NYC	-2	02S
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UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS

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		For CALENDAR YEAR 2019 beginning		a	and ending				
		First name and initial	Last name	Name Change		TAXPAYER'S EMAIL ADDRESS			
		In Care Of			-				
	Business name			╢	SOCIAL SECURITY NUMBER				
	In Care Of Business name Business address (number and street) City and State Zip Code Country (if not US)			╢┕┷┷					
	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		ODE NUMBER RAL SCHEDULE C:			
		>					_		
	Amended return If the purpose of the amended return is to report a federal or state change, check the appropriate box: NYS change Final return - ceased operations Engaged in a fully exempt unincorporated business activity IRS change NYS change Engaged in a fully exempt unincorporated business activity Engaged in a part					Date of Final Determination			
		Final return - ceased operatio	ns			ndition code if applicable (see instructions)			
			nincorporated business activity			corporated business activity			
S	CHEDULE A	Computation of Tax	BEGIN WITH SCHEDULE B ON PAG	E 2. COMPLETE ALL OTHER	R SCHEDULES. TRA	NSFER APPLICABLE AMOUNTS TO SCHEDULE A	١.		
Α.	Payment Amour	nt being paid electronically w	ith this return		A.				
1.	Business income (from	om page 2, Schedule B, I	ine 6)		1.				
2.		r taxpayer's services - do							
2		whichever is less (see ins	,				+		
3.		nption (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.	5. Taxable income (line 3 less line 4) (see instructions)				5.		_		
6.	3. TAX: 4% of amount on line 5			6.		_			
7.	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)			II.					
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	n line 9, enter balance du	e		10.				
11.	If line 8 is smaller that	an line 9, enter overpaym	ent <u>.</u>		11.				
12.	Interest (see instruct	tions)	12.						
13.	Amount of line 11 to be	e: (a) Refunded - Direct	deposit - fill out line 13c	OR Paper che	ck. 13a.		_		
		(b) Credited to 2020 Estir	nated Tax on Form NYC-5U	BTI	13b.				
13c	. Routing Number	Account Number		ACCOUNT T Checking Sa	YPE avings				
14.	Total remittance du	e. Line 10 plus line 12			14.		\downarrow		
15.	Gross receipts or sa	les from federal return	CERTIFICA		15.				
	I hereby certify that this return,	including any accompanying rider, is			te. Firm's Ema	ail Address:			
₽ SN	I authorize the Department of Taxpayer's	f Finance to discuss this return wit	h the preparer listed below. (see in	structions)YES	亅 ┃				
SIGN	Signature:		Title:	Date:	MM-DD-YY	Preparer's Social Security Number or PTIN	1		
▶ 's's	Preparer's signature:		Preparer's printed name:	Date:	AMA 55 107	Firm's Employer Identification Number	_ r		
EPARER'S E ONLY					MM-DD-YY Check if				
PREF	Firm's name	▲ Address	▲ Zip Code		self-employed				

Form NYC-202S 2019 Page 2

lame			SN:			
s	CHEDULE B Computation of Total Income					
	ms of business income, gain, loss or deduction					
	Net profit (or loss) from business, as reported for federal tax purpor 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 de	ducted on federal return	ı 3.			
4.	Total income (combine lines 1, 2 and 3)		4.			
5.	Less: Charitable contributions (not to exceed 5% of line 4) (see instru	uctions)	5.			
6.	Balance (line 4 less line 5)		6.			
Вι	usiness Tax 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.)	your credit is cor	mputed by the fo			
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, lin	ne 6 X (\$5,400 m	ninus tax on line 6) = your	credit	
s	CHEDULE C The following information must be	e entered for this	return to b	e complete.		
	Nature of business or profession:					
2.	New York State Sales Tax ID Number:					
	Did you file a New York City Unincorporated Business Tax Return					
	2017: ☐ YES ☐ NO	_				
	If "NO," state reason:					
	Enter home address:			Zip Code:		
5.	5. If business terminated during the current taxable year, state date terminated. (mm-dd-yy)(Attach a statement showing disposition of business property.)					
	Has the Internal Revenue Service or the New York State Departme (loss) reported in any tax period, or are you currently being audited		ance increased	or decreased any taxable	income	
	If "YES", by whom?		(s): Beg.:	End.:		
	New York State Department of Taxation and Fin		(a). Dag.	End.	M-DD-YY	
_		and State period	(6). 26g	MM-DD-YY ENG.:	M-DD-YY	
	If "YES" to question 6:	/Otata Obassas in Taxas	- - - -\	#IIO VEO		
	For years prior to 1/1/15, has Form(s) NYC-115 (Report of Federa For years beginning on or after 1/1/15, has an amended return(s)				□ NO	
	Does this taxpayer pay rent greater than \$200,000 for any premise					
	of 96th Street for the purpose of carrying on any trade, business, p	_			□ NO	
	If "YES", were all required Commercial Rent Tax Returns filed?			- <u>-</u>	NO	
	Please enter Employer Identification Number or Social Security Number whi					
	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	AILING INSTRUCTIO	NS			

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 2019 return is on or before April 15, 2020.

For fiscal years beginning in 2019, 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

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