



For CALENDAR YEAR 2016 or Fiscal YEAR beginning _____, 2016 and ending _____

Form with fields for: First name and initial, Last name, Name Change, In Care Of, Business name, Business address, City and State, Zip Code, Country, Business Telephone Number, Date business began in NYC, Date business ended in NYC, TAXPAYER'S EMAIL ADDRESS, SOCIAL SECURITY NUMBER, BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C.

CHECK ALL THAT APPLY

Checkboxes for: Amended return, Final return - ceased operations, Engaged in a fully exempt unincorporated business activity, IRS change, NYS change, Date of Final Determination, Enter 2-character special condition code, Engaged in a partially exempt unincorporated business activity.

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

Table with 15 rows for tax computation. Columns include description of tax items (e.g., Business income, Less: allowance for taxpayer's services, TAX: 4% of amount on line 5) and corresponding numerical values.

CERTIFICATION

Certification section with fields for: Firm's Email Address, Preparer's Social Security Number or PTIN, Firm's Employer Identification Number, Preparer's signature, Title, Date, Firm's name, Address, Zip Code, and a self-employed checkbox.

Name: _____ SSN: _____

SCHEDULE B Computation of Total Income

Items of business income, gain, loss or deduction

Table with 6 rows and 2 columns. Row 1: Net profit (or loss) from business... 1. Row 2: Other business income... 2. Row 3: Income taxes and unincorporated business tax... 3. Row 4: Total income... 4. Row 5: Less: Charitable contributions... 5. Row 6: Balance... 6.

Business Tax Credit Computation

- 1. If the amount on page 1, line 6, is \$3,400 or less, your credit on line 7 is the entire amount of tax on line 6. (NO TAX WILL BE DUE.)
- 2. If the amount on page 1, line 6, is \$5,400 or over, no credit is allowed. Enter "0" on line 7.
- 3. If the amount on page 1, line 6, is over \$3,400 but less than \$5,400, your credit is computed by the following formula: Amount on pg. 1, line 6 x (\$5,400 minus tax on line 6) / \$2,000 = your credit

SCHEDULE C 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 Unincorporated Business Tax Return for the following years: 2014: YES NO 2015: YES NO
- 4. Enter home address: _____ Zip Code: _____
- 5. If business terminated during the current taxable year, state date terminated. (mm-dd-yy) _____ - _____ - _____
- 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
- 7. Has Form NYC-115 (Report of Federal/State Change in Taxable Income) been filed? Only applicable for years prior to 1/1/15. For years beginning on or after 1/1/15, file an amended return. (see instructions) YES NO
- 8. 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
- 9. If "YES", were all required Commercial Rent Tax Returns filed? YES NO

Table with 3 columns: PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 9, DATE, AMOUNT. Rows A through G.

MAILING INSTRUCTIONS

Attach copy of federal Form 1040, Schedule C, Schedule C-EZ 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 2016 return is on or before April 18, 2017. For fiscal years beginning in 2016, 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

