-yy)	-	_ -		
(loss) r	e Internal Revenue Service or the New York State Departi eported in any tax period, or are you currently being audit ', by whom?	ted? YI	ES 🗌 NO	End.:	ncome	
	New York State Department of Taxation and F		l(c): Bog:	End :		
6. Has Fo	orm NYC-115 (Report of Federal/State Change in Taxable	Income) been filed?			DD-YY NO	
	PREPAYMENTS CLAIMED ON SCHEDUL	E A, LINE 9	DATE	AMOUNT		
	A. Payment with declaration, Form NYC-5UBTI (1)					
	B. Payment with Notice of Estimated Tax Due (2)					
	C Payment with Notice of Estimated Tax Due (3)					
	D. Payment with Notice of Estimated Tax Due (4)					
	E. Payment with extension, Form NYC-EXT					
	F. Overpayment credited from preceding year					
	G. TOTAL of A, B, C, D, E, F (enter on Schedule A, li	ne 9)				
	MAILING INSTRUCTIONS					
D. Payment with Notice of Estimated Tax Due (4)						
	Make remittance payable to the order of: NYC DEPAR		•			
		URNS CLAIMING REFUNDS		ALL OTHER RETURNS		
	UNINCORPORATED BUSINESS TAX UNI	C DEPARTMENT OF FINANCE NCORPORATED BUSINESS T . BOX 5050		NYC DEPARTMENT OF FINA UNINCORPORATED BUSINE P.O. BOX 5060		

KINGSTON, NY 12402-5040

KINGSTON, NY 12402-5060