

-202S UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS 2017

| | | | For CALENDAR YEAR 2017 | beginning | | ind ending | | |
|------------|---|--|---|----------------------------------|---|---|----|--|
| | | First name and initial | Last name | Name Change | | TAXPAYER'S EMAIL ADDRESS | | |
| | | In Care Of | | | SOCIAL SECURITY NUMBER | | | |
| | | Business name | | | | | | |
| | Business address (number and street) Address Change | | | | | | | |
| | | City and State | Zip Code | Country (if not US) | | | | |
| | | Business Telephone Number | Date business began in NYC (mm-dd-yy) Date | business ended in NYC (mm-dd-yy) | | | | |
| | | | e purpose of the amended return is to re ral or state change, check the appropriat | | Date of Fin Determinat | | | |
| | | Final return - ceased operatio | Enter 2-ch | naracter special co | ndition code if applicable (see instructions) | | | |
| | | Engaged in a fully exempt up | nincorporated business activity | Engaged in a part | tially exempt unin | corporated business activity | | |
| S | CHEDULE A | Computation of Tax | BEGIN WITH SCHEDULE B ON PAGE | 2. COMPLETE ALL OTHER S | CHEDULES. TRA | NSFER APPLICABLE AMOUNTS TO SCHEDULE / | A. | |
| Α. | Payment Amour | t being paid electronically w | vith this return | | A. | | | |
| 1. | Business income (fro | om page 2, Schedule B, I | ine 6) | | 1. | | | |
| 2. | Less: allowance for taxpayer's services - do not enter more than 20% of line 1 or \$10,000, whichever is less <i>(see instructions)</i> 2 . | | | | | | | |
| 3. | | | · | | | | | |
| 4. | • | 5,000 (taxpayer operating r, <i>see instructions)</i> | | 4. | | | | |
| 5. | | a 3 less line 4) <i>(see instru</i> | | | | | | |
| 6. | | on line 5 | | | | | | |
| 7. | | credit (select the applicabl schedule on page 2 and e | | | | | | |
| 8. | | D BUSINESS TAX (line 6 | | | | | | |
| 9. | | d Unincorporated Busine payment with extension, I | 9. | | | | | |
| 10. | | - | e | | | | | |
| | _ | | nent | | | | | |
| 12. | Interest (see instruct | ions) | 12. | | | | | |
| 13. | Amount of line 11 to be | : (a) Refunded - 🗌 Direct | t deposit - fill out line 13c | OR Daper check | . 13a. | | | |
| | | (b) Credited to 2018 Estin | mated Tax on Form NYC-5U | 3TI | 13b. | | | |
| 13c | . Routing | Account | | ACCOUNT TYP Checking Savi | | | | |
| 14. | Total remittance du | e. Line 10 plus line 12 | | | 14. | | | |
| 15. | Gross receipts or sal | les from federal return | CERTIFICA | | 15. | | | |
| | I hereby certify that this return, | including any accompanying rider, is | , to the best of my knowledge and beli | | Firm's Em | ail Address: | | |
| | I authorize the Department of Taxpayer's Signature: | Finance to discuss this return wit | th the preparer listed below. (see in Title: | structions)YES | | Preparer's Social Security Number or PTI | N | |
| | Preparer's signature: | | Preparer's printed name: | Date: | MM-DD-YY | | | |
| PREPARER'S | | | | | MM-DD-YY Check if | Firm's Employer Identification Numbe Image: Second Secon | ¥r | |
| PREP | Firm's name | ▲ Address | ▲ Zip Code | | _ self-employed | | | |

| Name: | | | SSN: | | | | | | | | | |
|--|--|--|--|---------------------|--|--------|--|--|--|--|--|--|
| SCHEDULE B Computation of Total Income | | | | | | | | | | | | |
| | | income, gain, loss or deduction | | | | | | | | | | |
| 1. | | s) from business, as reported for federa edule C, Schedule C-EZ or Schedule F . | I tax purposes | 1. | | | | | | | | |
| 2. | Other business in | ncome (or loss) <i>(see instructions)</i> | | 2. | | | | | | | | |
| 3. | Income taxes an | d unincorporated business tax paid this y | ear and deducted on federal return | 3. | | | | | | | | |
| 4. | Total income (co | mbine lines 1, 2 and 3) | | 4. | | | | | | | | |
| 5. | Less: Charitable | 5. | | | | | | | | | | |
| 6. | Balance (line 4 le | | | | | | | | | | | |
| В | usiness Ta | x Credit Computation | | | | | | | | | | |
| 1 | If the amount on page 1, line 6, is \$3,400 or less, your credit on line 7 is the entire amount of tax on line 6. (NO TAX WILL BE DUE.) If the amount on page 1, line 6, is over \$3,400 but less than \$5,400, your credit is computed by the following formula: | | | | | | | | | | | |
| 2 | 2. If the amount on page 1, line 6, is \$5,400 or over, no credit is allowed. Enter "0" on line 7. Amount on pg. 1, line 6 X (\$5,400 minus tax on line 6) = your credit | | | | | | | | | | | |
| 5 | SCHEDULE | C The following information | on must be entered for this retur | 'n to be c | omplete. | | | | | | | |
| 1. | Nature of busine | ess or profession: | | | | | | | | | | |
| | | Sales Tax ID Number: | | | | | | | | | | |
| | | ew York City Unincorporated Business 1 | | | | | | | | | | |
| | 2015: YES | | 6: YES NO | | | | | | | | | |
| | If "NO," state rea | ason: | | | | | | | | | | |
| 4. | | | | | Zip Code: | | | | | | | |
| | If business termi | | state date terminated. (mm-dd-yy) | | - | | | | | | | |
| 6. | - | | e Department of Taxation and Finance inc | creased or d | lecreased any taxable inc | ome | | | | | | |
| | | n any tax period, or are you currently be | | - | ······ | | | | | | | |
| | If "YES", by whom | n? Internal Revenue Service | State period(s): Beg.: End.: | | | | | | | | | |
| | | New York State Department of Tax | | | | | | | | | | |
| 7. | Has Form NYC- | 115 (Report of Federal/State Change in | Taxable Income) been filed? Only application | | | | | | | | | |
| | | | r 1/1/15, file an amended return. (see inst | | | NO | | | | | | |
| 8. | | | any premises in NYC in the borough of Ma | | | | | | | | | |
| 9. | 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? YES YES NO | | | | | | | | | | | |
| | | - | Number which was used on the Commercial Re | | | | | | | | | |
| PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 9 DATE AMOUNT | | | | | | | | | | | | |
| | | A. Payment with declaration, Form NYC- | | | | | | | | | | |
| l | | B. Payment with Notice of Estimated Tax | | | | | | | | | | |
| | C Payment with Notice of Estimated Tax Due (3) D. Payment with Notice of Estimated Tax Due (4) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | MAILING INSTRUCTIONS | | | 1 | | | | | | |
| C Payment with Notice of Estimated Tax Due (3) | | | | | | | | | | | | |
| The due date for the calendar year 2017 return is on or before April 17, 2018. For fiscal years beginning in 2017, file on or before the 15th day of the fourth month following the close of the fiscal year. | | | | | | | | | | | | |
| | | ALL RETURNS EXCEPT REFUND RETURNS | | RETURNS CLAIMING RE | FUNDS | | | | | | | |
| 61401701 | | NYC DEPARTMENT OF FINANCE | 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 | | NYC DEPARTMENT OF FIN | | | | | | | |
| | | UNINCORPORATED BUSINESS TAX P.O. BOX 5564 | | | UNINCORPORATED BUSINE P.O. BOX 5563 | SS TAX | | | | | | |
| | | BINGHAMTON, NY 13902-5564 | | | BINGHAMTON, NY 13902-55 | 563 | | | | | | |
| | 61421791 | | NEW YORK, NY 10008-3933 | | | | | | | | | |