



UNINCORPORATED BUSINESS TAX RETURN
FOR INDIVIDUALS AND SINGLE-MEMBER LLCs

2025

For CALENDAR YEAR 2025 beginning

and ending

First name and initial		Last name		Name Change <input type="checkbox"/>	
In Care Of					
Business name					
Business address (number and street)				Address Change <input type="checkbox"/>	
City and State		Zip Code		Country (if not US)	
Business Telephone Number		Date business began in NYC (mm-dd-yy)		Date business ended in NYC (mm-dd-yy)	
TAXPAYER'S EMAIL ADDRESS					
SOCIAL SECURITY NUMBER					
BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C:					
CHECK ALL THAT APPLY	<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				
	Date of Final Determination				
	<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.				
<input type="checkbox"/> Engaged in a fully exempt unincorporated business activity					
<input type="checkbox"/> Engaged in a partially exempt unincorporated business activity					
<input type="checkbox"/> Claim any 9/11/01-related federal tax benefits (see instructions)					
<input type="checkbox"/> Enter 2-character special condition code, if applicable (see instructions)					
<input type="checkbox"/> Federal/State Partnership Change (see instructions)					

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 <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table> Account Number <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table> 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.)
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:

$$\text{amount on pg. 1, line 17} \times \left(\frac{\$5,400 \text{ minus tax on line 17}}{\$2,000} \right) = \text{your credit}$$

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).....	1.		
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: <input type="checkbox"/> _____	2.	<input type="checkbox"/>	
3. Gain (or loss) from sale of business personal property or business real property (attach federal Schedule D or Form 4797) (see instructions)	3.		
4. Net amount of rental or royalty income from business personal property or business real property (attach federal Schedule E) (see instructions)	4.		
5. Other business income (or loss) (attach schedule) (see instructions)	5.		
6. Total federal income (or loss) (combine lines 1 through 5)	6.		
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)	7.		
8. Total income before New York City modifications (combine lines 6 and 7)	8.		

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

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

SUBTRACTIONS

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



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					
CITYSTATEZIP					
NUMBER AND STREET					
CITYSTATEZIP					
NUMBER AND STREET					
CITYSTATEZIP					
NUMBER AND STREET					
CITYSTATEZIP					
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					
CITYSTATEZIP					
NUMBER AND STREET					
CITYSTATEZIP					
NUMBER AND STREET					
CITYSTATEZIP					
NUMBER AND STREET					
CITYSTATEZIP					
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. Business Allocation Percentage (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	B	C	D	E	F	G
DESCRIPTION OF INVESTMENT	No. of Shares or Amount of Securities	Average Value	Liabilities Attributable to Investment Capital	Net Average Value (column C minus column D)	Issuer's Allocation Percentage	Value Allocated to NYC (column E x column F)
LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)						
					%	
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						



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)

- Nature of business or profession: _____
- New York State Sales Tax ID Number: _____
- 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: _____
- Enter home address: _____ Zip Code: _____
- If business terminated during the current taxable year, state date terminated. (mm-dd-yy) _____ - _____ - _____
 (Attach a statement showing disposition of business property.)
- 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
- 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"/> Date	Preparer's Social Security Number or PTIN [] - [] - []
	Firm's name (or yours, if self-employed)	Address	Zip Code	Firm's Employer Identification Number [] - [] - []

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



60252591