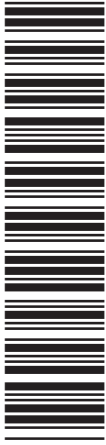


For CALENDAR YEAR 2015 or FISCAL YEAR beginning _____, 2015 and ending _____



First name and initial	Last name	Name Change <input type="checkbox"/>	TAXPAYER'S EMAIL ADDRESS		
In Care Of			SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>		
Business name					
Business address (number and street)			BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>		
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)			
Address Change <input type="checkbox"/>					
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 Date of Final Determination <input type="text"/> - <input type="text"/> - <input type="text"/>					
<input type="checkbox"/> Final return - ceased operations <input type="checkbox"/> NYS change					
<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"/> Enter 2-character special condition code if applicable (see instructions)					

SCHEDULE A Computation of Tax BEGIN WITH SCHEDULE B ON PAGE 2. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

		Payment Amount
A. Payment Amount being paid electronically with this return	A.	
1. Business income (from page 2, Schedule B, line 6)	1.	
2. Less: allowance for taxpayer's services - do not enter more than 20% of line 1 or \$10,000, whichever is less (see instructions)	2.	
3. Balance before exemption (line 1 less line 2)	3.	
4. Less: exemption - \$5,000 (taxpayer operating more than one business or short period taxpayer, see instructions).....	4.	
5. Taxable income (line 3 less line 4) (see instructions).....	5.	
6. TAX: 4% of amount on line 5.....	6.	
7. Less: business tax credit (select the applicable credit condition from the Business Tax Credit Computation schedule on page 2 and enter amount) (see instructions)	7.	
8. UNINCORPORATED BUSINESS TAX (line 6 less line 7) (see instructions).....	8.	
9. Payment of estimated Unincorporated Business Tax, including carryover credit from preceding year and payment with extension, NYC-EXT (see instructions)	9.	
10. If line 8 is larger than line 9, enter balance due	10.	
11. If line 8 is smaller than line 9, enter overpayment	11.	
12. Interest (see instructions)	12.	
13. Amount of line 11 to be: (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 13c OR <input type="checkbox"/> Paper check .	13a.	
(b) Credited to 2016 Estimated Tax on Form NYC-SUBTI	13b.	
13c. Routing Number <input type="text"/> Account Number <input type="text"/> ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>		
14. Total remittance due. Line 10 plus line 12.....	14.	
15. Gross receipts or sales from federal return.....	15.	

CERTIFICATION

SIGN HERE	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 authorize the Department of Finance to discuss this return with the preparer listed below. (see instructions).....YES <input type="checkbox"/>				
PREPARER'S USE ONLY	Taxpayer's Signature:	Title:	Date:	Preparer's Social Security Number or PTIN	
			MM-DD-YY	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>	
	Preparer's signature:	Preparer's printed name:	Date:	Firm's Employer Identification Number	
			MM-DD-YY	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>	
Firm's name			Check if self-employed <input type="checkbox"/>		
▲ Address		▲ Zip Code			

