

Estates and Trusts using an EIN as their primary identifier must use Form NYC-202EIN

UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS AND SINGLE-MEMBER LLCs

			or CALENDAR YEAR 2017 beginning			and ending			
	F	irst name and initial	Last name	Name Change	1	TAXPAYER'S EMAIL ADDRESS			
		In Care Of	1						
	E	Business name					-		
		Business address (number and street)		Address Change					
		City and State	Zip Code C	Country (if not US)		<u> </u>			
	E	Business Telephone Number Date busines	is began in NYC (mm-dd-yy) Date busines	s ended in NYC (mm-dd-yy)	BUSINESS CO FROM FEDER				
	снеск АЦ ТНАТ АРРЦУ		rated business activity	Engaged in a parti	ally exempt uninc	property. orporated business activity ition code, if applicable (see instructions)			
	SCHEDULE A	Computation of Tax BEGIN W	ITH SCHEDULE B ON PAGE 3. C	OMPLETE ALL OTHER SC	HEDULES. TRANS	FER APPLICABLE AMOUNTS TO SCHEDU	JLE A.		
۹.	Payment Amou	unt being paid electronically with th	iis return		A.	Payment Amount			
1.	Business income (f	rom page 3, Schedule B, line 2	27)		1.				
2.	Business allocation	percentage from Schedule C, li	ine 5. (If not allocating	g, enter 100%)2		%			
3.	If line 2 is less than	100%, enter income or loss o	n NYC real property (se	ee instructions)	3.				
4.	Balance (line 1 less	s line 3)			4.				
5.	Multiply line 4 by th	e business allocation percenta	ge on line 2		5.				
6.	Amount from line 3	(NYC real property income an	d gain not subject to al	llocation) (see instru	uctions) 6.				
7.	Investment income	(from page 3, Schedule B, line	9 26)						
8.	Investment allocation	on percentage (from page 4, S	chedule D, line 2)			%			
9.	Multiply line 7 by th	e investment allocation percen	tage from line 8 (see ins	structions)	9.				
10.	Total before NOL de	eduction (sum of lines 5, 6 and	9 or line 1 and line 9) (see instructions for l	ine 2) 10.				
11.	Deduct: NYC net op	perating loss deduction (from F	Form NYC-NOLD-UBTI	, line 7) (see instruct	tions) 11.				
12.	Balance before allo	wance for taxpayer's services	(line 10 less line 11)		12.				
13.		r taxpayer's services - do not e see instructions)							
14.	Balance before exe	emption (line 12 less line 13)			14.				
15.		\$5,000 (taxpayer operating mol		-	15.				
16.	Taxable income (lin	e 14 less line 15) (see instructions	5)		16.				
17.	Tax before busines	s tax credit (4% of amount on I	ine 16)		17.				
18.		x credit (select the applicable of							
		n schedule on the bottom of pa							
19.	UNINCORPORATE	D BUSINESS TAX (line 17 les	s line 18) (see instruction	s)	19.				

Α.

THIS RETURN MUST BE SIGNED. (SEE PAGE 5 FOR SIGNATURE BOX AND MAILING INSTRUCTIONS.)

2017

Form NYC-202 2017

Name _

Name	SSN		
20a. Credits from Form NYC-114.5 (attach form) (see instructions)	a.		
20b. Credits from Form NYC-114.6 (attach form) (see instructions)	b.		
20c. Credits from Form NYC-114.8 (attach form) (see instructions)	c.		
20d. Credits from Form NYC-114.10 (attach form) (see instructions)	d		
20e. Credits from Form NYC-114.12 (attach form) (see instructions)	e.		
21. Net tax after credits (line 19 less sum of lines 20a through 20e)		21.	
22. Payment of estimated Unincorporated Business Tax, including carry preceding year and payment with extension, NYC-EXT (see instruction)		22	
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.	
25a. Interest (see instructions)	a.		
25b.Additional charges (see instructions)25	b		
25c. Penalty for underpayment of estimated tax (attach form NYC-221) 25	c.		_
26. Total of lines 25a, 25b and 25c		26.	
27. Net overpayment (line 24 less line 26) (see instructions)		27.	
28. Amount of line 27 to be: (a) Refunded - Direct deposit - fill out line 28	Bc OR Paper chec	k 28a.	
(b) Credited to 2018 Estimated Tax on Form NY	C-5UBTI	28b.	
28c. Routing Account Number Number	ACCOUNT TYP		
29. Total remittance due (see instructions)		29.	
30. NYC rent deducted on federal tax return or NYC rent from Schedule	C, Part 1	30.	
31. Gross receipts or sales from federal return		31.	

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:

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

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)				
C Payment with Notice of Estimated Tax Due (3)				
D. Payment with Notice of Estimated Tax Due (4)				
E. Payment with extension, Form NYC-EXT				
F. Overpayment credited from preceding year				
G. TOTAL of A, B, C, D, E, F (enter on Schedule A, line 22)				

Name	SSN		
sc	HEDULE B Computation of Total Income		
Part	I 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) <i>(see instructions)</i>	1.	
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:	2.	
3.	Gain (or loss) from sale of business personal property or business real property <i>(attach federal Schedule D or Form 4797) (see instructions)</i>	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.	
	Total federal income (or loss) (combine lines 1 through 5) 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 <i>(attach schedule) (see instructions)</i>	6. 7.	
8.	Total income before New York City modifications (combine lines 6 and 7)	8.	
Part	2 New York City modifications (see instructions for Schedule B, part 2)]
AD	DITIONS		
9.	All income taxes and Unincorporated Business Taxes	9.	
10a.	Relocation credits	10a.	
	Expenses related to exempt income		
10c.	Depreciation adjustments (attach Form NYC-399 and/or NYC-399Z)	10c.	
	Real estate additions (see instructions)	. 10d.	
	Other additions (attach schedule) (see instructions)	11.	
12.	Total additions (add lines 9 through 11)	12.	
SU	BTRACTIONS		
13.	All income tax and Unincorporated Business Tax refunds (included in part 1)	13.	
14.	Wages and salaries subject to federal jobs credit (see instructions)	14.	
	Depreciation adjustment (attach Form NYC-399 and/or NYC-399Z)	15.	
	Exempt income included in part 1 (attach schedule)	16.	
	50% of dividends (see instructions)	17.	
	Real estate subtractions (see instructions)	18.	
	Other subtractions (attach schedule) (see instructions)	19.	
20.	Total subtractions (add lines 13 through 19)	20.	
21.	NYC modifications (combine lines 12 and 20)	21.	
22.	Total income (combine lines 8 and 21)	22.	
23.	Less: Charitable contributions (not to exceed 5% of line 22) (see instructions)	23.	
24.	Balance (line 22 less line 23)	24.	
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 25d25g.		
26.	Investment income (line 25e less line 25f) (enter on page 1, Sch. A, line 7)	26.	
20. 27.	BUSINESS INCOME (line 24 less line 26) (enter here and transfer amount to pg 1, Sch. A, line 1)	20. 27.	
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Name

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.

SSN

SCHEDULE C Complete this schedule if business is carried on both inside and outside New York City										
Part 1 List location of e	ach place of	f business I	NSIDE New Yor	k City, nature of ac mployees, their wa	tivities at each	location (manuf	acturing, sales	office, ex	ecutive office,	public
Complete Addres			Rent	Nature of A		No. of Employees	Wages, Salarie	es, 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										
		husiness O		hrk City, nature of a	tivities at eacl	h location (manu	facturing sales	s office ex		public
				nployees, their wag				s onice, ex	eculive onice,	public
Complete Addres	s		Rent	Nature of A	ctivities	No. of Employees	Wages, Salarie	es, Etc.	Duties	
	OTATE	ZIP								
	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 Alle	ocation of In	come					1			
DESCRIPTIO	ON OF ITEM	S USED AS	FACTORS	COLUMN A - NEW	V YORK CITY	COLUMN B - EV	ERYWHERE		COLUMN C	
1. Average								PERCENTAGE IN		
personal	,						W YORK CITY			
 a. Business real property owned b. Business real property rented from others (
c. Business tangible personal property			,					(COLUMN A DIVIDED BY		
al. During a familie and a set of the set of								- C	COLUMN B)	
	• • •									0(
f. Multiply (%
2a Wages s	salaries and ot									
compensation paid to employees du										%
			2b.							
3a. Gross sales of merchandise or charges for services during the year										0/
					26			%		
3b. Multiply C										
					4a.					
4b. Divide lin	e 4a by 100 if	no factors ar	e missing. If a facto	or is missing, divide lin	e 4a by the total	of the				a (
	ound to the nearest or	e hundredth of a	percentage point	4b.			%			
	ciness Allocat centage from			dule A, line 2. See ins	tructions		5.			%
	-			RTS 1 AND 2 LO					D	
				SES OF AN OFFI				NO		
SCHEDULE D	Invest	ment C	apital and A	Allocation ar	nd Cash E	lection				
A		-	В	C	D		E	F	G	
DESCRIPTION OF			No. of Shares or Amount of Securities		Liabilities Attribute to Investment C			ssuer's Allocation Percentage	Value Allocated to (column E x column	
	<u>(</u>		,					%		
								/0		
1. Totals (including items or	rider)									
				nd to the near 1	ana h	th of c manager	ne netrati			
 Investment allocation percent Cash - (To treat cash as in 	0 (opital		no to the hearest	one nunared	ui of a percenta	ige point)	%		
you must includ	le it on this	line.)	>							
4. Investment capital. Total	of lines 1E	and 3E								
60241791 ATTACH FE		SCHEDU		DULE C-EZ O				THIS D	ETURN	

Name				SSI	l				
sci		re taking a Net (/C-NOLD-UBTI	Operating	Loss Ded	uctior	n this ye	ar, plea	ase at	tach
SCF	IEDULE F The followin	ng information must	be entere	d for this ret	urn to	be comple	ete. (See	Instrue	ctions)
1. Natu	re of business or profession:								
2. New	York State Sales Tax ID Number:								
2015	you file a New York City Unincorpora 5: YES NO 0," state reason:	2016: Y	ES 🗌 🛚	wing years: IO					
							Zip Cod	e:	
	siness terminated during the current ch a statement showing disposition		terminated.	mm-dd-yy)	-				
(loss	the Internal Revenue Service or the preported in any tax period, or are y ES", by whom?	ou currently being audite	əd?		□ N	ed or decrea	ased any ta	axable in	
	New York State	Department of Taxation and Finar	nce St	ate period(s): Be	g.:	MM-DD-YY	End.:	MM-DD	-YY
10. Does 96th 11. If "YI	e you a participant in a "Safe Harbor s this taxpayer pay rent greater than Street for the purpose of carrying o ES", were all required Commercial se enter Employer Identification Number o	n \$200,000 for any prem on any trade, business, p Rent Tax Returns filed?. r Social Security Number wh	nises in NYC profession, v	in the borough ocation or com on the Commercia	of Manh nercial a	nattan south activity?	of	YES	NO NO NO
I hereby c	certify that this return, including any accompany				complete.	Firm's Email A	ddress:		
I author	ize the Dept. of Finance to discuss this	return with the preparer list	ed below. (See	instructions)	YES				
SIGN HERE:	Signature of taxpayer	ı	Title	Dat	e	Prep	arer's Social S	ecurity Nur	nber or PTI
	s Preparer's signature	Preparer's printed name		Check if self-	е			=	
ONLY		·				Fin	n's Employer	Identificat	on Number
	▲ Firm's name (or yours, if self-employed)	▲ Address		A 2	Zip Code				
		MAILING	G INSTRUC	TIONS					
Atta Ma	ach copy of federal Form 1040, Sched ke remittance payable to the order of To receive proper credit, y The due For fiscal years beginning in 2	f NYC DEPARTMENT OF you must enter your corre date for the calendar year	FINANCE. Par ect Social Sec ar 2017 return	yment must be i curity Number o i is on or before	nade in l n your ta April 17	U.S. dollars a x return and , 2018.	nd drawn remittance	on a U.S. e.	n 1040. . bank.
	ETURNS EXCEPT REFUND RETURNS DEPARTMENT OF FINANCE		REMITTANC E WITH FO	ES RM NYC-200V			URNS CLA	IMING RE	

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