		ork city department of F	_			TED BUSI		TA	<b>K RETURN</b>	2012	
	Fina	nce		For CALENDAR V	EAR 2012 o	r FISCAL VEAR be	ainnina		, 2012 and ending		
		Check box if you are en								tax henefits (see inst )	
						check box if you claim any 9/11/01-related federal tax benefits					
	First r	Amended return     Final return - Check box if you have c     First name and initial     Last name     In Care Of			i you nave ceas		rations. Attach copy of your entire federal Form 1040 and statement showing disposition of business pro TAXPAYER'S EMAIL ADDRESS				
	In Ca								UALS, ENTER SOCIAL SECUR		
	Business name							ESTATES, TRUSTS AND LLCS ONLY, ENTER EMPLOYER IDENTIFICATION			
	Business address (number and street)         City and State         Business Telephone Number										
				Zip Code			NEW YORK				
				s began	Date business ended		BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C:				
	SCI	HEDULE A Com	putation	of Tax BEGIN W	VITH SCHEDUL	E B ON PAGE 2. COMPLE	ETE ALL OTHER	R SCHEDU	JLES. TRANSFER APPLICABLE AMO	JUNTS TO SCHEDULE A.	
A.	Payment Amount i	included with Form		or being paid e		lly			Payment Er	closed	
	-										
	Business income (from							1.			
	Business allocation perc	•		•					] %		
3.	If line 2 is less than 100				-			3. 4.			
4. 5.	Balance (line 1 less line Multiply line 4 by the but	,						4. 5.			
6.	Amount from line 3 (NY)		-					6.			
7.	Investment income (from		-					7.			
	Investment allocation pe								%		
			-					9.			
10.								10.			
11.	Deduct: NYC net operat	•						11.			
12.	Balance before allowand	-						12.			
13.		ce for taxpayer's services - do not enter more than 20% of line 12 or \$10,000, whichever is less (						13.			
14.	Balance before exemption							14.			
15.	Less: exemption - \$5,00	ss: exemption - \$5,000 (taxpayer operating more than one business or short period taxpayer, see inst					ictions) 🏾	15.			
16.	Taxable income (line 14	less line 15) (see in	nstructions) .				•	16.			
								17.			
		ales tax addback (see instructions)						18.			
	Total tax before busines			,				19.			
	Less: business tax cre Computation scl UNINCORPORATED BU	hedule on the botto	om of page	e 2 and enter a	amount) <i>(</i> a	see instructions)	•••••	20. 21.			
	Credits from Form NYC-				Г						
	. Credits from Form NYC-				F				-		
22c.	Credits from Form NYC	-114.8 (attach form) (	see instructio	ons)	• 22c.				-		
22d.	Credits from Form NYC	-114.9, line 14 (atta	ch form) <i>(see</i>	e instructions)	● 22d.						
22e.	Credits from Form NYC-	-114.10 (attach form)	(see instruc	tions)	. • 22e.						
23.	Net tax after credits (line	e 21 less sum of lin	nes 22a, 22	2b, 22c, 22d a	nd 22e)		•	23.			
24.	Payment of estimated U preceding year and payr							24.			
25.	If line 23 is larger than li							25.			
	If line 23 is smaller than							26.			
27a.	Interest (see instructions	з)			● 27a.						
27b	Additional charges (see	instructions)			● 27b.						
27c.	Penalty for underpayme	nt of estimated tax	(attach forn	n NYC-221)	. • 27c.						
	Total of lines 27a, 27b a										
	Net overpayment (line 2	· · · _									
30.	Amount of line 29 to be:	. ,				BTI					
30c.	Routing	Accoun				ACCOUN	- · _	•			
31.	Total remittance due (s	see instructions) Er	nter payme	ent amount on	line A ab	ove	•	31.			
32.	NYC Rent from Schedule C	part 1, or rent deduc	cted on fede	eral return. <b>(THIS</b>	S LINE MU	JST BE COMPLE	ETED). ●	32.			
33.	Gross receipts or sales from	n federal return					•	33.			

MAKE REMITTANCE PAYABLE TO: NYC DEPARTMENT OF FINANCE. SEE PAGE 4 FOR MAILING INSTRUCTIONS.

Form NYC-202 2012

10111	11110-202 20		Tage	~
Name		SSN / EIN	I	
SC	HEDULE	B Computation of Total Income		
Part	1 Items of bu	siness income, gain, loss or deduction		
1.		ss) from business, farming or professions as reported for federal tax purposes from le C, C-EZ or F (Form 1040) <i>(see instructions)</i>	. • 1.	
2.		me from more than one federal Schedule C, C-EZ or F (Form 1040), check this box. Der of Schedules C, C-EZ or F attached:	• • 2.	
3.		rom sale of business personal property or business real property <i>(attach federal Form 4797) (see instructions)</i>	. • 3.	
4.		rental or royalty income from business personal property or business real property <i>Schedule E) (see instructions)</i>	. • 4.	
5.	Other business	income (or loss) (attach schedule) (see instructions)	• 5.	
	Subtract net ind	come (or loss) (combine lines 1 through 5) come or gain (or add net loss) from rental, sale or exchange of real property a New York City, if included in line 3 or 4 above <i>(attach schedule) (see instructions)</i>		
8.	Total income be	efore New York City modifications (combine lines 6 and 7)	• 8.	
Part	2 New York C	ity modifications (see instructions for Schedule B, part 2)		
	DITIONS All income taxe	s and Unincorporated Business Taxes	9.	
		tax credit		
		lits		
		ed to exempt income		
	•			
		djustments (attach Form NYC-399 and/or NYC-399Z)		
		litions (see instructions) (attach schedule) (see instructions)		
		(add lines 9 through 11)		
	BTRACTION			
		and Unincorporated Business Tax refunds (included in part 1)	13.	
	Sales and use	tax refunds from vendors or NY State (included in part 1 and also included on ile A, line 18)		
15.	1 0 1	aries subject to federal jobs credit (attach federal Form 5884 or 8884)		
16.	-	ljustment (attach Form NYC-399 and/or NYC-399Z)		
17.	•	included in part 1 (attach schedule)		
	Real estate subtractions (see instructions)			
20.	Other subtractions (attach schedule) (see instructions)			
	Total subtractions (add lines 13 through 20)			
	NYC modifications (combine lines 12 and 21)			
	23. Total income (combine lines 8 and 22)			
		Less: Charitable contributions (not to exceed 5% of line 23) (see instructions)		
		Balance (line 23 less line 24)		
	25. 26.			
		<ul> <li>(b) Interest from investment capital (include non-exempt governmental obligations) (itemize on rider)</li> </ul>		
		(c) Net capital gain (loss) from sales or exchanges of securities held for investment		
		(d) Income from assets included on line 3 of Schedule D		
		(e) Add lines 26a through 26d inclusive		
		(f) Deductions directly or indirectly attributable to investment income		_
	27. 28.	(g) Interest on bank accounts included in income reported on line 26d 26g.		
	27.		• 27.	
	28.	BUSINESS INCOME (line 25 less line 27) (enter here and transfer amount to pg 1, Sch. A, line 1)		

## **Business Tax Credit Computation**

1. If the amount on page 1, line 19, is \$3,400 or less, your credit on line 20 is the entire amount of tax on line 19. (NO TAX WILL BE DUE.)

3. If the amount on page 1, line 19, is over \$3,400 but less than \$5,400, your credit is computed by the following formula:

2. If the amount on page 1, line 19, is \$5,400 or over, no credit is allowed. Enter "0" on line 20.

Page 2

Name SSN / EIN ALLOCATION OF BUSINESS INCOME - Taxpayers who carry on business both inside and outside New York City should complete Schedule C, Parts 1, 2 and 3 (below). Taxpayers who do not carry on business both inside and outside New York City should omit Schedule C, Parts 1 and 2 (below), enter 100% on Part 3, line 5 and enter 100% on Schedule A, line 2. SCHEDULE C Complete this schedule if business is carried on both inside and outside New York City List location of each place of business INSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public Part 1 warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location. Complete Address Rent Nature of Activities No. of Employees Wages, Salaries, Etc. Duties NUMBER AND STREET STATE NUMBER AND STREET CITY STATE ZIF NUMBER AND STREET CITY STATE ZIP NUMBER AND STREET CITY STATE 7IP Total List location of each place of business OUTSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, Part 2 public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location. Complete Address Rent Nature of Activities No. of Employees Wages, Salaries, Etc. Duties NUMBER AND STREET CITY STATE NUMBER AND STREET CITY STATE ZIF NUMBER AND STREET CITY STATE ZIP NUMBER AND STREET STATE ZIP CITY Total Formula Basis Allocation of Income Part 3 DESCRIPTION OF ITEMS USED AS FACTORS COLUMN A - NEW YORK CITY
 COLUMN B - EVERYWHERE COLUMN C 1. Average value of the real and tangible PERCENTAGE IN personal property of the business (see instr) NEW YORK CITY a. Business real property owned ...... 1a. b. Business real property rented from others (rent x 8). 1b. (COLUMN A DIVIDED BY c. Business tangible personal property owned ...... 1c. COLUMN B) d. Business tangible personal property rented from others (rent x 8) 1d. % e. Total of lines 1a - 1d ..... 1e. f. Multiply Column C of line 1e by 20.....1f. 2a. Wages, salaries and other personal service % compensation paid to employees during the year ..... 2a. 2b. Multiply Column C of line 2a by 20.....2b. 3a. Gross sales of merchandise or % charges for services during the year ...... 3a. 3b. Multiply Column C of line 3a by 60..... .....3b Weighted Factor Allocation 4a. Add Column C, lines 1f, 2b and 3b..... 4b. Divide line 4a by 100 if no factors are missing. If a factor is missing, divide line 4a by the total of the % **Business Allocation Percentage** % 5. Enter percentage from line 4b. Transfer to page 1, Schedule A, line 2. See instructions..... 6. DID YOU CLAIM A DEDUCTION FOR EXPENSES OF AN OFFICE IN YOUR HOME? ..... • YES• NO 7. Investment Capital and Allocation and Cash Election SCHEDULE D R С D Ε F G DESCRIPTION OF INVESTMENT No. of Shares or Average Liabilities Attributable Net Average Value ssuer's Allocation Value Allocated to NYC (column E x column F) LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY) Amount of Securities Value to Investment Capital (column C minus column D) Percentage % 1. Totals (including items on rider) ..... 2. Investment allocation percentage (line 1G divided by line 1E, round to the nearest one hundredth of a percentage point) % (To treat cash as investment capital, 3. Cash -you must include it on this line.) Investment capital. Total of lines 1E and 3E .... 4. 60231291 ATTACH FEDERAL SCHEDULE C, SCHEDULE C-EZ OR SCHEDULE F, FORM 1040 TO THIS RETURN

F

Form NYC-202 2	012					Page 4			
Name			S	SN / EIN					
	E New York Cit	v Net Operating I							
	E SCHEDULE FOR EACH LOSS								
	VYC net operating loss amou								
	line 1 previously absorbed b								
	line 1 previously absorbed b				-				
	line 1 previously absorbed b				-				
	nd 4 plus any additional year								
	om line 1								
	om page 1, Schedule A, line								
	of line 6 or 7. This is your n								
	1, Schedule A, line 11								
	<b>F</b> The following in					tions)			
	s or profession:								
	v York City Unincorporated		the following years:						
2010 YES	NO		<b>3</b> , <b>1</b>						
2011 YES									
If "NO," state reas	son:								
	ess:				Zip Code:				
	ated during the current taxa				-				
	nt showing disposition of bu	-							
-	Revenue Service or the New		of Taxation and Finance	ce increased or decr	eased any taxable inc	ome			
	any tax period, or are you o					onno			
If "YES", by whom?					● End.:				
						ſΥ			
	New York State Depart	rtment of Taxation and Finance	• State period(s):	Beg.:	• End.: MM-DD-Y	Ϋ́Υ			
6. Has Form NYC-1	15 (Report of Federal/State	Change in Taxable Incon	ne) been filed?		• 🗌 YES	NO			
7. Did vou calculate a	depreciation deduction by the a	application of the federal Acc	celerated Cost Recovery	System (ACRS) (see i	nstr.)? YES	NO			
-	ipant in a "Safe Harbor Lea		-						
	ubject to the Commercial F	•							
	required Commercial Rent								
				DATE	AMOUNT				
		AIMED ON SCHEDULE A, n, Form NYC-5UBTI (1)		DATE	AMOUNT				
	<ul><li>A. Payment with declaration</li><li>B. Payment with Notice of E</li></ul>		F						
		Estimated Tax Due (3)	F						
	-	Estimated Tax Due (4)							
		Form NYC-EXT	F						
	F. Overpayment credited free	om preceding year							
	G. TOTAL of A, B, C, D, E, F	<sup>-</sup> (enter on Schedule A, line 2	24)						
			CERTIFICATIO	N .					
	I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete. Firm's Email Address:								
		nce to discuss this return with the pre	eparer listed below. (see instructi	ons)YES 🛄 🔡					
	Signature of taxpayer:	Title	:	Date:	Preparer's Social Security Nun	nber or PTIN			
	▶ Preparer's	Preparer's		MM-DD-YY					
	ຼຼິສignature:	printed name:		Date:	Firm's Employer Identificati	on Number			
	Firm's name			Check if self-employed	•				
	E S ● Firm's name	▲ Address	▲ Zip Code	con omproyed					
	Attach copy of federal Form 1040	ach an entire copy of fede	ral Form 1040. To receive	proper					
	credit, you must enter your correct the order of NYC DEPARTMENT (				emittance. Make remittance	payable to			
		-				-			
	RETURNS CLAIMING REFUNDS	CE PAY ONLINE	CES WITH FORM NYC-200V		OTHER RETURNS EXCEP				

P.O. BOX 5563 BINGHAMTON, NY 13902-5563

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

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