

NEW YORK CITY DEPARTMENT OF FINANCE

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**SOFTWARE VENDOR TEST PACKAGE
FOR
UNINCORPORATED BUSINESS TAX FOR PARTNERSHIPS
WITH
BUSINESS TAX E-FILE**

**TAX YEAR 2014
VERSION 2.0
DECEMBER 9, 2014**

Revision History

Version	Author	Date	Change Highlights
1.0	Lawrence Sporn / Kit Ling Horne	11/17/2014	Initial Version
2.0	Lawrence Sporn / Kit Ling Horne	12/08/2014	<p>Test Case One</p> <p>Corrected values on NYC-114.5, NYC-114.5 and NYC-114.5 and corresponding lines on NYC-204 Pages 1 and 2.</p> <p>Test Case Two</p> <p>Corrected rounding of Business Allocation Percentage and all fields dependent on this</p> <p>Test Case Three</p> <p>Corrected amount for Page 1, Line 7 – Allowance for Active Partners' Services</p>

This package describes the New York City (NYC) Acceptance Testing System procedures for software developers participating in the NYC Business Tax e-File Program (BTFile).

WHO MUST TEST

All software developers participating in the NYC BTFile Program must test.

WHAT TO TEST

The tests verify that the e-file software creates a complete return, carries appropriate values from one line/form to another, formats and transmits NYC returns according to the XML specifications.

Software developers must test all the NYC Unincorporated Business Tax for Partnerships (UBTP) forms that they support. Before testing you should inform NYC which UBTP forms you support by email to BTFile@finance.nyc.gov.

TEST CASES TO SUBMIT

All vendors participating in Unincorporated Business Tax - Partnerships e-File must submit the following test scenarios:

Test Case	Taxpayer Name	EIN	Primary Form	Associated Forms
1	SAMS UBTP TC ONE	00-2000001	NYC-204	NYC-399Z NYC-114.5 NYC-114.6 NYC-114.7 NYC-NOLD-UBTP
2	JENN UBTP TC TWO	00-2000002	NYC-204	NYC-399 NYC-114.8 NYC-114.10 NYC-WPE
3	EAST UBTP TC THREE	00-2000004	NYC-204EZ	None
4	SHOE UBTP TC FOUR	00-2000005	NYC-EXT	None
5	ABCO UBTP TC FIVE	00-2000006	NYC-5UB	None

6	CARL UBTP TC SIX	00-2000003	NYC-115	None
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- If you do not support one of the primary forms do not submit that test.
- If you do not support one or more of the forms associated with a specific test case, submit the test with the unsupported form(s) as a PDF attachment(s). If this is done, an email must be sent to BTFile@finance.nyc.gov indicating the forms sent as PDF attachments.
- Contact BTFile@finance.nyc.gov if you desire to send additional test returns not covered in this test package.

WHEN TO TEST

Testing for UBT Partnership filers is scheduled to begin December 1, 2014. To ensure adequate time for testing before the filing season, software developers should submit their initial NYC test files as soon as possible. There is no cutoff date for testing with NYC, as long as the IRS is still accepting test returns. We do not require software developers to pass federal testing before testing with NYC. Software developers may conduct federal and City testing concurrently if the IRS allows it.

TRANSMITTING TEST FILES

Software developers must transmit NYC test files through the IRS MeF system. You will get an acknowledgment from the IRS. If your test files are accepted by the IRS, NYC will retrieve your test files. If your test files are rejected by the IRS, you must correct the error and re-transmit. You may transmit an incomplete set of test cases during testing. However, a final set of acceptable test returns must be submitted in order to be accepted into the NYC BTeFile Program.

When your file test has been transmitted to the IRS, you must send an email to BTFile@Finance.nyc.gov. This email must include the test case(s) being submitted, and any deviation from the test data.

COMMUNICATING TEST RESULTS

Software Developers will be given confirmation by telephone and email from the New York City Business Tax e-File Coordinator when software has been successfully tested and approved. Only approved software may be released and distributed by the developer. NYC will make every effort to provide test results to software developers within 48 hours, Monday through Friday.

TEST ACKNOWLEDGMENT

For each submission a software developer sends through the IRS, DOF will acknowledge. The acknowledgment they receive will be either positive (ACK) or negative (NACK). The acknowledgment will be sent back to the IRS system for the vendor to pick up.

APPROVAL OF E-FILE SOFTWARE

To be accepted into the NYC Business Tax e-file program, software developers are required to successfully complete the NYC testing, in addition to completing the IRS testing. Once software developers successfully complete the NYC test, NYC will inform them by email that their e-file software has been approved for NYC BTeFile. A list of approved BTeFile software packages will be posted on NYC Department of Finance's Web site, with a link to the software Web site (if provided by the software developers).

UBTP Test Case One

Begins on the next page

Taxpayer name	SAMS UBTP TC ONE
EIN	00-2000001
Primary Form	NYC-204
Associated Form(s)	NYC-399Z NYC-114.5 NYC-114.6 NYC-114.7 NYC-NOLD-UBTP
Attachments	None
Purpose of test	Business Allocation Percentage using three factors Lines which are highlighted in BLACK must be computed
Other instructions	If you are not supporting one or more of the credit forms, you may complete this test case leaving the corresponding lines on Schedule A blank

**UNINCORPORATED BUSINESS TAX RETURN**
FOR PARTNERSHIPS (INCLUDING LIMITED LIABILITY COMPANIES)**2014**

For CALENDAR YEAR 2014 or FISCAL YEAR beginning 01/01/2014 2014, and ending 06/30/2014

☐ Amended return ☒ Final return - Check box if you have ceased operations. Enter 2-character special condition code if applicable. (See inst.): **3 3**

☐ Check box if you are engaged in a fully exempt unincorporated business activity Federal Return filed: ☒ 1065 ☐ 1065-B

☐ Check box if you are engaged in a partially exempt unincorporated business activity ☐ Check box if you claim any 9/11/01-related federal tax benefits (see inst.)

Entity Type: ☐ general partnership ☐ registered limited liability partnership ☒ limited partnership ☐ limited liability company

Name SAMS UBTP TC ONE		
In Care of Sam Starling		
Address (number and street) 631 North McKinley Drive		
City and State Reno, NV	Zip Code 89510	
Business Telephone Number 555-555-5555	Date business began 10/01/1997	Date business ended 06/30/2014

TAXPAYER'S EMAIL ADDRESS	
EMPLOYER IDENTIFICATION NUMBER 00-2000001	
BUSINESS CODE NUMBER AS PER FEDERAL RETURN 541110	

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 32).....		1.	
2. Business allocation percentage from Schedule E, line 5. (if not allocating, enter 100%)	000000 %	2.	
3a. If line 2 is less than 100%, enter income or loss on NYC real property (see instructions)		3a.	
3b. Enter allocated business income, or subtract business loss, from other partnerships (see instructions)		3b.	
4. Balance (line 1 less line 3a)		4.	
5. Multiply line 4 by the business allocation percentage from line 2.....		5.	
6. Total of lines 3a and 3b. (see instructions)		6.	
7a. Investment income (from page 3, Schedule B, line 31).....		7a.	
7b. Add allocated investment income, or subtract investment loss, from other partnerships (see instr.) ...		7b.	
8. Investment allocation percentage (IAP) (from page 4, Schedule D, line 2)		8.	%
9. Multiply line 7a by the IAP from line 8. Add the amount on line 7b. (see instructions).....		9.	0
10. Total before NOL deduction (See instructions)		10.	
11. Deduct NYC net operating loss deduction (from Form NYC-NOLD-UBTP, line 11) (see instructions) .		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 instructions) Number of active partners claimed.....	#3	13.	
14. Balance before specific exemption (line 12 less line 13).....		14.	
15. Less: specific exemption (see instructions and attach schedule) (if line 12 is a loss, enter "0") ...		15.	
16. Taxable income (line 14 less line 15)		16.	
17. Tax: 4% of amount on line 16		17.	
18. Sales tax addback (see instructions).....		18.	
19. Total tax before business tax credit (add line 17 and line 18)		19.	
20. Less: business tax credit (select the applicable credit condition from the sch. on page 2 and enter amount) (see instr.).		20.	
21. Total tax before Unincorporated Business Tax paid credit (line 19 less line 20) (see instructions).		21.	
22. Less: UBT Paid Credit (from Schedule A, line 3 of attached Form NYC-114.7) (see instructions) .		22.	
23. UNINCORPORATED BUSINESS TAX (line 21 less line 22) (if the balance is less than "0", enter "0") (see instr.).		23.	

Name _____ EIN _____

SCHEDULE A Computation of Tax - Continued

24a. Credits from Form NYC-114.5 (attach form) (see instructions).....	24a.	3,000											
24b. Credits from Form NYC-114.6 (attach form) (see instructions).....	24b.	2,500											
24c. Credits from Form NYC-114.8 (attach form) (see instructions).....	24c.												
24d. Credits from Form NYC-114.10 (attach form) (see instructions).....	24d.												
25. Net tax after credits (line 23 less sum of lines 24a, 24b, 24c and 24d)	25.												
26. Payment of estimated tax, including credit from preceding year and payment with extension, NYC-EXT (see instr.).....	26.												
27. If line 25 is larger than line 26, enter balance due	27.												
28. If line 25 is smaller than line 26, enter overpayment.....	28.												
29a. Interest (see instructions).....	29a.												
29b. Additional charges (see instructions)	29b.												
29c. Penalty for underpayment of estimated tax (attach Form NYC-221)	29c.												
30. Total of lines 29a, 29b and 29c.....	30.												
31. Net overpayment (line 28 less line 30) (see instructions).....	31.												
32. Amount of line 31 to be:													
(a) Refunded - <input checked="" type="checkbox"/> Direct deposit - fill out line 32c OR <input type="checkbox"/> Paper check	32a.												
(b) Credited to 2015 estimated tax on Form NYC-5UB	32b.												
32c. Routing Number <table border="1"><tr><td>0</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>2</td><td>1</td></tr></table> Account Number <table border="1"><tr><td>123-4567-89</td></tr></table> ACCOUNT TYPE Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>	0	2	1	0	0	0	2	1	123-4567-89				
0	2	1	0	0	0	2	1						
123-4567-89													
33. TOTAL REMITTANCE DUE (see instructions)	33.			0									
34. NYC rent deducted on federal tax return or NYC rent from Schedule E, Part 1. (THIS LINE MUST BE COMPLETED)	34.			16,593,251									
35. Gross receipts or sales from federal return	35.			323,455,613									
36. Total assets from federal return.....	36.			108,367,919									

Business Tax Credit Computation

1. If the amount on page 1, line 19, is \$3,400 or less, your credit on line 20 is the entire amount of tax on line 19. (NO TAX WILL BE DUE)
2. If the amount on page 1, line 19, is \$5,400 or over, no credit is allowed. Enter "0" on line 20.
3. If the amount on page 1, line 19, is over \$3,400 but less than \$5,400, your credit is computed by the following formula:

$$\text{tax on page 1, line 19} \times \left(\frac{\$5,400 \text{ minus tax on line 19}}{\$2,000} \right) = \text{your credit}$$

Payments of Estimated Tax Computation

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 26	DATE	AMOUNT
A. Payment with declaration, Form NYC-5UB (1)	01-15-2014	175,000
B. Payment with Notice of Estimated Tax Due (2)	03-14-2014	500,000
C. Payment with Notice of Estimated Tax Due (3)	06-13-2014	500,000
D. Payment with Notice of Estimated Tax Due (4)	09-15-2014	500,000
E. Payment with extension, Form NYC-EXT	12-31-2014	500,000
F. Overpayment credited from preceding year		
G. TOTAL of A through F. (Enter on Schedule A, line 26).....		2,175,000

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 22 or 1065-B, Part I, line 25 (see instr.)	1.	80,681,403	
2.	Net income (loss) from all rental real estate activity not included in Form 1065, line 22 or 1065-B, Part I, line 25 but included on federal Schedule K	2.	203,125	
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 22 or 1065-B, Part I, line 25, but included on federal Sch. K (attach sch. of all portfolio income) ...	3.	92,650	
4.	Guaranteed payments to partners from federal Schedule K (see instructions)	4.		
5.	Payments to current and retired partners included in other deductions from federal Form 1065, line 20 or 1065-B, Part I, line 23	5.	22,675,031	
6.	Other income not included in Form 1065, line 22 or 1065-B, Part I, line 25, but included on federal Sch. K (attach sch. of other income)	6.		
7.	Charitable contributions from federal Schedule K	7.	230,125	
8.	Other deductions included in Form 1065, line 22 or 1065-B, Part I, line 25 and Part II, line 13, but not allowed for UBT (attach sched.) (see instr.)	8.		
9.	Other income and expenses not included above that are required to be reported separately to partners (attach schedule) (see instructions)	9.		
10.	Total federal income (combine lines 1 through 9, do not include line 7)	10.	103,652,209	
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 (attach schedule) (see instructions)	11.		
12.	Total income before New York City modifications (combine line 10 and line 11)	12.	103,652,209	

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

ADDITIONS		EIN OR SSN →	PARTNER A	PARTNER B	PARTNER C	TOTAL	
			001-06-1003	001-06-1004	001-06-1005		
13.	All income taxes and Unincorporated Business Taxes ...	13.	1,400,000	525,000	437,500	13.	2,362,500
14.	(a) Sales and use tax credit	14a.				14a.	
	(b) Relocation credits	14b.			2,500	14b.	2,500
	(c) Expenses related to exempt income	14c.				14c.	
	(d) Depreciation adjustments (see instr. and attach Form NYC-399 and/or NYC-399Z) ..	14d.	244,335	91,625	76,355	14d.	412,315
	(e) Exempt Activities	14e.				14e.	
15.	Other additions (attach schedules) (see instructions)	15.	445,341	445,341	445,342	15.	1,336,024
16.	Total additions (add lines 13 through 15)	16.	2,089,676	1,061,966	961,697	16.	4,113,339

SUBTRACTIONS		PARTNER A	PARTNER B	PARTNER C	TOTAL	
17.	All income tax and Unincorporated Business Tax refunds (included in part 1)				17.	
18.	Sales and use tax refunds from vendors or NY State (included in part 1)				18.	
19.	Wages and salaries subject to federal jobs credit (attach federal Form 5884)				19.	
20.	Depreciation adjustment (see instr. and attach Form NYC-399 and/or NYC-399Z) ..	15,809	15,809	15,809	20.	47,427
21.	Exempt income (included in part 1, line 10) (see instr.)	38,661	38,661	38,661	21.	115,983
22.	50% of dividends (see instructions)				22.	
23.	Exempt Activities				23.	
24.	Other subtractions (attach schedule) (see instructions) ..				24.	
25.	Total subtractions (add lines 17 through 24)	54,470	54,470	54,470	25.	163,410

26.	Combine lines 16 and 25 (total)	26.	3,949,929	
27.	Total income (combine lines 12 and 26)	27.	107,602,138	
28.	Less: Charitable contributions (not to exceed line 7, or 5% of line 27, whichever is less)	28.	230,125	
29.	Balance (line 27 less line 28)	29.	107,372,013	
30.	Investment income - (complete lines a through g below) (see instructions)			
	(a) Dividends from stocks held for investment	30a.		
	(b) Interest from investment capital (include non-exempt governmental obligations) (itemize on rider)	30b.		
	(c) Net capital gain (loss) from sales or exchanges of securities held for investment	30c.		
	(d) Income from assets included on line 3 of Schedule D	30d.		
	(e) Add lines 30a through 30d inclusive	30e.		
	(f) Deductions directly or indirectly attributable to investment income	30f.		
	(g) Interest on bank accounts included in income reported on line 30d ...	30g.		
31.	Investment income (line 30e less line 30f) (enter on page 1, Sch. A, line 7a)	31.		
32.	Business income (line 29 less line 31) (enter here and transfer this amount to page 1, Sch. A, line 1.)	32.	107,372,013	



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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? 5

Number of active partners 3

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)	Taxpayer A1		50	%	0	%			S		✗	0 0 1 0 6 1 0 0 1		53,684,756	50	%
	PO Box 0001, Reno, NV 89501															
(b)	Taxpayer A2		15	%	0	%	✗		I		✗	0 0 1 0 6 1 0 0 2		16,105,427	15	%
	PO Box 0002, Reno, NV 89501															
(c)	Taxpayer A3		12.5	%	100	%	✗		I	✗		0 0 1 0 6 1 0 0 3		16,105,427	15	%
	PO Box 0003, Reno, NV 89501															
(d)	Taxpayer A4		12.5	%	100	%	✗		I	✗		0 0 1 0 6 1 0 0 4		10,736,951	10	%
	PO Box 0004, Reno, NV 89501															
(e)	Taxpayer A5		10	%	100	%	✗		I	✗		0 6 1 0 6 1 0 0 5		10,736,951	10	%
	PO Box 0005, Reno, NV 89501															
													TOTALS:	107,369,512	100%	

SCHEDULE D Investment Capital and Allocation and Cash Election

A	B	C	D	E	F	G
DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	No. of Shares or Amount of Securities	Average Value	Liabilities Attributable to Invest- ment Capital	Net Average Value (column C minus column D)	Issuer's Allocation Percentage	Value Allocated to NYC (column E X column F)
ABCD Investors Corporation	500	250,000	25,000	225,000	0.00%	0
3765 West Street REIT	1,000	325,000	32,500	292,500	0.00	0
3765 South West Street REIT	750	337,500	33,750	303,750	0.00	0
1. Totals (including items on rider)		912,500	91,250	821,250		0
2. Investment allocation percentage (line 1G divided by line 1E. Round to the nearest one hundredth of a percentage point) 2.					0.00%	
3. Cash - (To treat cash as investment capital, you must include it on this line.)						
4. Investment capital. Total of line 1e and 3e				821,250		

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



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 7.

SCHEDULE G

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

1. Nature of business or profession: Legal Services
2. New York State Sales Tax ID Number: _____ 9 8 7 6 5 4 3 2 1
3. Did you file a New York City Partnership Return for the following years:**2012:** ☒ YES ☐ NO **2013:** ☒ YES ☐ NO
If "NO," state reason: _____
4. If business terminated during the current taxable year, state date terminated. (mm-dd-yy) 06-30-2014 -
(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. 01-01-2013 End 12-31-2013
MM-DD-YY MM-DD-YY
☒ New York State Department of Taxation and Finance State period(s): Beg. 01-01-2014 End 12-31-2013
MM-DD-YY MM-DD-YY
6. Has Form NYC-115 (Report of Federal/State Change in Taxable Income) 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: 00-2000001

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: <u>Anymail@email.com</u>	
	I authorize the Department of Finance to discuss this return with the preparer listed below. (see instructions) <input checked="" type="checkbox"/> YES				
PREPARER'S USE ONLY	Signature of taxpayer: _____		Title: <u>Partner</u>	Date: <u>04-01-2015</u>	Preparer's Social Security Number or PTIN
	Preparer's signature: _____		Preparer's printed name: <u>Jesse James</u>	Date: <u>04-15-2015</u>	<u>P 0 0 0 0 0 0 1</u>
	Electronic Tax Filers		1065 Efile Dr, Reno NV 89501		Firm's Employer Identification Number
	Firm's name		Address		<u>6 9 0 0 0 0 0 9 8</u>
Check if self-employed <input type="checkbox"/>					

MAILING INSTRUCTIONS

Attach federal form 1065 or 1065-B 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 2014 return is on or before April 15, 2015.
For fiscal years beginning in 2014, 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 3646
NEW YORK, NY 10008-3646

RETURNS CLAIMING REFUNDS

NYC DEPARTMENT OF FINANCE
UNINCORPORATED BUSINESS TAX
P.O. BOX 5563
BINGHAMTON, NY 13902-5563

60461491

**REAP CREDIT APPLIED TO
UNINCORPORATED BUSINESS TAX**

ATTACH TO FORM NYC-202, NYC-202EIN OR NYC-204

2014

USE FORM NYC-114.6 IF YOU ARE FILING A CLAIM FOR EITHER A REAL ESTATE TAX ESCALATION CREDIT OR AN EMPLOYMENT OPPORTUNITY RELOCATION COSTS CREDIT. IF YOU ARE FILING A CLAIM FOR A SALES TAX CREDIT, YOU MUST USE FORM NYC-114.5 FOR THE APPROPRIATE PRIOR YEAR. SEE INSTRUCTIONS.

For CALENDAR YEAR 2014 or FISCAL YEAR beginning 01-01 2014 and ending 06/30/2014

Print or Type

Name as shown on NYC-202, NYC-202EIN or NYC-204:

SAMS UBTP TC ONE

Type of Business:

Check one:



COMMERCIAL



INDUSTRIAL



RETAIL

Unincorporated Business Tax year

for which claim is made: ended:

MONTH:

December**2014**

YEAR:

Principal Business Activity:

Legal Services**PARTNERSHIPS, ESTATES AND TRUSTS ONLY,
ENTER EMPLOYER IDENTIFICATION NUMBER**

0	0	2	0	0	0	0	1
---	---	---	---	---	---	---	---

SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--

Form NYC-114.5 must be attached to and submitted with Unincorporated Business Tax Return (Form NYC-202 or NYC-202EIN) or Partnership Tax Return (Form NYC-204) in order to claim the REAP credit.

Relocation and Employment Assistance Program (REAP) Credit

If you have carryover credits from preceding years, complete the carryover schedule below regardless of whether you will carry over credits to the current year. Enter in column B (the applied column) the amount applied to each carryover year until the total applied agrees with the amount on line 6.

Nonrefundable Credit applied against Unincorporated Business Tax

1. Current year's tax, including sales tax addback less the business tax credit and the UBT paid credit
(amount from NYC-202 or NYC-202EIN, Sch. A, line 21 or NYC-204, Sch. A, line 23) 1.
2. Computation of current year's credit:
(number of eligible aggregate employment shares: 1.25 X the applicable amount (see instructions)) 2.
3. If line 2 is greater than line 1, enter the difference and skip lines 4 through 7. Transfer amount
on line 1 to line 9 (see instructions)..... 3.
4. If line 2 is less than line 1, enter the difference. Complete carryover schedule below. 4.
5. Total carryover credits from prior taxable years (line 8f, column A below) 5.
6. Amount of carryover credit that may be carried over to the current year.
Enter lesser of line 4 or line 5 6.
7. Total allowable credit for current year. Sum of the current year credit plus the applicable
carryover from prior years. Add lines 2 and 6. Go to line 9. 7.

2,000,047	
3,000	
1,997,047	
3,000	

REAP carryover schedule		COLUMN A		COLUMN B		COLUMN C	
You may not carry over the 5th preceding year's credit to next year.		CARRYOVER TO CURRENT YEAR (unused credit)		APPLIED		CARRYOVER TO NEXT YEAR (column A minus column B)	
8a.	Carryover from 5th preceding year .. 8a.						
8b.	Carryover from 4th preceding year .. 8b.						
8c.	Carryover from 3rd preceding year .. 8c.						
8d.	Carryover from 2nd preceding year .. 8d.						
8e.	Carryover from 1st preceding year... 8e.						
8f.	Total..... 8f.						
9.	Allowable nonrefundable REAP credit for current year (amount from line 1 or line 7, whichever is less).... 9.					3,000	

Refundable Credit applied against Unincorporated Business Tax

10. COMPUTATION OF REFUNDABLE CREDIT
Number of eligible aggregate employment shares: _____ X \$3,000..... 10.

TOTAL of Nonrefundable and Refundable Credits

11. Line 9 plus line 10. Transfer amount to Form NYC-202 or NYC-202EIN, Sch. A, line 22a or
Form NYC-204, Sch. A, line 24a 11.

CLAIM FOR CREDIT APPLIED TO UNINCORPORATED BUSINESS TAX

2014

ATTACH TO FORM NYC-202, NYC-202EIN OR NYC-204

Use this form to claim:

- A. the Real Estate Tax Escalation Credit
 B. the Employment Opportunity Relocation Costs Credit
 C. the Industrial Business Zone Credit.

USE FORM NYC-114.5 IF YOU ARE FILING A CLAIM FOR EITHER A SALES AND COMPENSATING USE TAX CREDIT OR A RELOCATION AND EMPLOYMENT ASSISTANCE PROGRAM (REAP) CREDIT.

Print or Type ▼

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____

2014 and ending _____

 Name as shown on Form NYC-202, NYC-202EIN or NYC-204:
 SAMS UBTP TC ONE

Former address ▼

123 South Lynn Street

 Date moved into New York City: 01-01-2014
 mm/dd/yy

Newark, NJ 07123

 Inception date of lease: 01-01-2014
 mm/dd/yy

 PARTNERSHIPS, ESTATES AND TRUSTS ONLY,
 ENTER EMPLOYER IDENTIFICATION NUMBER

00 - 2000002

SOCIAL SECURITY NUMBER

- - - - -

UNINCORPORATED BUSINESS TAX YEAR FOR WHICH CLAIM IS MADE.

YEAR ENDED: 2014

 TYPE OF BUSINESS: ☒ COMMERCIAL ☐ INDUSTRIAL ☐ RETAIL

 TYPE OF RETURN FILED: ☒ NYC-202 ☐ NYC-202EIN ☒ NYC-204

PRINCIPAL BUSINESS ACTIVITY:

PART I Computation of credit

- Real estate tax escalation credit (Section 11-503 (e)) (from page 2, Schedule A, line 7) 1.
- Employment opportunity relocation costs credit or IBZ Credit (Section 11-503 (f) and 11-503(n)) (from page 3, Schedule B, line 6 or page 4, Schedule C, line 10,) 2.
- TOTAL CREDITS CLAIMED** (add lines 1 and 2) (include on Form NYC-202 or NYC-202EIN, Schedule A, line 22b or Form NYC-204, Schedule A, line 24b, whichever is applicable) 3.

2,500	
2,500	

The modifications in PART II below must be included in the New York City Unincorporated Business Tax Return (NYC-202, NYC-202EIN or NYC-204) for the tax year covered by this claim for credit. If the Unincorporated Business Tax Return has been filed without these modifications, an amended return must be submitted with this claim form.

PART II Modifications increasing federal gross income

- Real estate tax escalation excluded or deducted (line 1 above) (enter on Form NYC-202 or NYC-202EIN, Schedule B, part 2, line 10b or Form NYC-204, Schedule B, line 14b) 4.
- Employment opportunity relocation costs and IBZ relocation costs excluded or deducted (line 2 above) (enter on Form NYC-202 or NYC-202EIN, Schedule B, part 2, line 10b or Form NYC-204, Schedule B, part 2, line 14b) 5.

2,500	

INSTRUCTIONS FOR PARTS I AND II

Form NYC-114.6 must be attached to and submitted with the Unincorporated Business Tax Return (Form NYC-202 or NYC-202EIN) or Partnership Tax Return (Form NYC-204) in order to claim the credits described in Schedules A, B and C.

PART I

Enter the amounts of the credits claimed in Schedules A, B and C on the appropriate lines (lines 1 and 2) of part I. The total credit amount claimed (line 3) is to be included on Form NYC-202 or NYC-202EIN, Schedule A, line 22b, or Form NYC-204, Schedule A, line 24b, whichever is applicable.

PART II

Taxpayers claiming these credits must make certain modifications in computing unincorporated business gross income. The amounts of the various credit items claimed must be *added* to the gross income if an exclusion or deduction for the credit item was taken in computing federal taxable income. (See *Administrative Code Section 11-506(b), paragraphs (6) and (7) and Section 11-503(n)(6).*)

Enter the required modifications at lines 4 and 5 of part II, and on Form NYC-202 or NYC-202EIN, Schedule B, part 2, line 10b or on Form NYC-204, Schedule B, part 2, line 14b, whichever is applicable.

SCHEDULE A Real estate tax escalation credit (Administrative Code Section 11-503(e))

The real estate tax escalation credit may be claimed only if the taxpayer's eligibility to receive the credit has been approved and certified by the Industrial and Commercial Incentive Board. **No** credit will be allowed unless a copy of the Certificate of Eligibility issued by the Industrial and Commercial Incentive Board is attached to Schedule A.

A. General information

1. Number of industrial employment opportunities relocated to New York City.....	1.	
2. Number of commercial employment opportunities relocated to New York City.....	2.	427
3. TOTAL	3.	427

B. Computation of real estate tax escalation credit (see instructions)

1. <i>Current rent information</i> - For the period covered by this report, enter the following amounts if payment is required under lease:					
a. Basic rent paid or required to be paid to landlord for premises	1a.	16,593,251			
b. Real estate tax payments attributable to premises	1b.	6,593,251			
c. Fuel adjustment expense paid to landlord (enter in columns A and B)	1c.				
d. Maintenance expense paid to landlord (enter in columns A and B)	1d.				
e. Other amounts paid to landlord (enter in columns A and B)	1e.	117,500		117,500	
2. <i>Initial rent information</i> - Compute amounts as if the specified rent items below were paid for same number of months as covered by this report (see instructions)					
a. Original basic rent (see instructions)	2a.	16,593,251			
b. Original payments required for real estate taxes attributable to premises (see instructions)	2b.	6,593,251			
3. Increase in basic rent (line 1a less line 2a)	3.	0			
4. TOTAL column B. Add lines 1a through 1e. (enter total in columns B and C)	4.		23,304,002		23,304,002
5. TOTAL column A. Add lines 1c through 3. (enter total in columns A and C)	5.	23,304,002			23,304,002
6. Line 4 less line 5	6.				0
7. Enter amount claimed as real estate tax escalation credit (payment actually made during period covered by this report attributable to an increase or addition to the real estate taxes imposed on leased premises). This should be the same as amount entered on line 6 (if not, explain on rider) - (enter on page 1, parts I and II, lines 1 and 4)	7.				2,500

INSTRUCTIONS FOR SCHEDULE A

A taxpayer subject to the Unincorporated Business Tax that has relocated to leased premises in New York City from a location outside New York State and has created at least 100 industrial or commercial employment opportunities in the City is allowed a credit against the Unincorporated Business Tax for the amount of any additional lease payments actually made to the taxpayer's landlord that are based solely and directly upon increased real estate taxes imposed upon the relocation premises. Before a taxpayer can claim the credit, the taxpayer's eligibility must be approved and certified by the Industrial and Commercial Incentive Board. The credit can be claimed annually for the length of the lease term, or for a period not to exceed ten years from the date of relocation, whichever period is shorter.

"Employment opportunity" means the creation of a full-time position (not less than 30 hours per week of gainful employment) for an industrial employee (one engaged in the manufacturing or assembling of tangible goods or the processing of raw materials) or commercial employee (one engaged in the buying, selling or otherwise providing of goods or services other than on a retail basis directly to the ultimate user or consumer) and the actual hiring of such employee for that position.

"Basic rent" means the rent provided for under a written lease for the use or occupancy of premises, excluding separately stated amounts required to be paid under the lease for such items as real estate taxes, maintenance expenses or fuel adjustments.

If more than one premises is included in the computation of the credit, attach a separate rider in the form of Schedule A for each such premises, and enter the sum of the amounts shown on such separate riders on Schedule A.

PART B, LINE 2a

Since the real estate tax escalation credit is the amount of the increased payments actually made that are solely and directly attributable to an increase or addition to the real estate taxes imposed upon the leased premises, the basic rent originally to be paid under the lease for the premises must be determined. It should be computed as an amount due for one month notwithstanding the manner in which it is expressed in the lease for the premises. The basic monthly rent as thus determined must then be multiplied by the number of months in the taxable period covered by this report so that the period covered by this report may be compared to a comparable period based upon the basic rent originally required to be paid.

PART B, LINE 2b

If, beginning with the inception of the term, the lease for the premises requires that an amount separate from the basic rent must be paid for real estate taxes attributable to the premises, you must enter on line 2b an amount to be determined by computing the amount that would be due per month, if such required payment were figured on a monthly basis and multiplying such amount by the number of months in the period covered by this report.

SCHEDULE B Employment opportunity relocation costs credit (Administrative Code Section 11-503(f))

If the taxpayer did not both relocate from outside New York State and create a minimum of ten (10) industrial or commercial employment opportunities in New York City, **do not** complete Schedule B and make **no** entry on page 1, parts I and II, lines 2 and 5 respectively.

1. Number of industrial employment opportunities relocated to New York City	Number	x \$500.00	1.		0
2. Number of commercial employment opportunities relocated to New York City	Number	x \$300.00	2.		0
3. TOTAL			3.		0
4. Employment opportunity relocation costs incurred by the taxpayer in the relocation of the taxpayer from outside the State of New York into the City of New York (Section 11-503 (f)(1)(B)) ▼					
a. Cost of moving furniture, files, papers and office equipment			4a.		
b. Cost of moving and installing machinery and equipment			4b.		
c. Cost of installing telephones and other communication equipment required as a result of relocation			4c.		
d. Cost incurred in purchasing office furniture and fixtures required as a result of relocation			4d.		
e. Cost of renovating the premises to be occupied as a result of the relocation, allowable only to the extent that it does not exceed seventy-five cents (75¢) per square foot			4e.		
5. TOTAL (lines 4a through 4e)			5.		
6. Enter line 3 or line 5, whichever is less. Enter on page 1, parts I and II, lines 2 and 5			6.		

INSTRUCTIONS FOR SCHEDULE B

Effective August 30, 2005, taxpayers relocating to premises within an Industrial Business Zone established pursuant to section 22-626 of the Administrative Code for which a binding contract to purchase or lease was entered into by the taxpayer after June 30, 2005 MAY NOT take the relocation credit provided on this schedule for industrial employment opportunities but are entitled to a new one time credit for tax years beginning after December 30, 2005. See Administrative Code §§11-503(f) and 11-503(n) as added by Chapter 635 of the Laws of 2005 and Schedule C below.

Taxpayers subject to the Unincorporated Business Tax are allowed a credit against the tax for certain costs incurred in relocating commercial or industrial employment opportunities to New York City from an area outside the State of New York. In order to be eligible for this credit, a taxpayer must relocate to the City a minimum of ten such employment opportunities. The relocation costs for which the credit may be claimed are those incurred during the tax year in connection with employment opportunities relocated to the City during the tax year.

The allowable credit is based upon "employment opportunity relocation costs" incurred by the taxpayer during its taxable year, but may not exceed a maximum of:

- a) \$300 for each commercial employment opportunity; and
- b) \$500 for each industrial employment opportunity, relocated to the City from an area outside the State.

The relocation costs credit may be taken by the taxpayer in whole or in part in the year in which the employment opportunities are relocated by such taxpayer or in either of the two years succeeding such event.

For purposes of the credit, "employment opportunity relocation costs" means:

- a) the costs incurred by the taxpayer in moving furniture, files, papers and office equipment into the City from a location outside the State;

- b) the costs incurred by the taxpayer in moving and installing machinery and equipment into the City from a location outside the State;
- c) the costs of installing telephones and other communication equipment required as a result of the relocation to the City from a location outside the State;
- d) the cost incurred in the purchase of office furniture and fixtures required as a result of the relocation to the City from a location outside the State; and
- e) the cost of renovation of the premises to be occupied as a result of the relocation, provided, however, that such renovation costs shall be allowable only to the extent that they do not exceed seventy-five cents per square foot of the total area utilized by the taxpayer in the occupied premises.

OTHER DEFINITIONS

- a) "Employment opportunity" means the creation of a full-time position of gainful employment for an industrial or commercial employee and the actual hiring of such employee for the position.
- b) "Industrial employee" means one engaged in the manufacturing or assembling of tangible goods or the processing of raw materials.
- c) "Commercial employee" means one engaged in the buying, selling or otherwise providing of goods or services other than on a retail basis.
- d) "Retail" means the selling or otherwise disposing of tangible goods directly to the ultimate user or consumer.
- e) "Full-time position" means a position of gainful employment where the number of hours worked by the employee is not less than 30 hours during any given work week.

SCHEDULE C Industrial Business Zone Credit (Administrative Code Section 11-503(n))

1. Location(s) of business operations continuously during the 24 months immediately preceding relocation

PROPERTY LOCATION		
Street Address	City & State	Zip Code

2. Date of relocation _____

3. Address of business operations in the Industrial Business Zone

PROPERTY LOCATION		
Street Address	City & State	Zip Code

4. Description of Business: _____

5. Number of employees working at least 35 hours per week _____ X \$1,000 = _____	5.	0
6. Number of employees working at least 15 hours but less than 35 hours per week _____ X 1/2 = _____ ⁰ X \$1,000 (see instr.)	6.	0
7. Total of lines 5 and 6 _____	7.	0
8. Relocation costs incurred by the taxpayer (see instructions):		
a. cost of moving furniture, files, papers and office equipment _____	8a.	
b. cost of moving and installing machinery and equipment _____	8b.	
c. cost of installing telephones and other communication equipment required as a result of relocation _____	8c.	
d. Cost of floor preparation _____	8d.	
e. Other (description and cost --attach rider if needed): _____	8e.	
_____	8e.	
9. Total (lines 8a-8e) _____	9.	
10. Lesser of line 7 and 9 or \$100,000. Enter on page 1, parts I and II lines 2 and 5. _____	10.	

INSTRUCTIONS FOR SCHEDULE C

For taxable years beginning on or after January 1, 2006, an eligible business that first enters into a binding contract on or after July 1, 2005 to purchase or lease eligible premises to which it relocates is allowed the industrial business zone tax ("IBZ") credit, a one-time credit to be credited against its UBT liability or refunded without interest to the extent it exceeds the taxpayer's UBT liability calculated without that credit. The amount of the credit is \$1,000 per full-time employee, provided that the amount of the credit may not exceed the lesser of the actual relocation costs or \$100,000. See Ad. Code § 11-503(n), as added by Chapter 635 of the Laws of 2005.

For purposes of this credit, the following definitions apply:

- "**eligible business**" means any business subject to UBT that (1) has been conducting substantial business operations and engaging primarily in industrial and manufacturing activities at one or more locations within the City or outside New York State continuously during the 24 consecutive full months immediately preceding relocation, (2) has leased the premises from which it relocates continuously during the 24 consecutive full months immediately preceding relocation, (3) first enters into a binding contract on or after July 1, 2005 to purchase or lease eligible premises to which the business will relocate, (4) will be engaged primarily in industrial and manufacturing activities at the eligible premises, and (5) does not receive benefits under the REAP or Lower Manhattan REAP Program or through a grant program administered by the Business Relocation Assistance Corporation or through the New York City Printers Relocation Fund grant.
- "**eligible premises**" means premises located entirely within an industrial business zone. For any eligible business, an industrial business zone credit will not be granted with respect to more than one eligible premises.
- "**industrial business zone**" means an area within New York City established pursuant to section 22-626 of the Administrative Code.
- "**industrial and manufacturing activities**" means activities involving the assembly of goods to create a different article, or the processing, fabrication, or packaging of goods. Industrial and manufacturing activities shall not include waste management or utility services.

SPECIFIC LINE INSTRUCTIONS:

Line 2: "relocation" means the physical relocation of furniture, fixtures, equipment, machinery and supplies directly to an eligible premises, from one or more locations of an eli-

gible business, including at least one location at which such business conducts substantial business operations and engages primarily in industrial and manufacturing activities. For purposes of determining the "**date of relocation**", enter the earlier of (1) the date of the completion of the relocation to the eligible premises, or (2) ninety days from the commencement of the relocation to the eligible premises.

Lines 5 and 6

The amount of the credit is calculated based on the number of "full-time employees." "**Full-time employee**" means (1) one person gainfully employed in an eligible premises by an eligible business where the number of hours required to be worked by such person is not less than 35 hours per week; or (2) two persons gainfully employed in an eligible premises by an eligible business where the number of hours required to be worked by each such person is more than fifteen hours per week but less than 35 hours per week. The number of full-time employees for purpose of completing lines 5 and 6 is the average number of full-time employees, calculated on a weekly basis, employed in the eligible premises by the eligible business in the fifty-two week period immediately following the earlier of (1) the date of the completion of the relocation to eligible premises or (2) ninety days from the commencement of the relocation to the eligible premises. This credit must be taken in the taxable year in which such fifty-two week period ends.

Line 5

Enter the average number of employees working not less than 35 hours per week.

Line 6

Enter the average number of employees working more than 15 hours but less than 35 hours per week. If after multiplying by 1/2, the number is not a whole number, round down to the whole number.

Line 8

"**Relocation costs**" means costs incurred in the relocation of the furniture, fixtures, equipment, machinery and supplies, including, but not limited to, the cost of dismantling and reassembling equipment and the cost of floor preparation necessary for the reassembly of the equipment. Relocation costs include only such costs that are incurred during the ninety-day period immediately following the commencement of the relocation to an eligible premises. Relocation costs do not include costs for structural or capital improvements or items purchased in connection with the relocation.

PRIVACY ACT NOTIFICATION - The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for taxpayers is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York. Such numbers disclosed on any report or return are requested for tax administration purposes and will be used to facilitate the processing of tax returns and to establish and maintain a uniform system for identifying taxpayers who are or may be subject to taxes administered and collected by the Department of Finance, and, as may be required by law, or when the taxpayer gives written authorization to the Department of Finance for another department, person, agency or entity to have access (limited or otherwise) to the information contained in his or her return.

UBT PAID CREDIT

UNINCORPORATED BUSINESS TAXPAYERS

2014

ATTACH TO FORM NYC-204

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014 and ending _____

▼ Print or Type name as shown on Form NYC-204

SAMS UBTP TC ONE

▼ EMPLOYER IDENTIFICATION NUMBER

0	0	-	2	0	0	0	0	0	1
---	---	---	---	---	---	---	---	---	---

SCHEDULE A

1a. Add total of amounts from Schedule B, line 9, for all partnerships with respect to which you are claiming a credit (see instructions)	1a.	14,700	
1b. Enter amount from Schedule D, line 9.....	1b.		
1c. Total of lines 1a and 1b	1c.	14,700	
2. Enter amount from Form NYC-204, Schedule A, line 21	2.	2,014,700	
3. UBT PAID CREDIT - Enter the lesser of line 1c and line 2 and transfer amount to Form NYC-204, Schedule A, line 22	3.	14,700	

SCHEDULE B**A separate Schedule B must be completed for each partnership with respect to which you are claiming this credit.**

Name of partnership from which you received a distributive share or guaranteed payment (distributing partnership):

XYZ PARTNERSHIP

EMPLOYER IDENTIFICATION NUMBER OF DISTRIBUTING PARTNERSHIP

1	1	-	1	0	0	0	0	0	1
---	---	---	---	---	---	---	---	---	---

1. Unincorporated business tax paid by distributing partnership (from its Form NYC-204, Schedule A, line 25)	1.	256,000	
2. Credits taken by distributing partnership on its own return (from its Form NYC-204, Schedule A, line 22 and lines 24a through 24d) (see instructions)	2.		
3. Total of lines 1 and 2	3.	256,000	
4. Your distributive share percentage with respect to the distributing partnership (see instructions)	4.	90.00	
5. Multiply line 3 by the percentage on line 4	5.	230,400	
6. Tax from Form NYC-204, Schedule A, line 19, modified if necessary (see instructions)	6.	2,014,700	
7. Tax from pro forma Form NYC-204, Schedule A, line 19 (see instructions).....	7.	2,000,000	
8. Subtract line 7 from line 6	8.	14,700	
9. Enter lesser of line 5 and line 8 here	9.	14,700	

COMPLETE SCHEDULES C AND D IF YOU HAVE UBT PAID CREDITS FROM PRECEDING YEARS THAT YOU MAY CARRY FORWARD TO 2014**SCHEDULE C**

1. 7th preceding year percentage1a. _____	current year percentage.....1b. _____
2. 6th preceding year percentage2a. _____	current year percentage.....2b. _____
3. 5th preceding year percentage3a. _____	current year percentage.....3b. _____
4. 4th preceding year percentage4a. _____	current year percentage.....4b. _____
5. 3rd preceding year percentage5a. _____	current year percentage.....5b. _____
6. 2nd preceding year percentage6a. _____	current year percentage.....6b. _____
7. 1st preceding year percentage7a. _____	current year percentage.....7b. _____

SCHEDULE D (see instructions)

APPLICABLE YEAR	COLUMN A Credit Available in 2014	COLUMN B	COLUMN C Credit Percentage	COLUMN D	COLUMN E Credit Carryforward to 2014 Column A Minus Column B (if less than zero, enter "0")
1. Current year			NA	NA	
2. 7th preceding year					
3. 6th preceding year					
4. 5th preceding year					
5. 4th preceding year					
6. 3rd preceding year					
7. 2nd preceding year					
8. 1st preceding year					
9. Total Column D, lines 2 through 8 (enter on Schedule A, line 1b)					

DEPRECIATION ADJUSTMENTS FOR CERTAIN POST 9/10/01 PROPERTY

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ and ending _____

Name (Print or Type)

SAMS UBT TC ONE

EMPLOYER IDENTIFICATION NUMBER

00 - 2000001

OR

SOCIAL SECURITY NUMBER

- - - - - - - - - -

- ▲ Federal Form 4562 must accompany this form.
- ▲ This schedule must be attached to your applicable New York City tax return.
- ▲ See instructions on back.
- ▲ Use Schedule A2 to report modifications to the deductions for certain sport utility vehicles, not Schedule A1. See instructions.

SCHEDULE A1		Computation of allowable New York City depreciation for current year						Attach rider if necessary
A Description of Property	B Class of Property	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Depreciation Taken in Prior Years	F Federal Depreciation	G Method of Figuring NYC Depreciation	H Life or Rate	I Allowable New York City Depreciation
Office Equipment	Var	01-01-2014	1,832,514	163,410	397,315	Var	Var	32,428
1a. Total columns D, E, F, and I			1,832,514	163,410	397,315			32,428

Enter total of columns F and I on line 4 and line 5 of Schedule C below. (See instructions on back.)

SCHEDULE A2		Computation of NYC deductions for current year for sport utility vehicles						Attach rider if necessary
A Description of Property	B Class of Property	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Deductions Taken in Prior Years	F Federal Depreciation and Section 179 Deductions	G Method of Figuring NYC Depreciation	H Life or Rate	I Total Allowable New York City Deductions
BMW X5	3 YR	01-01-2014	45,000	0	15,000	SL	3 YR	15,000
1b. Total columns D, E, F, and I			45,000	0	15,000			15,000

SCHEDULE B			Disposition adjustment			Attach rider if necessary	
For each item of property listed below, determine the difference between federal and New York City deductions used in the computation of federal and New York City taxable income in prior years.							
▲ If federal deduction exceeds New York City deduction, subtract column E from column D and enter in column F.							
▲ If New York City deduction exceeds federal, subtract column D from column E and enter in column G.							
A	B	C	D	E	F	G	
Description of Property	Class of Property (ACRS)	Date Placed in Service: mm-dd-yy	Total Federal Depreciation Taken	Total NYC Depreciation Taken	Adjustment (D minus E)	Adjustment (E minus D)	
2. Total excess federal deductions over NYC deductions (see instructions)							
3. Total excess NYC deductions over federal deductions (see instructions)							0

SCHEDULE C			Computation of adjustments to New York City income	
		A. Federal	B. New York City	
4.	Enter amount from Schedule A1, line 1a, column F	397,315		
5.	Enter amount from Schedule A1, line 1a, column I		32,428	
6a.	Enter amount from Schedule A2, line 1b, Column F	15,000		
6b.	Enter amount from Schedule A2, line 1b, Column I		15,000	
7a.	Enter amount from Schedule B, line 2			
7b.	Enter amount from Schedule B, line 3			
8.	Totals: column A, lines 4, 6a and 7b; column B, lines 5, 6b and 7a.	412,315	47,428	

Enter the amount on line 8, column A, as an addition and the amount on line 8, column B, as a deduction on the applicable New York City return. (See instr.)

GENERAL INFORMATION

The Job Creation and Worker Assistance Act of 2002, P.L. 107-147, (the "Act") allows taxpayers an additional 30 percent depreciation deduction in the first year "qualified property" is placed in service. The Act allows a similar additional 30 percent first-year depreciation deduction for "qualified New York Liberty Zone property" and allows "qualified New York Liberty Zone leasehold improvements" to be depreciated over a five-year period using a straight-line method. The Act also allows an additional first-year expense deduction of up to \$35,000 for "qualified New York Liberty Zone property" under IRC §179 in addition to the otherwise allowable deduction. The Jobs and Growth Tax Relief Reconciliation Act of 2003, P.L. 108-27, (the "2003 Act") increased the first year federal depreciation deduction for certain qualified property to 50%.

The New York Liberty Zone generally encompasses an area of the borough of Manhattan below Canal Street. "Qualified property" (as defined in IRC §168(k)(2)) generally includes certain personal

property acquired after September 10, 2001 and before January 1, 2005 and placed in service after September 10, 2001 and before January 1, 2005 or 2006 in certain circumstances. The 2003 Act modified the definition of "qualified property" to provide that to qualify for the 50% deduction, the property must be acquired after May 5, 2003 and before January 1, 2005 and placed into service before January 1, 2005 or 2006 in certain circumstances. "Qualified New York Liberty Zone property" (as defined in IRC §1400L(b)(2)) generally includes the same types of personal property if used substantially in the New York Liberty Zone in connection with the active conduct of a trade or business in the New York Liberty Zone where the original use began with the taxpayer in the Liberty Zone after September 10, 2001. It also includes certain real property acquired to replace property damaged or destroyed in the attacks on the World Trade Center on September 11, 2001. For New York City tax purposes, property that qualifies as both "qualified property" and "qualified New York Liberty Zone property" will be eligible for enhanced depreciation and IRC §179 benefits as "qualified New York Liberty Zone property."



NET OPERATING LOSS DEDUCTION COMPUTATION**FOR UNINCORPORATED BUSINESS TAX FOR PARTNERSHIPS (INCLUDING LIMITED LIABILITY COMPANIES)****2014****Attach to Form NYC-204**

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014 and ending _____

Print or Type ▼

Name as shown on NYC-204:

SAMS UBTP TC ONE

EMPLOYER IDENTIFICATION NUMBER

0 0

2 0 0 0 0 0 1

	YEAR 1		YEAR 2		YEAR 3		YEAR 4		YEAR 5	
	MM-DD-YYYY 12-31-2011		MM-DD-YYYY 12-31-2012		MM-DD-YYYY		MM-DD-YYYY		MM-DD-YYYY	
1a. Loss year ended		125,000		75,145						
1b. Allocated NYC net operating loss incurred										
2. Amount of Line 1b previously absorbed by year ended	MM-DD-YYYY: 12-31-2013	AMOUNT: 115,000	MM-DD-YYYY:	AMOUNT:	MM-DD-YYYY:	AMOUNT:	MM-DD-YYYY:	AMOUNT:	MM-DD-YYYY:	AMOUNT:
3. Add line 2 plus any additional year(s) (Attach schedules)										
4. Subtract Line 3 from Line 1b		10,000		75,145						
5. Enter the amount from Page 1, Schedule A, Line 10 (See instructions)		50,485,145		50,475,145						
6. Enter the lesser of Line 4 or Line 5		10,000		75,145						
7. Compute and enter the total percentage interests in income and deductions for the loss year partners who were also partners during the current year.		100 %		100 %		%		%		%
8. Is this percentage equal to or greater than 80%? If "NO," the loss deduction is absorbed and cannot be applied to the current year.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
9. Compute and enter the total percentage interests in income and deductions for the current year of those partners who were partners in both the loss year and the current year.		100 %		100 %		%		%		%
10. Multiply amount on Line 6 by Loss Limitation Percentage on Line 9		10,000		75,145		0		0		0
11. Sum of the amounts on Line 10 . Enter here and on Form NYC-204, Page 1, Schedule A, Line 11. This is your Net Operating Loss Deduction.										85,145

UBTP Test Case Two

Begins on the next page

Taxpayer name	JENN UBTP TC TWO
EIN	00-2000002
Primary Form	NYC-204
Associated Form(s)	NYC-399 NYC-114.8 NYC-114.10 NYC-WPE
Attachments	None
Purpose of test	Business Allocation Percentage calculation using two factors
Other instructions	If you are not supporting one or more of the credit forms, you may complete this test case leaving the corresponding lines on Schedule A blank

**UNINCORPORATED BUSINESS TAX RETURN**
FOR PARTNERSHIPS (INCLUDING LIMITED LIABILITY COMPANIES)**2014**

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014, and ending _____

☐ Amended return ☐ Final return - Check box if you have ceased operations.Enter 2-character special condition code if applicable. (See inst.): ☐ Check box if you are engaged in a fully exempt unincorporated business activityFederal Return filed: ☒ 1065 ☐ 1065-B☐ Check box if you are engaged in a partially exempt unincorporated business activity☐ Check box if you claim any 9/11/01-related federal tax benefits (see inst.)Entity Type: ☒ general partnership☐ registered limited liability partnership☐ limited partnership☐ limited liability company

Name JENN UBTP TC TWO	
In Care of Daniel Jennings	
Address (number and street) Route 1, Box 843	
City and State Bar Harbor, ME	Zip Code 04609
Business Telephone Number 555-555-5555	Date business began Jan 1, 2012
Date business ended	

TAXPAYER'S EMAIL ADDRESS

EMPLOYER IDENTIFICATION NUMBER

0	0	2	0	0	0	0	2
---	---	---	---	---	---	---	---

BUSINESS CODE NUMBER AS PER FEDERAL RETURN

4	4	1	2	2	2
---	---	---	---	---	---

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 32).....	1.	963,003	
2.	Business allocation percentage from Schedule E, line 5. (if not allocating, enter 100%)	2.	4 1 . 5 4 %	
3a.	If line 2 is less than 100%, enter income or loss on NYC real property (see instructions)	3a.		
3b.	Enter allocated business income, or subtract business loss, from other partnerships (see instructions)	3b.		
4.	Balance (line 1 less line 3a)	4.	963,003	
5.	Multiply line 4 by the business allocation percentage from line 2.....	5.	400,031	
6.	Total of lines 3a and 3b. (see instructions)	6.		
7a.	Investment income (from page 3, Schedule B, line 31).....	7a.		
7b.	Add allocated investment income, or subtract investment loss, from other partnerships (see instr.) ...	7b.		
8.	Investment allocation percentage (IAP) (from page 4, Schedule D, line 2)	8.	%	
9.	Multiply line 7a by the IAP from line 8. Add the amount on line 7b. (see instructions).....	9.	0	
10.	Total before NOL deduction (See instructions)	10.	400,031	
11.	Deduct NYC net operating loss deduction (from Form NYC-NOLD-UBTP, line 11) (see instructions) .	11.		
12.	Balance before allowance for active partners' services (line 10 less line 11)	12.	400,031	
13.	Less: allowance for active partners' services (if line 12 is a loss, enter "0") (see instructions) Number of active partners claimed.....	13.	20,000	
14.	Balance before specific exemption (line 12 less line 13).....	14.	380,031	
15.	Less: specific exemption (see instructions and attach schedule) (if line 12 is a loss, enter "0") ...	15.	5,000	
16.	Taxable income (line 14 less line 15)	16.	375,031	
17.	Tax: 4% of amount on line 16	17.	15,001	
18.	Sales tax addback (see instructions).....	18.		
19.	Total tax before business tax credit (add line 17 and line 18)	19.	15,001	
20.	Less: business tax credit (select the applicable credit condition from the sch. on page 2 and enter amount) (see instr.).	20.		
21.	Total tax before Unincorporated Business Tax paid credit (line 19 less line 20) (see instructions).	21.	15,001	
22.	Less: UBT Paid Credit (from Schedule A, line 3 of attached Form NYC-114.7) (see instructions) .	22.		
23.	UNINCORPORATED BUSINESS TAX (line 21 less line 22) (if the balance is less than "0", enter "0") (see instr.).	23.	15,001	

Name _____ EIN _____

SCHEDULE A Computation of Tax - Continued

24a. Credits from Form NYC-114.5 (attach form) (see instructions).....	24a.												
24b. Credits from Form NYC-114.6 (attach form) (see instructions).....	24b.												
24c. Credits from Form NYC-114.8 (attach form) (see instructions).....	24c.	1,250											
24d. Credits from Form NYC-114.10 (attach form) (see instructions).....	24d.	1,250											
25. Net tax after credits (line 23 less sum of lines 24a, 24b, 24c and 24d)	25.		12,501										
26. Payment of estimated tax, including credit from preceding year and payment with extension, NYC-EXT (see instr.).....	26.		20,000										
27. If line 25 is larger than line 26, enter balance due	27.												
28. If line 25 is smaller than line 26, enter overpayment.....	28.		7,499										
29a. Interest (see instructions).....	29a.												
29b. Additional charges (see instructions)	29b.												
29c. Penalty for underpayment of estimated tax (attach Form NYC-221)	29c.												
30. Total of lines 29a, 29b and 29c.....	30.												
31. Net overpayment (line 28 less line 30) (see instructions).....	31.		7,499										
32. Amount of line 31 to be:													
(a) Refunded - <input checked="" type="checkbox"/> Direct deposit - fill out line 32c OR <input type="checkbox"/> Paper check	32a.		2,499										
(b) Credited to 2015 estimated tax on Form NYC-5UB	32b.		5,000										
32c. Routing Number <table border="1"><tr><td>0</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>2</td><td>1</td></tr></table> Account Number <table border="1"><tr><td>201-121212</td></tr></table> ACCOUNT TYPE Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>	0	2	1	0	0	0	2	1	201-121212				
0	2	1	0	0	0	2	1						
201-121212													
33. TOTAL REMITTANCE DUE (see instructions)	33.		0										
34. NYC rent deducted on federal tax return or NYC rent from Schedule E, Part 1. (THIS LINE MUST BE COMPLETED)	34.		0										
35. Gross receipts or sales from federal return	35.		4,212,980										
36. Total assets from federal return.....	36.		2,749,483										

Business Tax Credit Computation

1. If the amount on page 1, line 19, is \$3,400 or less, your credit on line 20 is the entire amount of tax on line 19. (NO TAX WILL BE DUE)
2. If the amount on page 1, line 19, is \$5,400 or over, no credit is allowed. Enter "0" on line 20.
3. If the amount on page 1, line 19, is over \$3,400 but less than \$5,400, your credit is computed by the following formula:

$$\text{tax on page 1, line 19} \times \left(\frac{\$5,400 \text{ minus tax on line 19}}{\$2,000} \right) = \text{your credit}$$

Payments of Estimated Tax Computation

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 26	DATE	AMOUNT
A. Payment with declaration, Form NYC-5UB (1)	04-15-2014	5,000
B. Payment with Notice of Estimated Tax Due (2)	06-13-2014	10,000
C. Payment with Notice of Estimated Tax Due (3)	09-15-2014	5,000
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 26).....		20,000



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 22 or 1065-B, Part I, line 25 (<i>see instr.</i>)	1.	708,605	
2.	Net income (loss) from all rental real estate activity not included in Form 1065, line 22 or 1065-B, Part I, line 25 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 22 or 1065-B, Part I, line 25, but included on federal Sch. K (<i>attach sch. of all portfolio income</i>) ...	3.	250	
4.	Guaranteed payments to partners from federal Schedule K (<i>see instructions</i>)	4.	110,000	
5.	Payments to current and retired partners included in other deductions from federal Form 1065, line 20 or 1065-B, Part I, line 23	5.		
6.	Other income not included in Form 1065, line 22 or 1065-B, Part I, line 25, 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 22 or 1065-B, Part I, line 25 and Part II, line 13, but not allowed for UBT (<i>attach sched.</i>) (<i>see instr.</i>)	8.	84,722	
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.	903,577	
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.	903,577	

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

ADDITIONS		EIN OR SSN →	PARTNER A	PARTNER B	PARTNER C	TOTAL	
			000-10-0001	000-10-0002			
13.	All income taxes and Unincorporated Business Taxes ...	13.	16,725	16,725		13.	33,450
14.	(a) Sales and use tax credit	14a.				14a.	
	(b) Relocation credits	14b.				14b.	
	(c) Expenses related to exempt income	14c.				14c.	
	(d) Depreciation adjustments (<i>see instr. and attach Form NYC-399 and/or NYC-399Z</i>) ..	14d.	50,488	50,488		14d.	100,976
	(e) Exempt Activities	14e.				14e.	
15.	Other additions (<i>attach schedules</i>) (<i>see instructions</i>)	15.				15.	
16.	Total additions (add lines 13 through 15)	16.	67,213	67,213		16.	134,426

SUBTRACTIONS		PARTNER A	PARTNER B	PARTNER C	TOTAL	
17.	All income tax and Unincorporated Business Tax refunds (included in part 1)				17.	
18.	Sales and use tax refunds from vendors or NY State (included in part 1)				18.	
19.	Wages and salaries subject to federal jobs credit (<i>attach federal Form 5884</i>)				19.	
20.	Depreciation adjustment (<i>see instr. and attach Form NYC-399 and/or NYC-399Z</i>) ..	37,500	37,500		20.	75,000
21.	Exempt income (included in part 1, line 10) (<i>see instr.</i>) ..				21.	
22.	50% of dividends (<i>see instructions</i>)				22.	
23.	Exempt Activities				23.	
24.	Other subtractions (<i>attach schedule</i>) (<i>see instructions</i>) ..				24.	
25.	Total subtractions (add lines 17 through 24)				25.	75,000

26.	Combine lines 16 and 25 (total)	26.	59,426	
27.	Total income (combine lines 12 and 26)	27.	963,003	
28.	Less: Charitable contributions (not to exceed line 7, or 5% of line 27, whichever is less)	28.		
29.	Balance (line 27 less line 28)	29.	963,003	
30.	Investment income - (complete lines a through g below) (<i>see instructions</i>)			
	(a) Dividends from stocks held for investment	30a.		
	(b) Interest from investment capital (include non-exempt governmental obligations) (<i>itemize on rider</i>)	30b.		
	(c) Net capital gain (loss) from sales or exchanges of securities held for investment	30c.		
	(d) Income from assets included on line 3 of Schedule D	30d.		
	(e) Add lines 30a through 30d inclusive	30e.		
	(f) Deductions directly or indirectly attributable to investment income	30f.		
	(g) Interest on bank accounts included in income reported on line 30d ...	30g.		
31.	Investment income (line 30e less line 30f) (enter on page 1, Sch. A, line 7a)	31.		
32.	Business income (line 29 less line 31) (enter here and transfer this amount to page 1, Sch. A, line 1.)	32.	963,003	



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? 2

Number of active partners 2

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)	Taxpayer A1	50	%	100	%		X	I		X		0 0 0 1 0 0 0 0 1		481,502	50
	PO Box 843, Bar Harbor, ME 04609														
(b)	Taxpayer A2	50	%	100	%		X	I		X		0 0 0 1 0 0 0 0 2		481,501	50
	4640 Madison Lane, Boston, MA														
(c)			%		%										%
(d)			%		%										%
(e)			%		%										%
TOTALS:														963,003	100%

SCHEDULE D Investment Capital and Allocation and Cash Election

A	B	C	D	E	F	G
DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	No. of Shares or Amount of Securities	Average Value	Liabilities Attributable to Invest- ment Capital	Net Average Value (column C minus column D)	Issuer's Allocation Percentage	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 one hundredth of a percentage point) 2.					%	
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 OR 1065-B AND ALL ACCOMPANYING SCHEDULES
INCLUDING THE INDIVIDUAL K-1s



Name _____ EIN _____

ALLOCATION	NON-ALLOCATION
Taxpayers who allocate income outside the City: - complete Schedule E, Parts 1, 2 and 3 (below) and - Enter percentage rounded to the nearest one hundredth of a percentage point on Sched. A, line 2	Taxpayers who do not allocate business income: - omit Schedule E, Parts 1 and 2 (below) - enter 100% on Schedule E, Part 3, line 5 and 100% on Schedule A, line 2

SCHEDULE E Complete this schedule if business is carried on both inside and outside New York City

Part 1 List location of each place of business INSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.						
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 List location of each place of business OUTSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.						
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 Formula Basis Allocation of Income						
DESCRIPTION OF ITEMS USED AS FACTORS	COLUMN A - NEW YORK CITY		COLUMN B - EVERYWHERE		COLUMN C	
1. Average value of the real and tangible personal property of the business (see instr)					PERCENTAGE IN NEW YORK CITY <i>(COLUMN A DIVIDED BY COLUMN B)</i>	
a. Business real property owned 1a.						
b. Business real property rented from others (rent x 8) . 1b.						
c. Business tangible personal property owned 1c.						
d. Business tangible personal property rented from others (rent x 8)... 1d.						
e. Total of lines 1a - 1d 1e.					0.0000 %	
f. Multiply Column C of line 1e by 13.5 1f.					0.0000	
2a. Wages, salaries and other personal service compensation paid to employees during the year 2a.					0.0000 %	
2b. Multiply Column C of line 2a by 13.5 2b.					0.0000	
3a. Gross sales of merchandise or charges for services during the year 3a.	1,750,000		4,212,980		41.5383 %	
3b. Multiply Column C of line 3a by 73 3b.					3,032.2959	
Weighted Factor Allocation						
4a. Add Column C, lines 1f, 2b and 3b 4a.					3,032.2959	
4b. Divide line 4a by 100 if no factors are missing. If a factor is missing, divide line 4a by the total of the weights of the factors present. Enter as percentage. Round to the nearest one hundredth of a percentage point 4b.					41.54 %	
Business Allocation Percentage						
5. Enter percentage from line 4b. Transfer to page 1, Schedule A, line 2. See instructions 5.					41.54 %	
6. IS ANY PLACE OF BUSINESS LISTED IN PARTS 1 AND 2 LOCATED IN A PARTNER'S HOME?					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
7. DID YOU CLAIM A DEDUCTION FOR EXPENSES OF AN OFFICE IN A PARTNER'S HOME?					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

60451491

ATTACH FEDERAL FORM 1065 OR 1065-B AND ALL ACCOMPANYING SCHEDULES INCLUDING THE INDIVIDUAL K-1'S

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 7.

SCHEDULE G

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

1. Nature of business or profession: Boat Sales, Resales and Service
 2. New York State Sales Tax ID Number: 1 2 3 4 5 6 7 8 9
 3. Did you file a New York City Partnership Return for the following years:2012: ☒ YES ☐ NO 2013: ☒ 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. Has Form NYC-115 (Report of Federal/State Change in Taxable Income) 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

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 checked="" type="checkbox"/>		anymail@email.com	
PREPARER'S USE ONLY	Signature of taxpayer:	Title: <u>Partner</u>	Date: <u>04-15-2015</u>	Preparer's Social Security Number or PTIN
	Preparer's signature:	Preparer's printed name: <u>Paul Jennings</u>	Date: <u>03-13-2015</u>	<u>P 0 0 0 0 0 0 0 2</u>
	Electronic Tax filers	<u>1065 Efile Dr, Town, NV 89501</u>	MM-DD-YY	Firm's Employer Identification Number
	Firm's name	▲ Address	▲ Zip Code	<u>6 9 0 0 0 0 0 9 8</u>

MAILING INSTRUCTIONS

Attach federal form 1065 or 1065-B 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 2014 return is on or before April 15, 2015.
 For fiscal years beginning in 2014, 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 3646
 NEW YORK, NY 10008-3646

RETURNS CLAIMING REFUNDS

NYC DEPARTMENT OF FINANCE
 UNINCORPORATED BUSINESS TAX
 P.O. BOX 5563
 BINGHAMTON, NY 13902-5563

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**LOWER MANHATTAN RELOCATION EMPLOYMENT
ASSISTANCE PROGRAM (LMREAP) CREDIT
APPLIED TO UNINCORPORATED BUSINESS TAX**

2014

ATTACH TO FORM NYC-202, NYC-202EIN OR NYC-204

USE FORM NYC-114.5 IF YOU ARE FILING A CLAIM FOR A REAP CREDIT. USE FORM NYC-114.6 IF YOU ARE FILING A CLAIM FOR EITHER A REAL ESTATE TAX ESCALATION CREDIT OR AN EMPLOYMENT OPPORTUNITY RELOCATION COSTS CREDIT.

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014 and ending _____

▼ Print or Type ▼	Name as shown on NYC-202, 202-EIN or NYC-204: JENN UBTP TC TWO	
	Type of Business: Check one: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input checked="" type="checkbox"/> RETAIL	
	Unincorporated Business Tax year for which claim is made: ended: MONTH: December YEAR: 2014	
	Federal Business Code: 4 4 1 4 4 4	

PARTNERSHIPS, ESTATES AND TRUSTS ONLY, ENTER EMPLOYER IDENTIFICATION NUMBER											
0 0		2 0 0 0 0 0 2									
SOCIAL SECURITY NUMBER											

Form NYC-114.8 must be attached to and submitted with Unincorporated Business Tax Return (Form NYC-202 or NYC-202EIN) or Partnership Tax Return (Form NYC-204) in order to claim the LMREAP credit.

Lower Manhattan Relocation and Employment Assistance Program (LMREAP) Credit

If the credit is refundable, fill in lines 1 and 11 and skip lines 2 through 10.

If the credit is non-refundable, skip line 1 and fill in lines 2 through 11.

Refundable Credit applied against Unincorporated Business Tax

1. COMPUTATION OF REFUNDABLE CREDIT	
Number of eligible aggregate employment shares: 0.4167 X \$3,000..... 1.	1,250

If you have carryover credits from preceding years, complete the carryover schedule below regardless of whether you will carry over credits to the current year. Enter in column B (the applied column) the amount applied to each carryover year until the total applied agrees with the amount on line 7. There is no non-refundable credit until the fifth taxable year after the year of the relocation.

Nonrefundable Credit applied against Unincorporated Business Tax

2. Current year's tax, including sales tax addback less the business tax credit, the UBT paid credit and the REAP credit (see instructions)	2.	15,001
3. Computation of current year's credit: (number of eligible aggregate employment shares: 0.4167 X \$3,000	3.	1,250
4. If line 3 is greater than line 2, enter the difference and skip lines 5 through 8. Transfer amount on line 2 to line 10.....	4.	
5. If line 3 is less than line 2, enter the difference. Complete carryover schedule below.	5.	13,751
6. Total carryover credits from prior taxable years (line 9f, column A below)	6.	
7. Amount of carryover credit that may be carried over to the current year. Enter lesser of line 5 or line 6	7.	
8. Total allowable credit for current year. Sum of the current year credit plus the applicable carryover from prior years. Add lines 3 and 7. Go to line 10.	8.	1,250

LMREAP carryover schedule		COLUMN A		COLUMN B		COLUMN C	
You may not carry over the 5th preceding year's credit to next year.		CARRYOVER TO CURRENT YEAR (unused credit)		APPLIED		CARRYOVER TO NEXT YEAR (column A minus column B)	
9a. Carryover from 5th preceding year.....	9a.						
9b. Carryover from 4th preceding year.....	9b.						
9c. Carryover from 3rd preceding year.....	9c.						
9d. Carryover from 2nd preceding year.....	9d.						
9e. Carryover from 1st preceding year.....	9e.						
9f. Total.....	9f.					0	

10. Allowable nonrefundable LMREAP credit for current year (amount from line 2 or line 8, whichever is less)	10.	1,250
--	-----	-------

Credit

11. Line 1 or line 10. Transfer amount to Form NYC-202 or NYC-202EIN, Sch. A, line 22c or Form NYC-204, Sch. A, line 24c; .11.	11.	1,251
--	-----	-------

**CLAIM FOR BIOTECHNOLOGY CREDIT**
ATTACH TO FORM NYC-202, NYC-202EIN OR NYC-204.**2014****YOU MUST ATTACH YOUR CERTIFICATE OF TAX CREDIT TO THIS FORM.**
NO CREDIT WILL BE ALLOWED WITHOUT THE CERTIFICATE.

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014 and ending _____

Print or Type

Name as shown on NYC-202, NYC-202EIN or NYC-204:

JENN UBTP TC TWO

Unincorporated Business tax year
for which claim is made. Date ended: December 2014
MONTH YEAR**PARTNERSHIPS, ESTATES AND TRUSTS ONLY,
ENTER EMPLOYER IDENTIFICATION NUMBER**

00 - 2000002

SOCIAL SECURITY NUMBER

- - -

FEDERAL BUSINESS CODE

441222

COMPUTATION OF CREDIT

1. Available Credit.1.	1,250	
2. Enter your Unincorporated Business Tax from Form NYC-202 or NYC-202EIN, Schedule A, line 21 or Form NYC-204, Schedule A, line 23.2.	15,001	
3. Tax Credits claimed before Biotechnology Credit.3.	1,250	
4. Subtract line 3 from line 2.4.	13,751	
5. Enter the lesser of line 1 and line 4 (not less than zero). This is your credit.5.		
6. Amount of unused credit to be refunded or credited (line 1 less line 5).6.	1,250	
7. Add lines 5 and 6 and transfer the total to line 22d of Schedule A of Form NYC-202 or NYC-202EIN, or line 24d of Schedule A of Form NYC-204.7.	1,250	

INSTRUCTIONS**GENERAL INFORMATION**

Local Law 67 of 2009 as amended, added section 11-503(o) to the Ad. Code, which provides a new biotechnology credit for tax years 2010 through 2015 to certain qualified emerging technology companies for certain costs and expenses incurred.

In order to qualify for the credit, the taxpayer must:

1. meet the eligibility criteria as specified in the above Administrative Code section and
2. must have applied for the credit and received a Certificate of Tax Credit specifying the amount of credit the taxpayer is entitled to claim.

The Certificate of Tax Credit covering expenses incurred in calendar year 2014 will indicate the credit available for the tax year that includes December 31, 2014.

Example: Taxpayer A files on a fiscal year basis with a tax year beginning on April 1, 2014 and ending March 31, 2015. A Certificate of Tax Credit issued on or before February 18, 2015 will indicate the credit that may be claimed on the return covering the tax year ending March 31, 2015.

SPECIFIC LINE INSTRUCTIONS**Line 1**

Enter the amount of the credit to which the taxpayer is entitled to claim as indicated on the Certificate of Tax Credit on Line 1 of this form.

Line 3

Enter the total amount of credits claimed on lines 22a, b and c of Form NYC-202 or NYC-202EIN, or Lines 24a, b and c of Form NYC-204.

SCHEDULE OF NEW YORK CITY DEPRECIATION ADJUSTMENTS

DO NOT USE THIS FORM TO REPORT ADJUSTMENTS RELATING TO BONUS DEPRECIATION ALLOWED BY IRC SECTION 168(k) OR THE SPECIAL DEPRECIATION ADJUSTMENTS FOR CERTAIN SPORT UTILITY VEHICLES. USE FORM NYC-399Z.

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ and ending _____

Name (Print or Type)

JENN UBTP TC TWO

EMPLOYER IDENTIFICATION NUMBER

$$\begin{array}{|c|c|} \hline 0 & 0 \\ \hline \end{array} - \begin{array}{|c|c|c|c|c|c|c|} \hline 2 & 0 & 0 & 0 & 0 & 0 & 0 & 2 \\ \hline \end{array}$$

OR

SOCIAL SECURITY NUMBER

▲ Federal Form 4562 must accompany this form.

▲ This schedule must be attached to your applicable New York City tax return.

▲ See instructions on back.

SCHEDULE A		Computation of allowable New York City depreciation for current year					Attach rider if necessary	
A Description of Property	B Class of Property (ACRS)	C Date Placed in Service: mm-dd-yy	D Cost or Other Basis	E Accumulated NYC Depreciation Taken in Prior Years	F Federal ACRS Deduction	G Method of Figuring NYC Depreciation	H Life or Rate	I Allowable New York City Depreciation
Tools	5 Yr	1/2012	1,250,000	175,000	100,976	SL	7 Yr	75,000
1. Total columns D, E, F, and I			1,250,000	175,000	100,976			75,000

Enter total of columns F and I on line 4 and line 5 of Schedule C below. (See instructions on back.)

SCHEDULE B		Disposition adjustment for property acquired on or after January 1, 1981			Attach rider if necessary	
<p>For each item of property listed below, determine the difference between federal ACRS and New York City depreciation used in the computation of federal and New York City taxable income in prior years.</p> <p>◆ If ACRS deduction exceeds New York City depreciation, subtract column E from column D and enter in column F.</p> <p>◆ If New York City depreciation exceeds ACRS, subtract column D from column E and enter in column G.</p>						
A	B	C	D	E	F	G
Description of Property	Class of Property (ACRS)	Date Placed in Service: mm-dd-yy	Total ACRS Deduction Taken	Total NYC Depreciation Taken	Adjustment (D minus E)	Adjustment (E minus D)
2. Total excess ACRS deductions over NYC depreciation deductions (see instructions) ..						
3. Total excess NYC depreciation deductions over ACRS deductions (see instructions)						

SCHEDULE C		Computation of adjustments to New York City income	
		A. Federal	B. New York City
4.	Enter amount from Schedule A, line 1, column F	100,976	
5.	Enter amount from Schedule A, line 1, column I.....		75,000
6.	Enter amount from Schedule B, line 2.....		
7.	Enter amount from Schedule B, line 3.....		
8.	Totals: column A, lines 4 and 7; column B, lines 5 and 6.....	100,976	75,000

Enter the amount on line 8, column A, the federal adjustment, as an addition and the amount on line 8, column B, the New York City adjustment, as a deduction on the applicable New York City return.

**WORKSHEET FOR PARTIAL EXEMPTION
UNINCORPORATED BUSINESS TAX**
2014
ATTACH TO FORM NYC-204

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____ 2014 and ending _____

Print or Type ▼

Name as shown on NYC-204:

JENN UBTP TC TWO

EMPLOYER IDENTIFICATION NUMBER

0	0	2	0	0	0	0	0	2
---	---	---	---	---	---	---	---	---

	A LIST EACH ASSET OF THE TAXPAYER	B AVERAGE VALUE IN MONTH 1	C AVERAGE VALUE IN MONTH 2	D AVERAGE VALUE IN MONTH 3	E AVERAGE VALUE IN MONTH 4	F AVERAGE VALUE IN MONTH 5	G AVERAGE VALUE IN MONTH 6	H AVERAGE VALUE IN MONTH 7	I AVERAGE VALUE IN MONTH 8	J AVERAGE VALUE IN MONTH 9	K AVERAGE VALUE IN MONTH 10	L AVERAGE VALUE IN MONTH 11	M AVERAGE VALUE IN MONTH 12	N - TOTAL OF COLUMNS B - M DIVIDED BY 12 OR THE NUMBER OF MONTHS FOR A TAX YEAR OF LESS THAN 12 MONTHS
1.	real property assets not held for sale to customers or as inventory:	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
2.	tangible personal property not held for sale to customers or as inventory:	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000
3.	stocks, securities, derivative financial instruments, foreign currencies, options, forward and futures contracts not held for sale to customers or as inventory (excluding obligations held as a factor, obligations acquired in the ordinary course of business for funds loaned, services rendered or property sold or rented and excluding interests in other unincorporated entities):													
4.	interests in unincorporated entities not engaged in an unincorporated business in New York City:													
5.	interests in unincorporated entities engaged in an unincorporated business in New York City held by the taxpayer as an investor:													
6.	total of column (n), lines 1 - 5:													3,000,000
7.	all other assets of the taxpayer:		1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
8.	total of column (n), lines 6 and 7:													4,000,000
9.	column (n), line 6 divided by line 8:													75 %

IF COLUMN (N), LINE 9 IS LESS THAN .90, YOU ARE NOT ELIGIBLE FOR THE PARTIAL EXEMPTION. IF COLUMN (N), LINE 9 IS .90 OR MORE, YOU ARE ELIGIBLE FOR THE PARTIAL EXEMPTION

UBTP Test Case Three

Begins on the next page

Taxpayer name	EAST UBTP TC THREE
EIN	00-2000004
Primary Form	NYC-204EZ
Associated Form(s)	None
Attachments	None
Purpose of test	Generic
Other instructions	None

UNINCORPORATED BUSINESS TAX RETURN
FOR PARTNERSHIPS (INCLUDING LIMITED LIABILITY COMPANIES)

2014

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____, 2014, and ending _____, _____

☐ Amended return ☐ Final return - Check this box if you have ceased operations. Enter 2-character special condition code, if applicable (see inst): **7 5**☐ Check box if you are engaged in an exempt unincorporated business activity ☐ Check box if you claim any 9/11/01-related federal tax benefits (see inst.)Entity Type: ☒ general partnership ☐ registered limited liability partnership ☐ limited partnership ☐ limited liability company

Date business began in NYC: Jan 1, 2009

MM-DD-YYYY

Date business ended in NYC (if applicable):

MM-DD-YYYY

IF BUSINESS TERMINATED DURING THE YEAR, ATTACH A STATEMENT SHOWING THE DISPOSITION OF BUSINESS PROPERTY

Name EAST UBTP TC THREE

In Care Of
Jonathan TeakAddress (number and street)
123 West 45th StreetCity and State
New York, NYZip Code
10023Business Telephone Number
555-555-5555Nature of Business
Stone Quarries

TAXPAYER'S EMAIL ADDRESS

anymail@email.com

EMPLOYER IDENTIFICATION NUMBER

00-2000004

BUSINESS CODE NUMBER AS PER FEDERAL RETURN

212310

This form is for certain partnerships, including limited liability companies treated as partnerships for federal income tax purposes, who are required to file an Unincorporated Business Tax Return but have no tax liability. For taxable years beginning on or after January 1, 2009, a partnership engaged in an unincorporated business is required to file an Unincorporated Business Tax return if its unincorporated business gross income is more than \$95,000. This form may also be used by a partnership that is not required to file but wishes to disclaim any liability for tax because it is engaged solely in activities exempt from the tax.

You may not use this form if:

- ◆ You have NYC modifications other than the addback of income and Unincorporated Business Taxes on Schedule B, line 13 of Form NYC-204. For a complete list of modifications, see instructions for Form NYC-204.
- ◆ You allocate total business income within and without NYC. (If you allocate 100% of your business income to NYC, you may use this form.)
- ◆ You claim a credit for Unincorporated Business Tax Paid (see Form NYC-114.7) or other credits (see Forms NYC-114.5, NYC-114.6, NYC-114.8 or NYC-114.10).
- ◆ You claim a partial exemption for investment activities. (See instructions to Form NYC-204 "Who is Subject to the Tax".)
- ◆ You have any investment income or loss (See instructions for NYC-204, Schedule B, Lines 30 (a-f)).
- ◆ You claim any deduction for a net operating loss. (See Form NYC-204, Schedule A, line 11.)
- ◆ Your unincorporated business gross income less the allowance for active partners' services is more than \$90,000. (See Form NYC-204, Schedule A, line 14.)

1.	Amount from Analysis of Net Income (Loss) from federal Form 1065, Schedule K, line 1.....	1.	130,000	
2.	Other income and expenses not included on line 1 that are required to be reported separately to partners (attach schedule and see instructions)	2.	5,000	
3.	Income taxes and Unincorporated Business Tax deducted on federal Form 1065 (attach list and see instructions)	3.	20,000	
4.	Total Income (add lines 1 through 3)	4.	155,000	
5.	Amount included in line 4 representing net income or loss from activities exempt from the tax (see instr.) ...	5.	100,000	
6.	Subtract any net income on line 5 from, or add any net loss on line 5 to, line 4 amount	6.	55,000	
7.	Allowance for active partners' services (see instructions) Number of active partners: # 3	7.	11,000	
8.	Line 6 minus line 7	8.	44,000	
9.	Enter the number of months in business in NYC during the tax year.....	9.	12	
10.	Enter the maximum total allowed income from table on page 2 based on the number of months on line 9. If the amount on line 8 exceeds the amount on line 10 by more than \$100 you cannot use this form; - you must file on Form NYC-204	10.	90,000	00
11.	Enter payment of estimated Unincorporated Business Tax including carryover credit from previous year and payment with extension, NYC-EXT. This amount is your overpayment.....	11.	10,000	
12.	Amount of line 11 to be refunded - <input checked="" type="checkbox"/> Direct deposit - fill out line 12a OR <input type="checkbox"/> Paper check.....	12.	7,500	
12a.	Routing Number 021000021 Account Number 123-4567-10 ACCOUNT TYPE Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>			
13.	Amount of line 11 to be credited to 2015 estimated tax on form NYC-5UB	13.	2,500	
14.	NYC rent deducted on Federal tax return	14.	24,000	

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 ☒

Firm's Email Address:

anymail@email.com

SIGN HERE: Signature of partner:

Title Partner

Date 04-13-2015

Preparer's Social Security Number or PTIN

PREPARED BY: Preparer's signature:

Preparer's printed name: John Smith

Date 03-31-2015

P 00-0000004

Electronic Tax Filers, 1065 Efile Drive, Anytown, OR 97201

Check the box if self-employed: ☒

Firm's Employer Identification Number

69-00000098

▲ Firm's name

▲ Address

▲ Zip Code

INSTRUCTIONS

Check the box marked "9/11/01-related tax benefits" on this form if you claim any of the following benefits on your federal return: (i) bonus depreciation or a deduction under IRC §179 for property in the Resurgence Zone, whether or not you file form NYC-399Z, (ii) IRC §1033 treatment for property converted due to the attacks on the World Trade Center. Attach Federal forms 4562, 4684 and 4797 to this return. See instructions for Form NYC 204, Sch. B, lines 14d and 20.

Special Condition Codes - At the time this form is being published, there are no special condition codes for tax year 2014. Check the Finance website for updated special condition codes. If applicable, enter the two character code in the box provided on the form.

TABLE OF MAXIMUM ALLOWED INCOME FROM BUSINESS

NUMBER OF MONTHS IN BUSINESS	MAXIMUM TOTAL INCOME FROM BUSINESS
1	\$85,416
2	\$85,833
3	\$86,250
4	\$86,667
5	\$87,083
6	\$87,500
7	\$87,917
8	\$88,333
9	\$88,750
10	\$89,167
11	\$89,583
12	\$90,000

If total income from business after deduction for active partners' services is more than \$90,000, you must use Form NYC-204

FIFTEEN OR MORE CALENDAR DAYS CONSTITUTES ONE MONTH

Line 2. Enter the net amount of the partners' distributive shares of income and deduction items not included in line 1 but required to be reported separately on federal Form 1065. Attach a schedule.

Line 3. Enter the amount of income and unincorporated business taxes imposed by New York City, New York State or any other taxing jurisdiction that was deducted in computing the amounts on lines 1 or 2. Attach a schedule.

Line 5. Enter on this line the amount included in line 4 that represents the net income or net loss from an activity that is not an unincorporated business carried on by the taxpayer wholly or partly in the City. See Instructions for Form NYC-204 "Who is Subject to the Tax." For this purpose:

- (i) exclude the income or loss of an entity, other than a dealer as defined in Ad. Code §11-501(1), that, for its own account, engaged solely in the purchase, holding or sale of property, transactions in positions in property, or the acquisition, holding or disposition, other than in the ordinary course of business, of interests in other unincorporated entities that are themselves engaged solely in the foregoing activities. NOTE: entities receiving \$25,000 or less of gross receipts from other activities may still be eligible for this exclusion. Ad. Code §11-502(c)(3). However, entities eligible for the partial self-trading exemption under Ad. Code §11-502(c)(4) are not eligible for this exclusion and may not use this form.
- (ii) for taxable years beginning on or after July 1, 1994, exclude the income, gain or loss from real property held to produce rental income or from the disposition of such property by an entity, other than a dealer. Also exclude income or loss from a business conducted at the property solely for the benefit of tenants at the property that is not open to the public, and eligible income from parking services rendered to tenants. See Ad. Code §11-502(d).
- (iii) exclude the income or loss from any separate and distinct activity carried on wholly outside of New York City.
- (iv) for tax years beginning on or after August 1, 2002, exclude all of the federal taxable income of partnerships that receive 80% or more of their gross receipts from charges for the provision of mobile telecommunications services to customers and exclude a partner's distributive share of income, gains, losses and deductions from any partnership subject to tax under Ad. Code Title II, Ch. II as a "utility" as defined in Ad. Code section 11-1101(6), including its share of separately reported items.

Line 7. A deduction may be claimed for reasonable compensation for personal services rendered by the partners. The allowable deduction is the lower of (i) 20% of line 6 (if greater than zero) or (ii) \$10,000 for each active partner.

Preparer Authorization: If you want to allow the Department of Finance to discuss your return with the paid preparer who signed it, you must check the "yes" box in the signature area of the return. This authorization applies only to the individual whose signature appears in the "Preparer's Use Only" section of your return. It does not apply to the firm, if any, shown in that section. By checking the "Yes" box, you are authorizing the Department of Finance to call the preparer to answer any questions that may arise during the processing of your return. Also, you are authorizing the preparer to:

- ◆ Give the Department any information missing from your return,
- ◆ Call the Department for information about the processing of your return or the status of your refund or payment(s), and
- ◆ Respond to certain **notices that you have shared with the preparer** about math errors, offsets, and return preparation. The notices **will not** be sent to the preparer.

You are not authorizing the preparer to receive any refund check, bind you to anything (including any additional tax liability), or otherwise represent you before the Department. The authorization cannot be revoked, however, the authorization will automatically expire no later than the due date (without regard to any extensions) for filing next year's return. **Failure to check the box will be deemed a denial of authority.**

ADDITIONAL REQUIRED INFORMATION The following information must be entered for this return to be complete.

- New York State Sales Tax ID Number: 9,876,543
 - Did you file a NYC Partnership Return in 2012? ☒ YES ☐ NO
 - Did you file a NYC Partnership Return in 2013? ☒ YES ☐ NO
 - 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 ☐ New York State Department of Taxation and Finance ☐
State periods: _____ and answer (5).
 - Has Form(s) NYC-115 (Tax Report of Change in Taxable Income Made by IRS or New York State) been filed? ☐ YES ☒ NO
 - At any time during the taxable year, did the partnership have an interest in real property located in NYC or in an entity owning such real property? ☐ YES ☒ NO
 - If "YES" to 6:
a) Was there a partial or complete liquidation of the partnership? ☐ YES ☐ NO
b) Was 50% or more of the partnership interests transferred in the last 3 years or according to a plan? ☐ YES ☐ NO
 - If "YES" to 7a or 7b, was a Real Property Transfer Tax Return filed? ☐ YES ☐ NO
 - If "NO" to 8, explain: (attach additional sheet if necessary) _____
 - 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
 - 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 _____

PRIVACY ACT NOTIFICATION

The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for taxpayers is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York for tax administration purposes and will be used to facilitate the processing of tax returns.

MAILING INSTRUCTIONS

The due date for calendar year 2014 is on or before April 15, 2015. For fiscal years beginning in 2014 file by the 15th day of the fourth month following the close of the fiscal year.
To receive proper credit, you must enter your correct Employer Identification Number on your tax return.

RETURNS CLAIMING REFUNDS
NYC DEPT. OF FINANCE
UNINCORPORATED BUSINESS TAX
P.O. BOX 5563
BINGHAMTON, NY 13902-5563

ALL OTHER RETURNS
NYC DEPT. OF FINANCE
UNINCORPORATED BUSINESS TAX
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

60921491

UBTP Test Case Four

Begins on the next page

Taxpayer name	SHOE UBTP TC FOUR
EIN	00-2000005
Primary Form	NYC-EXT
Associated Form(s)	None
Attachments	None
Purpose of test	Generic
Other instructions	None

**APPLICATION FOR AUTOMATIC 6-MONTH EXTENSION
OF TIME TO FILE BUSINESS INCOME TAX RETURN****2014**☐ **Final Return** - Check this box if you have ceased operations.

For CALENDAR YEAR 2014 or Fiscal Year beginning _____, 2014 and ending _____

PRINT OR TYPE

Name (if combined corporate filer, give name of reporting corporation)

SHOE UBTP TC FOUR

In Care of

David Boxwood

Unincorporated
Business-Individuals
Only ☐

First Name

Last Name

Business address (number and street)

5551 Eliot Road

City and State

Salt Lake City, UT

Zip Code

84101

Business Telephone Number

555-555-5555

Email Address

anymail@email.com

EMPLOYER IDENTIFICATION NUMBER

0 0 - 2 0 0 0 0 0 5

OR

SOCIAL SECURITY NUMBER

(FOR UNINCORPORATED BUSINESS-INDIVIDUALS ONLY)

BUSINESS CODE NUMBER AS PER FEDERAL RETURN

3 1 1 5 0 0

Tax Type

Check the tax type for which this extension is being requested:

General Corporation Tax
☐ (GCT - Corporation)Banking Corporation Tax
☐ (BCT - Bank)Unincorporated Business Tax
☒ (UBT - Partnership)Unincorporated Business Tax
☐ (UBT - Individual)

NYC-3L

NYC-4S

NYC-4S-EZ

NYC-3A

NYC-1

NYC-1A

NYC-204

NYC-204EZ

NYC-202

NYC-202EIN

NYC-202S

☐ Check the box if the organization is a corporation and is the common parent of a group that intends to file a combined return. If checked, attach a schedule, listing the name, address and Employer Identification Number (EIN) for each member covered by this application.**Payment Information**

For payment amount, refer to the tax form for the tax that you will be filing after the extension period.

Finance forms and instructions are available on line at **NYC.gov/finance**.

Payment Amount

A. Payment

Amount included with form.

Make payable to: NYC Department of Finance.....A.

1. Current Year Estimated Tax 1.

575,000

2. If amount on line 1 exceeds \$1,000, enter 25% of line 1
(For GCT and BCT only -- for UBT leave blank) 2.

0

3. Total of lines 1 and 2 3.

575,000

4. Total payments and credits 4.

375,000

5. Balance due. Subtract line 4 from line 3 5.

200,000

CERTIFICATION OF TAXPAYER OR OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this form, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

Partner

Apr 1, 2015

Signature: _____

Title (if an officer): _____

Date: _____

UBTP Test Case Five

Begins on the next page

Taxpayer name	ABCO UBTP TC FIVE
EIN	00-2000006
Primary Form	NYC-5UB
Associated Form(s)	None
Attachments	None
Purpose of test	Generic
Other instructions	None

**APPLICATION FOR AUTOMATIC 6-MONTH EXTENSION
OF TIME TO FILE BUSINESS INCOME TAX RETURN**
2014
☐ **Final Return** - Check this box if you have ceased operations.

For CALENDAR YEAR 2014 or Fiscal Year beginning _____, 2014 and ending _____

PRINT OR TYPE

Name (if combined corporate filer, give name of reporting corporation)

SHOE UBTP TC FOUR

In Care of

David Boxwood

Unincorporated
Business-Individuals
Only ☐

First Name

Last Name

Business address (number and street)

5551 Eliot Road

City and State

Salt Lake City, UT

Zip Code

84101

Business Telephone Number

555-555-5555

Email Address

anymail@email.com

EMPLOYER IDENTIFICATION NUMBER

0	0	2	0	0	0	0	5
---	---	---	---	---	---	---	---

OR

SOCIAL SECURITY NUMBER

(FOR UNINCORPORATED BUSINESS-INDIVIDUALS ONLY)

--	--	--	--	--	--	--	--

BUSINESS CODE NUMBER AS PER FEDERAL RETURN

3	1	1	5	0	0
---	---	---	---	---	---

Tax Type

Check the tax type for which this extension is being requested:

General Corporation Tax <input type="checkbox"/> (GCT - Corporation)	Banking Corporation Tax <input type="checkbox"/> (BCT - Bank)	Unincorporated Business Tax <input checked="" type="checkbox"/> (UBT - Partnership)	Unincorporated Business Tax <input type="checkbox"/> (UBT - Individual)
NYC-3L NYC-4S NYC-4S-EZ NYC-3A	NYC-1 NYC-1A	NYC-204 NYC-204EZ	NYC-202 NYC-202EIN NYC-202S

- ☐ Check the box if the organization is a corporation and is the common parent of a group that intends to file a combined return. If checked, attach a schedule, listing the name, address and Employer Identification Number (EIN) for each member covered by this application.

Payment Information

For payment amount, refer to the tax form for the tax that you will be filing after the extension period.

Finance forms and instructions are available on line at **NYC.gov/finance**.

A. Payment		Payment Amount
Amount included with form. Make payable to: NYC Department of Finance.....A.		
1. Current Year Estimated Tax	1.	575,000
2. If amount on line 1 exceeds \$1,000, enter 25% of line 1 (For GCT and BCT only -- for UBT leave blank).....	2.	0
3. Total of lines 1 and 2	3.	575,000
4. Total payments and credits	4.	375,000
5. Balance due. Subtract line 4 from line 3	5.	200,000

CERTIFICATION OF TAXPAYER OR OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this form, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

Partner

Apr 1, 2015

Signature: _____

Title (if an officer): _____

Date: _____

UBTP Test Case Six

Begins on the next page

Taxpayer name	CARL UBTP TC SIX
EIN	00-2000003
Primary Form	NYC-115
Associated Form(s)	None
Attachments	None
Purpose of test	Generic
Other instructions	None

**UNINCORPORATED BUSINESS TAX REPORT OF
CHANGE IN TAXABLE INCOME MADE BY INTERNAL
REVENUE SERVICE AND/OR NEW YORK STATE
DEPARTMENT OF TAXATION AND FINANCE**TO BE FILED WITHIN 90 DAYS AFTER A FINAL DETERMINATION
2013

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

Print or Type	Name	CARL UBTP TC SIX	
	In Care of	Tony Carlton	
	Address (number and street)	1678 South Hoover Blvd	
	City and State	San Francisco, CA	Zip Code 94101
	Telephone Number	555-555-5555	Taxpayer's Email Address anymail@email.com

SOCIAL SECURITY NUMBER		
PARTNERSHIPS, ESTATES AND TRUSTS ONLY, ENTER EMPLOYER IDENTIFICATION NUMBER		
0 0	=	2 0 0 0 0 0 3

A. If this form is filed by a member of a partnership to report a federal or New York State change affecting his/her share, give name and Employer Identification Number of partnership.

Name of member: _____

EIN: _____

B. Enter date of Final Determination: (✓)☒ Federal

Feb 25, 2015

☒ New York State

Apr 1, 2015

A. Payment	Amount being paid electronically with this return.....	A.	Payment Amount
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Calculation Of Unincorporated Business Tax - See Instructions.	COLUMN A Original Amount as last adjusted	COLUMN B Net Change From Page 2, Schedule A	COLUMN C Correct Amount
1. Total income1.	4,072,919	2,500,000	1. 6,572,919
2. Taxable income2.	905,560		2. 1,461,402
3. Tax3.	36,222		3. 58,456
4. Sales tax addback4.	7,778		4. 7,778
5. Total tax5.	44,000		5. 66,234
6. Business tax credit6.	0		6. 0
7. Unincorporated business tax7.	44,000		7. 66,234
8. Other credits and UBT paid credit8.	7,500		8. 7,500
9. Net tax (line 7 less line 8)9.	36,500		9. 58,734

SUMMARY	COLUMN D Additional Tax Due	COLUMN E Refund Due
10. If amount in column C, line 9 is greater than amount in column A, enter difference in column D (see instructions for treatment of prior NYC adjustments).....10.	22,234	
11. If amount in column C, line 9 is less than amount in column A, enter difference in column E (see instructions for treatment of prior NYC adjustments).....11.		
12. Interest-(see instructions)12.	11,112	
13. Additional charges (see instructions)13.	850	
14. Total amount due (add lines 10, 12 and 13)14.	34,196	
15. Refund due (enter amount from line 11 above)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. I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions)....YES <input checked="" type="checkbox"/>		Firm's Email Address: RWB@email.com
	Signature of taxpayer:	Title: Partner	Date: 05-15-2015
PREPARER'S USE ONLY	Preparer's signature:	Preparer's printed name: John Smith	Date: 05-15-2015
	Electronic Tax Filers, Inc. 1065 Efile Drive, Anytown, NV 89501		Check if self-employed <input type="checkbox"/>
Firm's name		Address	Zip Code

Preparer's Social Security Number or PTIN
P 0 0 0 0 0 0 1 0Firm's Employer Identification Number
6 9 0 0 0 0 0 9 8

SCHEDULE A Explanation of Federal and/or New York State Adjustments (if additional space is needed, attach schedule)

1. Items increasing profit (or decreasing loss) from business or profession (federal Schedule C) or partnership income (federal Form 1065 or Form 1065-B) (see instructions) ▼	COLUMN F	
Additional dividend and interest income not reported on previous return	2,500,000	
2. Total increases	2,500,000	
3. Items decreasing profit (or increasing loss) from business or profession (federal Schedule C) or partnership income (federal Form 1065 or Form 1065-B) (see instructions) ▼		
4. Total decreases		
5. Net (federal/New York State) adjustments (combine lines 2 and 4) ➔	2,500,000	

NEW YORK CITY CHANGES AFFECTING (Federal/New York State) ADJUSTMENTS LISTED ABOVE

6. Additions (see instructions) ▼		
7. Total additions		
8. Subtractions (see instructions) ▼		
9. Total subtractions		
10. Net New York City changes (combine lines 7 and 9)		
11. Net reportable changes (transfer amount to page 1, column B, line 1) ➔	2,500,000	

SCHEDULE B Computation of Business Tax Credit - page 1, line 6, column C (check one)☐ **Business Tax Credit for 1996**

1. If the tax on page 1, line 5, Column C is \$800 or less, your credit on line 6 is the entire amount of tax on page 1, line 5, Column C.
2. If the tax on page 1, line 5, Column C is \$1,000 or over, no credit is allowed. Enter "0" on page 1, line 6, Column C.
3. If the tax on page 1, line 5, Column C is over \$800 but less than \$1,000, your credit is computed by the following formula:

$$\text{tax on page 1, line 5, Column C} \times \left(\frac{\$1,000 \text{ minus tax on page 1, line 5, Column C}}{\$200} \right) = \text{(your credit)}$$

☐ **Business Tax Credit for 1997 through 2008**

1. If the tax on page 1, line 5, Column C is \$1,800 or less, your credit on line 6 is the entire amount of tax on page 1, line 5, Column C.
2. If the tax on page 1, line 5, Column C is \$3,200 or over, no credit is allowed. Enter "0" on page 1, line 6, Column C.
3. If the tax on page 1, line 5, Column C is over \$1,800 but less than \$3,200, your credit is computed by the following formula:

$$\text{tax on page 1, line 5, Column C} \times \left(\frac{\$3,200 \text{ minus tax on page 1, line 5, Column C}}{\$1,400} \right) = \text{(your credit)}$$

☐ **Business Tax Credit for 2009 and Later**

1. If the amount on page 1, line 5, Column C is \$3,400 or less, your credit on line 6 is the entire amount of tax on page 1, line 5, Column C.
2. If the amount on page 1, line 5, Column C is \$5,400 or over, no credit is allowed. Enter "0" on page 1, line 6, Column C.
3. If the amount on page 1, line 5, Column C is over \$3,400 but less than \$5,400, your credit is computed by the following formula:

$$\text{tax on page 1, line 5, Column C} \times \left(\frac{\$5,400 \text{ minus tax on page 1, line 5, Column C}}{\$2,000} \right) = \text{(your credit)}$$

MAILING INSTRUCTIONS

Attach copies of federal and/or New York State changes and explanation of items.
Make remittance payable to the order of **NYC DEPARTMENT OF FINANCE**
Payment must be made in U.S. dollars, drawn on a U.S. bank.
To receive proper credit, you must enter your correct Employer Identification Number and/or Social Security Number on your tax return and remittance.

ALL RETURNS EXCEPT REFUND RETURNS
NYC DEPARTMENT OF FINANCE
GENERAL CORPORATION 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 3646
NEW YORK, NY 10008-3646

RETURNS CLAIMING REFUNDS
NYC DEPARTMENT OF FINANCE
GENERAL CORPORATION TAX
P.O. BOX 5563
BINGHAMTON, NY 13902-5563

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