

Single member LLCs using SSN as their primary identifier must use Form NYC-202 **UNINCORPORATED BUSINESS TAX RETURN** 2024 FOR PARTNERSHIPS (INCLUDING LIMITED LIABILITY COMPANIES)

Wind Name TOURNEER BIAL ACCRESS In Care of Accreating in Care of Bial boards Accreating in Care of Bial boards Accreating in Care of Bial boards Biarrest Traptore Number Biarrest Traptore Number Biarrest Traptore Number Intel boards Biarrest Traptore Number Intel boards Biarrest Traptore Number Biarrest Traptore Number Biarrest Traptore Number Intel boards Biarrest Traptore Number Intel boards Biarrest Traptore Number Biarrest Traptore Number Biarrest Traptore Number Intel board Biarrest Traptore Number Intel boards Biarrest Traptore Number Inteloboards Biarrest Traptorest Nu			For CALENDAR YEAR 2024 or FISCAL YEAR beginning	2024, and ending
Image: Set of the set of				TAXPAYER'S EMAIL ADDRESS
Cry ad Size Do Code Compute Do Code Do			In Care of	EMPLOYER IDENTIFICATION NUMBER
Claratization Claratizatizatin Claratizatinatization Claratization Claratization				
Entry Type: general partnership registered initial lability pathwarthip Initial pathwarthip Initipathwarthip <t< td=""><td></td><td></td><td>City and State Zip Code Country (if not US)</td><td>BUSINESS CODE NUMBER AS PER FEDERAL RETURN</td></t<>			City and State Zip Code Country (if not US)	BUSINESS CODE NUMBER AS PER FEDERAL RETURN
Hended return If the purpose of the amended return is to report Model and the approach and			Business Telephone Number Date business began in NYC Date business ended in NYC	
Providence of the second			Entity Type: general partnership registered limited liability partnership	limited partnership
Claim any 9/11/01-related federal tax benefits (see instructions) Claim any 9/11/01-related federal tax benefits (see instructions) Claim any 9/11/01-related federal tax benefits (see instructions) Computation of Tax EGM NITH SCHEDULE & DRAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS to SCHEDULE A Payment Amount being paid electronically with this return. A Payment Amount being paid electronically with this return. A mount being paid electronically with this return. A mount being paid electronically with this return. I. Business income (from page 3, Schedule E, Part 3, Line 2 is less than 100%, enter income or loss on NYC real property (see instructions) B. Enter allocated business income, or subtract business loss, from other partnerships (see instructions). B. Total of lines 3 and 30. (see instructions) Investment income, or subtract business allocation percentage on Schedule E, Part 3, Line 2. A dd the amount on Line 7b. Multiply Line 4 by the business allocation percentage on Schedule E, Part 3, Line 2. Multiply Line 4 by the business allocation percentage on Schedule E, Part 3, Line 2. A dd the amount on Line 7b. Mount of Line 7b. Multiply Line 7a by the investment allocation percentage on Schedule D, Line 2. Add the amount on Line 7b. Multiply Line 7a by the investment allocation percentage on Schedule D, Line 2. Add the amount on Line 7b. Multiply Line 7a by the investment allocation percentage on Schedule D, Line 2. Add the amount on Line 7b. Balance before allowance for active partners' services (line 10 less line 11). Balance before specific exemption (line 12 less line 13). Huber of active partners' services (line 10 less line 11). Balance before specific exemption (line 12 less line 13). Less: uberses tax credit (4% of amount on line 16). Tax before business tax credit (4% of amount on line 16). Tax before business tax credit (4			Amended return fodoral or state shange, sheak the appropriate hav:	nination
SCHEDULE A Computation of Tax EXENT Provide the Computation of Tax Payment A Payment Amount being paid electronically with this return. A Payment Amount being paid electronically with this return. A Payment Amount being paid electronically with this return. A Payment Amount being paid electronically with this return. A Payment Amount being paid electronically with this return. A Payment Amount being paid electronically with this return. A Payment A Payment Amount being paid electronically with this return. A Payment A Payment A				
SCHEDULE A Computation of Tax TEGIN WITH SCHEDULE & ICONFLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A A Payment Amount being paid electronically with this return. A. I. Business income (from page 3, Schedule B, line 31) I. 2. Intentionally Omitted 2. 3. Intentionally Omitted 2. 3. Enter allocated business income, or subtract business loss, from other partnerships (see instructions) 3a. 4. Balance (ine 1 less line 3a) 4. 5. Multiply Line 4 by the business allocation percentage on Schedule E, Part 3, Line 2 5. 6. Total of lines 3a and 3b. (see instructions) 6. 7. Add allocated investment income, or subtract investment loss, from other partnerships (see instructions) 7b. 8. Multiply Line 4 by the investment allocation percentage on Schedule D, Line 2. 9 Add the amount on Line 7b. 9 10 10. Total before NOL deduction (enter the sum of the amount on line 9 and the amounts on lines 5 and 6) 10. 11 11. 12 13 14 12. 14 16 16 17 13. 16 16				ederal tax benefits (see instructions)
A Payment Amount being paid electronically with this return	60			ILES TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A
1. Business income (from page 3, Schedule B, line 31)				Payment Amount
2. Intentionally Omitted	А.	Payment	Amount being paid electronically with this return	
3a. If business allocation percentage on Schedule E, Part 3, Line 2 is less than 100%, enter income or loss on NYC real property (see instructions)	1.	Business inc	ome (from page 3, Schedule B, line 31)	1.
enter income or loss on NYC real property (see instructions) 3a. 3b. Enter allocated business income, or subtract business loss, from other partnerships (see instructions) 3b. 4. Balance (line 1 less line 3a) 4. 5. Multiply Line 4 by the business allocation percentage on Schedule E, Part 3, Line 2. 5. 6. Total of lines 3a and 3b. (see instructions) 6. 7a. Investment income (from page 3, Schedule B, line 30) 7a. 7b. Add allocated investment income, or subtract investment loss, from other partnerships (see instr.) 7b. 8. Intentionally Omitted 8. 9. Multiply Line 7a by the investment allocation percentage on Schedule D, Line 2. 9. Add the amount on Line 7b. 9. 10. Total before NOL deduction (enter the sum of the amount on line 9 and the amounts on lines 5 and 6) 10. 11. 11. Deduct NYC net operating loss deduction (from Form NYC-NOLD-UBTP, line 11) (see instructions) 11. 12. Balance before allowance for active partners' services (line 10 less line 11) 12. 13. Less: allowance for active partners' services (line 10 less line 11) 12. 14. Balance before specific exemption (line 12 less line 13) 14. 15. Less: specific exemption (see instructions and attach schedule) (if line 12 is a loss, enter "0") 15. 16. Taxable incor	2.	Intentionally	Dmitted	2.
 4. Balance (line 1 less line 3a)	3a.			3a.
 Multiply Line 4 by the business allocation percentage on Schedule E, Part 3, Line 2	3b.	Enter allocate	d business income, or subtract business loss, from other partnerships (see instructions)	3b.
 6. Total of lines 3a and 3b. (see instructions) 6. 7a. Investment income (from page 3, Schedule B, line 30) 7a. Ta. 7b. Add allocated investment income, or subtract investment loss, from other partnerships (see instr.) 7b. Add allocated investment income, or subtract investment loss, from other partnerships (see instr.) 7b. Add allocated investment income, or subtract investment loss, from other partnerships (see instr.) 7b. Add allocated investment income, or subtract investment loss, from other partnerships (see instr.) 7b. Add allocated investment allocation percentage on Schedule D, Line 2. 7c. Add the amount on Line 7b. 9. Multiply Line 7a by the investment allocation percentage on Schedule D, Line 2. 7c. Add the amount on Line 7b. 9. Multiply Line 7a by the investment allocation (from Form NYC-NOLD-UBTP, line 11) (see instructions) 11. Deduct NYC net operating loss deduction (from Form NYC-NOLD-UBTP, line 11) (see instructions) 11. Less: allowance for active partners' services (iline 10 less line 11) 12. Less: allowance for active partners' services (line 10 less line 11) 13. Less: allowance for active partners' services (line 12 is a loss, enter "0") (see instructions) 14. Balance before specific exemption (line 12 less line 13) 14. Balance before specific exemption (line 12 less line 13) 15. Less: specific exemption (see instructions and attach schedule) (if line 12 is a loss, enter "0") 16. Taxable income (line 14 less line 15) 17. Tax before business tax credit (select the applicable credit condition from the sch. on page 2 and enter amount) (see instructions) 18. Less: business tax credit (select the applicable credit condition from the sch. on page 2 and enter amount) (see instructions) 19. Cotal tax before Unincorporated Business Tax paid credit (line 17 less line 18) (see instructions)	4.	Balance (line	a 1 less line 3a)	4.
7a. Investment income (from page 3, Schedule B, line 30) 7a. 7b. Add allocated investment income, or subtract investment loss, from other partnerships (see instr.) 7b. 8. Intentionally Omitted 8. 9. Multiply Line 7a by the investment allocation percentage on Schedule D, Line 2. 9. Add the amount on Line 7b. 9. 10. Total before NOL deduction (enter the sum of the amount on line 9 and the amounts on lines 5 and 6) 10. 11. Deduct NYC net operating loss deduction (from Form NYC-NOLD-UBTP, line 11) (see instructions). 11. 12. Balance before allowance for active partners' services (line 10 less line 11) 12. 13. Less: allowance for active partners' services (if line 12 is a loss, enter "0") (see instructions) # 14. Balance before specific exemption (line 12 less line 13) 14. 15. Less: specific exemption (see instructions and attach schedule) (if line 12 is a loss, enter "0") 15. 16. Taxable income (line 14 less line 15) 16. 17. Tax before business tax credit (4% of amount on line 16) 17. 18. Less: business tax credit (select the applicable credit condition from the sch. on page 2 and enter amount) (see instructions) 18. 19. Total tax before Unincorporated Business Tax paid credit (line 17 less line 18) (see instructions) 19. 10. Less: UBT Paid Credit (from Schedule A, line 3 of attached Form NYC-114.7) (see instructions) 20.	5.	Multiply Line	4 by the business allocation percentage on Schedule E, Part 3, Line 2	5.
7b. Add allocated investment income, or subtract investment loss, from other partnerships (see instr.)	6.	Total of lines	3a and 3b. (see instructions)	6.
 8. Intentionally Omitted	7a.	Investment i	ncome (from page 3, Schedule B, line 30)	7a.
9. Multiply Line 7a by the investment allocation percentage on Schedule D, Line 2. 9. Add the amount on Line 7b. 9. 10. Total before NOL deduction (enter the sum of the amount on line 9 and the amounts on lines 5 and 6) 10. 11. Deduct NYC net operating loss deduction (from Form NYC-NOLD-UBTP, line 11) (see instructions) 11. 11. 12. Balance before allowance for active partners' services (line 10 less line 11) 12. 13. Less: allowance for active partners' services (if line 12 is a loss, enter "0") (see instructions) # 14. Balance before specific exemption (line 12 less line 13) 14. 15. Less: specific exemption (see instructions and attach schedule) (if line 12 is a loss, enter "0") 15. 16. Taxable income (line 14 less line 15) 16. 17. Tax before business tax credit (select the applicable credit condition from the sch. on page 2 and enter amount) (see instructions) 18. 19. Total tax before Unincorporated Business Tax paid credit (line 17 less line 18) (see instructions) 19. 20. Less: UBT Paid Credit (from Schedule A, line 3 of attached Form NYC-114.7) (see instructions) 20.	7b.	Add allocated	l investment income, or subtract investment loss, from other partnerships (see instr.)	7b.
Add the amount on Line 7b	8.	Intentionally	Omitted	8.
10. Total before NOL deduction (enter the sum of the amount on line 9 and the amounts on lines 5 and 6) 10. 11. Deduct NYC net operating loss deduction (from Form NYC-NOLD-UBTP, line 11) (see instructions)	9.			9.
12. Balance before allowance for active partners' services (line 10 less line 11) 12. 13. Less: allowance for active partners' services (if line 12 is a loss, enter "0") (see instructions) # 13. Less: allowance for active partners' services (if line 12 is a loss, enter "0") (see instructions) # 14. Balance before specific exemption (line 12 less line 13) 14. 15. Less: specific exemption (see instructions and attach schedule) (if line 12 is a loss, enter "0") 15. 16. Taxable income (line 14 less line 15) 16. 17. Tax before business tax credit (4% of amount on line 16) 17. 18. Less: business tax credit (select the applicable credit condition from the sch. on page 2 and enter amount) (see instructions) 18. 19. Total tax before Unincorporated Business Tax paid credit (line 17 less line 18) (see instructions) 19. 20. Less: UBT Paid Credit (from Schedule A, line 3 of attached Form NYC-114.7) (see instructions) 20.	10.	Total before I	IOL deduction (enter the sum of the amount on line 9 and the amounts on lines 5 and 6)	10.
 13. Less: allowance for active partners' services (if line 12 is a loss, enter "0") (see instructions) # 13. 14. Balance before specific exemption (line 12 less line 13)	11.	Deduct NYC	net operating loss deduction (from Form NYC-NOLD-UBTP, line 11) (see instructions)	11.
Number of active partners claimed # 13. 14. Balance before specific exemption (line 12 less line 13) 14. 15. Less: specific exemption (see instructions and attach schedule) (if line 12 is a loss, enter "0") 15. 16. Taxable income (line 14 less line 15) 16. 17. Tax before business tax credit (4% of amount on line 16) 17. 18. Less: business tax credit (select the applicable credit condition from the sch. on page 2 and enter amount) (see instructions) 18. 19. Total tax before Unincorporated Business Tax paid credit (line 17 less line 18) (see instructions) 19. 20. Less: UBT Paid Credit (from Schedule A, line 3 of attached Form NYC-114.7) (see instructions) 20.	12.	Balance befo	pre allowance for active partners' services (line 10 less line 11)	12.
15. Less: specific exemption (see instructions and attach schedule) (if line 12 is a loss, enter "0") 15. 16. 16. Taxable income (line 14 less line 15)	13.			13.
 16. Taxable income (line 14 less line 15)	14.	Balance befo	pre specific exemption (line 12 less line 13)	14.
 17. Tax before business tax credit (4% of amount on line 16)	15.	Less: specifi	c exemption (see instructions and attach schedule) (if line 12 is a loss, enter "0")	15.
 18. Less: business tax credit (select the applicable credit condition from the sch. on page 2 and enter amount) (see instructions)	16.	Taxable inco	me (line 14 less line 15)	16.
enter amount) (see instructions) 18. 19. Total tax before Unincorporated Business Tax paid credit (line 17 less line 18) (see instructions) 19. 20. Less: UBT Paid Credit (from Schedule A, line 3 of attached Form NYC-114.7) (see instructions) 20.	17.	Tax before b	usiness tax credit (4% of amount on line 16)	17.
19. Total tax before Unincorporated Business Tax paid credit (line 17 less line 18) (see instructions) 19. 20. Less: UBT Paid Credit (from Schedule A, line 3 of attached Form NYC-114.7) (see instructions) 20.	18.			18.
	19.			
	20.	Less: UBT P	aid Credit (from Schedule A, line 3 of attached Form NYC-114.7) (see instructions)	20.
	21.	UNINCORPORA	TED BUSINESS TAX (line 19 less line 20) (if the balance is less than "0", enter "0") (see instr.)	21.

19. 20. 21.

10. 11. 12. 13.

14. 15. 16. 17. 18. Name

sc	CHEDULE A Computation of Tax - Continued		
22a.	REAP Credit (attach NYC-114.5) 22a.		
22b.	Real Estate Tax Escalation, Employment Opportunity Relocation Costs and IBZ Credits (attach NYC-114.6)		-
22c.	LMREAP Credit (attach NYC-114.8) 22c.		-
22d.	Biotechnology Credit (attach Form NYC-114.10) 22d.	_	-
22e.	Beer Production Credit (attach NYC-114.12) 22e.	_	-
22f.	Child Care Credit (attach Department of Finance approval letter) 22f.		
23.	Net tax after credits (line 21 less sum of lines 22a through 22f)	. 23.	
24.	Payment of estimated tax, including credit from preceding year and payment with extension, NYC-EXT (see instr.)	24.	
25.	If line 23 is larger than line 24, enter balance due	25.	
26.	If line 23 is smaller than line 24, enter overpayment	26.	
27a.	Interest (see instructions)		
27b.	Additional charges (see instructions) 27b.		-
27c.	Penalty for underpayment of estimated tax (attach Form NYC-221) 27c.		
28.	Total of lines 27a, 27b and 27c	28.	
29.	Net overpayment (line 26 less line 28) (see instructions)	29.	
	Amount of line 29 to be: (a) Refunded - Direct deposit - <i>fill out line 30c</i> OR Paper check	30a.	
	(b) Credited to 2025 estimated tax on Form NYC-5UB	30b.	
30c.	Routing Account Account TYPE Number Number Checking		
31.	TOTAL REMITTANCE DUE (see instructions)	31.	
32.	NYC rent deducted on federal tax return or NYC rent from Schedule E, Part 1	32.	
33.	Gross receipts or sales from federal return	33.	
34.	Total assets from federal return	34.	

Business Tax Credit Computation

EIN

1.	If the amount on page 1, line 17, is \$3,400 or less, your credit on line 18 is the entire amount of tax on line 17.
	(NO TAX WILL BE DUE)

- 2. If the amount on page 1, line 17, is \$5,400 or over, no credit is allowed. Enter "0" on line 18.
- 3. If the amount on page 1, line 17, is over \$3,400 but less than \$5,400, your credit is computed by the following formula:

tax on page 1, line 17 X $\left(\frac{\$5,400 \text{ minus tax on line 17}}{\$2,000}\right) = -----= \text{your credit}$

	+_,									
	Payments of Estimated Tax Computation									
PR	EPAYMENTS CLAIMED ON SCHEDULE A, LINE 24	DATE	AMOUNT							
Α.	Payment with declaration, Form NYC-5UB (1)									
В.	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 through F. (Enter on Schedule A, line 24).....



Nar	ne EIN		
S	CHEDULE B Computation of Total Income		
F	art 1 Items of income, gain, loss or deduction		
1. 2.	Ordinary income (loss) from federal Form 1065, line 23 <i>(see instructions)</i> Net income (loss) from all rental real estate activity not included in Form 1065, line 23 but included on federal Schedule K		
3.	All portfolio income such as interest, dividends, royalties, annuity income and gain (loss) on the disposition of property not included in Form 1065, line 23 but included on federal Sch. K (attach sch. of all portfolio income)	3.	
4.	Guaranteed payments to partners from federal Schedule K (see instructions)	4.	
5.	Payments to current and retired partners included in other deductions from federal Form 1065, line 21	5.	
6.	Other income not included in Form 1065, line 23 but included on federal Sch. K (attach sch. of other income)	6.	
7.	Charitable contributions from federal Schedule K 7.		
8.	Other deductions included in Form 1065, line 23 but not allowed for UBT (attach sched.) (see inst.)	8.	
9.	Other income and expenses not included above that are required to be reported separately to partners (attach schedule) (see instructions)	9.	
10.	Total federal income (combine lines 1 through 9, do not include line 7)	10.	
11.	Subtract net income or gain (or add net loss) from rental, sale or exchange of real property situated outside NYC if included in line 10 above (attach schedule) (see instructions)		
12.	Total income before New York City modifications (combine line 10 and line 11)	12.	

Part 2 New York City modifications (see instructions for Schedule B, part 2)

			PARTNER A	PARTNER B	PARTNER C	ТОТ	TAL
	ADDITIONS	EIN OR SSN					
13a.	All income taxes and	d Unincorporated Business Taxes13a.				13a.	
13b.	NYS Pass Through Entit	ty Tax (PTET) and similar taxes from other					
	jurisdictions deducted from	om Federal Taxable Income (see instr.) 13b.				13b.	
13c.		ntity Tax (PTET) deducted from				40-	
		me (see instructions) 13c.				13c.	
14.	()	its14a.				14a.	
	() 1	ed to exempt income14b.				14b.	
	() 1	justments (see instructions and					
		C-399 and/or NYC-399Z)14c.				14c.	
	· / ·	es14d.				14d.	
15.		ach schedules) (see instructions)15.				15.	
16.		lines 13 through 15)16.				16.	
	SUBTRACTION	S	PARTNER A	PARTNER B	PARTNER C	ТОТ	IAL
17.	All income tax and l	Unincorporated Business Tax					
	refunds (included in	part 1)17.				17.	
18.	Wages and salaries su	ubject to federal jobs credit (see instr.)18.				18.	
19.	Depreciation adjustr	ment (see instr. and attach Form					
		<i>-399Z</i>) 19.				19.	
20.		cluded in part 1, line 10) <i>(see instr.)</i> 20.				20.	
21.		ee instructions) 21.				21. 22.	
22.							
23.		(attach schedule) (see instructions)23.				23. 24.	
24.	Total subtractions (a	add lines 17 through 23) 24 .				24.	
	25.	Combine lines 16 and 24 (total)			25.		
	26.	Total income (combine lines 12 and 25)					
	27.	Less: Charitable contributions (not to excee	ed line 7, or 5% of I	ine 26, whichever	is less) 27.		
	28.	Balance (line 26 less line 27)					
	29.	Investment income - (complete lines a throu	ugh g below) <i>(see i</i>	instructions)			
		(a) Dividends from stocks held for investment .			29a.		
		(b) Interest from investment capital (include nor	n-exempt governmen	tal obligations) (itemi	ze on rider) 29b.		
		(c) Net capital gain (loss) from sales or exc	hanges of securitie	es held for investm	ent 29c.		
	29.	(d) Income from assets included on line 3 of	-				
		(e) Add lines 29a through 29d inclusive					
		(f) Deductions directly or indirectly attribute					
		(g) Interest on bank accounts included in income rep					
	30.	Investment income (line 29e less line 29f) (er		-	30		
	31.	Business income (line 28 less line 30) (enter her					
				nount to page 1, 001			i

Form NYC-204 - 2024	Page 4
Name	EIN
SCHEDULE C Partnership Information -	THIS SCHEDULE MUST BE COMPLETED FOR PARTNERSHIPS TO CLAIM ALLOWANCE FOR PARTNER'S SERVICES AND FOR PARTNERS TO CLAIM THE UBT PAID CREDIT ON THEIR UBT, GCT,BCT OR PIT RETURNS.

How many partners are in this partnership?

Number of active partners

Please provide the following information: Full Name and Address, Employer Identification Number or Social Security Number, check Yes or No if individual partner is a resident of NYC, enter type of partner (C if Corporation, S if S Corporation, I if Individual, P if Partnership, LLP or LLC, O if Other), check the appropriate box if partner is a general or a limited partner.

	A	В	С	I	D	E	F		G		н	I
Name and Zip Code (if within USA) Name and Country (if outside of USA)		Interest %	Percentage of Time Devoted	Parti Resid NYC	ividual ner a lent of ? (✔)	Partner Type	Pari (•)	Employer Identific - or - Social Securit		Distributive Share	Percentage of Distributive Share
	1		to Business	YES	NO		GENERAL LIMITED				(see instr.)	(see instr.)
(a		%	%									%
(b)		%	%									%
(c)		%	%									%
(d		%	%									%
(e		%	%									%
										TOTALS:		100%

S	SCHEDULE D Investment Capital and Allocation and Cash Election									
				1						
	Α	В	С	D	E	F	G			
	DESCRIPTION OF INVESTMENT	No. of Shares or	Average	Liabilities	Net Average Value	Issuer's	Value Allocated			
	LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	Amount of Securities	Value	Attributable to Invest- ment Capital	(column C minus column D)	Allocation Percentage	to NYC (column E X column F)			
						%				
1.	Totals (including items on rider)									
2.	Investment allocation percentage (line 1G divid	ed by line 1E.	Round to the ne	arest hundredth of	a percent)	%				
3.	Cash - (To treat cash as investment capital, you must include it on this line.)									
4.	Investment capital. Total of line 1e and 3e			>						

ATTACH FEDERAL FORM 1065 AND ALL ACCOMPANYING SCHEDULES **INCLUDING THE INDIVIDUAL K-1s**



Name

SCHEDULE E Locations of Places of Business Inside and Outside New York City

All taxpayers must complete Schedule E, Parts 1 and 2.

Cor	nplete Address		Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
IMBER AND STREET	•						
TY	STATE	ZIP	-				
MBER AND STREET							
ΓY	STATE	ZIP	_				
MBER AND STREET							
ТҮ	STATE	ZIP	-				
MBER AND STREET							
Υ	STATE	ZIP	-				

Part 2 Location for each place of business OUTSIDE New York City (see instructions; attach rider, if necessary)										
	Complete Addr	ress		Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties		
NUMBER AND STRE	ET									
CITY	5	STATE 2	IP							
NUMBER AND STRE	ET									
CITY	5	STATE 2	IP							
NUMBER AND STRE	ET									
CITY		STATE	IP							
NUMBER AND STRE	ET									
CITY	S	STATE	ÎP							
Total		>								

	Single Receipts Factor Business Allocation Percentage		1							
Part 3										
	Taxpayers must report their Business Allocation Percentage in this schedule for this return to be accepted.									
Taxpayers	axpayers who do not allocate business income outside New York City must enter 100% on Schedule E, Part 3, line 2.									
Taxpayers	axpayers who are allocating business income inside and outside New York City must complete Schedule E, Part 3.									
	DESCRIPTION OF ITEM USED AS FACTOR	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE							
1. Gross sales	s of merchandise or charges for services during the year1.									

2. Business Allocation Percentage (line 1, column A divided by line 1, column B rounded to the nearest hundredth of a percent)



%

. 2.

EIN_

60462491	
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UNINCORPORATED BUSINESS TAX

BINGHAMTON, NY 13902-5564

P.O. BOX 5564

S	CHEDULE	EF	NYC-NOLD-UBTP. forward, please at								
S	CHEDULE	EG	The following inform	mation must b	e entered for	this r	eturn to l	pe comple	ete		
1.	Nature of busine	ss or pro	fession:								
		-	k ID Number:								
			ity Partnership Return for the			YES	NO	2023:	YES		
•						0					
4.		rminated during the current taxable year, state date terminated. (mm-dd-yy)									
5.			e Service or the New York S							_	
			e income reported in any tax	period, or are you o							
	If "YES", by whom	וייייייייייייייייייייייייייייייייייייי	Internal Revenue Service		State period(s):	Beg.:		End.:	 		
			New York State Department of	Taxation and Finance	State period(s):						
6.	If "YES" to questio										
			5, has Form(s) NYC-115 (Report								
7	, 0	0	or after 1/1/15, has an amended	()							
7. 8.			iation deduction by the applicat								
		Vere you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return?									
•••	interest) located i	n NYC o	r in an entity owning such real	property?					VES	NO NO	
	If "YES" to 9: a) Attach a schedule of the property, indicating the nature of the interest and including the street address, borough, block and lot number.										
			pperty (including a leasehold in		-		-	ia iol number.			
			d with or without consideration						YES		
			complete liquidation of the par							🗌 NO	
	d) Was 50% or n	nore of th	e partnership ownership transfe	rred during the tax yea	r, over a three-year p	period, or	according to a	plan?	YES	NO	
11.	If "YES" to 10b, 1	0c or 10	d, was a Real Property Transfe	er Tax Return filed?					🗌 YES	🗌 NO	
12.	If "NO" to 11, exp	lain:									
13.			ent greater than \$200,000 for		•						
14			se of carrying on any trade, b d Commercial Rent Tax Retu								
14.									163		
	Please enter Employer Identification Number which was used on the Commercial Rent Tax Return:										
		CERTIFICATION 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 autho	rize the Department of Finance to discus		o , , ,		· _				
		Signa	ture of taxpayer:	Title:		Date:		Preparer's Socia	I Security Num	ber or PTIN	
		Prepa		Preparer's		Dute.	MM-DD-YY				
		Isignat		printed name:		Date:		Firm's Employe	er Identificatio	on Number	
						C	MM-DD-YY heck if				
		Firm's	s name 🔺 A	Address	▲ Zip Code	se	If-employed				
				MALLI)NS					
		MAILING INSTRUCTIONS Attach federal form 1065 and all accompanying schedules including the individual K-1s									
		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 Employer Identification Number on your tax return and remittance.									
				must enter your corre date for the calendar					emittance.		
			For fiscal years beginning in						iscal year.		
		ALL RET	URNS EXCEPT REFUND RETURN	VS	REMITTANCE	s		RETURNS CL	AIMING R	EFUNDS	
			PARTMENT OF FINANCE		INE WITH FORM		200V	NYC DEPARTM			

AT NYC.GOV/ESERVICES

OR

Mail Payment and Form NYC-200V ONLY to: NYC DEPARTMENT OF FINANCE P.O. BOX 3933 NEW YORK, NY 10008-3933 UNINCORPORATED BUSINESS TAX

BINGHAMTON, NY 13902-5563

P.O. BOX 5563

Form NYC-204 - 2024

Name

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EIN

If you are taking a Net Operating Loss Deduction this year, please attach Form