

**NEW YORK CITY DEPARTMENT OF FINANCE**

**[www.nyc.gov.Finance](http://www.nyc.gov.Finance)**



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

**TAX YEAR 2016  
VERSION 1.0  
NOVEMBER 18, 2016**

## Revision History

Version	Author	Date	Change Highlights
1.0	Lawrence Sporn	11/17/2016	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-SSN forms you support by email to [BTeFile@finance.nyc.gov](mailto: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	Federal Form 1040 Schedule C
2	GARD UBTI-SSN TC TWO	400-00-1037	NYC-202	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 Federal Form 1040 Schedule C
5	AMBR UBTI-SSN TC FIVE	400-00-1060	NYC-5UBTI	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](mailto:BTFile@finance.nyc.gov) indicating the forms sent as PDF attachments.
- Contact [BTFile@finance.nyc.gov](mailto: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 November 21, 2016. 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](mailto: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 2016 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
Other instructions	None



# -202S UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS 2016

For CALENDAR YEAR 2016 or Fiscal YEAR beginning \_\_\_\_\_, 2016 and ending \_\_\_\_\_

First name and initial <b>David</b>		Last name <b>Peony</b>		Name Change <input checked="" type="checkbox"/>	
In Care Of <b>David Peony</b>					
Business name <b>PEON 2016 UBTI-SSN TC ONE</b>					
Business address (number and street) <b>10309 Fern Valley Road</b>				Address Change <input checked="" type="checkbox"/>	
City and State <b>Lawrence, NC</b>		Zip Code <b>27707</b>		Country (if not US)	
Business Telephone Number <b>212-555-1212</b>		Date business began in NYC (mm-dd-yy) <b>01/01/2000</b>		Date business ended in NYC (mm-dd-yy)	
TAXPAYER'S EMAIL ADDRESS <b>DPeony@anymail.com</b>				SOCIAL SECURITY NUMBER <b>4 0 0 - 0 0 - 1 0 3 6</b>	
BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C: <b>8 0 1 1 0 0</b>					

**CHECK ALL THAT APPLY**

☒ Amended return If the purpose of the amended return is to report a federal or state change, check the appropriate box:

☐ IRS change ☐ NYS change

☐ Final return - ceased operations

☐ Engaged in a **fully exempt** unincorporated business activity

☐ Engaged in a **partially exempt** unincorporated business activity

Date of Final Determination --

**3 5** Enter 2-character special condition code if applicable (see instructions)

## 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)		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)		10,000
3. Balance before exemption (line 1 less line 2)		153,500
4. Less: exemption - \$5,000 (taxpayer operating more than one business or short period taxpayer, see instructions)		5,000
5. Taxable income (line 3 less line 4) (see instructions)		148,500
6. TAX: 4% of amount on line 5		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)		5,940
8. UNINCORPORATED BUSINESS TAX (line 6 less line 7) (see instructions)		7,500
9. Payment of estimated Unincorporated Business Tax, including carryover credit from preceding year and payment with extension, NYC-EXT (see instructions)		1,560
10. If line 8 is larger than line 9, enter balance due		
11. If line 8 is smaller than line 9, enter overpayment		
12. Interest (see instructions)		
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		1,000
(b) Credited to 2017 Estimated Tax on Form NYC-SUBTI		560
13c. Routing Number <b>021000021</b> Account Number <b>123-4567-89</b> ACCOUNT TYPE Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>		0
14. Total remittance due. Line 10 plus line 12		190,000
15. Gross receipts or sales from federal return		

## CERTIFICATION

SIGN HERE PREPARER'S USE ONLY	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"/>			
	Taxpayer's Signature:	Title: <b>Owner</b>	Date: <b>04-12-2017</b>	Preparer's Social Security Number or PTIN
	Preparer's signature:	Preparer's printed name: <b>J Appleseed</b>	Date: <b>03-22-2017</b>	<b>P 0 0 - 0 0 - 0 0 0 1</b>
EFile Accounting, 29 North First Street, Lawrence NC 27701			Firm's Employer Identification Number	
Firm's name			<b>6 9 - 0 0 0 0 0 9 8</b>	
Address			Check if self-employed <input checked="" type="checkbox"/>	
Zip Code				

**SCHEDULE B**

**Computation of Total Income**

## Business Tax Credit Computation

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

- PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 9**

**MAILING INSTRUCTIONS**

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



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
(Sole Proprietorship)

► **Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).**  
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **09**

Name of proprietor <u>David Peony</u>		Social security number (SSN) <u>400-00-1036</u>
A Principal business or profession, including product or service (see instructions) <u>Medical Office Administration</u>		B Enter code from instructions ► <u>8</u> <u>0</u> <u>1</u> <u>1</u> <u>0</u> <u>0</u>
C Business name. If no separate business name, leave blank. <u>PEON UBTI-SSN TC ONE</u>		D Employer ID number (EIN), (see instr.) .....
E Business address (including suite or room no.) ► <u>1039 Fern Valley Road</u> City, town or post office, state, and ZIP code <u>Lawrence, NC 27707</u>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ► .....		
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2016, check here . . . <input type="checkbox"/>		
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099? . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>Gross profit.</b> 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 <b>Gross income.</b> 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 <b>Reserved for future use</b> . . .	27b		
28 <b>Total expenses</b> 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). <b>Simplified method filers only:</b> 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 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> 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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.				32a <input type="checkbox"/> All investment is at risk.			
				32b <input type="checkbox"/> Some investment is not at risk.			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11334P

Schedule C (Form 1040) 2016

**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)		
<b>34</b>	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	
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>	
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	
<b>38</b>	Materials and supplies . . . . .	<b>38</b>	
<b>39</b>	Other costs . . . . .	<b>39</b>	
<b>40</b>	Add lines 35 through 39 . . . . .	<b>40</b>	
<b>41</b>	Inventory at end of year . . . . .	<b>41</b>	
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>	

**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.

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year)    ▶    /    /	
<b>44</b>	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:	
<b>a</b>	Business _____	
<b>b</b>	Commuting (see instructions) _____	
<b>c</b>	Other _____	
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>47a</b>	Do you have evidence to support your deduction? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If "Yes," is the evidence written? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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<b>48</b>	<b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b>

## UBTI-SSN Test Case Two

Begins on the next page

Taxpayer name	GARD 2016 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
Other instructions	None



**UNINCORPORATED BUSINESS TAX RETURN**  
**FOR INDIVIDUALS AND SINGLE-MEMBER LLCs**

**2016**

For CALENDAR YEAR 2016 or Fiscal YEAR beginning \_\_\_\_\_, 2016 and ending \_\_\_\_\_

First name and initial <b>Morgan</b>	Last name <b>Gardner</b>	Name Change <input checked="" type="checkbox"/>
In Care Of <b>Morgan Gardner</b>		
Business name <b>GARD 2016 UBTI-SSN TC TWO</b>		
Business address (number and street) <b>2250 West Sahara Road</b>		Address Change <input checked="" type="checkbox"/>
City and State <b>Las Vegas, NV</b>	Zip Code <b>89146</b>	Country (if not US)
Business Telephone Number <b>555-555-5555</b>	Date business began in NYC (mm-dd-yy) <b>01/01/2010</b>	Date business ended in NYC (mm-dd-yy)

TAXPAYER'S EMAIL ADDRESS <b>MGardner@anymail.com</b>												
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							

<b>CHECK ALL THAT APPLY</b>	<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 <b>fully exempt</b> unincorporated business activity	<input type="checkbox"/> Engaged in a <b>partially exempt</b> unincorporated business activity								
	<input type="checkbox"/> Claim any 9/11/01-related federal tax benefits (see instructions)	<table border="1"><tr><td>4</td><td>5</td></tr></table> Enter 2-character special condition code, if applicable (see instructions)	4	5						
4	5									

**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.	<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.	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.	<table border="1"><tr><td>5</td><td>0</td><td>.</td><td>0</td><td>0</td><td>%</td></tr></table>	5	0	.	0	0	%	
5	0	.	0	0	%					
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.			
21. Net tax after credits (line 19 less sum of lines 20a, 20b, 20c and 20d) .....	21.		64,432	
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.		14,432	
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 2017 Estimated Tax on Form NYC-5UBTI .....	28b.			
28c. Routing Number <input type="text"/> Account Number <input type="text"/> ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>				
29. Total remittance due (see instructions) .....	29.		15,932	
30. NYC rent deducted on federal tax return or NYC rent from Schedule C, Part 1. (THIS LINE MUST BE COMPLETED) .	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) .....	04-15-2016	12,500
B. Payment with Notice of Estimated Tax Due (2) .....	06-15-2016	12,500
C. Payment with Notice of Estimated Tax Due (3) .....	09-15-2016	12,500
D. Payment with Notice of Estimated Tax Due (4) .....		
E. Payment with extension, Form NYC-EXT .....	04/15/2017	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"/> 1	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.	1,640,800	

**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.	1,660,800	
23. Less: Charitable contributions (not to exceed 5% of line 22) (see instructions) .....	23.	10,000	
24. Balance (line 22 less line 23) .....	24.	1,650,800	
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. <input type="text"/>	25g.		
26. Investment income (line 25e less line 25f) (enter on page 1, Sch. A, line 7) .....	26.	52,000	
27. <b>BUSINESS INCOME</b> (line 24 less line 26) (enter here and transfer amount to pg 1, Sch. A, line 1) .....	27.	1,598,800	



60231691

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> )						<b>PERCENTAGE IN NEW YORK CITY</b>  (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 6.5.....1f.						%
2a. Wages, salaries and other personal service compensation paid to employees during the year..... 2a.						%
2b. Multiply Column C of line 2a by 6.5.....2b.						
3a. Gross sales of merchandise or charges for services during the year ..... 3a.						%
3b. Multiply Column C of line 3a by 87.....3b.						
<b>Weighted Factor Allocation</b>						
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.						%
<b>Business Allocation Percentage</b>						
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



60251691



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
(Sole Proprietorship)

► **Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).**  
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **09**

Name of proprietor <u>Morgan Gardner</u>		Social security number (SSN) <u>400-00-1037</u>
A Principal business or profession, including product or service (see instructions) <u>Television Broadcasting</u>		B Enter code from instructions ► <u>5</u> <u>1</u> <u>5</u> <u>1</u> <u>2</u> <u>0</u>
C Business name. If no separate business name, leave blank. <u>GARD 2016 UBTI-SSN TC TWO</u>		D Employer ID number (EIN), (see instr.) .....
E Business address (including suite or room no.) ► <u>2250 West Sahara Avenue</u> City, town or post office, state, and ZIP code <u>Las Vegas, NV 89146</u>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ► .....		
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2016, check here . . . <input type="checkbox"/>		
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099? . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	175,00	
4 Cost of goods sold (from line 42) . . . . .	4		
5 <b>Gross profit.</b> 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 <b>Gross income.</b> Add lines 5 and 6 . . . . .	7	175,000	

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

8 Advertising . . . . .	8		18 Office expense (see instructions)	18	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		
			26 Wages (less employment credits) . . . . .	26		
			27a Other expenses (from line 48) . . . . .	27a	1,500	
			b <b>Reserved for future use</b> . . . . .	27b		
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	28	58,000				
29 Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	29	117,000				
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> 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 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31					
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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.						
			32a <input type="checkbox"/> All investment is at risk.			
			32b <input type="checkbox"/> Some investment is not at risk.			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11334P

Schedule C (Form 1040) 2016

**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**

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

**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 2016, 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	1,500
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 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
Attachments	Two Federal Form 1040 Schedules C
Purpose of test	NYC-202 with NYC Credit and Net Operating Loss Deduction forms I
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** **2016**  
**FOR INDIVIDUALS AND SINGLE-MEMBER LLCs**

For CALENDAR YEAR 2016 or Fiscal YEAR beginning 07/01, 2016 and ending 06/30/2017

First name and initial <b>Susan</b>	Last name <b>Magnolia</b>	Name Change <input checked="" type="checkbox"/>
In Care Of <b>Susan Magnolia</b>		
Business name <b>MAGN 2016 UBTI TC THREE</b>		
Business address (number and street) <b>2030 Pecan Street</b>		Address Change <input type="checkbox"/>
City and State <b>Monroe, LA</b>	Zip Code <b>71201</b>	Country (if not US)
Business Telephone Number <b>555-555-5555</b>	Date business began in NYC (mm-dd-yy) <b>07/01/2002</b>	Date business ended in NYC (mm-dd-yy)

TAXPAYER'S EMAIL ADDRESS <b>SMagnolia@anymail.com</b>												
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							

<b>CHECK ALL THAT APPLY</b>	<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 <b>fully exempt</b> unincorporated business activity	<input type="checkbox"/> Engaged in a <b>partially exempt</b> unincorporated business activity								
	<input type="checkbox"/> Claim any 9/11/01-related federal tax benefits (see instructions)	<table border="1"><tr><td>3</td><td>5</td></tr></table> Enter 2-character special condition code, if applicable (see instructions)	3	5						
3	5									

**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.	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.	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.		%	
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												
21. Net tax after credits (line 19 less sum of lines 20a, 20b, 20c and 20d) .....	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 checked="" type="checkbox"/> Direct deposit - fill out line 28c OR <input type="checkbox"/> Paper check 28a.			2,760											
(b) Credited to 2017 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>123-4567-89</td></tr></table> ACCOUNT TYPE Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>	0	2	1	0	0	0	0	2	1	123-4567-89				
0	2	1	0	0	0	0	2	1						
123-4567-89														
29. Total remittance due (see instructions) .....	29.													
30. NYC rent deducted on federal tax return or NYC rent from Schedule C, Part 1. (THIS LINE MUST BE COMPLETED) .	30.													
31. Gross receipts or sales from federal return .....	31.		246,200											

**Business Tax Credit Computation**

1. 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.)
2. If the amount on page 1, line 17, is \$5,400 or over, no credit is allowed. Enter "0" on line 18.

3. 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) .....	6/15/2015	5,000
C. Payment with Notice of Estimated Tax Due (3) .....	9/15/2015	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 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.	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. <b>BUSINESS INCOME</b> (line 24 less line 26) (enter here and transfer amount to pg 1, Sch. A, line 1) .....	27.	216,000	



60231691

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> )						<b>PERCENTAGE IN NEW YORK CITY</b>  (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 6.5.....1f.						%
2a. Wages, salaries and other personal service compensation paid to employees during the year..... 2a.						%
2b. Multiply Column C of line 2a by 6.5.....2b.						
3a. Gross sales of merchandise or charges for services during the year ..... 3a.						%
3b. Multiply Column C of line 3a by 87.....3b.						
<b>Weighted Factor Allocation</b>						
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.						%
<b>Business Allocation Percentage</b>						
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 .....>						



## 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



60251691



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

2016

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 2016 or FISCAL YEAR beginning \_\_\_\_\_ 2016 and ending \_\_\_\_\_

▼ Print or Type ▼	Name as shown on NYC-202, 202-EIN or NYC-204: <b>MAGN 2016 UBTI-SSN TC THREE</b>		
	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: <b>December</b> YEAR: <b>2016</b>		
Federal Business Code: <b>5 4 1 6 0 0</b>		PARTNERSHIPS, ESTATES AND TRUSTS ONLY, ENTER EMPLOYER IDENTIFICATION NUMBER <b>4 0 0 - 0 0 - 1 0 3 2</b>	
		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.	0
7. Amount of carryover credit that may be carried over to the current year. Enter lesser of line 5 or line 6 .....	7.	0
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
-------

**CLAIM FOR BIOTECHNOLOGY CREDIT**  
**ATTACH TO FORM NYC-202, NYC-202EIN OR NYC-204.****2016****YOU MUST ATTACH YOUR CERTIFICATE OF TAX CREDIT TO THIS FORM.**  
**NO CREDIT WILL BE ALLOWED WITHOUT THE CERTIFICATE.**

For CALENDAR YEAR 2016 or FISCAL YEAR beginning \_\_\_\_\_ 2016 and ending \_\_\_\_\_

Print or Type

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

MAGN 2016 UBTI-SSN TC THREE

Unincorporated Business tax year  
for which claim is made. Date ended: December 2016  
MONTH YEAR**PARTNERSHIPS, ESTATES AND TRUSTS ONLY,  
ENTER EMPLOYER IDENTIFICATION NUMBER**

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

**SOCIAL SECURITY NUMBER**

4	0	0	-	0	0	-	1	0	3	2
---	---	---	---	---	---	---	---	---	---	---

**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**

Local Law 67 of 2009 as amended, added section 11-503(o) to the Ad. Code, which provides a new biotechnology credit for tax years 2010 through 2015 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 2016 will indicate the credit available for the tax year that includes December 31, 2016.

**Example:** Taxpayer A files on a fiscal year basis with a tax year beginning on April 1, 2016 and ending March 31, 2017. A Certificate of Tax Credit issued on or before February 17, 2017 will indicate the credit that may be claimed on the return covering the tax year ending March 31, 2017.

**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 and c of Form NYC-202 or NYC-202EIN, or Lines 22a, b and c of Form NYC-204.

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

**2016**

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

For CALENDAR YEAR 2016 or FISCAL YEAR beginning 01-01-2016 2016 and ending 12-31-2016

Print or Type ▼

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

MAGN 2016 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									
1b. Allocated NYC net operating loss incurred		20,000								
2. Amount of Line 1b previously absorbed by year ended	MM-DD-YYYY:	AMOUNT:	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)		0								
4. Subtract Line 3 from Line 1b		20,000								
5. Enter the amount from Page 1, Schedule A, Line 10 (See instructions)		216,000								
6. Enter the lesser of Line 4 or Line 5		20,000								
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)**

► **Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).**  
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **09**

Name of proprietor <u>Susan Magnolia</u>		Social security number (SSN) <u>400-00-1032</u>
A Principal business or profession, including product or service (see instructions) <u>Medical Consulting C1</u>		B Enter code from instructions ► <u>5</u> <u>4</u> <u>1</u> <u>6</u> <u>0</u> <u>0</u>
C Business name. If no separate business name, leave blank. <u>MAGN UBTI-SSN TC THREE</u>		D Employer ID number (EIN), (see instr.) .....
E Business address (including suite or room no.) ► <u>2030 Pecan street</u> City, town or post office, state, and ZIP code <u>Monroe, LA 71201</u>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ► .....		
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
H If you started or acquired this business during 2016, check here . . . <input type="checkbox"/>		
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
J If "Yes," did you or will you file required Forms 1099? . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

**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	181,200	
4 Cost of goods sold (from line 42) . . . . .	4		
5 <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	5	181,200	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	6		
7 <b>Gross income.</b> Add lines 5 and 6 . . . . .	7	181,200	

**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		
				26 Wages (less employment credits) . . . . .	26		
				27a Other expenses (from line 48) . . . . .	27a	3,000	
				b <b>Reserved for future use</b> . . . . .	27b		
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	28	20,000					
29 Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	29	161,200					
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> 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 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31						
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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.				32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11334P

Schedule C (Form 1040) 2016

**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**

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

**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 2016, 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
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 3,000

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
(Sole Proprietorship)

► **Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).**  
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **09**

Name of proprietor <u>Susan Magnolia</u>		Social security number (SSN)
<b>A</b> Principal business or profession, including product or service (see instructions) <u>Writer - Medical textbooks #2</u>		<b>B</b> Enter code from instructions <div style="border: 1px solid black; padding: 2px; text-align: center;">             7   1   1   5   1   0           </div>
<b>C</b> Business name. If no separate business name, leave blank. <u>MAGN 2016 UBTI-SSN TC THREE</u>		<b>D</b> Employer ID number (EIN), (see instr.) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>E</b> Business address (including suite or room no.) ► <u>2030 Pecan Street</u> City, town or post office, state, and ZIP code <u>Monroe, LA 71201</u>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses <span style="float:right"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<b>H</b> If you started or acquired this business during 2016, check here <span style="float:right"><input type="checkbox"/></span>		
<b>I</b> Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) <span style="float:right"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<b>J</b> If "Yes," did you or will you file required Forms 1099? <span style="float:right"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**Part I Income**

<b>1</b> 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 <span style="float:right"><input type="checkbox"/></span>	<b>1</b>	65,000	
<b>2</b> Returns and allowances	<b>2</b>		
<b>3</b> Subtract line 2 from line 1	<b>3</b>	65,000	
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>		
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	65,000	
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>		
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 <span style="float:right">►</span>	<b>7</b>	65,000	

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

<b>8</b> Advertising	<b>8</b>			<b>18</b> Office expense (see instructions)	<b>18</b>		
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>			<b>19</b> Pension and profit-sharing plans	<b>19</b>		
<b>10</b> Commissions and fees	<b>10</b>			<b>20</b> Rent or lease (see instructions):			
<b>11</b> Contract labor (see instructions)	<b>11</b>			<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	1,200	
<b>12</b> Depletion	<b>12</b>			<b>b</b> Other business property	<b>20b</b>	500	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>			<b>21</b> Repairs and maintenance	<b>21</b>	1,500	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>			<b>22</b> Supplies (not included in Part III)	<b>22</b>		
<b>15</b> Insurance (other than health)	<b>15</b>			<b>23</b> Taxes and licenses	<b>23</b>	1,800	
<b>16</b> Interest:				<b>24</b> Travel, meals, and entertainment:			
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>			<b>a</b> Travel	<b>24a</b>		
<b>b</b> Other	<b>16b</b>			<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>		
<b>17</b> Legal and professional services	<b>17</b>	10,000		<b>25</b> Utilities	<b>25</b>	1,200	
				<b>26</b> Wages (less employment credits)	<b>26</b>		
				<b>27a</b> Other expenses (from line 48)	<b>27a</b>		
				<b>b</b> <b>Reserved for future use</b>	<b>27b</b>		
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a <span style="float:right">►</span>	<b>28</b>	16,200					
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>	48,800					
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> 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	<b>30</b>						
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>						
<b>32</b> 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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.				<b>32a</b> <input type="checkbox"/> All investment is at risk.			
				<b>32b</b> <input type="checkbox"/> Some investment is not at risk.			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11334P

Schedule C (Form 1040) 2016

**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)		
<b>34</b>	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	
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>	
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	
<b>38</b>	Materials and supplies . . . . .	<b>38</b>	
<b>39</b>	Other costs . . . . .	<b>39</b>	
<b>40</b>	Add lines 35 through 39 . . . . .	<b>40</b>	
<b>41</b>	Inventory at end of year . . . . .	<b>41</b>	
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>	

**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.

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year)    ▶    /    /	
<b>44</b>	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:	
<b>a</b>	Business _____	
<b>b</b>	Commuting (see instructions) _____	
<b>c</b>	Other _____	
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>47a</b>	Do you have evidence to support your deduction? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If "Yes," is the evidence written? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

-----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
<b>48</b>	<b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b>

## UBTI-SSN Test Case Four

Begins on the next page

Taxpayer name	HEAT 2016 UBTI-SSN TC FOUR
EIN	400-00-1035
Primary Form	NYC-202
Associated Form(s)	NYC-114.5 NYC-114.6 NYC-399Z
Attachments	Two Federal Form 1040 Schedules C
Purpose of test	NYC-202 with Credit and Depreciation forms attached
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**

**2016**

For CALENDAR YEAR 2016 or Fiscal YEAR beginning \_\_\_\_\_, 2016 and ending \_\_\_\_\_

First name and initial <b>Lynette</b>	Last name <b>Heather</b>	Name Change <input checked="" type="checkbox"/>
In Care Of <b>Lynette Heather</b>		
Business name <b>HEAT 2016 UBTI-SSN TC FOUR</b>		
Business address (number and street) <b>2525 Juniper Street</b>		Address Change <input type="checkbox"/>
City and State <b>Paul, ID</b>	Zip Code <b>83347</b>	Country (if not US)
Business Telephone Number <b>555-555-1212</b>	Date business began in NYC (mm-dd-yy) <b>1/1/2010</b>	Date business ended in NYC (mm-dd-yy)

TAXPAYER'S EMAIL ADDRESS <b>LHeather@anymail.com</b>												
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							

<b>CHECK ALL THAT APPLY</b>	<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 <b>11-01-2016</b>
	<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 <b>fully exempt</b> unincorporated business activity		<input type="checkbox"/> Engaged in a <b>partially exempt</b> unincorporated business activity	
	<input type="checkbox"/> Claim any 9/11/01-related federal tax benefits (see instructions)		<b>6 5</b> 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>0</td><td>3</td><td>%</td></tr></table>	3	2	.	0	3	%	
3	2	.	0	3	%				
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.	50,415						
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.	50,415						
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.	40,415						
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.	35,415						
17.	Tax before business tax credit (4% of amount on line 16) .....	17.	1,417						
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.	1,417						
19.	UNINCORPORATED BUSINESS TAX (line 17 less line 18) (see instructions) .....	19.	0						

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.												
21. Net tax after credits (line 19 less sum of lines 20a, 20b, 20c and 20d) .....	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 checked="" type="checkbox"/> Direct deposit - fill out line 28c OR <input type="checkbox"/> Paper check 28a.		15,000											
(b) Credited to 2017 Estimated Tax on Form NYC-5UBTI .....	28b.	15,000											
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>123-4567-89</td></tr></table> ACCOUNT TYPE Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>	0	2	1	0	0	0	0	2	1	123-4567-89			
0	2	1	0	0	0	0	2	1					
123-4567-89													
29. Total remittance due (see instructions) .....	29.	0											
30. NYC rent deducted on federal tax return or NYC rent from Schedule C, Part 1. (THIS LINE MUST BE COMPLETED) .	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) .....	04-15-2016	10,000
C. Payment with Notice of Estimated Tax Due (3) .....	06-15-2016	10,000
D. Payment with Notice of Estimated Tax Due (4) .....	09-15-2016	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.		
26. Investment income (line 25e less line 25f) (enter on page 1, Sch. A, line 7) .....	26.		
27. <b>BUSINESS INCOME</b> (line 24 less line 26) (enter here and transfer amount to pg 1, Sch. A, line 1) .....	27.	157,400	



60231691

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			12,000	Office	1	25,000	Various
CITY New York	STATE NY	ZIP 1023					
NUMBER AND STREET	STATE	ZIP					
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET	STATE	ZIP					
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET	STATE	ZIP					
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			24,000	Greenhouse	3	65,000	Various
CITY Paul	STATE ID	ZIP 83347					
NUMBER AND STREET	STATE	ZIP					
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET	STATE	ZIP					
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET	STATE	ZIP					
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 <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.		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		
f. Multiply Column C of line 1e by 6.5 ..... 1f.						111.7649
2a. Wages, salaries and other personal service compensation paid to employees during the year..... 2a.		25,000		90,000		27.7778 %
2b. Multiply Column C of line 2a by 6.5 ..... 2b.						180.5557
3a. Gross sales of merchandise or charges for services during the year ..... 3a.		87,000		260,000		33.4615 %
3b. Multiply Column C of line 3a by 87 ..... 3b.						2,911.1538
<b>Weighted Factor Allocation</b>						
4a. Add Column C, lines 1f, 2b and 3b ..... 4a.						3,203.4744
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.						32.03 %
<b>Business Allocation Percentage</b>						
5. Enter percentage from line 4b. Transfer to page 1, Schedule A, line 2. See instructions. .... 5.						32.03 %
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)**

1. Nature of business or profession: Floral plants and lecturer on plant life
2. New York State Sales Tax ID Number: \_\_\_\_\_
3. Did you file a New York City Unincorporated Business Tax Return for the following years:  
**2014:** ☒ YES ☐ NO **2015:** ☒ YES ☐ NO  
 If "NO," state reason: \_\_\_\_\_
4. Enter home address: 65 Central Park West, New York, NY Zip Code: 10023
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.: Jan 1, 2013 End.: Dec 31, 2014  
 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
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. Did you calculate a depreciation deduction by the application of the federal Accelerated Cost Recovery System (ACRS) (see instr.)? ..... ☒ YES ☐ NO
9. Were you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return? ..... ☐ YES ☒ NO
10. 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
11. 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"/>				LHeather@anymail.com	
<b>SIGN HERE:</b>	Signature of taxpayer	Title	Owner	Date	04/15/2017
<b>PREPARER'S USE ONLY</b>	Preparer's signature	Preparer's printed name	Jerry Forest	Check if self-employed <input checked="" type="checkbox"/>	Date 04/01/2017
Forest Accounting Services		15 East 65th Street, New York, NY		10065	
▲ 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 3	
				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 2016 return is on or before April 18, 2017.

For fiscal years beginning in 2016, 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



60251691



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

For CALENDAR YEAR 2016 or FISCAL YEAR beginning \_\_\_\_\_ 2016 and ending \_\_\_\_\_

Print or Type

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

HEAT 2016 UBTI-SSN TC FOUR

Type of Business:  
Check one: ☒ COMMERCIAL ☐ INDUSTRIAL ☐ RETAILUnincorporated Business Tax year  
for which claim is made: ended: MONTH: December YEAR: 2016

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.

000	
1,250	
1,250	
1,250	

**REAP carryover schedule**

*You may not carry over the 5th preceding year's credit to next year.*

**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.

000	
-----	--

**Refundable Credit applied against Unincorporated Business Tax**

10. COMPUTATION OF REFUNDABLE CREDIT  
Number of eligible aggregate employment shares: 001 X \$3,000..... 10.

3,750	
-------	--

**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.

3,750	
-------	--



# CLAIM FOR CREDIT APPLIED TO UNINCORPORATED BUSINESS TAX

**2016**

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 2016 or FISCAL YEAR beginning \_\_\_\_\_

2016 and ending \_\_\_\_\_

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

HEAT 2016 UBTI-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: 01-01-2016

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: 12/31/2016

TYPE OF BUSINESS: ☒ COMMERCIAL ☐ INDUSTRIAL ☐ RETAIL

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

PRINCIPAL BUSINESS ACTIVITY: Floral plants and lecturer on plant life

## 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
3. <b>TOTAL</b> .....	3.	3

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

1. <i>Current rent information</i> - For the period covered by this report, enter the following amounts if payment is required under lease:					
	<b>COLUMN A</b>		<b>COLUMN B</b>		<b>COLUMN C</b>
a. Basic rent paid or required to be paid to landlord for premises .....	1a.	15,000			
b. Real estate tax payments attributable to premises .....	1b.	7,500			
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) .....	1d.	2,000	2,000		
e. Other amounts paid to landlord (enter in columns A and B) .....	1e.	5,500	5,500		
2. <i>Initial rent information</i> - Compute amounts as if the specified rent items below were paid for same number of months as covered by this report (see instructions)					
	<b>COLUMN A</b>		<b>COLUMN B</b>		<b>COLUMN C</b>
a. Original basic rent (see instructions) .....	2a.	12,500			
b. Original payments required for real estate taxes attributable to premises (see instructions) .....	2b.	6,500			
3. Increase in basic rent (line 1a less line 2a) .....	3.	2,500			
4. <b>TOTAL</b> column B. Add lines 1a through 1e. (enter total in columns B and C) .....	4.		30,000	30,000	
5. <b>TOTAL</b> column A. Add lines 1c through 3. (enter total in columns A and C) .....	5.	29,000		29,000	
6. Line 4 less line 5 .....	6.			1,000	
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) .....	7.			1,000	

**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.	0	
2. Number of commercial employment opportunities relocated to New York City	Number	x \$300.00	2.	900	
3. <b>TOTAL</b>			3.	900	
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.	3,000	
b. Cost of moving and installing machinery and equipment			4b.	250	
c. Cost of installing telephones and other communication equipment required as a result of relocation			4c.	600	
d. Cost incurred in purchasing office furniture and fixtures required as a result of relocation			4d.	1,500	
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.	1,250	
5. <b>TOTAL</b> (lines 4a through 4e)			5.	6,600	
6. Enter line 3 or line 5, whichever is less. Enter on page 1, parts I and II, lines 2 and 5			6.	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 = _____ <sup>0</sup> 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 2016 or FISCAL YEAR beginning \_\_\_\_\_ and ending \_\_\_\_\_

Name (Print or Type)  
HEAT 2016 UBTI-SSN TC FOUR

▲ 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.

EMPLOYER IDENTIFICATION NUMBER  
[ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

OR  
SOCIAL SECURITY NUMBER  
[ 4 ] [ 0 ] [ 0 ] - [ 0 ] [ 0 ] - [ 1 ] [ 0 ] [ 3 ] [ 5 ]

SCHEDULE A1		Computation of allowable New York City depreciation for current year						Attach rider if necessary
A Description of Property	B Class of Property	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Depreciation Taken in Prior Years	F Federal Depreciation	G Method of Figuring NYC Depreciation	H Life or Rate	I Allowable New York City Depreciation
Planting Equip	3	01-01-2015	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 Description of Property	B Class of Property	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Deductions Taken in Prior Years	F Federal Depreciation and Section 179 Deductions	G Method of Figuring NYC Depreciation	H Life or Rate	I Total Allowable New York City Deductions
1b. Total columns D, E, F, and I.....								

SCHEDULE B		Disposition adjustment			Attach rider if necessary	
For each item of property listed below, determine the difference between federal and New York City deductions used in the computation of federal and New York City taxable income in prior years.						
▲ If federal deduction exceeds New York City deduction, subtract column E from column D and enter in column F.						
▲ If New York City deduction exceeds federal, subtract column D from column E and enter in column G.						
A	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)

► **Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).**  
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **09**

Name of proprietor <u>Lynette Heather</u>		Social security number (SSN) <u>400-00-1035</u>
A Principal business or profession, including product or service (see instructions) <u>Floral Plants Schedule C1</u>		B Enter code from instructions ► <u>1 1 1 4 0 0</u>
C Business name. If no separate business name, leave blank. <u>HEAT 2016 UBTI-SSN TC FOUR</u>		D Employer ID number (EIN), (see instr.) .....
E Business address (including suite or room no.) ► <u>2525 Juniper Street</u> City, town or post office, state, and ZIP code <u>Paul, ID 83347</u>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ► .....		
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2016, check here		<input type="checkbox"/>
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <b>Gross profit.</b> 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 <b>Gross income.</b> 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 <b>Reserved for future use</b> . . . . .	27b		
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ►	28	23,500					
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). <b>Simplified method filers only:</b> 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 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2.</b> (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3.</b> • If a loss, you <b>must</b> go to line 32.	31	141,500					
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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2.</b> (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3.</b> • If you checked 32b, you <b>must</b> attach <b>Form 6198.</b> Your loss may be limited.				32a <input type="checkbox"/> All investment is at risk.			
				32b <input type="checkbox"/> Some investment is not at risk.			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11334P

Schedule C (Form 1040) 2016

**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**

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

**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 2016, 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.

<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b>



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
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OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **09**

Name of proprietor <u>Lynette Heather</u>		Social security number (SSN) <u>400-00-1035</u>
A Principal business or profession, including product or service (see instructions) <u>Plant Lecturer Schedule C2</u>		B Enter code from instructions ► <u>1 1 1 4 0 0</u>
C Business name. If no separate business name, leave blank. <u>HEAT 2016 UBTI-SSN TC FOUR</u>		D Employer ID number (EIN), (see instr.) .....
E Business address (including suite or room no.) ► <u>2525 Juniper Street</u> City, town or post office, state, and ZIP code <u>Paul, ID 83347</u>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ► .....		
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2016, check here . . . <input type="checkbox"/>		
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <b>Gross profit.</b> 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 <b>Gross income.</b> 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		
				26 Wages (less employment credits) . . . . .	26		
				27a Other expenses (from line 48) . . . . .	27a	1,500	
				b <b>Reserved for future use</b> . . . . .	27b		
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	28	35,500					
29 Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	29	60,000					
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> 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 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> 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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.				32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11334P

Schedule C (Form 1040) 2016

**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)

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If "Yes," attach explanation . . . . . ☐ **Yes**    ☐ **No**

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

**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 2016, 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.

Various - Details upon request	1,500
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 1,500



## UBTI-SSN Test Case Five

Begins on the next page

Taxpayer name	AMBR 2016 UBTI-SSN TC FIVE
EIN	400-00-1060
Primary Form	NYC-5UBTI
Associated Form(s)	None
Attachments	None
Purpose of test	Generic test
Other instructions	None

# DECLARATION OF ESTIMATED UNINCORPORATED BUSINESS TAX

(FOR INDIVIDUALS, ESTATES AND TRUSTS)

**2017**

For CALENDAR YEAR 2017 or Fiscal YEAR beginning \_\_\_\_\_ and ending \_\_\_\_\_

Print or Type	First name and initial <b>Jane</b>	Last name <b>Ambrosia</b>	Name Change <input checked="" type="checkbox"/>	SOCIAL SECURITY NUMBER <b>4 0 0 0 0 1 0 6 0</b>			
	Business name <b>AMBR 2016 UBTI-SSN TC FIVE</b>			BUSINESS CODE NUMBER AS PER FEDERAL RETURN <b>5 4 1 1 9 0</b>			
	Business address (number and street) <b>511 Sequoia Street</b>			ESTATES AND TRUSTS ONLY, ENTER EMPLOYER IDENTIFICATION NUMBER <b>                    </b>			
	City and State <b>Milo, ME</b>	Zip Code <b>04463</b>	Country (if not US)				
	Business Telephone Number <b>555-555-1212</b>	Taxpayer's Email Address <b>JAmbrosia@anymail.com</b>					

A. Payment		Payment Amount
Amount included with form - Make payable to: NYC Department of Finance.....A.		2,500
1. Estimate of 2017 tax.....1.		7,500
2. Amount to be paid with this declaration (Payable to: NYC DEPARTMENT OF FINANCE).....2.		2,500

 Signature of taxpayer \_\_\_\_\_ Title **Owner** Date **04-01-2017**

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 2017 (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.	0
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. <b>\$2,000</b>	
5b. Other credits (see instructions).....5b.	
5c. Total credits (add lines 5a and 5b).....5c.	
6. Estimated 2017 Unincorporated Business Tax (line 4 less line 5c) Enter here, on line 7b, and on line 1 of declaration above .....6.	
7a. 2016 Unincorporated Business Tax..7a. _____	7b. Estimate of 2017 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: <input type="checkbox"/> April 18, 2017, enter 1/4 of line 7b <input type="checkbox"/> Sept. 15, 2017, enter 1/2 of line 7b <input type="checkbox"/> June 15, 2017, enter 1/3 of line 7b <input type="checkbox"/> Jan. 16, 2018, enter amount of line 7b          } ..... 8.	
9. Enter amount of overpayment on 2016 return which you elected to have applied as a credit against 2017 estimated tax ...9.	
10. Amount to be paid with this declaration (line 8 less line 9) (Payable to: NYC DEPARTMENT OF FINANCE) .....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