



For CALENDAR YEAR 2022 beginning _____ and ending _____

Form with fields for: First name and initial, Last name, Name Change, In Care Of, Business name, Business address, City and State, Zip Code, Country, Business Telephone Number, Date business began in NYC, Date business ended in NYC, TAXPAYER'S EMAIL ADDRESS, SOCIAL SECURITY NUMBER, BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C.

CHECK ALL THAT APPLY

Checkboxes for: Amended return, Final return, Engaged in a fully exempt unincorporated business activity, IRS change, NYS change, Engaged in a partially exempt unincorporated business activity, Date of Final Determination, Enter 2-character special condition code.

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

Table with 15 rows for tax computation. Columns include description, line number, and Payment Amount. Rows include Business income, Less: allowance for taxpayer's services, Balance before exemption, Less: exemption, TAX: 4% of amount on line 5, Less: business tax credit, UNINCORPORATED BUSINESS TAX, Payment of estimated Unincorporated Business Tax, If line 8 is larger than line 9, enter balance due, If line 8 is smaller than line 9, enter overpayment, Interest, Amount of line 11 to be: (a) Refunded, (b) Credited to 2023 Estimated Tax on Form NYC-SUBTI, Total remittance due, Gross receipts or sales from federal return.

CERTIFICATION

Certification section with fields for: I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete. I authorize the Department of Finance to discuss this return with the preparer listed below. (see instructions).....YES [checkbox], Firm's Email Address, Taxpayer's Signature, Title, Date, Preparer's signature, Preparer's printed name, Date, Firm's name, Address, Zip Code, Preparer's Social Security Number or PTIN, Firm's Employer Identification Number, Check if self-employed.

