

## DEPARTMENT of Finance -202S UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS 2021

			For CALENDAR YEAR 2021	beginning	and ending			
	First name and initial		Last name Name Change		TAXPAYER'S EMAIL ADDRESS			
		In Care Of Business name			SOCIAL SECURITY NUMBER			
		Business address (number and street)		Address Change				
		City and State	Zip Code	Country (if not US)				
=		Business Telephone Number Date busi	ness began in NYC (mm-dd-yy) Date bu	siness ended in NYC (mm-dd-yy)	BUSINESS CO	AL SCHEDULE C:		
			e of the amended return is to report a te change, check the appropriate box:	IRS change	Date of Fina Determinatio			
		Final return - Check this box if you	have ceased operations in NYC.	Enter 2-	character special con	dition code if applicable (see instruction	is)	
		Engaged in a fully exempt unincorport	rated business activity	Engaged in a pa	artially exempt uninc	orporated business activity		
S		A Computation of Tax	BEGIN WITH SCHEDULE B ON PAG	E 2. COMPLETE ALL OTHER	SCHEDULES. TRAN	ISFER APPLICABLE AMOUNTS TO SC Payment Amount	HEDULE A.	
Α.	Payment /	Amount being paid electronically w	ith this return		<b>A.</b>			
1.	Business incon	ne (from page 2, Schedule B, I	ine 6)		1.			
2.		ce for taxpayer's services - do 000, whichever is less <i>(see ins</i>		2.				
3.	Balance before	exemption (line 1 less line 2)			3.			
4.		n - \$5,000 (taxpayer operating payer, <i>see instructions)</i>	4.					
5.	Taxable income	e (line 3 less line 4) <i>(see instru</i>	ctions)		5.			
6.	TAX: 4% of am	ount on line 5			6.			
7.		s tax credit (select the applicable tation schedule on page 2 and $\epsilon$						
8.	UNINCORPOR	ATED BUSINESS TAX (line 6	less line 7) (see instruct	tions)	8.			
9.	-	imated Unincorporated Busine and payment with extension, I	9.					
10.	If line 8 is large	er than line 9, enter balance du		10.				
11.	If line 8 is smal	ler than line 9, enter overpaym	ent		11.			
12.	Interest (see in	structions)	12.					
13.	Amount of line 11	to be: (a) Refunded - 🗌 Direct	deposit - fill out line 13c	<b>OR</b> Paper chec	k. <b>13a.</b>			
		(b) Credited to 2022 Estin	mated Tax on Form NYC-5U	BTI	13b.			
13c.	Routing	Account Account Number		ACCOUNT TY Checking Sav	ings			
14.	Total remittan	ce due. Line 10 plus line 12			14.		_	
15.	Gross receipts	or sales from federal return			15.			
GN ≣RE	I hereby certify that this I authorize the Depart Taxpayer's Signature:	I Address:	ber or PTIN					
	Preparer's signature:		Preparer's printed name:	Date:	MM-DD-YY MM-DD-YY	Firm's Employer Identification	on Number	
PREPARER'S	Firm's name		A Zin Codo		Check if			
<b>₽</b> ⊃	Firm's name	▲ Address	▲ Zip Code					

Form NYC-202S 2021

Name:				SSN:									
sc	CHEDULE B	<b>Computation of Total</b>	Income										
		e, gain, loss or deduction											
	,	business, as reported for federal C, Schedule C-EZ or Schedule F			1.								
<b>2.</b> Ot	ther business income	ss income (or loss) (see instructions)											
<b>3.</b> Inc	come taxes and uninc	corporated business tax paid this y	3.										
<b>4</b> . To	tal income (combine l												
5. Le	ess: Charitable contrib												
<b>6.</b> Ba	alance (line 4 less line	5)			6.								
Bus	Business Tax Credit Computation												
	<ul> <li>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.)</li> <li>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:</li> </ul>												
	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 ( <u>\$5,400 minus tax on line 6</u> ) =your credit												
sc		The following informatio	n must be	entered for this	return to be o	complete.							
1. Na	ature of business or p	profession:											
3. Die 20	<ul> <li>2. New York State Sales Tax ID Number:</li></ul>												
						Zip Code:							
		during the current taxable year, s		ninated. (mm-dd-yy)									
6. Ha (lo	<ul> <li>(Attach a statement showing disposition of business property.)</li> <li>6. Has the Internal Revenue Service or the New York State Department of Taxation and Finance increased or decreased any taxable income (loss) reported in any tax period, or are you currently being audited?</li></ul>												
	-	New York State Department of Taxa			End :								
					мм-с	DD-YY End.:MM	-DD-YY						
7a. Fo 7b. Fo 8. Do of 9. If "	or years beginning or bes this taxpayer pay 96th Street for the pu "YES", were all require	5, has Form(s) NYC-115 (Report o or after 1/1/15, has an amended rent greater than \$200,000 for a urpose of carrying on any trade, h red Commercial Rent Tax Return ntification Number or Social Security	d return(s) be ny premises business, pro s filed?	en filed? in NYC in the boroug fession, vocation or c	h of Manhattan sc commercial activity		<ul> <li>□ NO</li> <li>□ NO</li> <li>□ NO</li> <li>□ NO</li> </ul>						
		PREPAYMENTS CLAIMED ON S		LINE 9	DATE	AMOUNT							
	A. Pa	yment with declaration, Form NYC-5											
_		yment with Notice of Estimated Tax		F									
	C Pa	yment with Notice of Estimated Tax	. ,	F									
D. Payment with Notice of Estimated Tax Due (4)           E. Payment with extension, Form NYC-EXT													
	E. Pa	rerpayment credited from preceding											
	G. TO												
	G. TOTAL of A, B, C, D, E, F (enter on Schedule A, line 9) MAILING INSTRUCTIONS												
	D. Payment with Notice of Estimated Tax Due (4)												
ALL RETURNS EXCEPT REFUND RETURNS IN TRANCES IN RETURNS CLAIMING RE													
614	NYC I UNING P.O. E	DEPARTMENT OF FINANCE CORPORATED BUSINESS TAX 30X 5564 HAMTON, NY 13902-5564	<b>Mail Paym</b> NY	NLINE WITH FORM AT NYC.GOV/ESERV OR Hent and Form NYC C DEPARTMENT OF P.O. BOX 3933	/ICES -200V ONLY to: FINANCE	NYC DEPARTMENT OF F UNINCORPORATED BUS P.O. BOX 5563 BINGHAMTON, NY 13902	INANCE INESS TAX						
014				NEW YORK, NY 1000	ଌ-ସମସ୍ତ								