



2025

For CALENDAR YEAR 2025 or FISCAL YEAR beginning _____		2025, and ending _____	
Name _____		Name _____ Change <input type="checkbox"/>	
In Care of _____			
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 _____	Date business ended in NYC _____	
TAXPAYER'S EMAIL ADDRESS _____			
EMPLOYER IDENTIFICATION NUMBER Please enter entire 9-digit EIN _____-_____			
BUSINESS CODE NUMBER AS PER FEDERAL RETURN _____-_____			
<p>Entity Type: <input type="checkbox"/> general partnership <input type="checkbox"/> registered limited liability partnership <input type="checkbox"/> limited partnership <input type="checkbox"/> limited liability company</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 Date of Final Determination <input type="checkbox"/>-<input type="checkbox"/>-<input type="checkbox"/>-<input type="checkbox"/>-<input type="checkbox"/></p> <p><input type="checkbox"/> Final return - Check this box if you have ceased operations in NYC.</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)</p> <p><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 31)	1.		
2. Intentionally Omitted.....	2.		
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 <i>instructions</i>)	3a.		
3b. Enter allocated business income, or subtract business loss, from other partnerships (see <i>instructions</i>).....	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 <i>instructions</i>)	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 <i>instr.</i>).....	7b.		
8. Intentionally Omitted	8.		
9. Multiply Line 7a by the investment allocation percentage on Schedule D, Line 2. 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 <i>instructions</i>)... 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 <i>instructions</i>) <input type="text"/> # 13. Number of active partners claimed			
14. Balance before specific exemption (line 12 less line 13)	14.		
15. Less: specific exemption (see <i>instructions and attach schedule</i>) (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 <i>instructions</i>)	18.		
19. Total tax before Unincorporated Business Tax paid credit (line 17 less line 18) (see <i>instructions</i>) .. 19.			
20. Less: UBT Paid Credit (from Schedule A, line 3 of attached Form NYC-114.7) (see <i>instructions</i>) .. 20.			
21. UNINCORPORATED BUSINESS TAX (line 19 less line 20) (if the balance is less than "0", enter "0") (see <i>instr.</i>)... 21.			

Name

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SCHEDULE A Computation of Tax - Continued

22a. REAP Credit (attach Form NYC-114.5).....	22a.		
22b. Real Estate Tax Escalation, Employment Opportunity Relocation Costs and IBZ Credits (attach Form NYC-114.6)	22b.		
22c. LMREAP Credit (attach Form NYC-114.8).....	22c.		
22d. Biotechnology Credit (attach Form NYC-114.10)	22d.		
22e. Beer Production Credit (attach Form NYC-114.12).....	22e.		
22f. Child Care Credit (attach Department of Finance approval letter)	22f.		
22g. RACE Credit (attach Form NYC-114.13).....	22g.		
23. Net tax after credits (line 21 less sum of lines 22a through 22g)			
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).....	27a.		
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.		
30. Amount of line 29 to be:			
(a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 30c OR <input type="checkbox"/> Paper check	30a.		
(b) Credited to 2026 estimated tax on Form NYC-5UB	30b.		
30c. Routing Number <input type="text"/>	Account Number <input type="text"/>	ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>	
31. TOTAL REMITTANCE DUE (see instructions)			
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

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

Payments of Estimated Tax Computation

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 24	DATE	AMOUNT
A. Payment with declaration, Form NYC-5UB (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 through F. (Enter on Schedule A, line 24)		

Name _____

EIN _____

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

1. Ordinary income (loss) from federal Form 1065, line 23 (<i>see instructions</i>)	1.	
2. Net income (loss) from all rental real estate activity not included in Form 1065, line 23 but included on federal Schedule K.....	2.	
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 (<i>attach sch. of all portfolio income</i>)	3.	
4. Guaranteed payments to partners from federal Schedule K (<i>see instructions</i>)	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 (<i>attach sch. of other income</i>)....	6.	
7. Charitable contributions from federal Schedule K	7.	
8. Other deductions included in Form 1065, line 23 but not allowed for UBT (<i>attach sched.</i>) (<i>see inst.</i>).....	8.	
9. Other income and expenses not included above that are required to be reported separately to partners (<i>attach schedule</i>) (<i>see instructions</i>)	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 (<i>attach schedule</i>) (<i>see instructions</i>).....	11.	
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*)

ADDITIONS	EIN OR SSN →	PARTNER A	PARTNER B	PARTNER C	TOTAL	
13a. All income taxes and Unincorporated Business Taxes... 13a.					13a.	
13b. NYS Pass Through Entity Tax (PTET) and similar taxes from other jurisdictions deducted from Federal Taxable Income (<i>see instr.</i>)..... 13b.					13b.	
13c. NYC Pass Through Entity Tax (PTET) deducted from Federal Taxable Income (<i>see instructions</i>)..... 13c.					13c.	
14. (a) Relocation credits	14a.				14a.	
(b) Expenses related to exempt income	14b.				14b.	
(c) Depreciation adjustments (<i>see instructions and attach Form NYC-399 and/or NYC-399Z</i>)	14c.				14c.	
(d) Exempt Activities	14d.				14d.	
15. Other additions (<i>attach schedules</i>) (<i>see instructions</i>) .. 15.					15.	
16. Total additions (add lines 13 through 15)	16.				16.	
SUBTRACTIONS		PARTNER A	PARTNER B	PARTNER C	TOTAL	
17. All income tax and Unincorporated Business Tax refunds (included in part 1)	17.				17.	
18. Wages and salaries subject to federal jobs credit (<i>see instr.</i>).. 18.					18.	
19. Depreciation adjustment (<i>see instr. and attach Form NYC-399 and/or NYC-399Z</i>)	19.				19.	
20. Exempt income (included in part 1, line 10) (<i>see instr.</i>).. 20.					20.	
21. 50% of dividends (<i>see instructions</i>)	21.				21.	
22. Exempt Activities	22.				22.	
23. Other subtractions (<i>attach schedule</i>) (<i>see instructions</i>) .. 23.					23.	
24. Total subtractions (add lines 17 through 23)	24.				24.	
25. Combine lines 16 and 24 (total).....	25.				25.	
26. Total income (combine lines 12 and 25)	26.				26.	
27. Less: Charitable contributions (not to exceed line 7, or 5% of line 26, whichever is less).....	27.				27.	
28. Balance (line 26 less line 27)	28.				28.	
29. Investment income - (complete lines a through g below) (<i>see instructions</i>)						
(a) Dividends from stocks held for investment	29a.				29a.	
(b) Interest from investment capital (include non-exempt governmental obligations) (<i>itemize on rider</i>)	29b.				29b.	
(c) Net capital gain (loss) from sales or exchanges of securities held for investment	29c.				29c.	
(d) Income from assets included on line 3 of Schedule D	29d.				29d.	
(e) Add lines 29a through 29d inclusive	29e.				29e.	
(f) Deductions directly or indirectly attributable to investment income	29f.				29f.	
(g) Interest on bank accounts included in income reported on line 29d	29g.				29g.	
30. Investment income (line 29e less line 29f) (enter on page 1, Sch. A, line 7a)	30.				30.	
31. Business income (line 28 less line 30) (enter here and transfer this amount to page 1, Sch. A, line 1.) 31.					31.	



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		B	C	D		E	F		G		H	I
Name and Zip Code (if within USA) Name and Country (if outside of USA)		Interest %	Percentage of Time Devoted to Business	Is Individual Partner a Resident of NYC? (✓)		Partner Type	Partner (✓)		Employer Identification Number - or - Social Security Number		Partner's Distributive Share (see instr.)	Percentage of Distributive Share (see instr.)
				YES	NO		GENERAL	LIMITED				
(a)		%	%									%
(b)		%	%									%
(c)		%	%									%
(d)		%	%									%
(e)		%	%									%
										TOTALS:		100%

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 line 1e and 3e ➤						

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



Name _____ EIN _____

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

All taxpayers must complete Schedule E, 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 E, Part 3, line 2.						
Taxpayers 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 of merchandise or charges for services during the year..... 1.		
2. Business Allocation Percentage (line 1, column A divided by line 1, column B rounded to the nearest hundredth of a percent)..... 2.		%



Name _____

EIN _____

SCHEDULE F

If you are taking a Net Operating Loss Deduction this year, please attach Form NYC-NOLD-UBTP. If you have a loss on Page 1, Line 10 which you are carrying forward, please attach Form NYC-NOLD-UBTP and enter that value on Line 5.

SCHEDULE G The following information must be entered for this return to be complete

1. Nature of business or profession: _____
2. New York State Sales Tax ID Number: _____
3. Did you file a New York City Partnership Return for the following years:**2023:** YES NO **2024:** YES NO
If "NO," state reason: _____
4. If business terminated during the current taxable year, state date terminated. (mm-dd-yy) _____ - _____ - _____
(Attach a statement showing disposition of business property.)
5. Has the Internal Revenue Service or the New York State Department of Taxation and Finance increased or decreased any taxable income 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
6. If "YES" to question 5:
 - 6a. For years prior to 1/1/15, has Form(s) NYC-115 (Report of Federal/State Change in Taxable Income) been filed? YES NO
 - 6b. For years beginning on or after 1/1/15, has an amended return(s) been filed? YES NO
7. Did you calculate a depreciation deduction by the application of the federal Accelerated Cost Recovery System (ACRS)? (see instr.) YES NO
8. Were you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return? YES NO
9. At any time during the taxable year, did the partnership have an interest in real property (including a leasehold interest) located in NYC or in an entity owning such real property? YES NO
10. 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.
 - b) Was any NYC real property (including a leasehold interest) or interest in an entity owning NYC real property, acquired or transferred with or without consideration? YES NO
 - c) Was there a partial or complete liquidation of the partnership? YES NO
 - d) Was 50% or more of the partnership ownership transferred during the tax year, over a three-year period, or according to a plan? YES NO
11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return filed? YES NO
12. If "NO" to 11, explain:

13. 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
14. If "YES", were all required Commercial Rent Tax Returns filed? YES NO

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.

I authorize the Department 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:
Firm's name	Address	Zip Code	Preparer's Social Security Number or PTIN <input type="text"/> - <input type="text"/> - <input type="text"/> Firm's Employer Identification Number <input type="text"/> - <input type="text"/> - <input type="text"/>

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.

The due date for the calendar year 2025 return is on or before March 16, 2026.

For fiscal years beginning in 2025, file on or before the 15th day of the third 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