

NYC	-202\$

UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS

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		,	For CALENDAR YEAR 2018	beginning	aı	nd ending	
		First name and initial	Last name	Name Change		TAXPAYER'S EMAIL ADDRESS	
		In Care Of	l I				
		Business name			1	SOCIAL SECURITY NUMBER	
		Business address (number and street)	Address			
		City and State	Zip Code	Change Country (if not US)	<u> </u>		
		Business Telephone Number	Date business began in NYC (mm-dd-yy) Date	husiness anded in NVC (mm dd vu)	BUSINESS CC	DDE NUMBER AL SCHEDULE C:	
		Business Telephone Number	Date business began in NTC (min-od-yy) Date	business ended in NYC (mm-ad-yy)	T NOW TEBER	AL SOMEDULE O.	
			purpose of the amended return is to re al or state change, check the appropriat		Date of Fina Determination		
		Final return - ceased operation				ndition code if applicable (see instructions)	
	CHEDULE A	Engaged in a fully exempt un			<u> </u>	corporated business activity NSFER APPLICABLE AMOUNTS TO SCHEDULE A	
		-				Payment Amount	١.
Α.	Payment Amour	nt being paid electronically w	tri tris return		A.		_
1.	Business income (fro	om page 2, Schedule B, li	ne 6)		1.		
2.		r taxpayer's services - do whichever is less <i>(see ins</i>			2.		
3.		nption (line 1 less line 2) .	,				
4.	Less: exemption - \$5	5,000 (taxpayer operating	more than one business	or			
5.	Taxable income (line	e 3 less line 4) (see instruc	ctions)		5.		
6.	TAX: 4% of amount	on line 5			6 .		
7.		credit (select the applicable schedule on page 2 and e					
8.	UNINCORPORATE	D BUSINESS TAX (line 6	less line 7) (see instructi	ions)	8.		
9.	•	ed Unincorporated Busines			9.		
10.	If line 8 is larger than	n line 9, enter balance du	ə		10.		
11.	If line 8 is smaller the	an line 9, enter overpaym	ent		11.		
12.	Interest (see instruct	ions)	12.				
13.	Amount of line 11 to be	e: (a) Refunded - Direct	deposit - fill out line 13c	OR Paper chec	k. 13a.		
		(b) Credited to 2019 Estin	nated Tax on Form NYC-5UE	3TI	13b.		
13c.	. Routing Number , , , ,	Account Number		Checking Sa	YPE vings		
14.	Total remittance du	e. Line 10 plus line 12			14.		
15.	Gross receipts or sa	les from federal return	CERTIFICA		15.		
		including any accompanying rider, is,	to the best of my knowledge and beli	ief, true, correct and complet	e. Firm's Ema	il Address:	
	I authorize the Department of Taxpayer's Signature:	f Finance to discuss this return with	the preparer listed below. (see in	pate:	MM-DD-YY	Preparer's Social Security Number or PTII	N
	Preparer's signature:		Preparer's printed name:	Date:		Firm's Employer Identification Numbe	r
PREPARER'S USE ONLY					MM-DD-YY Check if	I am o Employor Identification Number	<u>.</u>
LISE I	Firm's name	▲ Address	▲ Zip Code		self-employed		

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lame	e:	SSN:				
S	SCHEDULE B Computation of Total Income					
Ite	ems of business income, gain, loss or deduction					
1.	Net profit (or loss) from business, as reported for federal tax purposes from federal Schedule C, Schedule C-EZ or Schedule F	1.				
2.	Other business income (or loss) (see instructions)	2.				
3.	Income taxes and unincorporated business tax paid this year and deducted on federal	al return 3.				
4.	Total income (combine lines 1, 2 and 3)	4.				
5.	Less: Charitable contributions (not to exceed 5% of line 4) (see instructions)	5.				
6.	Balance (line 4 less line 5)	6.				
В	Business Tax Credit Computation					
1.	is the entire amount of tax on line 6. (NO TAX WILL BE DUE.)	lit is computed by the fo				
2.	2. If the amount on page 1, line 6, is \$5,400 or over, no credit is allowed. Enter "0" on line 7.	n pg. 1, line 6 X (\$5,400 r	ninus tax on line 6) = your	credit		
5	SCHEDULE C The following information must be entered for	or this return to b	e complete.			
1.	Nature of business or profession:					
2.	New York State Sales Tax ID Number:					
	Did you file a New York City Unincorporated Business Tax Return for the following					
	2016 : ☐ YES ☐ NO	•				
	If "NO," state reason:					
4.	Enter home address:		Zip Code:			
5.	If business terminated during the current taxable year, state date terminated. (mm-(Attach a statement showing disposition of business property.)	dd-yy)				
6.	Has the Internal Revenue Service or the New York State Department of Taxation a (loss) reported in any tax period, or are you currently being audited?		or decreased any taxable	income		
	If "YES", by whom?	e period(s): Beg.:	End.:	4-DD-VV		
			□ ·	M-DD-YY		
7	Has Form NYC-115 (Report of Federal/State Change in Taxable Income) been filed		MM-DD-YY MN	N-DD-YY		
٠.	for years prior to 1/1/15. For years beginning on or after 1/1/15, file an amended re		s) \(\tag{YES}	□NO		
8.	Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the	•	, <u> </u>			
	96th Street for the purpose of carrying on any trade, business, profession, vocation	_		☐ NO		
9.	If "YES", were all required Commercial Rent Tax Returns filed?		YES	☐ NO		
	Please enter Employer Identification Number or Social Security Number which was used on the	e Commercial Rent Tax F	Return:			
	PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 9	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 9)					
	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 9) MAILING INSTR Attach copy of federal Form 1040, Schedule C, Schedule C-EZ or Schedule F					
	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 2018 return is on or before April 15, 2019.

For fiscal years beginning in 2018, 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