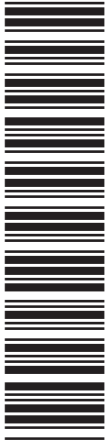


For CALENDAR YEAR 2018 beginning _____ and ending _____



First name and initial	Last name	Name Change <input type="checkbox"/>	TAXPAYER'S EMAIL ADDRESS	
In Care Of			SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	
Business name				
Business address (number and street)			BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
City and State				
Zip Code				
Business Telephone Number	Date business began in NYC (mm-dd-yy)	Date business ended in NYC (mm-dd-yy)		

CHECK ALL THAT APPLY

<input type="checkbox"/> Amended return	If the purpose of the amended return is to report a federal or state change, check the appropriate box:	<input type="checkbox"/> IRS change	Date of Final Determination <div style="border: 1px solid black; width: 40px; height: 15px;"></div>
<input type="checkbox"/> Final return - ceased operations		<input type="checkbox"/> NYS change	
<input type="checkbox"/> Engaged in a fully exempt unincorporated business activity		<input type="checkbox"/> Engaged in a partially exempt unincorporated business activity	Enter 2-character special condition code if applicable (see instructions) <div style="border: 1px solid black; width: 40px; height: 15px;"></div>

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

		Payment Amount
A. Payment Amount being paid electronically with this return	A.	
1. Business income (from page 2, Schedule B, line 6)	1.	
2. Less: allowance for taxpayer's services - do not enter more than 20% of line 1 or \$10,000, whichever is less (see instructions)	2.	
3. Balance before exemption (line 1 less line 2)	3.	
4. Less: exemption - \$5,000 (taxpayer operating more than one business or short period taxpayer, see instructions).....	4.	
5. Taxable income (line 3 less line 4) (see instructions).....	5.	
6. TAX: 4% of amount on line 5.....	6.	
7. Less: business tax credit (select the applicable credit condition from the Business Tax Credit Computation schedule on page 2 and enter amount) (see instructions)	7.	
8. UNINCORPORATED BUSINESS TAX (line 6 less line 7) (see instructions).....	8.	
9. Payment of estimated Unincorporated Business Tax, including carryover credit from preceding year and payment with extension, NYC-EXT (see instructions)	9.	
10. If line 8 is larger than line 9, enter balance due	10.	
11. If line 8 is smaller than line 9, enter overpayment	11.	
12. Interest (see instructions)	12.	
13. Amount of line 11 to be: (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 13c OR <input type="checkbox"/> Paper check .	13a.	
(b) Credited to 2019 Estimated Tax on Form NYC-SUBTI	13b.	
13c. Routing Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Account Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div> ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>		
14. Total remittance due. Line 10 plus line 12.....	14.	
15. Gross receipts or sales from federal return.....	15.	

CERTIFICATION

SIGN HERE	I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.			Firm's Email Address: _____	
	I authorize the Department of Finance to discuss this return with the preparer listed below. (see instructions).....YES <input type="checkbox"/>				
PREPARER'S USE ONLY	Taxpayer's Signature: _____ Title: _____ Date: _____ MM-DD-YY	Preparer's Social Security Number or PTIN <div style="border: 1px solid black; width: 100px; height: 20px;"></div>			
	Preparer's signature: _____ Preparer's printed name: _____ Date: _____ MM-DD-YY	Firm's Employer Identification Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div>			
	Firm's name _____ Address _____ Zip Code _____	Check if self-employed <input type="checkbox"/>			

