Department of Finance	-2025
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UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS 2024

			For CALENDAR YEAR 2024	beginning	an	d ending	
		First name and initial	Last name	Name Change		TAXPAYER'S EMAIL ADDRESS	
		In Care Of					
	In Care Of Business name Business address (number and street) Address Change City and State Zip Code Country (if not US)						
		Business address (number and street) Address Change					
		City and State	Zip Code	Country (if not US)		· · · · · · ·	
		Business Telephone Number Date bus	iness began in NYC (mm-dd-yy) Date bus	iness ended in NYC (mm-dd-yy)	BUSINESS CO FROM FEDER/	DE NUMBER AL SCHEDULE C:	
		<u>≯</u>			Data of Fire		
			se of the amended return is to report a ate change, check the appropriate box:	IRS change NYS change	Date of Fina Determinatio		
		Final return - Check this box if you	have ceased operations in NYC.	Enter 2-0	character special con	dition code if applicable (see instructions)
		Engaged in a fully exempt unincorpo	rated business activity	Engaged in a pa	rtially exempt uninc	orporated business activity	
S						ISFER APPLICABLE AMOUNTS TO SCH	HEDULE A.
Α.	Payment	Amount being paid electronically w	vith this return		A.		
1.	Business incon	ne (from page 2, Schedule B, I	line 6)		1.		
2.		nce for taxpayer's services - do 000, whichever is less <i>(see ins</i>			2.		
3.		e exemption (line 1 less line 2)					
4.		on - \$5,000 (taxpayer operating					
		xpayer, see instructions)	•		4.		
5.	Taxable income	e (line 3 less line 4) <i>(see instru</i>	ıctions)		5.		
6.	TAX: 4% of am	ount on line 5			6.		
7.		s tax credit (select the applicab tation schedule on page 2 and e					
8.	UNINCORPOR	ATED BUSINESS TAX (line 6	less line 7) (see instruct	ions)	8.		
9.	,	timated Unincorporated Busine and payment with extension,	, 0, ,		9.		
10.	If line 8 is large	er than line 9, enter balance du	ıe		10.		
11.	If line 8 is smal	ller than line 9, enter overpayn	nent		11.		
12.	Interest (see in	structions)	12.				
13.	Amount of line 11	1 to be: (a) Refunded - 🗌 Direc	t deposit - fill out line 13c	OR Paper check	K. 13a.		
		(b) Credited to 2025 Esti	mated Tax on Form NYC-5UI				
13c.	Routing Number	Account Number		ACCOUNT TY Checking Sav	PE		
14.	Total remittan	ce due. Line 10 plus line 12			14.		
15.	Gross receipts	or sales from federal return			15.		
	I hereby certify that this	s return, including any accompanying rider, is	CERTIFICA		Firm's Emai	Address:	
GN ≣RE		tment of Finance to discuss this return wi		· · · · · -		Preparer's Social Security Numb	er or PTIN
	Preparer's signature:		Preparer's printed name:	Date:	MM-DD-YY	Eirm's Employee Identification	
PREPARER'S					MM-DD-YY Check if	Firm's Employer Identification	Number
PRE USE	Firm's name	▲ Address	▲ Zip Code		self-employed		

Form NYC-202S 2024

SetE201E BD Computation of Total income Items of backalise income, gain, use or deduction I. Net profit (or loss) from business, as reported for federal top purposes from federal Schedule C Schedule F. I. Other business income, gain, use or deduction I. Total income (croited in the site of the set of the s	Name:		S	SN:				
			Income					
term todaria Schedule C or Schedule F 2. Other business income (or loss) (see instructions) 3. Income taxes and unincoproted business tax paid this year and deducted on federal return 4. Total income (contine lines 1, 2 and 3) 4. Total income (contine lines 1, 2 and 3) 6. Balance (line 4 loss line 5) 7. If the anount on page 1, line 6, lis S3,400 or less, your credit on line 7 7. If the anount on page 1, line 6, lis S3,400 or less, your credit on line 7 8. Balance (line 4 loss line 5) 9. If the anount on page 1, line 6, lis S3,400 or less, your credit on line 7 10. Balance (line 7' on line 7. 11. If the anount on page 1, line 6, lis S3,400 or less, your credit on line 7 12. If the anount on page 1, line 6, lis S3,400 or over, no credit lis allowed. Environ 70 on line 7. 12. If the anount on page 1, line 6, lis S3,400 or loss, no credit lis allowed. Environ 70 on line 7. 13. Other or on line 7. 14. Enter from address: 23. Other or on line 7. 24. Enter home address: 23. Other or on line 7. 24. Enter home address: 25. If business are ministed during the current taxable year, state date terminated. (mm-dd-yn) 14. There home address: 25. If business are ministed during the current taxable year, state date terminated. (mm-dd-yn) 15. How 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? 26. How York State Department of Taxation and Finance 27. If YES' to question 6: 28. For years beginning o								
3. Income taxes and unincorporated business tax paid this year and deducted on federal return 3. 4. Total moone (combine lines 1, 2 and 3) 4. 5. Less: Charitable contributions (not to exceed 5% of line 4) (see instructions) 5. 6. Balance (the 4 less line 5) 6. Business Tax Cradit Computation 1. If the amount on page 1, line 6, is 83,400 or less, your credit is advorde. The following formula: Anout on pg 1, line 6, is 83,400 or loss, your credit is advorde. There '0' on line 7. 3. If the amount on page 1, line 6, is 83,400 or loss, your credit is advorde. There '0' on line 7. 3. If the amount on page 1, line 6, is 83,400 or loss, your credit is advorde. There '0' on line 7. 3. If the amount on page 1, line 6, is 83,400 or loss, your credit is advorde. There '0' on line 7. 3. Nour to pg 1, line 6, is 83,400 or loss, your credit is advorde. There '0' on line 7. 3. Nour credit is computed by the following formula: 4. First error advortage: 3. Did you line a lown York. City Unincorporated Business Tax Return for the following years: 3. Did you line a lown York. City Unincorporated Business property. 5. Husiness terminated during the current babate year, state date terminated. (mm-dd-yy)	from federal Sch	edule C or Schedule F						
4. Total noome (combine lines 1, 2 and 3) 4. 5. Easis: Charitable combine lines 1, 2 and 3) 4. 6. Balance (line 4 less line 5) 5. 7. Business Tax Credit Computation 9. If the amount on page 1, line 6, ite 53,000 or less, your credit on line 7, is the entrice amount of tax on line 6, 100 YAX WILL BE DUE) 9. If the amount on page 1, line 6, ite 53,000 or less, your credit on the 7, your credit is computed by the following formula: 1. If the amount on page 1, line 6, ite 53,000 or less, your credit is computed by the following formula: 2. If the amount on page 1, line 6, ite 53,000 or less, your credit is computed by the following formula: 3. Not on p. 1, line 6 X (Stat0 Sales Sales Tax ID Number: 2. Not work State Sales Tax ID Number: 3. Did you file a how York (State Sales Tax ID Number: 3. Did you file a how York (State Sales Tax ID Number: 4. Enter home address: 2. Zip Code: 5. If How fork State Sales Tax ID Number: 3. Did you file a how York (State Sales Tax ID Number: 4. Enter home address: 2. Zip Code: 5. If How fork State Sales Tax ID Number: 3. Unainess terminated during the current taxable year, state date torminated. (mm-dd-yy) 4. Enter home address: 5. Core years prior to 1/1/15, has Form(s) NYC-115 (Report of Federal/State Change in Taxable income leen filed? 6. Work State Dapation of Sales Ord Forderal/State Change in Taxable income leen filed? 7. If "YES' to question 6: 7. If "YES' to question 6: 7. If "YES' to question 6: 7. If "YES' to question 6: <th>2. Other business in</th> <th>ncome (or loss) <i>(see instructions)</i></th> <th></th> <th>2.</th> <th></th> <th></th>	2. Other business in	ncome (or loss) <i>(see instructions)</i>		2.				
	3. Income taxes an	d unincorporated business tax paid this y	vear and deducted on federal returr	n 3.				
8. Balance (line 4 less line 5) 6. Builtness Tax Credit Computation 9. If the amount on page 1, line 6, is 53,400 or less, your ordell on line 7, is the entire amount of tax on line 6, NO TAX NLL BE DLD; state amount of tax on line 6, NO TAX NLL BE DLD; state amount of tax on line 6, NO TAX NLL BE DLD; state amount of tax on line 6, NO TAX NLL BE DLD; state amount of tax on line 6, NO TAX NLL BE DLD; state amount of tax on line 6, NO TAX NLL BE DLD; state amount of tax on line 6, NO TAX NLL BE DLD; state amount of tax on line 6, NO TAX NLL BE DLD; state amount of tax on line 6, NO TAX NLL BE DLD; state amount on page 1, line 6, Is over \$3,400 but less than \$5,400, your credit is computed by the following lommal: 9. New York State Sales Tax ID Number:	4. Total income (co	mbine lines 1, 2 and 3)		4.				
Business Tax Credit Computation 1. If the amount on page 1, line 6, is 53,400 or less, your oredit on line 7 is the entre amount of tax on line 6, NO TAX WILL BE DUE. 2. If the amount on page 1, line 6, is 53,400 or less, your oredit is allowed. Enter Y0 on line 7. 3. If the amount on page 1, line 6, is 53,400 or less, your oredit is allowed. Enter Y0 on line 7. 3. SCHEDULE C The following information must be entered for this return to be complete. 1. Nature of business or profession:	5. Less: Charitable	contributions (not to exceed 5% of line 4) (see instructions)	5.				
1. If the amount on page 1, line 6, is \$3,400 or less, your credit on line 7 is the entre amount of tax on line 6, (NO TAX WILL BE DUE.) 2. If the amount on page 1, line 6, is \$3,400 or over, no credit is allowed. Enter '0' on line 7. 3. If the amount on page 1, line 6, is \$3,400 or over, no credit is allowed. Enter '0' on line 7. 4. Notation of p. 1, line 6 x (\$5.400 minut sco und): 0 =				6.				
is the entire amount of tax on line 6, (NO TAX WILL BE DUE.) your credit is computed by the following formula: Amount on pg. 1, line 6, is \$5400 or over, no credit is allowed. Enter '0' on line 7. Amount on pg. 1, line 6 X (<u>\$5400 minus tax on line 6</u>) =your credit SCHEEDULE C The following Information must be entered for this return to be complete. Imount on pg. 1, line 6 X (<u>\$5400 minus tax on line 6</u>) =your credit Nature of business or profession:	Business Ta	x Credit Computation						
SCHEDULE C The following information must be entered for this return to be complete. 1. Nature of business or profession:						5,400,		
1. Nature of business or profession: 2. New York State States Tax ID Number: 3. Did you file a New York City Unincorporated Business Tax Return for the following years: 2022: YES NO 2023: YES NO If 'NO," state reason:			edit is Amount on pg. 1, li	ine 6 χ (\$5,400 minus \$2,	<u>s tax on line 6</u>) = 000 your c	redit		
 New York State Sales Tax ID Number:	SCHEDULE	C The following information	on must be entered for this	s return to be c	omplete.			
3. Did you file a New York City Unincorporated Business Tax Return for the following years: 2022:YESNO 2023:YESNO 11 "NO," state reason:	1. Nature of busine	ess or profession:						
2022: YES NO 2023: YES NO If "NO," state reason:	2. New York State	Sales Tax ID Number:						
5. If business terminated during the current taxable year, state date terminated. (mm-dd-yy)	2022: YES	□ NO 202	3: YES NO					
(Attach a statement showing disposition of business property.) 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?	4. Enter home add	ress:			Zip Code:			
(loss) reported in any tax period, or are you currently being audited? YES NO If "YES", by whom? Internal Revenue Service State period(s): Beg:MM-0D-YY End:MM-0D-YY If "YES" to question 6: Ta. For years prior to 1/1/15, has Form(s) NYC-115 (Report of Federal/State Change in Taxable Income) been filed? NO 7b. For years beginning on or after 1/1/15, has an amended return(s) been filed? YES NO 7b. For years beginning on or after 1/1/15, has an amended return(s) been filed? YES NO 9. Up or years beginning on or after 1/1/15, has an amended return(s) been filed? YES NO 9. If "YES", were all required Commercial Rent Tax Returns filed? YES NO 9. If "YES", were all required Commercial Rent Tax Returns filed? YES NO 9. If "YES", were all required Commercial Rent Tax Returns filed? YES NO 9. If "YES", were all required Commercial Rent Tax Returns YES NO 9. If "YES", were all required Commercial Rent Tax Det (2) Immedount YES NO 9. If "YES", were all required Commercial Rent Tax Det (2) Immedount Immedount </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>								
New York State Department of Taxation and Finance State period(s): Beg.:	6. Has the Internal (loss) reported in	Revenue Service or the New York Stat	e Department of Taxation and Fine	□ NO	-			
7. If "YES" to question 6: 7a. For years prior to 1/1/15, has Form(s) NYC-115 (Report of Federal/State Change in Taxable Income) been filed? 95. 0 7b. For years beginning on or after 1/1/15, has an amended return(s) been filed? 95. 0 NO 7b. For years beginning on or after 1/1/15, has an amended return(s) been filed? 95. 0 NO 8. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? YES 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 Commercial Rent Tax Return: YES NO PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 9 DATE AMOUNT A. Payment with Notice of Estimated Tax Due (2) Detemate Tax Due (3) Detemate Tax Due (3) Detemate Tax Due (4) D. Payment with Notice of Estimated Tax Due (4) E. Payment with Notice of Estimated Tax Due (4) Detemate Tax Teturn, attach an entire copy of federal Form 1040. Matter copy of federal Form 1040, Schedule A, line 9 Matter correct Social Security Number or your tax return and remittance. To recive proper credit, you must enter your correct Social Security Number or your tax return and remittance. For fiscal yeara	If "YES", by whom	n? Internal Revenue Service	State period	l(s): Beg.:	D-YY End.:	DD-YY		
7a. For years prior to 1/1/15, has Form(s) NYC-115 (Report of Federal/State Change in Taxable Income) been filed? YES NO 7b. For years beginning on or after 1/1/15, has an amended return(s) been filed? YES NO 8. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? YES 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 Commercial Rent Tax Return: YES NO Please enter Employer Identification Number or Social Security Number which was used on the Commercial Rent Tax Return: YES NO Please enter Employer Identification Number or Social Security Number which was used on the Commercial Rent Tax Return: YES NO Please enter Employer Identification Number or Social Security Number which was used on the Commercial Rent Tax Return: YES NO Payment with Notice of Estimated Tax Due (2) Antex Notice of Estimated Tax Due (2) Antex Notice of Estimated Tax Due (2) Yes C Payment with Notice of Estimated Tax Due (4) Yes Yes Yes Yes A. TOTAL of A, B, C, D, E, F (enter on Schedule A, line 9) Notice of Estimated Tax Due (4) </th <th></th> <th>New York State Department of Tax</th> <th>ation and Finance State period</th> <th>l(s): Beg.:</th> <th>End.:</th> <th>DD-YY</th>		New York State Department of Tax	ation and Finance State period	l(s): Beg.:	End.:	DD-YY		
7b. For years beginning on or after 1/1/15, has an amended return(s) been filed? YES NO 8. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? YES 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 Commercial Rent Tax Return: YES NO Please enter Employer Identification, Form NYC-5UBTI (1) Date AMOUNT A. Payment with declaration, Form NYC-5UBTI (1) B. Payment with otice of Estimated Tax Due (2) C. Payment with Notice of Estimated Tax Due (2) C. Payment with Notice of Estimated Tax Due (2) C. Payment with Notice of Estimated Tax Due (2) D. Payment with Notice of Estimated Tax Due (4) D. Payment with Notice of Estimated Tax Due (4) D. Payment with Notice of Estimated Tax Due (4) D. Payment with Notice of Estimated Tax Due (4) D. Payment with Notice of Estimated Tax Due (5) D. Corpayment method for the calendar year 2024 return is on or before April 15, 2025. To recive proper credit, you must enter your correct Social Security Number on your xer terum and remittance. The due date for the calendar year 2024 return is on or before April 15, 2025. Stollares and drawn on a U.S. bank. To recive proper credit, you must enter your correct Social Security Number on your xer terum and remittance. The due date for the calendar year 2024 return	•				_	_		
 Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? If "YES", were all required Commercial Rent Tax Returns filed? If "YES", were all required Commercial Rent Tax Returns filed? PrePayment Scial Security Number which was used on the Commercial Rent Tax Return: PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 9 DATE AMOUNT A. Payment with declaration, Form NYC-SUBTI (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 (3) D. Payment with Notice of Estimated Tax Due (4) E. Payment with Notice of Estimated Tax Due (4) E. Payment with Notice of Estimated Tax Due (4) E. Payment with Notice of Estimated Tax Due (4). MAILING INSTRUCTIONS Attach copy of federal Form 1040, Schedule C 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 2024 return is on or before April 15, 2025. For fiscal years beginning in 2024, file on or before the 15th day of the fourth month following the close of the fiscal year. RETURNS EXCEPT REFUND RETURNS NYC DEPARTMENT OF FINANCE PAY ONLINE wITH FORM NYC-200V ONLY to: NYC DEPARTMENT OF FINANCE PAY ONLINE wITH FORM NYC-200V ONLY to: NYC DEPARTMENT OF FINANCE PAY ONLINE WITH FORM NYC-200V ONLY to: NYC DEPARTMENT OF FINANCE PAY ONLINE WITH FORM NYC-200V ONLY to: NYC DEPARTMENT								
of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? YES 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 Commercial Rent Tax Returns YES NO Please enter Employer Identification Number or Social Security Number which was used on the Commercial Rent Tax Returns YES NO Please enter Employer Identification Number or Social Security Number which was used on the Commercial Rent Tax Returns YES NO Please enter Employer Identification Number or Social Security Number which was used on the Commercial Rent Tax Returns YES NO Please enter Employer Identification Number or Social Security Number on Social Security Number or Social Security Number or Social Security Number or Social Security Number on your tax return and remitance. AMOUNT B. Payment with Notice of Estimated Tax Due (4) Image: Social Security Number on your tax return and remitance. Image: Social Security Number on your tax return and remitance. C. Overpayment credited from preceding year Image: Social Security Number on your tax return and remitance. Image: Social Security Number on your tax return and remitance. To receive proper credit, you must enter your correct Social Security Number on your tax return and remitance. Image: Social Security Number on your tax return and remitance. </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>								
Please enter Employer Identification Number or Social Security Number which was used on the Commercial Rent Tax Return: PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 9 DATE A. Payment with declaration, Form NYC-5UBTI (1)	of 96th Street fo	r the purpose of carrying on any trade,	business, profession, vocation or	commercial activity	? YES	NO		
PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 9 DATE AMOUNT A. Payment with declaration, Form NYC-5UBTI (1)		-				NO		
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 (3) D. Payment with Notice of Estimated Tax Due (4) E. 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) MAILLING INSTRUCTIONS Attach copy of federal Form 1040, Schedule C 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 2024 return is on or before April 15, 2025. For fiscal years beginning in 2024, file on or before the 15th day of the fourth month following the close of the fiscal year. Mail Payment and Form NYC-200V ONLY to: NYC DEPARTMENT OF FINANCE PAY ONLINE WITH FORM NYC-200V ONLY to: NYC DEPARTMENT OF FINANCE BINGHAMTON, NY 13902-5564	Please enter Empl	oyer Identification Number or Social Security	Number which was used on the Comn	nercial Rent Tax Retur	n:			
 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) 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) MAILLING INSTRUCTIONS Mattach copy of federal Form 1040, Schedule C 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 2024 return is on or before April 15, 2025. For fiscal years beginning in 2024, file on or before the 15th day of the fourth month following the close of the fiscal year. REMITTANCES NYC DEPARTMENT OF FINANCE UNINCORPORATED BUSINESS TAX P.O. BOX 5564 BINGHAMTON, NY 13902-5564 RETURNS CLAIMING REFUNDS NYC DEPARTMENT OF FINANCE D. BOX 5983 BINGHAMTON, NY 13902-5564	[PREPAYMENTS CLAIMED ON S	CHEDULE A, LINE 9	DATE	AMOUNT			
C Payment with Notice of Estimated Tax Due (3)		-						
D. Payment with Notice of Estimated Tax Due (4)		-						
ALL RETURNS EXCEPT REFUND RETURNS REMITTANCES RETURNS CLAIMING REFUNDS NYC DEPARTMENT OF FINANCE PAY ONLINE WITH FORM NYC-200V NYC DEPARTMENT OF FINANCE UNINCORPORATED BUSINESS TAX P.O. BOX 5564 NYC DEPARTMENT OF FINANCE NYC DEPARTMENT OF FINANCE BINGHAMTON, NY 13902-5564 NYC DEPARTMENT OF FINANCE P.O. BOX 3933 P.O. BOX 5563								
ALL RETURNS EXCEPT REFUND RETURNS REMITTANCES RETURNS CLAIMING REFUNDS NYC DEPARTMENT OF FINANCE PAY ONLINE WITH FORM NYC-200V NYC DEPARTMENT OF FINANCE UNINCORPORATED BUSINESS TAX P.O. BOX 5564 NYC DEPARTMENT OF FINANCE NYC DEPARTMENT OF FINANCE BINGHAMTON, NY 13902-5564 NYC DEPARTMENT OF FINANCE P.O. BOX 3933 P.O. BOX 5563		D. Payment with Notice of Estimated Tax Due (4)						
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ALL RETURNS EXCEPT REFUND RETURNS REMITTANCES RETURNS CLAIMING REFUNDS NYC DEPARTMENT OF FINANCE PAY ONLINE WITH FORM NYC-200V NYC DEPARTMENT OF FINANCE UNINCORPORATED BUSINESS TAX P.O. BOX 5564 NYC DEPARTMENT OF FINANCE NYC DEPARTMENT OF FINANCE BINGHAMTON, NY 13902-5564 NYC DEPARTMENT OF FINANCE P.O. BOX 3933 P.O. BOX 5563		G. TOTAL of A, B, C, D, E, F (enter on Schedule A, line 9)						
ALL RETURNS EXCEPT REFUND RETURNS REMITTANCES RETURNS CLAIMING REFUNDS NYC DEPARTMENT OF FINANCE PAY ONLINE WITH FORM NYC-200V NYC DEPARTMENT OF FINANCE UNINCORPORATED BUSINESS TAX P.O. BOX 5564 NYC DEPARTMENT OF FINANCE NYC DEPARTMENT OF FINANCE BINGHAMTON, NY 13902-5564 NYC DEPARTMENT OF FINANCE P.O. BOX 3933 P.O. BOX 5563			MAILING INSTRUCTIO	ONS				
ALL RETURNS EXCEPT REFUND RETURNS REMITTANCES RETURNS CLAIMING REFUNDS NYC DEPARTMENT OF FINANCE PAY ONLINE WITH FORM NYC-200V NYC DEPARTMENT OF FINANCE UNINCORPORATED BUSINESS TAX P.O. BOX 5564 NYC DEPARTMENT OF FINANCE NYC DEPARTMENT OF FINANCE BINGHAMTON, NY 13902-5564 NYC DEPARTMENT OF FINANCE P.O. BOX 3933 P.O. BOX 5563		Attach copy of federal Form 1040, Schedule C 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 2024 return is on or before April 15, 2025.						
ALL Incluing Excel The ond field in the ond								
BINGHAMTON, NY 13902-5564 P.O. BOX 3933 BINGHAMTON, NY 13902-5564 P.O. BOX 3933		NYC DEPARTMENT OF FINANCE UNINCORPORATED BUSINESS TAX	PAY ONLINE WITH FOR AT NYC.GOV/ESER OR	M NYC-200V VICES	NYC DEPARTMENT OF FI UNINCORPORATED BUSI	NANCE		
	61422491		NYC DEPARTMENT OF P.O. BOX 3933	FINANCE 3		5563		