

NEW YORK CITY DEPARTMENT OF FINANCE

www.nyc.gov.Finance



**SOFTWARE VENDOR TEST PACKAGE
FOR
UNINCORPORATED BUSINESS TAX FOR INDIVIDUALS
WITH
BUSINESS TAX E-FILE**

**TAX YEAR 2017
VERSION 1.0
DECEMBER 4, 2017**

Revision History

Version	Author	Date	Change Highlights
1.0	Lawrence Sporn / Lynn Witt	12/01/2017	Initial Version

This package describes the New York City (NYC) Acceptance Testing System procedures for software developers participating in the NYC Business Tax e-File Program (BTeFile).

WHO MUST TEST

All software developers participating in the NYC BTeFile Program must test.

WHAT TO TEST

The tests verify that the e-file software creates a complete return, carries appropriate values from one line/form to another, formats and transmits NYC returns according to the XML specifications.

Software developers must test all the NYC Unincorporated Business Tax for Individuals (UBTI-SSN) forms that they support. Before testing you should inform NYC which UBTI forms you support by email to BTeFile@finance.nyc.gov.

TEST CASES TO SUBMIT

All vendors participating in UBTI Business Tax e-File must submit the following test scenarios:

Test Case	Taxpayer Name	EIN	Primary Form	Associated Forms
1	PEON UBTI-SSN TC ONE	400-00-1036	NYC-202S	One Federal Form 1040 Schedule C
2	GARD UBTI-SSN TC TWO	400-00-1037	NYC-202	One Federal Form 1040 Schedule C
3	MAGN UBTI-SSN TC THREE	400-00-1032	NYC-202	NYC-114.8 NYC-114.10 NYC-NOLD-UBTI Federal Form 1040 Schedule C
4	HEAT UBTI-SSN TC FOUR	400-00-1035	NYC-202	NYC-114.5 NYC-114.6 NYC-399Z One Federal Form 1040 Schedule C
5	AMBR UBTI-SSN TC FIVE	400-00-1060	NYC-5UBTI	None
6	GARD UBTI-SSN TC SIX	400-00-1037	NYC-EXT	None

- If you do not support one of the primary forms do not submit that test.
- If you do not support one or more of the forms associated with a specific test case, submit the test with the unsupported form(s) as a PDF attachment(s). If this is done, an email must be sent to BTFile@finance.nyc.gov indicating the forms sent as PDF attachments.
- Contact BTFile@finance.nyc.gov if you desire to send additional test returns not covered in this test package.

WHEN TO TEST

Testing for UBT Individual filers is scheduled to begin December 4, 2017. To ensure adequate time for testing before the filing season, software developers should submit their initial NYC test files as soon as possible. There is no cutoff date for testing with NYC, as long as the IRS is still accepting test returns. We do not require software developers to pass federal testing before testing with NYC. Software developers may conduct federal and City testing concurrently if the IRS allows it.

TRANSMITTING TEST FILES

Software developers must transmit NYC test files through the IRS Me-F system. You will get an acknowledgment from the IRS. If your test file is accepted by the IRS, NYC will retrieve your test files. If your test file is rejected by the IRS, you must correct the error and re-transmit. You may transmit an incomplete set of test cases during testing. However, a final set of acceptable test returns must be submitted in order to be accepted into the NYC BTeFile Program.

When your test has been transmitted to the IRS, you must send an email to BTFile@Finance.nyc.gov. This email must include the test case(s) being submitted, and any deviation from the test data.

COMMUNICATING TEST RESULTS

Software Developers will be given confirmation by telephone and email from the New York City Business Tax e-File Coordinator when software has been successfully tested and approved. Only approved software may be released and distributed by the developer. NYC will make every effort to provide test results to software developers within 48 hours, Monday through Friday.

TEST ACKNOWLEDGMENT

For each submission a software developer sends through the IRS, DOF will acknowledge. The acknowledgment they receive will be either positive (ACK) or negative (NACK). The acknowledgment will be sent back to the IRS system for the vendor to pick up.

APPROVAL OF E-FILE SOFTWARE

To be accepted into the NYC Business Tax e-file program, software developers are required to successfully complete the NYC testing, in addition to completing the IRS testing. Once software developers successfully complete the NYC test, NYC will inform them by email that their e-file software has been approved for NYC BTeFile. A list of approved BTeFile software packages will be posted on NYC Department of Finance's Web site, with a link to the software Web site (if provided by the software developers).

UBTI-SSN Test Case One

Begins on the next page

Taxpayer name	PEON UBTI-SSN TC ONE
EIN	400-00-1036
Primary Form	NYC-202S
Associated Form(s)	One Federal Form 1040 Schedule C
Attachments	None
Purpose of test	Generic NYC-202S
Other instructions	None

**-202S****UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS 2017**

For CALENDAR YEAR 2017 beginning _____ and ending _____

First name and initial David		Last name Peony		Name Change <input checked="" type="checkbox"/>	
In Care Of David Peony					
Business name PEON 2017 UBTI-SSN TC ONE					
Business address (number and street) 10309 Fern Valley Road				Address Change <input checked="" type="checkbox"/>	
City and State Lawrence, NC		Zip Code 27707		Country (if not US)	
Business Telephone Number 212-555-1212		Date business began in NYC (mm-dd-yy) 01/01/2000		Date business ended in NYC (mm-dd-yy)	
TAXPAYER'S EMAIL ADDRESS DPeony@anymail.com				SOCIAL SECURITY NUMBER 4 0 0 - 0 0 - 1 0 3 6	
BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C:				8 0 1 1 0 0	
CHECK ALL THAT APPLY					
<input checked="" type="checkbox"/> Amended return If the purpose of the amended return is to report a federal or state change, check the appropriate box:					
<input type="checkbox"/> IRS change					
<input type="checkbox"/> NYS change					
Date of Final Determination <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
<input type="checkbox"/> Final return - ceased operations					
2 7 Enter 2-character special condition code if applicable (see instructions)					
<input type="checkbox"/> Engaged in a fully exempt unincorporated business activity					
<input type="checkbox"/> Engaged in a partially exempt unincorporated business activity					

SCHEDULE A Computation of Tax

BEGIN WITH SCHEDULE B ON PAGE 2. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

A. Payment		Amount being paid electronically with this return		A.		Payment Amount	
1.	Business income (from page 2, Schedule B, line 6)	1.		163,500			
2.	Less: allowance for taxpayer's services - do not enter more than 20% of line 1 or \$10,000, whichever is less (see instructions)	2.		10,000			
3.	Balance before exemption (line 1 less line 2)	3.		153,500			
4.	Less: exemption - \$5,000 (taxpayer operating more than one business or short period taxpayer, see instructions)	4.		5,000			
5.	Taxable income (line 3 less line 4) (see instructions)	5.		148,500			
6.	TAX: 4% of amount on line 5	6.		5,940			
7.	Less: business tax credit (select the applicable credit condition from the Business Tax Credit Computation schedule on page 2 and enter amount) (see instructions)	7.					
8.	UNINCORPORATED BUSINESS TAX (line 6 less line 7) (see instructions)	8.		5,940			
9.	Payment of estimated Unincorporated Business Tax, including carryover credit from preceding year and payment with extension, NYC-EXT (see instructions)	9.		7,500			
10.	If line 8 is larger than line 9, enter balance due	10.		1,560			
11.	If line 8 is smaller than line 9, enter overpayment	11.					
12.	Interest (see instructions)	12.					
13.	Amount of line 11 to be: (a) Refunded - <input checked="" type="checkbox"/> Direct deposit - fill out line 13c OR <input type="checkbox"/> Paper check	13a.		1,000			
	(b) Credited to 2018 Estimated Tax on Form NYC-SUBTI	13b.		560			
13c.	Routing Number <input type="text"/> 021000021 Account Number <input type="text"/> 123-4567-89 ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/>						
14.	Total remittance due. Line 10 plus line 12	14.		0			
15.	Gross receipts or sales from federal return	15.		190,000			

CERTIFICATION

SIGN HERE	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:	
	I authorize the Department of Finance to discuss this return with the preparer listed below. (see instructions).....YES <input checked="" type="checkbox"/>				
PREPARER'S USE ONLY	Taxpayer's Signature:		Title: Owner	Date: 04-12-2018	Preparer's Social Security Number or PTIN
	Preparer's signature:		Preparer's printed name: J Appleseed	Date: 03-24-2018	P 0 0 0 0 0 0 1
	EFile Accounting, 29 North First Street, Lawrence, NC 27701				Firm's Employer Identification Number
	Firm's name				6 9 0 0 0 0 0 9 8
				Check if self-employed <input checked="" type="checkbox"/>	

Name: _____ SSN: _____

SCHEDULE B Computation of Total Income

Items of business income, gain, loss or deduction

1. Net profit (or loss) from business, as reported for federal tax purposes from federal Schedule C, Schedule C-EZ or Schedule F	1.	164,000	
2. Other business income (or loss) (see instructions)	2.		
3. Income taxes and unincorporated business tax paid this year and deducted on federal return	3.	1,500	
4. Total income (combine lines 1, 2 and 3)	4.	165,500	
5. Less: Charitable contributions (not to exceed 5% of line 4) (see instructions)	5.	2,000	
6. Balance (line 4 less line 5)	6.	163,500	

Business Tax Credit Computation

1. If the amount on page 1, line 6, is \$3,400 or less, your credit on line 7 is the entire amount of tax on line 6. (NO TAX WILL BE DUE.)
2. If the amount on page 1, line 6, is \$5,400 or over, no credit is allowed. Enter "0" on line 7.
3. If the amount on page 1, line 6, is over \$3,400 but less than \$5,400, your credit is computed by the following formula:
- Amount on pg. 1, line 6 X $\left(\frac{\$5,400 \text{ minus tax on line 6}}{\$2,000} \right) =$ your credit

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

1. Nature of business or profession: Medical Office Administration
2. New York State Sales Tax ID Number: _____
3. Did you file a New York City Unincorporated Business Tax Return for the following years:
2015: ☒ YES ☐ NO **2016:** ☒ YES ☐ NO
 If "NO," state reason: _____
4. Enter home address: 40 Fifth Avenue, New York, NY Zip Code: 10014
5. If business terminated during the current taxable year, state date terminated. (mm-dd-yy) _____
 (Attach a statement showing disposition of business property.)
6. Has the Internal Revenue Service or the New York State Department of Taxation and Finance increased or decreased any taxable income (loss) reported in any tax period, or are you currently being audited? ☒ YES ☐ NO
 If "YES", by whom? ☒ Internal Revenue Service State period(s): Beg. 01/01/2015 End. 12/31/2016
MM-DD-YY MM-DD-YY
☒ New York State Department of Taxation and Finance State period(s): Beg. 01/01/2015 End. 12/31/2016
MM-DD-YY MM-DD-YY
7. Has Form NYC-115 (Report of Federal/State Change in Taxable Income) 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
8. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? ☐ YES ☒ NO
9. If "YES", were all required Commercial Rent Tax Returns filed? ☐ YES ☐ NO
 Please enter Employer Identification Number or Social Security Number which was used on the Commercial Rent Tax Return: _____

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 9

	DATE	AMOUNT
A. Payment with declaration, Form NYC-5UBTI (1)	04-16-2017	1,875
B. Payment with Notice of Estimated Tax Due (2)	06-15-2017	1,875
C. Payment with Notice of Estimated Tax Due (3)	09-15-2017	1,875
D. Payment with Notice of Estimated Tax Due (4)	12-15-2017	1,875
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, line 9)		7,500

MAILING INSTRUCTIONS

Attach copy of federal Form 1040, Schedule C, Schedule C-EZ or Schedule F. If this is a final return, attach an entire copy of federal Form 1040. 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 Social Security Number on your tax return and remittance.

The due date for the calendar year 2017 return is on or before April 17, 2018.

For fiscal years beginning in 2017, file on or before the 15th day of the fourth month following the close of the fiscal year.

ALL RETURNS EXCEPT REFUND RETURNS

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

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

Mail Payment and Form NYC-200V ONLY to:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3933
NEW YORK, NY 10008-3933

RETURNS CLAIMING REFUNDS

NYC DEPARTMENT OF FINANCE
UNINCORPORATED BUSINESS TAX
P.O. BOX 5563
BINGHAMTON, NY 13902-5563



61421791

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Name of proprietor

David Peony

Social security number (SSN)

400-00-1036

A Principal business or profession, including product or service (see instructions)

Medical Office Administration

B Enter code from instructions

► **8 0 1 1 0 0**

C Business name. If no separate business name, leave blank.

PEON UBTI-SSN TC ONE

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ► **1039 Fern Valley Road**

City, town or post office, state, and ZIP code **Lawrence, NC 27707**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2017, check here ☐

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. <input type="checkbox"/>	1	190,000
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	190,000
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	190,000
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	190,000

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	2,000	18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	2,000	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	5,000
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	7,000
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	10,000	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				b	Reserved for future use	27b	

28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	26,000
29	Tentative profit or (loss). Subtract line 28 from line 7	29	164,000

30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	164,000

32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.
		32b	<input type="checkbox"/> Some investment is not at risk.

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business _____	b Commuting (see instructions) _____	c Other _____
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45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use?. ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

48 Total other expenses. Enter here and on line 27a	48	

UBTI-SSN Test Case Two

Begins on the next page

Taxpayer name	GARD UBTI-SSN TC TWO
EIN	400-00-1037
Primary Form	NYC-202
Associated Form(s)	One Federal Form 1040 Schedule C
Attachments	None
Purpose of test	Generic NYC-202 100% NYC
Other instructions	None



UNINCORPORATED BUSINESS TAX RETURN
FOR INDIVIDUALS AND SINGLE-MEMBER LLCs

2017

For CALENDAR YEAR 2017 beginning _____ and ending _____

First name and initial Morgan	Last name Gardner	Name Change <input checked="" type="checkbox"/>
In Care Of Morgan Gardner		
Business name GARD 2017 UBTI-SSN TC TWO		
Business address (number and street) 2250 West Sahara RD		Address Change <input checked="" type="checkbox"/>
City and State Las Vegas, NV	Zip Code 89146	Country (if not US)
Business Telephone Number 555-555-1212	Date business began in NYC (mm-dd-yy) 01/01/2010	Date business ended in NYC (mm-dd-yy)

TAXPAYER'S EMAIL ADDRESS MGardner@anymail.com												
SOCIAL SECURITY NUMBER <table border="1"> <tr> <td>4</td><td>0</td><td>0</td> <td>-</td> <td>0</td><td>0</td> <td>-</td> <td>1</td><td>0</td><td>3</td><td>7</td> </tr> </table>		4	0	0	-	0	0	-	1	0	3	7
4	0	0	-	0	0	-	1	0	3	7		
BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C: <table border="1"> <tr> <td>5</td><td>1</td><td>5</td><td>1</td><td>2</td><td>0</td> </tr> </table>		5	1	5	1	2	0					
5	1	5	1	2	0							

CHECK ALL THAT APPLY	<input type="checkbox"/> Amended return	If the purpose of the amended return is to report a federal or state change, check the appropriate box:	<input type="checkbox"/> IRS change	Date of Final Determination <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						
	<input type="checkbox"/> Final return - Ceased operations. Attach copy of your entire federal Form 1040 and statement showing disposition of business property.		<input type="checkbox"/> NYS change							
	<input type="checkbox"/> Engaged in a fully exempt unincorporated business activity		<input type="checkbox"/> Engaged in a partially exempt unincorporated business activity							
	<input type="checkbox"/> Claim any 9/11/01-related federal tax benefits (see instructions)		<input type="checkbox"/>	Enter 2-character special condition code, if applicable (see instructions)						

SCHEDULE A

Computation of Tax

BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

A.	Payment	Amount being paid electronically with this return.....	A.	Payment Amount	
1.	Business income (from page 3, Schedule B, line 27).....	1.	1,598,800		
2.	Business allocation percentage from Schedule C, line 5. (If not allocating, enter 100%) ..2.	100.00 %			
3.	If line 2 is less than 100%, enter income or loss on NYC real property (see instructions)	3.			
4.	Balance (line 1 less line 3).....	4.	1,598,800		
5.	Multiply line 4 by the business allocation percentage on line 2.....	5.	1,598,800		
6.	Amount from line 3 (NYC real property income and gain not subject to allocation) (see instructions)...	6.			
7.	Investment income (from page 3, Schedule B, line 26).....	7.	52,000		
8.	Investment allocation percentage (from page 4, Schedule D, line 2).....	8.	50.00 %		
9.	Multiply line 7 by the investment allocation percentage from line 8 (see instructions).....	9.	26,000		
10.	Total before NOL deduction (sum of lines 5, 6 and 9 or line 1 and line 9) (see instructions for line 2) ..	10.	1,624,800		
11.	Deduct: NYC net operating loss deduction (from Form NYC-NOLD-UBTI, line 7) (see instructions) ..	11.			
12.	Balance before allowance for taxpayer's services (line 10 less line 11).....	12.	1,624,800		
13.	Less: allowance for taxpayer's services - do not enter more than 20% of line 12 or \$10,000, whichever is less (see instructions).....	13.	10,000		
14.	Balance before exemption (line 12 less line 13)	14.	1,614,800		
15.	Less: exemption - \$5,000 (taxpayer operating more than one business or short period taxpayer, see instructions).....	15.	5,000		
16.	Taxable income (line 14 less line 15) (see instructions)	16.	1,609,800		
17.	Tax before business tax credit (4% of amount on line 16)	17.	64,392		
18.	Less: business tax credit (select the applicable credit condition from the Business Tax Credit Computation schedule on the bottom of page 2 and enter amount) (see instructions)	18.			
19.	UNINCORPORATED BUSINESS TAX (line 17 less line 18) (see instructions)	19.	64,392		

Name _____ SSN _____

20a. Credits from Form NYC-114.5 (attach form) (see instructions)	20a.			
20b. Credits from Form NYC-114.6 (attach form) (see instructions)	20b.			
20c. Credits from Form NYC-114.8 (attach form) (see instructions)	20c.			
20d. Credits from Form NYC-114.10 (attach form) (see instructions)	20d.			
20e. Credits from Form NYC-114.12 (attach form) (see instructions)	20e.			
21. Net tax after credits (line 19 less sum of lines 20a through 20e)	21.		64,392	
22. Payment of estimated Unincorporated Business Tax, including carryover credit from preceding year and payment with extension, NYC-EXT (see instructions)	22.		50,000	
23. If line 21 is larger than line 22, enter balance due	23.		14,392	
24. If line 21 is smaller than line 22, enter overpayment	24.			
25a. Interest (see instructions)	25a.	1,000		
25b. Additional charges (see instructions)	25b.	250		
25c. Penalty for underpayment of estimated tax (attach form NYC-221) ...	25c.	250		
26. Total of lines 25a, 25b and 25c	26.		1,500	
27. Net overpayment (line 24 less line 26) (see instructions)	27.			
28. Amount of line 27 to be: (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 28c OR <input type="checkbox"/> Paper check	28a.			
(b) Credited to 2018 Estimated Tax on Form NYC-5UBTI	28b.			
28c. Routing Number _____ Account Number _____ ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>				
29. Total remittance due (see instructions)	29.		15,892	
30. NYC rent deducted on federal tax return or NYC rent from Schedule C, Part 1	30.		0	
31. Gross receipts or sales from federal return	31.		175,000	

Business Tax Credit Computation

- If the amount on page 1, line 17, is \$3,400 or less, your credit on line 18 is the entire amount of tax on line 17. (NO TAX WILL BE DUE.)
- If the amount on page 1, line 17, is \$5,400 or over, no credit is allowed. Enter "0" on line 18.
- If the amount on page 1, line 17, is over \$3,400 but less than \$5,400, your credit is computed by the following formula:

$$\text{amount on pg. 1, line 17} \times \left(\frac{\$5,400 \text{ minus tax on line 17}}{\$2,000} \right) = \text{your credit}$$

Prepayments of Estimated Tax Computation

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 22	DATE	AMOUNT
A. Payment with declaration, Form NYC-5UBTI (1)	04-15-2017	12,500
B. Payment with Notice of Estimated Tax Due (2)	06-15-2017	12,500
C. Payment with Notice of Estimated Tax Due (3)	09-15-2017	12,500
D. Payment with Notice of Estimated Tax Due (4)		
E. Payment with extension, Form NYC-EXT	01-15-2018	12,500
F. Overpayment credited from preceding year		
G. TOTAL of A, B, C, D, E, F (enter on Schedule A, line 22)		50,000

Name _____ SSN _____

SCHEDULE B Computation of Total Income**Part 1** Items of business income, gain, loss or deduction

1. Net profit (or loss) from business, farming or professions as reported for federal tax purposes from federal Schedule C, C-EZ or F (Form 1040) (see instructions)	1.	117,000	
2. If entering income from more than one federal Schedule C, C-EZ or F (Form 1040), check this box. Enter the number of Schedules C, C-EZ or F attached: <input type="checkbox"/>	2.		
3. Gain (or loss) from sale of business personal property or business real property (attach federal Schedule D or Form 4797) (see instructions)	3.	1,500,000	
4. Net amount of rental or royalty income from business personal property or business real property (attach federal Schedule E) (see instructions)	4.	12,000	
5. Other business income (or loss) (attach schedule) (see instructions)	5.	1,800	
6. Total federal income (or loss) (combine lines 1 through 5)	6.	1,630,800	
7. Subtract net income or gain (or add net loss) from rental, sale or exchange of real property situated outside New York City, if included in line 3 or 4 above (attach schedule) (see instructions)	7.	-10,000	
8. Total income before New York City modifications (combine lines 6 and 7)	8.	1,620,800	

Part 2 New York City modifications (see instructions for Schedule B, part 2)**ADDITIONS**

9. All income taxes and Unincorporated Business Taxes	9.	15,000	
10a. Relocation credits	10a.	10,000	
10b. Expenses related to exempt income	10b.		
10c. Depreciation adjustments (attach Form NYC-399 and/or NYC-399Z)	10c.		
10d. Real estate additions (see instructions)	10d.	15,000	
11. Other additions (attach schedule) (see instructions)	11.		
12. Total additions (add lines 9 through 11)	12.	40,000	

SUBTRACTIONS

13. All income tax and Unincorporated Business Tax refunds (included in part 1)	13.	7,500	
14. Wages and salaries subject to federal jobs credit (attach federal Form 5884)	14.	5,000	
15. Depreciation adjustment (attach Form NYC-399 and/or NYC-399Z)	15.		
16. Exempt income included in part 1 (attach schedule)	16.		
17. 50% of dividends (see instructions)	17.		
18. Real estate subtractions (see instructions)	18.	2,500	
19. Other subtractions (attach schedule) (see instructions)	19.	5,000	
20. Total subtractions (add lines 13 through 19)	20.	20,000	
21. NYC modifications (combine lines 12 and 20)	21.	20,000	
22. Total income (combine lines 8 and 21)	22.	1,640,800	
23. Less: Charitable contributions (not to exceed 5% of line 22) (see instructions)	23.	10,000	
24. Balance (line 22 less line 23)	24.	1,630,800	
25. Investment income - (complete lines a through g below) (see instructions)			
(a) Dividends from stocks held for investment	25a.		
(b) Interest from investment capital (include non-exempt governmental obligations (itemize on rider)	25b.		
(c) Net capital gain (loss) from sales or exchanges of securities held for investment	25c.	52,000	
(d) Income from assets included on line 3 of Schedule D	25d.		
(e) Add lines 25a through 25d inclusive	25e.	52,000	
(f) Deductions directly or indirectly attributable to investment income	25f.		
(g) Interest on bank accounts included in income reported on line 25d	25g.		
26. Investment income (line 25e less line 25f) (enter on page 1, Sch. A, line 7)	26.	52,000	
27. BUSINESS INCOME (line 24 less line 26) (enter here and transfer amount to pg 1, Sch. A, line 1)	27.	1,578,800	



60231791

Name _____ SSN _____

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

Part 1 List location of 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	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					

Total>

Part 2 List location of 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	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					

Total>

Part 3 Formula Basis Allocation of Income

DESCRIPTION OF ITEMS USED AS FACTORS		COLUMN A - NEW YORK CITY		COLUMN B - EVERYWHERE		COLUMN C
1. Average value of the real and tangible personal property of the business (see <i>instr</i>)						PERCENTAGE IN NEW YORK CITY (COLUMN A DIVIDED BY COLUMN B)
a. Business real property owned 1a.						
b. Business real property rented from others (rent x 8). 1b.						
c. Business tangible personal property owned 1c.						
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 3.5..... 1f.						%
2a. Wages, salaries and other personal service compensation paid to employees during the year..... 2a.						%
2b. Multiply Column C of line 2a by 3.5..... 2b.						
3a. Gross sales of merchandise or charges for services during the year 3a.						%
3b. Multiply Column C of line 3a by 93..... 3b.						0.0000
Weighted Factor Allocation						
4a. Add Column C, lines 1f, 2b and 3b..... 4a.						0.0000
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.						%
Business Allocation Percentage						
5. Enter percentage from line 4b. Transfer to page 1, Schedule A, line 2. See instructions..... 5.						100.00 %
6. IS ANY PLACE OF BUSINESS LISTED IN PARTS 1 AND 2 LOCATED IN YOUR HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
7. DID YOU CLAIM A DEDUCTION FOR EXPENSES OF AN OFFICE IN YOUR HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						

SCHEDULE D Investment Capital and Allocation and Cash Election

A	B	C	D	E	F	G
DESCRIPTION OF INVESTMENT	No. of Shares or Amount of Securities	Average Value	Liabilities Attributable to Investment Capital	Net Average Value (column C minus column D)	Issuer's Allocation Percentage	Value Allocated to NYC (column E x column F)
LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)						
News and Weather Broadcasting Inc	120,000	1,200,000	750,000	450,000	50%	225,000
1. Totals (including items on rider)>		1,200,000	750,000	450,000		225,000
2. Investment allocation percentage (line 1G divided by line 1E, round to the nearest one hundredth of a percentage point)					50%	
3. Cash - (To treat cash as investment capital, you must include it on this line.)>						
4. Investment capital. Total of lines 1E and 3E>				450,000		

SCHEDULE E

SCHEDULE F The following information must be entered for this return to be complete. (See Instructions)

- ## CERTIFICATION

MAILING INSTRUCTIONS

NYC DEPARTMENT OF FINANCE
UNINCORPORATED BUSINESS TAX
P.O. BOX 5563
BINGHAMTON, NY 13902-5563



60251791

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Name of proprietor
Morgan Gardner

Social security number (SSN)
400-00-1037

A Principal business or profession, including product or service (see instructions)
Television Broadcasting

B Enter code from instructions
► **5 1 5 1 2 0**

C Business name. If no separate business name, leave blank.
GARD 2017 UBTI-SSN TC TWO

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ► **2250 West Sahara Avenue**
City, town or post office, state, and ZIP code **Las Vegas, NV 89146**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2017, check here ☐

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☒ Yes ☐ No

J If "Yes," did you or will you file required Forms 1099? ☒ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. <input type="checkbox"/>	1	175,000
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	175,000
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	175,000
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	1,500
9	Car and truck expenses (see instructions)	9	5,000	19	Pension and profit-sharing plans	19	15,000
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	7,500
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	10,000
15	Insurance (other than health)	15	2,500	23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	8,500
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	6,500	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	27a	1,500
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	117,000				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation ☐ **Yes** ☐ **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business **b** Commuting (see instructions) **c** Other

45 Was your vehicle available for personal use during off-duty hours? ☐ **Yes** ☐ **No**

46 Do you (or your spouse) have another vehicle available for personal use? ☐ **Yes** ☐ **No**

47a Do you have evidence to support your deduction? ☐ **Yes** ☐ **No**

b If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

48 Total other expenses. Enter here and on line 27a	48	1,500

UBTI-SSN Test Case Three

Begins on the next page

Taxpayer name	MAGN UBTI-SSN TC THREE
EIN	400-00-1032
Primary Form	NYC-202
Associated Form(s)	NYC-114.8 NYC-114.10 NYC-NOLD-UBTI One Federal Form 1040 Schedule C
Attachments	NYC Credit forms NYC-NOLD form
Purpose of test	Net Operating Loss Deduction using the form NYC-NOLD-UBTI
Other instructions	If you are not supporting one or more of the credit forms, you may complete this test case leaving the corresponding line(s) on Schedule A blank



UNINCORPORATED BUSINESS TAX RETURN
FOR INDIVIDUALS AND SINGLE-MEMBER LLCs

2017

For CALENDAR YEAR 2017 beginning _____ and ending _____

First name and initial Susan	Last name Magnolia	Name Change <input checked="" type="checkbox"/>
In Care Of Susan Magnolia		
Business name MAGN 2017 UBTI TC THREE		
Business address (number and street) 2030 Pecan Street		Address Change <input type="checkbox"/>
City and State Monroe, LA	Zip Code 71201	Country (if not US)
Business Telephone Number 555-555-1212	Date business began in NYC (mm-dd-yy) 07/01/2002	Date business ended in NYC (mm-dd-yy)

TAXPAYER'S EMAIL ADDRESS SMagnolia@anymail.com												
SOCIAL SECURITY NUMBER <table border="1"><tr><td>4</td><td>0</td><td>0</td><td>-</td><td>0</td><td>0</td><td>-</td><td>1</td><td>0</td><td>3</td><td>2</td></tr></table>		4	0	0	-	0	0	-	1	0	3	2
4	0	0	-	0	0	-	1	0	3	2		
BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C: <table border="1"><tr><td>5</td><td>4</td><td>1</td><td>6</td><td>0</td><td>0</td></tr></table>		5	4	1	6	0	0					
5	4	1	6	0	0							

CHECK ALL THAT APPLY	<input type="checkbox"/> Amended return	If the purpose of the amended return is to report a federal or state change, check the appropriate box:	<input type="checkbox"/> IRS change	Date of Final Determination <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
	<input type="checkbox"/> Final return - Ceased operations. Attach copy of your entire federal Form 1040 and statement showing disposition of business property.	<input type="checkbox"/> NYS change								
	<input type="checkbox"/> Engaged in a fully exempt unincorporated business activity		<input type="checkbox"/> Engaged in a partially exempt unincorporated business activity							
	<input type="checkbox"/> Claim any 9/11/01-related federal tax benefits (see instructions)		<input type="checkbox"/> Enter 2-character special condition code, if applicable (see instructions)							

SCHEDULE A Computation of Tax

BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

A.	Payment	Amount being paid electronically with this return.....	A.	Payment Amount								
1.	Business income (from page 3, Schedule B, line 27).....	1.		216,000								
2.	Business allocation percentage from Schedule C, line 5. (If not allocating, enter 100%) ..2.	<table border="1"><tr><td>1</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td><td>%</td></tr></table>	1	0	0	.	0	0	%			
1	0	0	.	0	0	%						
3.	If line 2 is less than 100%, enter income or loss on NYC real property (see instructions)	3.										
4.	Balance (line 1 less line 3).....	4.		216,000								
5.	Multiply line 4 by the business allocation percentage on line 2.....	5.		216,000								
6.	Amount from line 3 (NYC real property income and gain not subject to allocation) (see instructions)...	6.										
7.	Investment income (from page 3, Schedule B, line 26).....	7.										
8.	Investment allocation percentage (from page 4, Schedule D, line 2).....	8.	<table border="1"><tr><td></td><td></td><td>%</td></tr></table>			%						
		%										
9.	Multiply line 7 by the investment allocation percentage from line 8 (see instructions).....	9.		0								
10.	Total before NOL deduction (sum of lines 5, 6 and 9 or line 1 and line 9) (see instructions for line 2) ..	10.		216,000								
11.	Deduct: NYC net operating loss deduction (from Form NYC-NOLD-UBTI, line 7) (see instructions) ..	11.		20,000								
12.	Balance before allowance for taxpayer's services (line 10 less line 11).....	12.		196,000								
13.	Less: allowance for taxpayer's services - do not enter more than 20% of line 12 or \$10,000, whichever is less (see instructions).....	13.		10,000								
14.	Balance before exemption (line 12 less line 13)	14.		186,000								
15.	Less: exemption - \$5,000 (taxpayer operating more than one business or short period taxpayer, see instructions).....	15.		5,000								
16.	Taxable income (line 14 less line 15) (see instructions)	16.		181,000								
17.	Tax before business tax credit (4% of amount on line 16)	17.		7,240								
18.	Less: business tax credit (select the applicable credit condition from the Business Tax Credit Computation schedule on the bottom of page 2 and enter amount) (see instructions)	18.										
19.	UNINCORPORATED BUSINESS TAX (line 17 less line 18) (see instructions)	19.		7,240								

Name _____ SSN _____

20a. Credits from Form NYC-114.5 (attach form) (see instructions)	20a.													
20b. Credits from Form NYC-114.6 (attach form) (see instructions)	20b.													
20c. Credits from Form NYC-114.8 (attach form) (see instructions)	20c.	3,750												
20d. Credits from Form NYC-114.10 (attach form) (see instructions)	20d.	1,250												
20e. Credits from Form NYC-114.12 (attach form) (see instructions)	20e.													
21. Net tax after credits (line 19 less sum of lines 20a through 20e)	21.		2,240											
22. Payment of estimated Unincorporated Business Tax, including carryover credit from preceding year and payment with extension, NYC-EXT (see instructions)	22.		10,000											
23. If line 21 is larger than line 22, enter balance due	23.													
24. If line 21 is smaller than line 22, enter overpayment	24.		7,760											
25a. Interest (see instructions)	25a.													
25b. Additional charges (see instructions)	25b.													
25c. Penalty for underpayment of estimated tax (attach form NYC-221) ...	25c.													
26. Total of lines 25a, 25b and 25c	26.													
27. Net overpayment (line 24 less line 26) (see instructions)	27.		7,760											
28. Amount of line 27 to be: (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 28c OR <input type="checkbox"/> Paper check	28a.		2,760											
(b) Credited to 2018 Estimated Tax on Form NYC-5UBTI	28b.		5,000											
28c. Routing Number <table border="1"><tr><td>0</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>2</td><td>1</td></tr></table> Account Number <table border="1"><tr><td>123456789</td></tr></table> ACCOUNT TYPE Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>	0	2	1	0	0	0	0	2	1	123456789				
0	2	1	0	0	0	0	2	1						
123456789														
29. Total remittance due (see instructions)	29.													
30. NYC rent deducted on federal tax return or NYC rent from Schedule C, Part 1	30.													
31. Gross receipts or sales from federal return	31.		246,200											

Business Tax Credit Computation

- If the amount on page 1, line 17, is \$3,400 or less, your credit on line 18 is the entire amount of tax on line 17. (NO TAX WILL BE DUE.)
- If the amount on page 1, line 17, is \$5,400 or over, no credit is allowed. Enter "0" on line 18.
- If the amount on page 1, line 17, is over \$3,400 but less than \$5,400, your credit is computed by the following formula:

$$\text{amount on pg. 1, line 17} \times \left(\frac{\$5,400 \text{ minus tax on line 17}}{\$2,000} \right) = \text{your credit}$$

Prepayments of Estimated Tax Computation

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 22	DATE	AMOUNT
A. Payment with declaration, Form NYC-5UBTI (1)		
B. Payment with Notice of Estimated Tax Due (2)	6/15/2017	5,000
C. Payment with Notice of Estimated Tax Due (3)	9/15/2017	5,000
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, line 22)		10,000



Name _____ SSN _____

SCHEDULE B Computation of Total Income**Part 1** Items of business income, gain, loss or deduction

1. Net profit (or loss) from business, farming or professions as reported for federal tax purposes from federal Schedule C, C-EZ or F (Form 1040) (see instructions)	1.	210,000	
2. If entering income from more than one federal Schedule C, C-EZ or F (Form 1040), check this box. Enter the number of Schedules C, C-EZ or F attached: <input type="checkbox"/>	2.		
3. Gain (or loss) from sale of business personal property or business real property (attach federal Schedule D or Form 4797) (see instructions)	3.		
4. Net amount of rental or royalty income from business personal property or business real property (attach federal Schedule E) (see instructions)	4.		
5. Other business income (or loss) (attach schedule) (see instructions)	5.		
6. Total federal income (or loss) (combine lines 1 through 5)	6.	210,000	
7. Subtract net income or gain (or add net loss) from rental, sale or exchange of real property situated outside New York City, if included in line 3 or 4 above (attach schedule) (see instructions)	7.		
8. Total income before New York City modifications (combine lines 6 and 7)	8.	210,000	

Part 2 New York City modifications (see instructions for Schedule B, part 2)**ADDITIONS**

9. All income taxes and Unincorporated Business Taxes	9.	5,000	
10a. Relocation credits	10a.		
10b. Expenses related to exempt income	10b.	500	
10c. Depreciation adjustments (attach Form NYC-399 and/or NYC-399Z)	10c.		
10d. Real estate additions (see instructions)	10d.		
11. Other additions (attach schedule) (see instructions)	11.	3,500	
12. Total additions (add lines 9 through 11)	12.	9,000	

SUBTRACTIONS

13. All income tax and Unincorporated Business Tax refunds (included in part 1)	13.		
14. Wages and salaries subject to federal jobs credit (attach federal Form 5884)	14.		
15. Depreciation adjustment (attach Form NYC-399 and/or NYC-399Z)	15.		
16. Exempt income included in part 1 (attach schedule)	16.		
17. 50% of dividends (see instructions)	17.		
18. Real estate subtractions (see instructions)	18.		
19. Other subtractions (attach schedule) (see instructions)	19.	3,000	
20. Total subtractions (add lines 13 through 19)	20.	3,000	
21. NYC modifications (combine lines 12 and 20)	21.	6,000	
22. Total income (combine lines 8 and 21)	22.	216,000	
23. Less: Charitable contributions (not to exceed 5% of line 22) (see instructions)	23.		
24. Balance (line 22 less line 23)	24.	216,000	
25. Investment income - (complete lines a through g below) (see instructions)			
(a) Dividends from stocks held for investment	25a.		
(b) Interest from investment capital (include non-exempt governmental obligations (itemize on rider)	25b.		
(c) Net capital gain (loss) from sales or exchanges of securities held for investment	25c.		
(d) Income from assets included on line 3 of Schedule D	25d.		
(e) Add lines 25a through 25d inclusive	25e.		
(f) Deductions directly or indirectly attributable to investment income	25f.		
(g) Interest on bank accounts included in income reported on line 25d	25g.		
26. Investment income (line 25e less line 25f) (enter on page 1, Sch. A, line 7)	26.		
27. BUSINESS INCOME (line 24 less line 26) (enter here and transfer amount to pg 1, Sch. A, line 1)	27.	216,000	



60231791

Name _____ SSN _____

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

Part 1 List location of 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	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					

Total _____

Part 2 List location of 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	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					

Total _____

Part 3 Formula Basis Allocation of Income

DESCRIPTION OF ITEMS USED AS FACTORS		COLUMN A - NEW YORK CITY		COLUMN B - EVERYWHERE		COLUMN C
1. Average value of the real and tangible personal property of the business (see <i>instr</i>)						PERCENTAGE IN NEW YORK CITY (COLUMN A DIVIDED BY COLUMN B)
a. Business real property owned 1a.						
b. Business real property rented from others (rent x 8). 1b.						
c. Business tangible personal property owned 1c.						
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 3.5..... 1f.						%
2a. Wages, salaries and other personal service compensation paid to employees during the year..... 2a.						%
2b. Multiply Column C of line 2a by 3.5..... 2b.						
3a. Gross sales of merchandise or charges for services during the year 3a.						%
3b. Multiply Column C of line 3a by 93..... 3b.						
Weighted Factor Allocation						
4a. Add Column C, lines 1f, 2b and 3b..... 4a.						
4b. Divide line 4a by 100 if no factors are missing. If a factor is missing, divide line 4a by the total of the weights of the factors present. Enter as percentage. Round to the nearest one hundredth of a percentage point. 4b.						%
Business Allocation Percentage						
5. Enter percentage from line 4b. Transfer to page 1, Schedule A, line 2. See instructions..... 5.						100.00 %
6. IS ANY PLACE OF BUSINESS LISTED IN PARTS 1 AND 2 LOCATED IN YOUR HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
7. DID YOU CLAIM A DEDUCTION FOR EXPENSES OF AN OFFICE IN YOUR HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						

SCHEDULE D Investment Capital and Allocation and Cash Election

A	B	C	D	E	F	G
DESCRIPTION OF INVESTMENT	No. of Shares or Amount of Securities	Average Value	Liabilities Attributable to Investment Capital	Net Average Value (column C minus column D)	Issuer's Allocation Percentage	Value Allocated to NYC (column E x column F)
LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)					%	
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)					%	
3. Cash - (To treat cash as investment capital, you must include it on this line.)						
4. Investment capital. Total of lines 1E and 3E						

Name _____ SSN _____

SCHEDULE E**If you are taking a Net Operating Loss Deduction this year, please attach Form NYC-NOLD-UBTI****SCHEDULE F The following information must be entered for this return to be complete. (See Instructions)**

- Nature of business or profession: Medical consult and author of medical textbooks
- New York State Sales Tax ID Number: _____
- Did you file a New York City Unincorporated Business Tax Return for the following years:
2015: ☒ YES ☐ NO **2016:** ☒ YES ☐ NO
 If "NO," state reason: _____
- Enter home address: 299 W 12th Street, New York, NY Zip Code: 10014
- If business terminated during the current taxable year, state date terminated. (mm-dd-yy) _____
 (Attach a statement showing disposition of business property.)
- Has the Internal Revenue Service or the New York State Department of Taxation and Finance increased or decreased any taxable income (loss) reported in any tax period, or are you currently being audited? ☒ YES ☐ NO
 If "YES", by whom? ☒ Internal Revenue Service State period(s): Beg.: 01/01/2014 End.: 12/31/2015
MM-DD-YY MM-DD-YY
☒ New York State Department of Taxation and Finance State period(s): Beg.: 01/01/2014 End.: 12/31/2015
MM-DD-YY MM-DD-YY
- Has Form NYC-115 (Report of Federal/State Change in Taxable Income) 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
- Did you calculate a depreciation deduction by the application of the federal Accelerated Cost Recovery System (ACRS) (see instr.)? ☐ YES ☒ NO
- Were you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return? ☐ YES ☒ NO
- Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? ☐ YES ☒ NO
- If "YES", were all required Commercial Rent Tax Returns filed? ☐ YES ☐ NO
 Please enter Employer Identification Number or Social Security Number which was used on the Commercial Rent Tax Return: _____

CERTIFICATION

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: _____	
I authorize the Dept. of Finance to discuss this return with the preparer listed below. (See instructions)YES <input checked="" type="checkbox"/>					
SIGN HERE:	Signature of taxpayer	Title	Owner	Date	4/14/2018
PREPARER'S USE ONLY	Preparer's signature	Preparer's printed name	J Seed	Check if self-employed <input checked="" type="checkbox"/>	Date 4/04/2018
Seed Accounting		2 Fifth Avenue, New York, NY		10011	
▲ Firm's name (or yours, if self-employed)		▲ Address		▲ Zip Code	
				Preparer's Social Security Number or PTIN P 0 0 - 0 0 - 0 0 0 1	
				Firm's Employer Identification Number 6 9 - 0 0 0 0 0 0 5	

MAILING INSTRUCTIONS

Attach copy of federal Form 1040, Schedule C, Schedule C-EZ or Schedule F. If this is a final return, attach an entire copy of federal Form 1040. 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 Social Security Number on your tax return and remittance.

The due date for the calendar year 2017 return is on or before April 17, 2018.

For fiscal years beginning in 2017, file on or before the 15th day of the fourth month following the close of the fiscal year.

ALL RETURNS EXCEPT REFUND RETURNS

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

REMITTANCES

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

OR

Mail Payment and Form NYC-200V ONLY to:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3933
NEW YORK, NY 10008-3933

RETURNS CLAIMING REFUNDS

NYC DEPARTMENT OF FINANCE
UNINCORPORATED BUSINESS TAX
P.O. BOX 5563
BINGHAMTON, NY 13902-5563



60251791

LOWER MANHATTAN RELOCATION EMPLOYMENT
ASSISTANCE PROGRAM (LMREAP) CREDIT
APPLIED TO UNINCORPORATED BUSINESS TAX

2017

ATTACH TO FORM NYC-202, NYC-202EIN OR NYC-204

USE FORM NYC-114.5 IF YOU ARE FILING A CLAIM FOR A REAP CREDIT. USE FORM NYC-114.6 IF YOU ARE FILING A CLAIM FOR EITHER A REAL ESTATE TAX ESCALATION CREDIT OR AN EMPLOYMENT OPPORTUNITY RELOCATION COSTS CREDIT.

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

▶ Print or Type ▶	Name as shown on NYC-202, 202-EIN or NYC-204: MAGN UBTI-SSN TC THREE		
	Type of Business: <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RETAIL		
	Check one:		
	Unincorporated Business Tax year for which claim is made: ended: MONTH: December YEAR: 2017		
Federal Business Code: 5 4 1 6 0 0		PARTNERSHIPS, ESTATES AND TRUSTS ONLY, ENTER EMPLOYER IDENTIFICATION NUMBER	
		4 0 0 - 0 0 - 1 0 3 2	
		SOCIAL SECURITY NUMBER	

Form NYC-114.8 must be attached to and submitted with Unincorporated Business Tax Return (Form NYC-202 or NYC-202EIN) or Partnership Tax Return (Form NYC-204) in order to claim the LMREAP credit.

Lower Manhattan Relocation and Employment Assistance Program (LMREAP) Credit

If the credit is refundable, fill in lines 1 and 11 and skip lines 2 through 10.

If the credit is non-refundable, skip line 1 and fill in lines 2 through 11.

Refundable Credit applied against Unincorporated Business Tax

1. COMPUTATION OF REFUNDABLE CREDIT

Number of eligible aggregate employment shares: 1.25 X \$3,000 1.

3,750

If you have carryover credits from preceding years, complete the carryover schedule below regardless of whether you will carry over credits to the current year. Enter in column B (the applied column) the amount applied to each carryover year until the total applied agrees with the amount on line 7.

There is no non-refundable credit until the fifth taxable year after the year of the relocation.

Nonrefundable Credit applied against Unincorporated Business Tax

2. Current year's tax	2.	7,240	
3. Computation of current year's credit: Number of eligible aggregate employment shares: <u>1.25</u> X \$3,000	3.	3,750	
4. If line 3 is greater than line 2, enter the difference and skip lines 5 through 8. Transfer amount on line 2 to line 10.....	4.		
5. If line 3 is less than line 2, enter the difference. Complete carryover schedule below.	5.	3,490	
6. Total carryover credits from prior taxable years (line 9f, column A below)	6.		
7. Amount of carryover credit that may be carried over to the current year. Enter lesser of line 5 or line 6	7.		
8. Total allowable credit for current year. Sum of the current year credit plus the applicable carryover from prior years. Add lines 3 and 7. Go to line 10.	8.	3,750	

LMREAP carryover schedule		COLUMN A		COLUMN B		COLUMN C	
You may not carry over the 5th preceding year's credit to next year.		CARRYOVER TO CURRENT YEAR (unused credit)		APPLIED		CARRYOVER TO NEXT YEAR (column A minus column B)	
9a. Carryover from 5th preceding year	9a.						
9b. Carryover from 4th preceding year	9b.						
9c. Carryover from 3rd preceding year	9c.						
9d. Carryover from 2nd preceding year	9d.						
9e. Carryover from 1st preceding year	9e.						
9f. Total	9f.						

10. Allowable nonrefundable LMREAP credit for current year (amount from line 2 or line 8, whichever is less)10.

--

Credit

11. Line 1 or line 10. Transfer amount to Form NYC-202 or NYC-202EIN, Sch. A, line 20c or Form NYC-204, Sch. A, line 22c; .11.

3,750

**YOU MUST ATTACH YOUR CERTIFICATE OF TAX CREDIT TO THIS FORM.
NO CREDIT WILL BE ALLOWED WITHOUT THE CERTIFICATE.**

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

Print or Type

Name as shown on NYC-202, NYC-202EIN or NYC-204:

MAGN 2017 UBTI-SSN TC THREE

Unincorporated Business tax year for which claim is made. Date ended: December 2017
MONTH YEAR

**PARTNERSHIPS, ESTATES AND TRUSTS ONLY,
ENTER EMPLOYER IDENTIFICATION NUMBER**[illegible]

SOCIAL SECURITY NUMBER

$$\begin{array}{|c|c|c|} \hline & & \\ \hline 4 & 0 & 0 \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline 0 & 0 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline 1 & 0 & 3 & 2 \\ \hline \end{array}$$

FEDERAL BUSINESS CODE

5 4 1 6 0 0

COMPUTATION OF CREDIT

1. Available Credit.....	1.	1,250	
2. Enter your Unincorporated Business Tax from Form NYC-202 or NYC-202EIN, Schedule A, line 19 or Form NYC-204, Schedule A, line 21.....	2.	7,240	
3. Tax Credits claimed before Biotechnology Credit.....	3.	3,750	
4. Subtract line 3 from line 2.....	4.	3,490	
5. Enter the lesser of line 1 and line 4 (not less than zero).....	5.	1,250	
6. Amount of unused credit to be refunded or credited (line 1 less line 5).	6.	0	
7. Add lines 5 and 6 and transfer the total to line 20d of Schedule A of Form NYC-202 or NYC-202EIN, or line 22d of Schedule A of Form NYC-204.....	7.	1,250	

INSTRUCTIONS

GENERAL INFORMATION

Section 11-503(o) of the New York City Administrative Code provides a refundable biotechnology credit for tax years beginning on or after January 1, 2010 and before January 1, 2019 to certain qualified emerging technology companies for certain costs and expenses incurred.

In order to qualify for the credit, the taxpayer must:

1. meet the eligibility criteria as specified in the above Administrative Code section and
2. must have applied for the credit and received a Certificate of Tax Credit specifying the amount of credit the taxpayer is entitled to claim.

The Certificate of Tax Credit covering expenses incurred in calendar year 2017 will indicate the credit available for the tax year that includes December 31, 2017.

Example: Taxpayer A files on a fiscal year basis with a tax year beginning on April 1, 2017 and ending March 31, 2018. A Certificate of Tax Credit issued on or before February 16, 2018 will indicate the credit that may be claimed on the return covering the tax year ending March 31, 2018.

SPECIFIC LINE INSTRUCTIONS

Line 1

Enter the amount of the credit to which the taxpayer is entitled to claim as indicated on the Certificate of Tax Credit on Line 1 of this form.

Line 3

Enter the total amount of credits claimed on lines 20a, b, c and e of Form NYC-202 or NYC-202EIN, or Lines 22a, b, c and e of Form NYC-204.

NET OPERATING LOSS DEDUCTION COMPUTATION
FOR UNINCORPORATED BUSINESS TAX FOR INDIVIDUALS, SINGLE-MEMBER LLCs, ESTATES AND TRUSTS

2017

Attach to Form NYC-202 or NYC-202-EIN

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

Print or Type ▼

Name as shown on NYC-202 or NYC-202-EIN:

MAGN 2017 UBTI-SSN TC THREE

INDIVIDUALS AND LLCs - ENTER YOUR SOCIAL SECURITY NUMBER:

4 0 0 - 0 0 - 1 0 3 2

ESTATES AND TRUSTS - ENTER YOUR EMPLOYER IDENTIFICATION NUMBER:

-

	YEAR 1		YEAR 2		YEAR 3		YEAR 4		YEAR 5	
	MM-DD-YYYY		MM-DD-YYYY		MM-DD-YYYY		MM-DD-YYYY		MM-DD-YYYY	
1a. Loss year ended	12-31-2014		12-31-2016							
1b. Allocated NYC net operating loss incurred		20,000		10,000						
2. Amount of Line 1b previously absorbed by year ended	MM-DD-YYYY: 12-31-2015	AMOUNT: 10,000	MM-DD-YYYY:	AMOUNT:	MM-DD-YYYY:	AMOUNT:	MM-DD-YYYY:	AMOUNT:	MM-DD-YYYY:	AMOUNT:
3. Add line 2 plus any additional year(s) (Attach schedules)		10,000		0						
4. Subtract Line 3 from Line 1b		10,000		10,000						
5. Enter the amount from Page 1, Schedule A, Line 10 (See instructions)		216,000		206,000						
6. Enter the lesser of Line 4 or Line 5		10,000		10,000						
7. Sum of the amounts on line 6. Enter here and on Form NYC-202 or NYC-202-EIN, Page 1, Schedule A, Line 11. This is your Net Operating Loss Deduction.										20,000

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Name of proprietor
Susan Magnolia

Social security number (SSN)
400-00-1032

A Principal business or profession, including product or service (see instructions)
Medical Consulting

B Enter code from instructions
► **5 4 1 6 0 0**

C Business name. If no separate business name, leave blank.
MAGN UBTI-SSN TC THREE

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ► **2030 Pecan Street**
City, town or post office, state, and ZIP code **Monroe, LA 71201**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2017, check here ☐

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☒ Yes ☐ No

J If "Yes," did you or will you file required Forms 1099? ☒ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. <input type="checkbox"/>	1	181,200
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	181,300
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	181,300
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	181,300

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	2,500
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	5,000	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	1,000
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	4,000	23	Taxes and licenses	23	1,500
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	3,000	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	20,000	26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	161,200	27a	Other expenses (from line 48)	27a	3,000
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	161,200				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business **b** Commuting (see instructions) **c** Other

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Miscellaneous other expenses	3,000
48 Total other expenses. Enter here and on line 27a	48 3,000

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Name of proprietor
Susan Magnolia

Social security number (SSN)
400-00-1032

A Principal business or profession, including product or service (see instructions)
Writer - Medical textbooks #2

B Enter code from instructions
7 1 1 5 1 0

C Business name. If no separate business name, leave blank.
MAGN UBTI-SSN TC THREE

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ► **2030 Pecan Street**
City, town or post office, state, and ZIP code **Monroe, LA 71201**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2017, check here ☐ Yes ☐ No

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☒ Yes ☐ No

J If "Yes," did you or will you file required Forms 1099? ☒ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. <input type="checkbox"/>	1	65,000
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	65,000
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	65,000
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	65,000

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	1,200
12	Depletion	12		b	Other business property	20b	500
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	1,500
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	1,800
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	1,200
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	16,200	26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	48,800	27a	Other expenses (from line 48)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	48,800				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / / _____

44 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business _____	b Commuting (see instructions) _____	c Other _____
-------------------------	---	----------------------

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use?. ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

48	Total other expenses. Enter here and on line 27a	48

UBTI-SSN Test Case Four

Begins on the next page

Taxpayer name	HEAT UBTI-SSN TC FOUR
EIN	400-00-1035
Primary Form	NYC-202
Associated Form(s)	NYC-114.5 NYC-114.6 NYC-399Z One Federal Form 1040 Schedule C
Attachments	NYC Credit forms NYC Depreciation adjustment form
Purpose of test	Depreciation adjustment Allocates income both within and outside of NYC
Other instructions	If you are not supporting one or more of the credit forms, you may complete this test case leaving the corresponding line(s) on Schedule A blank



UNINCORPORATED BUSINESS TAX RETURN
FOR INDIVIDUALS AND SINGLE-MEMBER LLCs

2017

For CALENDAR YEAR 2017 beginning _____ and ending _____

First name and initial Lynette	Last name Heather	Name Change <input checked="" type="checkbox"/>
In Care Of		
Business name HEAT 2017 UBTI-SSN TC FOUR		
Business address (number and street) 2525 Juniper Street		Address Change <input type="checkbox"/>
City and State Paul, ID	Zip Code 83347	Country (if not US)
Business Telephone Number 555-555-1212	Date business began in NYC (mm-dd-yy) 1/1/2010	Date business ended in NYC (mm-dd-yy)

TAXPAYER'S EMAIL ADDRESS LHeather@anymail.com												
SOCIAL SECURITY NUMBER <table border="1"><tr><td>4</td><td>0</td><td>0</td><td>-</td><td>0</td><td>0</td><td>-</td><td>1</td><td>0</td><td>3</td><td>6</td></tr></table>		4	0	0	-	0	0	-	1	0	3	6
4	0	0	-	0	0	-	1	0	3	6		
BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C: <table border="1"><tr><td>1</td><td>1</td><td>1</td><td>4</td><td>0</td><td>0</td></tr></table>		1	1	1	4	0	0					
1	1	1	4	0	0							

CHECK ALL THAT APPLY	<input checked="" type="checkbox"/> Amended return	If the purpose of the amended return is to report a federal or state change, check the appropriate box:	<input type="checkbox"/> IRS change	Date of Final Determination 11-01-2016
	<input type="checkbox"/> Final return - Ceased operations. Attach copy of your entire federal Form 1040 and statement showing disposition of business property.		<input checked="" type="checkbox"/> NYS change	
	<input type="checkbox"/> Engaged in a fully exempt unincorporated business activity		<input type="checkbox"/> Engaged in a partially exempt unincorporated business activity	
	<input type="checkbox"/> Claim any 9/11/01-related federal tax benefits (see instructions)		65	Enter 2-character special condition code, if applicable (see instructions)

SCHEDULE A Computation of Tax

BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

A.	Payment	Amount being paid electronically with this return.....	A.	Payment Amount				
1.	Business income (from page 3, Schedule B, line 27).....	1.	157,400					
2.	Business allocation percentage from Schedule C, line 5. (If not allocating, enter 100%) ..2.	<table border="1"><tr><td>3</td><td>2</td><td>.</td><td>6</td><td>9</td></tr></table> %	3	2	.	6	9	
3	2	.	6	9				
3.	If line 2 is less than 100%, enter income or loss on NYC real property (see instructions)	3.						
4.	Balance (line 1 less line 3).....	4.	157,400					
5.	Multiply line 4 by the business allocation percentage on line 2.....	5.	50,415					
6.	Amount from line 3 (NYC real property income and gain not subject to allocation) (see instructions)...	6.						
7.	Investment income (from page 3, Schedule B, line 26).....	7.						
8.	Investment allocation percentage (from page 4, Schedule D, line 2).....	8.	%					
9.	Multiply line 7 by the investment allocation percentage from line 8 (see instructions).....	9.	0					
10.	Total before NOL deduction (sum of lines 5, 6 and 9 or line 1 and line 9) (see instructions for line 2) ..	10.	51,459					
11.	Deduct: NYC net operating loss deduction (from Form NYC-NOLD-UBTI, line 7) (see instructions) ..	11.						
12.	Balance before allowance for taxpayer's services (line 10 less line 11).....	12.	51,459					
13.	Less: allowance for taxpayer's services - do not enter more than 20% of line 12 or \$10,000, whichever is less (see instructions).....	13.	10,000					
14.	Balance before exemption (line 12 less line 13)	14.	41,459					
15.	Less: exemption - \$5,000 (taxpayer operating more than one business or short period taxpayer, see instructions).....	15.	5,000					
16.	Taxable income (line 14 less line 15) (see instructions)	16.	36,459					
17.	Tax before business tax credit (4% of amount on line 16)	17.	1,458					
18.	Less: business tax credit (select the applicable credit condition from the Business Tax Credit Computation schedule on the bottom of page 2 and enter amount) (see instructions)	18.						
19.	UNINCORPORATED BUSINESS TAX (line 17 less line 18) (see instructions)	19.	1,458					

Name _____ SSN _____

20a. Credits from Form NYC-114.5 (attach form) (see instructions)	20a.	3,750		
20b. Credits from Form NYC-114.6 (attach form) (see instructions)	20b.	1,900		
20c. Credits from Form NYC-114.8 (attach form) (see instructions)	20c.			
20d. Credits from Form NYC-114.10 (attach form) (see instructions)	20d.			
20e. Credits from Form NYC-114.12 (attach form) (see instructions)	20e.			
21. Net tax after credits (line 19 less sum of lines 20a through 20e)	21.		0	
22. Payment of estimated Unincorporated Business Tax, including carryover credit from preceding year and payment with extension, NYC-EXT (see instructions)	22.		30,000	
23. If line 21 is larger than line 22, enter balance due	23.			
24. If line 21 is smaller than line 22, enter overpayment	24.		30,000	
25a. Interest (see instructions)	25a.			
25b. Additional charges (see instructions)	25b.			
25c. Penalty for underpayment of estimated tax (attach form NYC-221) ...	25c.			
26. Total of lines 25a, 25b and 25c	26.			
27. Net overpayment (line 24 less line 26) (see instructions)	27.		30,000	
28. Amount of line 27 to be: (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 28c OR <input type="checkbox"/> Paper check	28a.		15,000	
(b) Credited to 2018 Estimated Tax on Form NYC-5UBTI	28b.		15,000	
28c. Routing Number <input type="text"/> Account Number <input type="text"/> ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/>				
29. Total remittance due (see instructions)	29.		0	
30. NYC rent deducted on federal tax return or NYC rent from Schedule C, Part 1	30.		12,000	
31. Gross receipts or sales from federal return	31.		260,000	

Business Tax Credit Computation

- If the amount on page 1, line 17, is \$3,400 or less, your credit on line 18 is the entire amount of tax on line 17. (NO TAX WILL BE DUE.)
- If the amount on page 1, line 17, is \$5,400 or over, no credit is allowed. Enter "0" on line 18.
- If the amount on page 1, line 17, is over \$3,400 but less than \$5,400, your credit is computed by the following formula:

$$\text{amount on pg. 1, line 17} \times \left(\frac{\$5,400 \text{ minus tax on line 17}}{\$2,000} \right) = \text{your credit}$$

Prepayments of Estimated Tax Computation

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 22	DATE	AMOUNT
A. Payment with declaration, Form NYC-5UBTI (1)		
B. Payment with Notice of Estimated Tax Due (2)	04-15-2017	10,000
C. Payment with Notice of Estimated Tax Due (3)	06-15-2017	10,000
D. Payment with Notice of Estimated Tax Due (4)	09-15-2017	10,000
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, line 22)		30,000



Name _____ SSN _____

SCHEDULE B Computation of Total Income**Part 1** Items of business income, gain, loss or deduction

1. Net profit (or loss) from business, farming or professions as reported for federal tax purposes from federal Schedule C, C-EZ or F (Form 1040) (see instructions)	1.	201,500	
2. If entering income from more than one federal Schedule C, C-EZ or F (Form 1040), check this box. Enter the number of Schedules C, C-EZ or F attached: <input checked="" type="checkbox"/> 2	2.	<input checked="" type="checkbox"/>	
3. Gain (or loss) from sale of business personal property or business real property (attach federal Schedule D or Form 4797) (see instructions)	3.		
4. Net amount of rental or royalty income from business personal property or business real property (attach federal Schedule E) (see instructions)	4.		
5. Other business income (or loss) (attach schedule) (see instructions)	5.		
6. Total federal income (or loss) (combine lines 1 through 5)	6.	201,501	
7. Subtract net income or gain (or add net loss) from rental, sale or exchange of real property situated outside New York City, if included in line 3 or 4 above (attach schedule) (see instructions)	7.		
8. Total income before New York City modifications (combine lines 6 and 7)	8.	201,501	

Part 2 New York City modifications (see instructions for Schedule B, part 2)**ADDITIONS**

9. All income taxes and Unincorporated Business Taxes	9.		
10a. Relocation credits	10a.	1,900	
10b. Expenses related to exempt income	10b.		
10c. Depreciation adjustments (attach Form NYC-399 and/or NYC-399Z)	10c.	9,000	
10d. Real estate additions (see instructions)	10d.		
11. Other additions (attach schedule) (see instructions)	11.		
12. Total additions (add lines 9 through 11)	12.	10,900	

SUBTRACTIONS

13. All income tax and Unincorporated Business Tax refunds (included in part 1)	13.		
14. Wages and salaries subject to federal jobs credit (attach federal Form 5884)	14.		
15. Depreciation adjustment (attach Form NYC-399 and/or NYC-399Z)	15.	5,000	
16. Exempt income included in part 1 (attach schedule)	16.		
17. 50% of dividends (see instructions)	17.		
18. Real estate subtractions (see instructions)	18.		
19. Other subtractions (attach schedule) (see instructions)	19.	50,001	
20. Total subtractions (add lines 13 through 19)	20.	55,001	
21. NYC modifications (combine lines 12 and 20)	21.	-44,101	
22. Total income (combine lines 8 and 21)	22.	157,400	
23. Less: Charitable contributions (not to exceed 5% of line 22) (see instructions)	23.		
24. Balance (line 22 less line 23)	24.	157,400	
25. Investment income - (complete lines a through g below) (see instructions)			
(a) Dividends from stocks held for investment	25a.		
(b) Interest from investment capital (include non-exempt governmental obligations (itemize on rider)	25b.		
(c) Net capital gain (loss) from sales or exchanges of securities held for investment	25c.		
(d) Income from assets included on line 3 of Schedule D	25d.		
(e) Add lines 25a through 25d inclusive	25e.		
(f) Deductions directly or indirectly attributable to investment income	25f.		
(g) Interest on bank accounts included in income reported on line 25d..25g. <input type="text"/>	25g.		
26. Investment income (line 25e less line 25f) (enter on page 1, Sch. A, line 7)	26.		
27. BUSINESS INCOME (line 24 less line 26) (enter here and transfer amount to pg 1, Sch. A, line 1)	27.	157,400	



60231791

Name _____ SSN _____

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

Part 1 List location of 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	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 65 Central Park West CITY New York STATE NY ZIP 10023	12,000	Office	1	25,000	Various
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
Total	12,000		1	25,000	

Part 2 List location of 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	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 2525 Juniper Street CITY Paul STATE ID ZIP 83347	24,000	Greenhouse	3	65,000	Various
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
NUMBER AND STREET					
CITY					
STATE					
ZIP					
Total	24,000		3	65,000	

Part 3 Formula Basis Allocation of Income

DESCRIPTION OF ITEMS USED AS FACTORS	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE	COLUMN C
1. Average value of the real and tangible personal property of the business (see instr)			PERCENTAGE IN NEW YORK CITY
a. Business real property owned 1a.			(COLUMN A DIVIDED BY COLUMN B)
b. Business real property rented from others (rent x 8). 1b.	96,000	288,000	
c. Business tangible personal property owned 1c.	18,000	375,000	
d. Business tangible personal property rented from others (rent x 8) 1d.			
e. Total of lines 1a - 1d 1e.	114,000	663,000	17.1946 %
f. Multiply Column C of line 1e by 3.5 1f.			60.1810
2a. Wages, salaries and other personal service compensation paid to employees during the year..... 2a.			22.7778 %
2b. Multiply Column C of line 2a by 3.5 2b.			97.2222
3a. Gross sales of merchandise or charges for services during the year 3a.			33.4615 %
3b. Multiply Column C of line 3a by 93..... 3b.			3,111.9231
Weighted Factor Allocation			
4a. Add Column C, lines 1f, 2b and 3b..... 4a.			3,269.3263
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.			32.69 %
Business Allocation Percentage			
5. Enter percentage from line 4b. Transfer to page 1, Schedule A, line 2. See instructions..... 5.			32.69 %
6. IS ANY PLACE OF BUSINESS LISTED IN PARTS 1 AND 2 LOCATED IN YOUR HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
7. DID YOU CLAIM A DEDUCTION FOR EXPENSES OF AN OFFICE IN YOUR HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

SCHEDULE D Investment Capital and Allocation and Cash Election

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 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)
					%	
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)					%	
3. Cash - (To treat cash as investment capital, you must include it on this line.)						
4. Investment capital. Total of lines 1E and 3E						

Name _____ SSN _____

SCHEDULE E**If you are taking a Net Operating Loss Deduction this year, please attach Form NYC-NOLD-UBTI****SCHEDULE F The following information must be entered for this return to be complete. (See Instructions)**

- Nature of business or profession: Floral plants and lecturer on plant life
- New York State Sales Tax ID Number: 1 2 3 4 5 6 7
- Did you file a New York City Unincorporated Business Tax Return for the following years:
2015: ☒ YES ☐ NO **2016:** ☒ YES ☐ NO
 If "NO," state reason: _____
- Enter home address: 65 Central Park West, New York, NY Zip Code: 10023
- If business terminated during the current taxable year, state date terminated. (mm-dd-yy) _____
 (Attach a statement showing disposition of business property.)
- Has the Internal Revenue Service or the New York State Department of Taxation and Finance increased or decreased any taxable income (loss) reported in any tax period, or are you currently being audited? ☒ YES ☐ NO
 If "YES", by whom? ☒ Internal Revenue Service State period(s): Beg.: 01/01/2014 End.: 12/31/2015
MM-DD-YY MM-DD-YY
☐ New York State Department of Taxation and Finance State period(s): Beg.: _____ End.: _____
MM-DD-YY MM-DD-YY
- Has Form NYC-115 (Report of Federal/State Change in Taxable Income) 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
- Did you calculate a depreciation deduction by the application of the federal Accelerated Cost Recovery System (ACRS) (see instr.)? ☒ YES ☐ NO
- Were you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return? ☐ YES ☒ NO
- Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? ☐ YES ☒ NO
- If "YES", were all required Commercial Rent Tax Returns filed? ☐ YES ☐ NO
 Please enter Employer Identification Number or Social Security Number which was used on the Commercial Rent Tax Return: _____

CERTIFICATION

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: <u>JForest@email.com</u>	
I authorize the Dept. of Finance to discuss this return with the preparer listed below. (See instructions)YES <input checked="" type="checkbox"/>				
SIGN HERE:	Signature of taxpayer	Title <u>President</u>	Date	Preparer's Social Security Number or PTIN <u>P 0 0 - 0 0 - 0 0 0 3</u>
PREPARER'S USE ONLY	Preparer's signature	Preparer's printed name <u>Jerry Forest</u>	Check if self-employed <input checked="" type="checkbox"/> <input type="checkbox"/> Date	Firm's Employer Identification Number <u>6 9 - 0 0 0 0 0 0 5</u>
<u>Forest Accounting Services</u>		<u>15 E 65th St, New York, NY</u>	<u>10065</u>	
▲ Firm's name (or yours, if self-employed)		▲ Address	▲ Zip Code	

MAILING INSTRUCTIONS

Attach copy of federal Form 1040, Schedule C, Schedule C-EZ or Schedule F. If this is a final return, attach an entire copy of federal Form 1040. 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 Social Security Number on your tax return and remittance.

The due date for the calendar year 2017 return is on or before April 17, 2018.

For fiscal years beginning in 2017, file on or before the 15th day of the fourth month following the close of the fiscal year.

ALL RETURNS EXCEPT REFUND RETURNS

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

REMITTANCES

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

OR

Mail Payment and Form NYC-200V ONLY to:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3933
NEW YORK, NY 10008-3933

RETURNS CLAIMING REFUNDS

NYC DEPARTMENT OF FINANCE
UNINCORPORATED BUSINESS TAX
P.O. BOX 5563
BINGHAMTON, NY 13902-5563



60251791



ATTACH TO FORM NYC-202, NYC-202EIN OR NYC-204

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

Print or Type

Name as shown on NYC-202, NYC-202EIN or NYC-204:
HEAT 2017 UBTI-SSN TC FOUR

Type of Business:
Check one: ☒ COMMERCIAL ☐ INDUSTRIAL ☐ RETAIL

Unincorporated Business Tax year
for which claim is made: ended: MONTH: **December** YEAR: **2017**

Principal Business Activity:
Floral plants and lecturer on plant life

**PARTNERSHIPS, ESTATES AND TRUSTS ONLY,
ENTER EMPLOYER IDENTIFICATION NUMBER**

SOCIAL SECURITY NUMBER

4 0 0 0 0 1 0 3 6

Form NYC-114.5 must be attached to and submitted with Unincorporated Business Tax Return (Form NYC-202 or NYC-202EIN) or Partnership Tax Return (Form NYC-204) in order to claim the REAP credit.

Relocation and Employment Assistance Program (REAP) Credit

If you have carryover credits from preceding years, complete the carryover schedule below regardless of whether you will carry over credits to the current year. Enter in column B (the applied column) the amount applied to each carryover year until the total applied agrees with the amount on line 6.

Nonrefundable Credit applied against Unincorporated Business Tax

1. Current year's tax (amount from NYC-202 or NYC-202EIN, Schedule A, line 19 or NYC-204, Schedule A, line 21) 1.
2. Computation of current year's credit:
(number of eligible aggregate employment shares: 1.25 X the applicable amount (see instructions)) 2.
3. If line 2 is greater than line 1, enter the difference and skip lines 4 through 7. Transfer amount on line 1 to line 9 (see instructions)..... 3.
4. If line 2 is less than line 1, enter the difference. Complete carryover schedule below. 4.
5. Total carryover credits from prior taxable years (line 8f, column A below) 5.
6. Amount of carryover credit that may be carried over to the current year.
Enter lesser of line 4 or line 5 6.
7. Total allowable credit for current year. Sum of the current year credit plus the applicable carryover from prior years. Add lines 2 and 6. Go to line 9. 7.

	0
	1,250
	1,250

REAP carryover schedule <i>You may not carry over the 5th preceding year's credit to next year.</i>	COLUMN A CARRYOVER TO CURRENT YEAR (unused credit)	COLUMN B APPLIED	COLUMN C CARRYOVER TO NEXT YEAR (column A minus column B)
8a. Carryover from 5th preceding year.. 8a.			
8b. Carryover from 4th preceding year.. 8b.			
8c. Carryover from 3rd preceding year.. 8c.			
8d. Carryover from 2nd preceding year. 8d.			
8e. Carryover from 1st preceding year... 8e.			
8f. Total..... 8f.			

9. Allowable nonrefundable REAP credit for current year (amount from line 1 or line 7, whichever is less).... 9.

Refundable Credit applied against Unincorporated Business Tax

10. COMPUTATION OF REFUNDABLE CREDIT
Number of eligible aggregate employment shares: 1.25 X \$3,000..... 10.

TOTAL of Nonrefundable and Refundable Credits

11. Line 9 plus line 10. Transfer amount to Form NYC-202 or NYC-202EIN, Sch. A, line 20a or Form NYC-204, Sch. A, line 22a..... 11.

CLAIM FOR CREDIT APPLIED TO UNINCORPORATED BUSINESS TAX

2017

ATTACH TO FORM NYC-202, NYC-202EIN OR NYC-204

Use this form to claim:

- A. the Real Estate Tax Escalation Credit
- B. the Employment Opportunity Relocation Costs Credit
- C. the Industrial Business Zone Credit.

USE FORM NYC-114.5 IF YOU ARE FILING A CLAIM FOR EITHER A SALES AND COMPENSATING USE TAX CREDIT OR A RELOCATION AND EMPLOYMENT ASSISTANCE PROGRAM (REAP) CREDIT.

Print or Type ▼

For CALENDAR YEAR 2017 or FISCAL YEAR beginning _____

2017 and ending _____

Name as shown on Form NYC-202, NYC-202EIN or NYC-204:
HEAT 2017 UBT-SSN TC FOUR

Former address ▼

2525 Juniper Street, Paul, ID 83347

Date moved into New York City: 12/10/2014
mm/dd/yy

Inception date of lease: 1/1/2017
mm/dd/yy

**PARTNERSHIPS, ESTATES AND TRUSTS ONLY,
ENTER EMPLOYER IDENTIFICATION NUMBER**

□ - □ □ □ □ □ □ □ □

SOCIAL SECURITY NUMBER

4 0 0 - 0 0 - 1 0 3 6

UNINCORPORATED BUSINESS TAX YEAR FOR WHICH CLAIM IS MADE.

YEAR ENDED: _____

TYPE OF BUSINESS: ☒ COMMERCIAL ☐ INDUSTRIAL ☐ RETAIL

TYPE OF RETURN FILED: ☒ NYC-202 ☐ NYC-202EIN ☐ NYC-204

PRINCIPAL BUSINESS ACTIVITY:

PART I Computation of credit

1. Real estate tax escalation credit (Section 11-503 (e)) (from page 2, Schedule A, line 7)..... 1.
2. Employment opportunity relocation costs credit or IBZ Credit (Section 11-503 (f) and 11-503(n)) (from page 3, Schedule B, line 6 or page 4, Schedule C, line 10,)..... 2.
3. **TOTAL CREDITS CLAIMED** (add lines 1 and 2) (include on Form NYC-202 or NYC-202EIN, Schedule A, line 20b or Form NYC-204, Schedule A, line 22b, whichever is applicable) 3.

1,000	
900	
1,900	

The modifications in PART II below must be included in the New York City Unincorporated Business Tax Return (NYC-202, NYC-202EIN or NYC-204) for the tax year covered by this claim for credit. If the Unincorporated Business Tax Return has been filed without these modifications, an amended return must be submitted with this claim form.

PART II Modifications increasing federal gross income

4. Real estate tax escalation excluded or deducted (line 1 above) (enter on Form NYC-202 or NYC-202EIN, Schedule B, part 2, line 10a or Form NYC-204, Schedule B, line 14a) 4.
5. Employment opportunity relocation costs and IBZ relocation costs excluded or deducted (line 2 above) (enter on Form NYC-202 or NYC-202EIN, Schedule B, part 2, line 10a or Form NYC-204, Schedule B, part 2, line 14a) 5.

1,000	
900	

INSTRUCTIONS FOR PARTS I AND II

Form NYC-114.6 must be attached to and submitted with the Unincorporated Business Tax Return (Form NYC-202 or NYC-202EIN) or Partnership Tax Return (Form NYC-204) in order to claim the credits described in Schedules A, B and C.

PART I

Enter the amounts of the credits claimed in Schedules A, B and C on the appropriate lines (lines 1 and 2) of part I. The total credit amount claimed (line 3) is to be included on Form NYC-202 or NYC-202EIN, Schedule A, line 20b, or Form NYC-204, Schedule A, line 22b, whichever is applicable.

PART II

Taxpayers claiming these credits must make certain modifications in computing unincorporated business gross income. The amounts of the various credit items claimed must be *added* to the gross income if an exclusion or deduction for the credit item was taken in computing federal taxable income. (See *Administrative Code Section 11-506(b)*, paragraphs (6) and (7) and *Section 11-503(n)(6)*.)

Enter the required modifications at lines 4 and 5 of part II, and on Form NYC-202 or NYC-202EIN, Schedule B, part 2, line 10a or on Form NYC-204, Schedule B, part 2, line 14a, whichever is applicable.

SCHEDULE A**Real estate tax escalation credit (Administrative Code Section 11-503(e))**

The real estate tax escalation credit may be claimed only if the taxpayer's eligibility to receive the credit has been approved and certified by the Industrial and Commercial Incentive Board. **No** credit will be allowed unless a copy of the Certificate of Eligibility issued by the Industrial and Commercial Incentive Board is attached to Schedule A.

A. General information

1. Number of industrial employment opportunities relocated to New York City.....	1.	
2. Number of commercial employment opportunities relocated to New York City.....	2.	
3. TOTAL	3.	

B. Computation of real estate tax escalation credit (see instructions)

1. Current rent information - For the period covered by this report, enter the following amounts if payment is required under lease:					
	COLUMN A		COLUMN B		COLUMN C
a. Basic rent paid or required to be paid to landlord for premises			15,000		
		1a.			
b. Real estate tax payments attributable to premises			7,500		
		1b.			
c. Fuel adjustment expense paid to landlord (enter in columns A and B)					
		1c.			
d. Maintenance expense paid to landlord (enter in columns A and B).....	2,000		2,000		
		1d.			
e. Other amounts paid to landlord (enter in columns A and B).....	5,500		5,500		
		1e.			
2. Initial rent information - Compute amounts as if the specified rent items below were paid for same number of months as covered by this report (see instructions)					
	COLUMN A		COLUMN B		COLUMN C
a. Original basic rent (see instructions).....	12,500				
		2a.			
b. Original payments required for real estate taxes attributable to premises (see instructions).....	6,500				
		2b.			
3. Increase in basic rent (line 1a less line 2a).....	2,500				
		3.			
4. TOTAL column B. Add lines 1a through 1e. (enter total in columns B and C).....			30,000		30,000
		4.			
5. TOTAL column A. Add lines 1c through 3. (enter total in columns A and C).....	29,000				29,000
		5.			
6. Line 4 less line 5.....					1,000
		6.			
7. Enter amount claimed as real estate tax escalation credit (payment actually made during period covered by this report attributable to an increase or addition to the real estate taxes imposed on leased premises). This should be the same as amount entered on line 6 (if not, explain on rider) - (enter on page 1, parts I and II, lines 1 and 4)					1,000
		7.			

INSTRUCTIONS FOR SCHEDULE A

A taxpayer subject to the Unincorporated Business Tax that has relocated to leased premises in New York City from a location outside New York State and has created at least 100 industrial or commercial employment opportunities in the City is allowed a credit against the Unincorporated Business Tax for the amount of any additional lease payments actually made to the taxpayer's landlord that are based solely and directly upon increased real estate taxes imposed upon the relocation premises. To the extent this credit exceeds the taxpayer's UBT liability calculated without this credit, it shall be refunded without interest. Before a taxpayer can claim the credit, the taxpayer's eligibility must be approved and certified by the Industrial and Commercial Incentive Board. The credit can be claimed annually for the length of the lease term, or for a period not to exceed ten years from the date of relocation, whichever period is shorter.

"Employment opportunity" means the creation of a full-time position (not less than 30 hours per week of gainful employment) for an industrial employee (one engaged in the manufacturing or assembling of tangible goods or the processing of raw materials) or commercial employee (one engaged in the buying, selling or otherwise providing of goods or services other than on a retail basis directly to the ultimate user or consumer) and the actual hiring of such employee for that position.

"Basic rent" means the rent provided for under a written lease for the use or occupancy of premises, excluding separately stated amounts required to be paid under the lease for such items as real estate taxes, maintenance expenses or fuel adjustments.

If more than one premises is included in the computation of the credit, attach a separate rider in the form of Schedule A for each such premises, and enter the sum of the amounts shown on such separate riders on Schedule A.

PART B, LINE 2a

Since the real estate tax escalation credit is the amount of the increased payments actually made that are solely and directly attributable to an increase or addition to the real estate taxes imposed upon the leased premises, the basic rent originally to be paid under the lease for the premises must be determined. It should be computed as an amount due for one month notwithstanding the manner in which it is expressed in the lease for the premises. The basic monthly rent as thus determined must then be multiplied by the number of months in the taxable period covered by this report so that the period covered by this report may be compared to a comparable period based upon the basic rent originally required to be paid.

PART B, LINE 2b

If, beginning with the inception of the term, the lease for the premises requires that an amount separate from the basic rent must be paid for real estate taxes attributable to the premises, you must enter on line 2b an amount to be determined by computing the amount that would be due per month, if such required payment were figured on a monthly basis and multiplying such amount by the number of months in the period covered by this report.

SCHEDULE B **Employment opportunity relocation costs credit (Administrative Code Section 11-503(f))**

If the taxpayer did not both relocate from outside New York State and create a minimum of ten (10) industrial or commercial employment opportunities in New York City, **do not** complete Schedule B and make **no** entry on page 1, parts I and II, lines 2 and 5 respectively.

1. Number of industrial employment opportunities relocated to New York City	Number	x \$500.00	1.	
2. Number of commercial employment opportunities relocated to New York City	Number	x \$300.00	2.	
3. TOTAL			3.	
4. Employment opportunity relocation costs incurred by the taxpayer in the relocation of the taxpayer from outside the State of New York into the City of New York (Section 11-503 (f)(1)(B)) ▼				
a. Cost of moving furniture, files, papers and office equipment			4a.	
b. Cost of moving and installing machinery and equipment			4b.	
c. Cost of installing telephones and other communication equipment required as a result of relocation			4c.	
d. Cost incurred in purchasing office furniture and fixtures required as a result of relocation			4d.	
e. Cost of renovating the premises to be occupied as a result of the relocation, allowable only to the extent that it does not exceed seventy-five cents (75¢) per square foot			4e.	
5. TOTAL (lines 4a through 4e).....			5.	
6. Enter line 3 or line 5, whichever is less. Enter on page 1, parts I and II, lines 2 and 5			6.	

0	
900	
900	
3,000	
250	
600	
1,500	
1,250	
6,600	
900	

INSTRUCTIONS FOR SCHEDULE B

Effective August 30, 2005, taxpayers relocating to premises within an Industrial Business Zone established pursuant to section 22-626 of the Administrative Code for which a binding contract to purchase or lease was entered into by the taxpayer after June 30, 2005 MAY NOT take the relocation credit provided on this schedule for industrial employment opportunities but are entitled to a new one time credit for tax years beginning after December 30, 2005. See Administrative Code §§11-503(f) and 11-503(n) as added by Chapter 635 of the Laws of 2005 and Schedule C below.

Taxpayers subject to the Unincorporated Business Tax are allowed a credit against the tax for certain costs incurred in relocating commercial or industrial employment opportunities to New York City from an area outside the State of New York. To the extent this credit exceeds the taxpayer's UBT liability calculated without this credit, it shall be refunded without interest. In order to be eligible for this credit, a taxpayer must relocate to the City a minimum of ten such employment opportunities. The relocation costs for which the credit may be claimed are those incurred during the tax year in connection with employment opportunities relocated to the City during the tax year.

The allowable credit is based upon "employment opportunity relocation costs" incurred by the taxpayer during its taxable year, but may not exceed a maximum of:

- a) \$300 for each commercial employment opportunity; and
- b) \$500 for each industrial employment opportunity, relocated to the City from an area outside the State.

The relocation costs credit may be taken by the taxpayer in whole or in part in the year in which the employment opportunities are relocated by such taxpayer or in either of the two years succeeding such event.

For purposes of the credit, "employment opportunity relocation costs" means:

- a) the costs incurred by the taxpayer in moving furniture, files, papers and office equipment into the City from a location outside the State;

- b) the costs incurred by the taxpayer in moving and installing machinery and equipment into the City from a location outside the State;
- c) the costs of installing telephones and other communication equipment required as a result of the relocation to the City from a location outside the State;
- d) the cost incurred in the purchase of office furniture and fixtures required as a result of the relocation to the City from a location outside the State; and
- e) the cost of renovation of the premises to be occupied as a result of the relocation, provided, however, that such renovation costs shall be allowable only to the extent that they do not exceed seventy-five cents per square foot of the total area utilized by the taxpayer in the occupied premises.

OTHER DEFINITIONS

- a) "Employment opportunity" means the creation of a full-time position of gainful employment for an industrial or commercial employee and the actual hiring of such employee for the position.
- b) "Industrial employee" means one engaged in the manufacturing or assembling of tangible goods or the processing of raw materials.
- c) "Commercial employee" means one engaged in the buying, selling or otherwise providing of goods or services other than on a retail basis.
- d) "Retail" means the selling or otherwise disposing of tangible goods directly to the ultimate user or consumer.
- e) "Full-time position" means a position of gainful employment where the number of hours worked by the employee is not less than 30 hours during any given work week.

SCHEDULE C Industrial Business Zone Credit (Administrative Code Section 11-503(n))

1. Location(s) of business operations continuously during the 24 months immediately preceding relocation

PROPERTY LOCATION		
Street Address	City & State	Zip Code

2. Date of relocation _____

3. Address of business operations in the Industrial Business Zone

PROPERTY LOCATION		
Street Address	City & State	Zip Code

4. Description of Business: _____

5. Number of employees working at least 35 hours per week _____ X \$1,000 = _____	5.	0
6. Number of employees working at least 15 hours but less than 35 hours per week _____ X 1/2 = _____ X \$1,000 (see instr.).	6.	0
7. Total of lines 5 and 6 _____	7.	0
8. Relocation costs incurred by the taxpayer (see instructions):		
a. cost of moving furniture, files, papers and office equipment.....	8a.	
b. cost of moving and installing machinery and equipment.....	8b.	
c. cost of installing telephones and other communication equipment required as a result of relocation.....	8c.	
d. Cost of floor preparation.....	8d.	
e. Other (description and cost --attach rider if needed): _____	8e.	
	8e.	
9. Total (lines 8a-8e).....	9.	
10. Lesser of line 7 and 9 or \$100,000. Enter on page 1, parts I and II lines 2 and 5.....	10.	

INSTRUCTIONS FOR SCHEDULE C

For taxable years beginning on or after January 1, 2006, an eligible business that first enters into a binding contract on or after July 1, 2005 to purchase or lease eligible premises to which it relocates is allowed the industrial business zone tax ("IBZ") credit, a one-time credit to be credited against its UBT liability or refunded without interest to the extent it exceeds the taxpayer's UBT liability calculated without that credit. The amount of the credit is \$1,000 per full-time employee, provided that the amount of the credit may not exceed the lesser of the actual relocation costs or \$100,000. See Ad. Code § 11-503(n), as added by Chapter 635 of the Laws of 2005.

For purposes of this credit, the following definitions apply:

- "eligible business"** means any business subject to UBT that (1) has been conducting substantial business operations and engaging primarily in industrial and manufacturing activities at one or more locations within the City or outside New York State continuously during the 24 consecutive full months immediately preceding relocation, (2) has leased the premises from which it relocates continuously during the 24 consecutive full months immediately preceding relocation, (3) first enters into a binding contract on or after July 1, 2005 to purchase or lease eligible premises to which the business will relocate, (4) will be engaged primarily in industrial and manufacturing activities at the eligible premises, and (5) does not receive benefits under the REAP or Lower Manhattan REAP Program or through a grant program administered by the Business Relocation Assistance Corporation or through the New York City Printers Relocation Fund grant.
- "eligible premises"** means premises located entirely within an industrial business zone. For any eligible business, an industrial business zone credit will not be granted with respect to more than one eligible premises.
- "industrial business zone"** means an area within New York City established pursuant to section 22-626 of the Administrative Code.
- "industrial and manufacturing activities"** means activities involving the assembly of goods to create a different article, or the processing, fabrication, or packaging of goods. Industrial and manufacturing activities shall not include waste management or utility services.

SPECIFIC LINE INSTRUCTIONS:

Line 2: "relocation" means the physical relocation of furniture, fixtures, equipment, machinery and supplies directly to an eligible premises, from one or more locations of an eli-

gible business, including at least one location at which such business conducts substantial business operations and engages primarily in industrial and manufacturing activities. For purposes of determining the **"date of relocation"**, enter the earlier of (1) the date of the completion of the relocation to the eligible premises, or (2) ninety days from the commencement of the relocation to the eligible premises.

Lines 5 and 6

The amount of the credit is calculated based on the number of "full-time employees." **"Full-time employee"** means (1) one person gainfully employed in an eligible premises by an eligible business where the number of hours required to be worked by such person is not less than 35 hours per week; or (2) two persons gainfully employed in an eligible premises by an eligible business where the number of hours required to be worked by each such person is more than fifteen hours per week but less than 35 hours per week. The number of full-time employees for purpose of completing lines 5 and 6 is the average number of full-time employees, calculated on a weekly basis, employed in the eligible premises by the eligible business in the fifty-two week period immediately following the earlier of (1) the date of the completion of the relocation to eligible premises or (2) ninety days from the commencement of the relocation to the eligible premises. This credit must be taken in the taxable year in which such fifty-two week period ends.

Line 5

Enter the average number of employees working not less than 35 hours per week.

Line 6

Enter the average number of employees working more than 15 hours but less than 35 hours per week. If after multiplying by 1/2, the number is not a whole number, round down to the whole number.

Line 8

"Relocation costs" means costs incurred in the relocation of the furniture, fixtures, equipment, machinery and supplies, including, but not limited to, the cost of dismantling and reassembling equipment and the cost of floor preparation necessary for the reassembly of the equipment. Relocation costs include only such costs that are incurred during the ninety-day period immediately following the commencement of the relocation to an eligible premises. Relocation costs do not include costs for structural or capital improvements or items purchased in connection with the relocation.

PRIVACY ACT NOTIFICATION - The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for taxpayers is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York. Such numbers disclosed on any report or return are requested for tax administration purposes and will be used to facilitate the processing of tax returns and to establish and maintain a uniform system for identifying taxpayers who are or may be subject to taxes administered and collected by the Department of Finance, and, as may be required by law, or when the taxpayer gives written authorization to the Department of Finance for another department, person, agency or entity to have access (limited or otherwise) to the information contained in his or her return.



**DEPRECIATION ADJUSTMENTS FOR
CERTAIN POST 9/10/01 PROPERTY**

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

Name (Print or Type)

HEAT 2016 UBTI-SSN TC FOUR

EMPLOYER IDENTIFICATION NUMBER

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

OR

SOCIAL SECURITY NUMBER

4	0	0	-	0	0	-	1	0	3	5
---	---	---	---	---	---	---	---	---	---	---

- ▲ 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	B	C	D	E	F	G	H	I	
Description of Property	Class of Property	Date Placed in Service: mm-dd-yy	Cost or Other Basis	Accumulated NYC Depreciation Taken in Prior Years	Federal Depreciation	Method of Figuring NYC Depreciation	Life or Rate	Allowable New York City Depreciation	
Planting Equipment	3	1/1/2015	25,000	5,000	9,000	SL	5	5,000	
1a. Total columns D, E, F, and I.....			25,000	5,000	9,000			5,000	

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

SCHEDULE A2		Computation of NYC deductions for current year for sport utility vehicles						Attach rider if necessary	
A	B	C	D	E	F	G	H	I	
Description of Property	Class of Property	Date Placed in Service: mm-dd-yy	Cost or Other Basis	Accumulated NYC Deductions Taken in Prior Years	Federal Depreciation and Section 179 Deductions	Method of Figuring NYC Depreciation	Life or Rate	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	B	C	D	E	F	G
Description of Property	Class of Property (ACRS)	Date Placed in Service: mm-dd-yy	Total Federal Depreciation Taken	Total NYC Depreciation Taken	Adjustment (D minus E)	Adjustment (E minus 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.	9,000	
5.	Enter amount from Schedule A1, line 1a, column I.....	5.		5,000
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.	9,000	5,000

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.)

GENERAL INFORMATION

The Job Creation and Worker Assistance Act of 2002, P.L. 107-147, (the "Act") allows taxpayers an additional 30 percent depreciation deduction in the first year "qualified property" is placed in service. The Act allows a similar additional 30 percent first-year depreciation deduction for "qualified New York Liberty Zone property" and allows "qualified New York Liberty Zone leasehold improvements" to be depreciated over a five-year period using a straight-line method. The Act also allows an additional first-year expense deduction of up to \$35,000 for "qualified New York Liberty Zone property" under IRC §179 in addition to the otherwise allowable deduction. The Jobs and Growth Tax Relief Reconciliation Act of 2003, P.L. 108-27, (the "2003 Act") increased the first year federal depreciation deduction for certain qualified property to 50%.

The New York Liberty Zone generally encompasses an area of the borough of Manhattan below Canal Street. "Qualified property" (as defined in IRC §168(k)(2)) generally includes certain personal property acquired after September 10, 2001 and before January 1, 2005 and placed in service after September 10, 2001 and before January 1, 2005 or 2006 in certain circumstances. The 2003 Act modified the definition of "qualified property" to provide that to qualify for the 50% deduction, the property must be acquired after May 5, 2003 and before January 1, 2005 and placed into service before January 1, 2005 or 2006 in certain circumstances. "Qualified New York Liberty Zone property" (as defined in IRC §1400L(b)(2)) generally includes the same types of personal property if used substantially in the New York Liberty Zone in connection with the active conduct of a trade or business in the New York Liberty Zone where the original use began with the taxpayer in the Liberty Zone after September 10, 2001. It also includes certain real prop-



SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Name of proprietor

Lynette Heather

Social security number (SSN)

400-00-1035

A Principal business or profession, including product or service (see instructions)

Floral Plants Schedule C1

B Enter code from instructions

► **1 1 1 4 0 0**

C Business name. If no separate business name, leave blank.

HEAT 2017 UBTI-SSN TC FOUR

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ► **2525 Juniper Street**

City, town or post office, state, and ZIP code **Paul, ID 83347**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2017, check here ☐

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☒ Yes ☐ No

J If "Yes," did you or will you file required Forms 1099? ☒ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. <input type="checkbox"/>	1	165,000
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	165,000
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	165,000
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	165,000

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	5,000
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	12,000
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	5,500	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	1,000	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				b	Reserved for future use	27b	

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a **28** **28,000**

29 Tentative profit or (loss). Subtract line 28 from line 7 **29** **141,500**

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home: _____

and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

31 **Net profit or (loss).** Subtract line 30 from line 29.

• If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.

• If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both **Form 1040, line 12**, (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.

• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / / _____

44 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business _____	b Commuting (see instructions) _____	c Other _____
-------------------------	---	----------------------

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use?. ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

48	Total other expenses. Enter here and on line 27a	48

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Name of proprietor
Lynette Heather

Social security number (SSN)
400-00-1035

A Principal business or profession, including product or service (see instructions)
Plant Lecturer Schedule C2

B Enter code from instructions
► **1 1 1 4 0 0**

C Business name. If no separate business name, leave blank.
HEAT 2016 UBTI-SSN TC FOUR

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ► **2525 Juniper Street**
City, town or post office, state, and ZIP code **Paul, ID 83347**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2017, check here ☐

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☒ Yes ☐ No

J If "Yes," did you or will you file required Forms 1099? ☒ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. <input type="checkbox"/>	1	95,000
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	95,000
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	95,000
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	95,000

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	2,500
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	24,000
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	1,500	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	1,900
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	1,000
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	100
17	Legal and professional services	17	2,500	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	35,000	26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	60,000	27a	Other expenses (from line 48)	27a	1,500
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	60,000				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business **b** Commuting (see instructions) **c** Other

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Details upon request	1,500
48 Total other expenses. Enter here and on line 27a	48 1,500

UBTI-SSN Test Case Five

Begins on the next page

Taxpayer name	AMBR UBTI-SSN TC FIVE
EIN	400-00-1060
Primary Form	NYC-5UBTI
Associated Form(s)	None
Attachments	None
Purpose of test	Generic test NYC-5UBTI
Other instructions	None

DECLARATION OF ESTIMATED UNINCORPORATED BUSINESS TAX

(FOR INDIVIDUALS, ESTATES AND TRUSTS)

2018

For CALENDAR YEAR 2018 beginning _____ and ending _____

Print or Type	First name and initial Jane	Last name Ambrosia	Name Change <input type="checkbox"/>	SOCIAL SECURITY NUMBER								
	Business name AMBR 2017 UBTI-SSN TC FIVE			4	0	0	0	0	1	0	6	0
	Business address (number and street) 511 Sequoia Street			Address Change <input checked="" type="checkbox"/>			BUSINESS CODE NUMBER AS PER FEDERAL RETURN					
	City and State Milo, ME	Zip Code 04463	Country (if not US)	5	4	1	1	9	0	ESTATES AND TRUSTS ONLY, ENTER EMPLOYER IDENTIFICATION NUMBER		
	Business Telephone Number 555-212-1212	Taxpayer's Email Address JAmbrosia@anymail.com										

Payment Amount	
A. Payment Amount included with form - Make payable to: <i>NYC Department of Finance</i>A.	2,500
1. Estimate of 2018 tax.....1.	7,500
2. Amount to be paid with this declaration (Payable to: <i>NYC DEPARTMENT OF FINANCE</i>).....2.	2,500

Signature of taxpayer _____ Owner _____ Title _____ Date 04/01/2018

To receive proper credit, you must enter your correct Social Security Number or Employer Identification Number on your declaration and remittance.

DETACH ON DOTTED LINE & MAIL UPPER PORTION. RETAIN LOWER PORTION FOR YOUR RECORDS

ESTIMATED TAX WORKSHEET

▼ KEEP THIS PORTION FOR YOUR RECORDS ▼

1. Net income from business expected in 2018 (see instructions).....1.	
2. Exemption (see instructions).....2.	
3. Line 1 less line 2 (estimated taxable business income).....3.	
4. Tax - enter 4% of line 3 (see instructions).....4.	
5a. Business Tax Credit (✓) (Check applicable box below and enter credit amount)	
<input type="checkbox"/> Tax on line 4 is \$3,400 or less. Your credit is the entire amount of tax on line 4. <input type="checkbox"/> Tax on line 4 is \$5,400 or over. No credit is allowed. Enter "0". <input type="checkbox"/> Tax on line 4 is over \$3,400 but less than \$5,400, use formula for credit amount: Tax on line 4 x (\$5,400 minus tax on line 4).....5a.	
5b. Other credits (see instructions).....5b.	
5c. Total credits (add lines 5a and 5b).....5c.	
6. Estimated 2018 Unincorporated Business Tax (line 4 less line 5c) Enter here, on line 7b, and on line 1 of declaration above6.	
7a. 2017 Unincorporated Business Tax..7a.	7b. Estimate of 2018 tax from line 6..7b.
COMPUTATION OF INSTALLMENT - (✓) Check proper box below and enter amount indicated. Fiscal year taxpayers see instructions.	
8. If this declaration is due on:	8.
<input type="checkbox"/> April 17, 2018, enter 1/4 of line 7b <input type="checkbox"/> June 15, 2018, enter 1/3 of line 7b <input type="checkbox"/> Sept. 15, 2018, enter 1/2 of line 7b <input type="checkbox"/> Jan. 15, 2019, enter amount of line 7b	
9. Enter amount of overpayment on 2017 return which you elected to have applied as a credit against 2018 estimated tax...9.	
10. Amount to be paid with this declaration (line 8 less line 9) (Payable to: <i>NYC DEPARTMENT OF FINANCE</i>).....10.	

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

MAILING INSTRUCTIONS
MAIL YOUR DECLARATION FORM TO:
 NYC DEPARTMENT OF FINANCE
 UNINCORPORATED BUSINESS TAX
 P. O. BOX 3923
 NEW YORK, NY 10008-3923

UBTI-SSN Test Case Six

Begins on the next page

Taxpayer name	HEAT UBTI-SSN TC SIX
EIN	400-00-1035
Primary Form	NYC-EXT
Associated Form(s)	None
Attachments	None
Purpose of test	Generic test NYC-EXT
Other instructions	None

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

PRINT OR TYPE		For CALENDAR YEAR 2017 or Fiscal Year beginning		, 2017 and ending	
Name (if combined corporate filer, give name of reporting corporation) HEAT UBTI-SSN TC SIX				Name Change <input type="checkbox"/>	
In Care of Lynette Heather					
Unincorporated Business-Individuals Only	First Name Lynette	Last Name Heather	Name Change <input type="checkbox"/>		
Business address (number and street) 2525 Juniper Street				Address Change <input type="checkbox"/>	
City and State Paul, ID		Zip Code 83347	Country (if not US)		
Business Telephone Number 555-555-1212		Email Address LHeather@anymail.com			
EMPLOYER IDENTIFICATION NUMBER					
OR SOCIAL SECURITY NUMBER (FOR UNINCORPORATED BUSINESS-INDIVIDUALS ONLY)					
4 0 0 - 0 0 - 1 0 3 5					
BUSINESS CODE NUMBER AS PER FEDERAL RETURN					
1 1 1 4 0 0					

Tax Type

Corporation Tax			Unincorporated Business Tax (UBT)	
<input type="checkbox"/> Business C Corporations only	<input 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 checked="" 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		Payment Amount
Amount included with form. Make payable to: NYC Department of Finance.....A.		
1. Current Year Estimated Tax..... 1.		1,500
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.		375
3. Total of lines 1 and 2..... 3.		1,875
4. Total payments and credits..... 4.		
5. Balance due. Subtract line 4 from line 3..... 5.		1,875

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):	02/28/2018