



For CALENDAR YEAR 2025 beginning _____ and ending _____

| | | | | | |
|--|---------------------------------------|---------------------------------------|---|--|--|
| First name and initial | Last name | Name Change <input type="checkbox"/> | TAXPAYER'S EMAIL ADDRESS | | |
| In Care Of | | | | | |
| Business name | | | SOCIAL SECURITY NUMBER | | |
| Business address (number and street) | | | Address Change <input type="checkbox"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> | |
| City and State | | Zip Code | Country (if not US) | BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C: | |
| Business Telephone Number | Date business began in NYC (mm-dd-yy) | Date business ended in NYC (mm-dd-yy) | <input type="text"/> - <input type="text"/> | | |
| <p>CHECK ALL THAT APPLY</p> <p><input type="checkbox"/> Amended return If the purpose of the amended return is to report a federal or state change, check the appropriate box: <input type="checkbox"/> IRS change <input type="checkbox"/> NYS change</p> <p><input type="checkbox"/> Final return - Check this box if you have ceased operations in NYC. Attach copy of your entire federal Form 1040 and statement showing disposition of business property.</p> <p><input type="checkbox"/> Engaged in a fully exempt unincorporated business activity <input type="checkbox"/> Engaged in a partially exempt unincorporated business activity</p> <p><input type="checkbox"/> Claim any 9/11/01-related federal tax benefits (see instructions) <input type="checkbox"/> <input type="checkbox"/> Enter 2-character special condition code, if applicable (see instructions)</p> <p><input type="checkbox"/> Federal/State Partnership Change (see instructions)</p> | | | | | |

SCHEDULE A

Computation of Tax

BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

| A. Payment | Amount being paid electronically with this return..... | A. | Payment Amount |
|---|--|-----------|-----------------------|
| 1. Business income (from page 3, Schedule B, line 27)..... | 1. | | |
| 2. Intentionally Omitted | 2. | | |
| 3. If business allocation percentage from Schedule C, Part 3, Line 2 is less than 100%, enter income or loss on NYC real property (see instructions)..... | 3. | | |
| 4. Balance (line 1 less line 3)..... | 4. | | |
| 5. Multiply Line 4 by the business allocation percentage from Schedule C, Part 3, Line 2. | 5. | | |
| 6. Amount from line 3 (NYC real property income and gain not subject to allocation) (see instructions) ... | 6. | | |
| 7. Investment income (from page 3, Schedule B, line 26)..... | 7. | | |
| 8. Intentionally Omitted | 8. | | |
| 9. Multiply Line 7 by the investment allocation percentage from Schedule D, Line 2. (see instructions) .. | 9. | | |
| 10. Total before NOL deduction (sum of lines 5, 6 and 9) (see instructions)..... | 10. | | |
| 11. Deduct: NYC net operating loss deduction (from Form NYC-NOLD-UBTI, line 7) (see instructions) .. | 11. | | |
| 12. Balance before allowance for taxpayer's services (line 10 less line 11)..... | 12. | | |
| 13. Less: allowance for taxpayer's services - do not enter more than 20% of line 12 or \$10,000, whichever is less (see instructions)..... | 13. | | |
| 14. Balance before exemption (line 12 less line 13)..... | 14. | | |
| 15. Less: exemption - \$5,000 (taxpayer operating more than one business or short period taxpayer, see instructions)..... | 15. | | |
| 16. Taxable income (line 14 less line 15) (see instructions) | 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 Business Tax Credit Computation schedule on the bottom of page 2 and enter amount) (see instructions)..... | 18. | | |
| 19. UNINCORPORATED BUSINESS TAX (line 17 less line 18) (see instructions) | 19. | | |

| | | | |
|--|----------------------|--|--|
| Name _____ | SSN _____ | | |
| 20a. REAP Credit (attach Form NYC-114.5)..... | 20a. | | |
| 20b. Real Estate Tax Escalation, Employment Opportunity Relocation Costs and IBZ Credits (attach Form NYC-114.6) | 20b. | | |
| 20c. LMREAP Credit (attach Form NYC-114.8) | 20c. | | |
| 20d. Biotechnology Credit (attach Form NYC-114.10) | 20d. | | |
| 20e. Beer Production Credit (attach Form NYC-114.12)..... | 20e. | | |
| 20f. Child Care Credit (attach Department of Finance approval letter). 20f. | | | |
| 20g. RACE Credit (attach Form NYC-114.13)..... | 20g. | | |
| 21. Net tax after credits (line 19 less sum of lines 20a through 20g) | 21. | | |
| 22. Payment of estimated Unincorporated Business Tax, including carryover credit from preceding year and payment with extension, NYC-EXT (see instructions)..... | 22. | | |
| 23. If line 21 is larger than line 22, enter balance due | 23. | | |
| 24. If line 21 is smaller than line 22, enter overpayment | 24. | | |
| 25a. Interest (see instructions) | 25a. | | |
| 25b. Additional charges (see instructions) | 25b. | | |
| 25c. Penalty for underpayment of estimated tax (attach Form NYC-221).. | 25c. | | |
| 26. Total of lines 25a, 25b and 25c | 26. | | |
| 27. Net overpayment (line 24 less line 26) (see instructions) | 27. | | |
| 28. Amount of line 27 to be: (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 28c OR <input type="checkbox"/> Paper check 28a. | | | |
| (b) Credited to 2026 Estimated Tax on Form NYC-5UBTI | 28b. | | |
| 28c. Routing Number _____ | Account Number _____ | ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/> | |
| 29. Total remittance due (see instructions) | 29. | | |
| 30. NYC rent deducted on federal tax return or NYC rent from Schedule C, Part 1 | 30. | | |
| 31. Gross receipts or sales from federal return | 31. | | |

Business Tax Credit Computation

| | |
|---|--|
| 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.) | 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: amount on pg. 1, line 17 X $\frac{(\$5,400 \text{ minus tax on line 17})}{\$2,000}$ = your credit |
| 2. If the amount on page 1, line 17, is \$5,400 or over, no credit is allowed. Enter "0" on line 18. | |

Prepayments of Estimated Tax Computation

| PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 22 | 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 22) | | |

Name _____

SSN _____

SCHEDULE B Computation of Total Income**Part 1 Items of business income, gain, loss or deduction**

1. Net profit (or loss) from business, farming or professions as reported for federal tax purposes from federal Schedule C, or F (Form 1040) (see instructions).....
2. If entering income from more than one federal Schedule C, or F (Form 1040), check this box. Enter the number of Schedules C, or F attached:
3. Gain (or loss) from sale of business personal property or business real property (attach federal Schedule D or Form 4797) (see instructions)
4. Net amount of rental or royalty income from business personal property or business real property (attach federal Schedule E) (see instructions)
5. Other business income (or loss) (attach schedule) (see instructions)
6. Total federal income (or loss) (combine lines 1 through 5)
7. Subtract net income or gain (or add net loss) from rental, sale or exchange of real property situated outside New York City, if included in line 3 or 4 above (attach schedule) (see instructions).....
8. Total income before New York City modifications (combine lines 6 and 7)

| | |
|----|--------------------------|
| 1. | <input type="text"/> |
| 2. | <input type="checkbox"/> |
| 3. | <input type="text"/> |
| 4. | <input type="text"/> |
| 5. | <input type="text"/> |
| 6. | <input type="text"/> |
| 7. | <input type="text"/> |
| 8. | <input type="text"/> |

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

9. All income taxes and Unincorporated Business Taxes
- 10a. Relocation credits.....
- 10b. Expenses related to exempt income
- 10c. Depreciation adjustments (attach Form NYC-399 and/or NYC-399Z).....
- 10d. Real estate additions (see instructions)
11. Other additions (attach schedule) (see instructions).....
12. Total additions (add lines 9 through 11)

| | |
|------|----------------------|
| 9. | <input type="text"/> |
| 10a. | <input type="text"/> |
| 10b. | <input type="text"/> |
| 10c. | <input type="text"/> |
| 10d. | <input type="text"/> |
| 11. | <input type="text"/> |
| 12. | <input type="text"/> |

SUBTRACTIONS

13. All income tax and Unincorporated Business Tax refunds (included in part 1).....
14. Wages and salaries subject to federal jobs credit (see instructions)
15. Depreciation adjustment (attach Form NYC-399 and/or NYC-399Z).....
16. Exempt income included in part 1 (attach schedule)
17. 50% of dividends (see instructions).....
18. Real estate subtractions (see instructions)
19. Other subtractions (attach schedule) (see instructions)
20. Total subtractions (add lines 13 through 19)
21. NYC modifications (combine lines 12 and 20)
22. Total income (combine lines 8 and 21)
23. Less: Charitable contributions (not to exceed 5% of line 22) (see instructions)
24. Balance (line 22 less line 23)
25. Investment income - (complete lines a through g below) (see instructions)
 - (a) Dividends from stocks held for investment
 - (b) Interest from investment capital (include non-exempt governmental obligations) (itemize on rider).....
 - (c) Net capital gain (loss) from sales or exchanges of securities held for investment.....
 - (d) Income from assets included on line 3 of Schedule D.....
 - (e) Add lines 25a through 25d inclusive
 - (f) Deductions directly or indirectly attributable to investment income
 - (g) Interest on bank accounts included in income reported on line 25d.
26. Investment income (line 25e less line 25f) (enter on page 1, Sch. A, line 7)
27. BUSINESS INCOME (line 24 less line 26) (enter here and transfer amount to pg 1, Sch. A, line 1)

| | |
|------|----------------------|
| 13. | <input type="text"/> |
| 14. | <input type="text"/> |
| 15. | <input type="text"/> |
| 16. | <input type="text"/> |
| 17. | <input type="text"/> |
| 18. | <input type="text"/> |
| 19. | <input type="text"/> |
| 20. | <input type="text"/> |
| 21. | <input type="text"/> |
| 22. | <input type="text"/> |
| 23. | <input type="text"/> |
| 24. | <input type="text"/> |
| 25a. | <input type="text"/> |
| 25b. | <input type="text"/> |
| 25c. | <input type="text"/> |
| 25d. | <input type="text"/> |
| 25e. | <input type="text"/> |
| 25f. | <input type="text"/> |
| 26. | <input type="text"/> |
| 27. | <input type="text"/> |



60232591

Name _____

SSN _____

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

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

Part 1 Location for each place of business INSIDE New York City (see instructions; attach rider if necessary)

| Complete Address | Rent | Nature of Activities | No. of Employees | Wages, Salaries, Etc. | Duties |
|-------------------|------|----------------------|------------------|-----------------------|--------|
| NUMBER AND STREET | | | | | |
| CITY STATE ZIP | | | | | |
| NUMBER AND STREET | | | | | |
| CITY STATE ZIP | | | | | |
| NUMBER AND STREET | | | | | |
| CITY STATE ZIP | | | | | |
| NUMBER AND STREET | | | | | |
| CITY STATE ZIP | | | | | |
| Total ➤ | | | | | |

Part 2 Location for each place of business OUTSIDE New York City (see instructions; attach rider, if necessary)

| Complete Address | Rent | Nature of Activities | No. of Employees | Wages, Salaries, Etc. | Duties |
|-------------------|------|----------------------|------------------|-----------------------|--------|
| NUMBER AND STREET | | | | | |
| CITY STATE ZIP | | | | | |
| NUMBER AND STREET | | | | | |
| CITY STATE ZIP | | | | | |
| NUMBER AND STREET | | | | | |
| CITY STATE ZIP | | | | | |
| NUMBER AND STREET | | | | | |
| CITY STATE ZIP | | | | | |
| Total ➤ | | | | | |

Part 3 Single Receipts Factor Business Allocation Percentage.**Taxpayers must report their Business Allocation Percentage in this schedule for this return to be accepted.**

Taxpayers who do not allocate business income outside New York City must enter 100% on Schedule C, Part 3, line 2.

Taxpayers who allocate business income both inside and outside New York City must complete Schedule C, Part 3.

| DESCRIPTION OF ITEM USED AS FACTOR | COLUMN A - NEW YORK CITY | COLUMN B - EVERYWHERE |
|--|--------------------------|-----------------------|
| 1. Gross sales of merchandise or charges for services during the year 1. | | |
| 2. <i>Business Allocation Percentage</i> (line 1a divided by line 1b rounded to the nearest hundredth of a percent) 2. | | % |

SCHEDULE D Investment Capital and Allocation and Cash Election

| A DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY) | B No. of Shares or Amount of Securities | C Average Value | D Liabilities Attributable to Investment Capital | E Net Average Value (column C minus column D) | F Issuer's Allocation Percentage | G Value Allocated to NYC (column E x column F) |
|---|---|-----------------------|--|---|--|--|
| | | | | | % | |
| | | | | | | |
| | | | | | | |
| 1. Totals (including items on rider) ➤ | | | | | | |
| 2. Investment allocation percentage (line 1G divided by line 1E, round to the nearest hundredth of a percent) | | | | | % | |
| 3. Cash - (To treat cash as investment capital, you must include it on this line.) ➤ | | | | | | |
| 4. Investment capital. Total of lines 1E and 3E ➤ | | | | | | |



60242591

ATTACH FEDERAL SCHEDULE C OR SCHEDULE F, FORM 1040 TO THIS RETURN

Name _____

SSN _____

SCHEDULE E If you are taking a Net Operating Loss Deduction this year, please attach Form NYC-NOLD-UBTI**SCHEDULE F** The following information must be entered for this return to be complete. (See Instructions)

1. Nature of business or profession: _____
2. New York State Sales Tax ID Number: _____
3. Did you file a New York City Unincorporated Business Tax Return for the following years:
 2023: YES NO 2024: YES NO
 If "NO," state reason: _____
4. Enter home address: _____ Zip Code: _____
5. If business terminated during the current taxable year, state date terminated. (mm-dd-yy) _____ - _____ - _____
 (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? YES NO
 If "YES", by whom? Internal Revenue Service State period(s): Beg.: _____ MM-DD-YY End.: _____ MM-DD-YY
 New York State Department of Taxation and Finance State period(s): Beg.: _____ MM-DD-YY End.: _____ MM-DD-YY
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? YES NO
 - 7b. For years beginning on or after 1/1/15, has an amended return(s) been filed? YES NO
 8. Did you calculate a depreciation deduction by the application of the federal Accelerated Cost Recovery System (ACRS) (see instr.)? YES NO
 9. Were you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return? YES NO
 10. 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
 11. 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: _____

CERTIFICATION

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 Dept. of Finance to discuss this return with the preparer listed below. (See instructions) YES

| | | | |
|---|-------------------------|---|---|
| SIGN HERE: Taxpayer's signature | Title | Date | Firm's email address: |
| PREPARER'S USE ONLY: Preparer's signature | Preparer's printed name | Check if self-employed <input type="checkbox"/> | Preparer's Social Security Number or PTIN [REDACTED] - [REDACTED] - [REDACTED] |
| Firm's name (or yours, if self-employed) | Address | Zip Code | Firm's Employer Identification Number [REDACTED] - [REDACTED] |

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 2025 return is on or before April 15, 2026.

For fiscal years beginning in 2025, 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
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



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