



NYC UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS, ESTATES AND TRUSTS

DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY

2005

For CALENDAR YEAR 2005 or FISCAL YEAR beginning _____, 2005 and ending _____

Amended return [] Final return [] - Check box if you have ceased operations. Attach copy of your entire federal Form 1040 and statement showing disposition of business property.

Check "yes" if you claim any 9/11/01-related federal tax benefits (see inst.) [] YES

Check "yes" if electing books and records allocation (see inst.) [] YES

Form with fields: First name and initial, Last name, Business name, Business address, City and State, Zip Code, Business Telephone Number, Date business began.

Form with fields: INDIVIDUALS ENTER SOCIAL SECURITY NUMBER, ESTATES AND TRUSTS ENTER EMPLOYER IDENTIFICATION NUMBER, NEW YORK STATE SALES TAX ID NUMBER, BUSINESS CODE NUMBER.

SCHEDULE A Computation of Tax

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

Table with 3 columns: Line number, Description, and Amount. Rows include Business income, allocation percentages, deductions, and total remittance due.

Name _____

SSN / EIN _____

SCHEDULE B Computation of Total Income - IF ALLOCATING BY SEPARATE BOOKS AND RECORDS, ENTER THE ALLOCATED AMOUNTS

Part 1 Items of business income, gain, loss or deduction

- 1. Net profit (or loss) from business, farming or professions as reported for federal tax purposes from federal Schedule C, C-EZ or F (Form 1040) (see instructions) ● 1.
- 2. If entering income from more than one federal Schedule C, C-EZ or F (Form 1040), check this box. ● 2.
 Enter the number of Schedules C, C-EZ or F attached: ◆ _____
- 3. Gain (or loss) from sale of business personal property or business real property (attach federal Schedule D or Form 4797) (see instructions) ● 3.
- 4. Net amount of rental or royalty income from business personal property or business real property (attach federal Schedule E) (see instructions) ● 4.
- 5. Other business income (or loss) (attach schedule) (see instructions) ● 5.
- 6. Total federal income (or loss) (combine lines 1 through 5) ● 6.
- 7. Subtract net income or gain (or add net loss) from rental, sale or exchange of real property situated outside New York City, if included in line 3 or 4 above (attach schedule) (see instructions) 7.
- 8. Total income before New York City modifications (combine lines 6 and 7) 8.

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

ADDITIONS

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

SUBTRACTIONS

- 13. All income tax and Unincorporated Business Tax refunds (included in part 1) 13.
- 14. Sales and use tax refunds from vendors or NY State (included in part 1 and also included on page 1, Schedule A, line 18) 14.
- 15. Wages and salaries subject to federal jobs credit (attach federal Form 5884 or 8884) 15.
- 16. Depreciation adjustment (attach Form NYC-399 and/or NYC-399Z) 16.
- 17. Exempt income included in part 1 (attach schedule) 17.
- 18. 50% of dividends (see instructions) 18.
- 19. Real estate subtractions (see instructions) 19.
- 20. Other subtractions (attach schedule) (see instructions) 20.
- 21. Total subtractions (add lines 13 through 20) ● 21.
- 22. NYC modifications (combine lines 12 and 21) 22.

- 23. Total income (combine lines 8 and 22) (see instructions) 23.
- 24. Less: Charitable contributions (not to exceed 5% of line 23) (see instructions) 24.
- 25. Balance (line 23 less line 24) 25.
- 26. Investment income - (complete lines a through g below) (see instructions)
 - (a) Dividends from stocks held for investment 26a.
 - (b) Interest from investment capital (include non-exempt governmental obligations) (itemize on rider) 26b.
 - (c) Net capital gain (loss) from sales or exchanges of securities held for investment . 26c.
 - (d) Income from assets included on line 3 of Schedule D 26d.
 - (e) Add lines 26a through 26d inclusive 26e.
 - (f) Deductions directly or indirectly attributable to investment capital 26f.
 - (g) Interest on bank accounts included in income reported on line 26d 26g. _____
- 27a. Investment income (line 26e less line 26f) ● 27a.
- 27b. Investment income to be allocated (enter on pg 1, Sch A, line 7)(see instructions) ● 27b.
- 28. **BUSINESS INCOME** (line 25 less line 27b) (enter here and transfer amount to pg 1, Sch. A, line 1) .. 28.



Business Tax Credit Computation

- 1. If the amount on page 1, line 19, is \$1,800 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 \$3,200 or over, no credit is allowed. Enter "0" on line 20.
- 3. If the amount on page 1, line 19, is over \$1,800 but less than \$3,200, your credit is computed by the following formula:

$$\text{amount on pg. 1, line 19} \times \frac{(\$3,200 \text{ minus tax on line 19})}{\$1,400} = \text{your credit}$$

Name _____

SSN / EIN _____

ALLOCATION OF BUSINESS INCOME

Taxpayers who carry on business both inside and outside New York City should complete Schedule C, Parts 1, 2 and 3 (below). Attach separate schedule if allocating by separate books and records. See "Highlights of Recent Tax Law Changes for Unincorporated Businesses." On Schedule A, line 2, check method

used to allocate and enter percentage from Part 3, line 5 rounded to the nearest one hundredth of a percentage point. Taxpayers who do not carry on business both inside and outside New York City should omit Schedule C, Parts 1 and 2 (below), enter 100% on Part 3, line 5 and enter 100% on Schedule A, line 2.

SCHEDULE C 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.

Table with 6 columns: Complete Address, Rent, Nature of Activities, Number of Employees, Wages, Salaries, etc., Duties. Includes a Total row at the bottom.

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.

Table with 6 columns: Complete Address, Rent, Nature of Activities, Number of Employees, Wages, Salaries, etc., Duties. Includes a Total row at the bottom.

Part 3 Formula Basis Allocation of Income

Table for Formula Basis Allocation of Income with columns: DESCRIPTION OF ITEMS USED AS FACTORS, COLUMN A - NEW YORK CITY, COLUMN B - EVERYWHERE, COLUMN C, and PERCENTAGE IN NEW YORK CITY. Includes questions 1 through 7.

SCHEDULE D Investment Capital and Allocation and Cash Election

Table for Investment Capital and Allocation and Cash Election with columns: A (DESCRIPTION OF INVESTMENT), B (No. of Shares or Amount of Securities), C (Average Value), D (Liabilities Attributable to Investment Capital), E (Net Average Value), F (Issuer's Allocation Percentage), G (Value Allocated to NYC). Includes questions 1 through 4.

Name _____

SSN / EIN _____

SCHEDULE E New York City Net Operating Loss Carryforward Deduction

COMPLETE A SEPARATE SCHEDULE FOR EACH LOSS YEAR. ATTACH A DETAILED SCHEDULE FOR EACH APPLICABLE LINE.

1. Enter allocated NYC net operating loss amount incurred for loss year ended: _____	1.	
2. Enter amount of line 1 previously absorbed by year ended: _____	2.	
3. Enter amount of line 1 previously absorbed by year ended: _____	3.	
4. Enter amount of line 1 previously absorbed by year ended: _____	4.	
5. Add lines 2, 3 and 4 plus any additional year(s).....	5.	
6. Subtract line 5 from line 1	6.	
7. Enter amount from page 1, Schedule A, line 10	7.	
8. Enter the lesser of line 6 or 7. This is your net operating loss deduction. Enter here and transfer amount to page 1, Schedule A, line 11	8.	

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

- Nature of business or profession: _____
- Did you file a New York City Unincorporated Business Tax Return for the following years:
2003 YES NO
2004 YES NO
 If "NO," state reason: _____
- Enter home address: _____ Zip Code: _____
- If business terminated during the current taxable year, state date terminated. (mm/dd/yy) | _____ | _____ | _____
 (Attach a statement showing disposition of business property.)
- Has the Internal Revenue Service or the New York State Department of Taxation and Finance increased or decreased any taxable income (loss) reported in any tax period, or are you currently being audited? YES NO
 If "YES", by whom? Internal Revenue Service State period(s): Beg.: _____ End.: _____
MM/DD/YY MM/DD/YY
 New York State Department of Taxation and Finance State period(s): Beg.: _____ End.: _____
MM/DD/YY MM/DD/YY
- Has Form NYC-115 (Report of Federal/State Change in Taxable Income) been filed?..... YES NO
- Did you calculate a depreciation deduction by the application of the federal Accelerated Cost Recovery System (ACRS) (see instructions)? ... YES NO
- Were you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return? YES NO

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 24	DATE	AMOUNT	TWELVE DIGIT TRANSACTION ID CODE
A. Payment with declaration, Form NYC-5UBTI (1)			
B. Payment with Notice of Estimated Tax Due (2)			
C. Payment with Notice of Estimated Tax Due (3)			
D. Payment with Notice of Estimated Tax Due (4)			
E. Payment with extension, Form NYC-62			
F. Overpayment credited from preceding year			
G. TOTAL of A, B, C, D, E, F and amount from Form NYC-114.9, line 14 (enter on Schedule A, line 24)			

CERTIFICATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete. I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions)YES

SIGN HERE	Signature of taxpayer: _____	Title: _____	Date: _____	Preparer's Social Security Number or PTIN ● [] - [] - []
	Preparer's signature: _____	Preparer's printed name: _____	Date: _____	
PREPARER'S USE ONLY	● Firm's name ▲ Address ▲ Zip Code		Check if self-employed <input type="checkbox"/>	Firm's Employer Identification Number ● [] - [] - []

Attach copy of federal Form 1040, Schedule C or Schedule C-EZ. If this is a final return, attach an entire copy of federal Form 1040.

To receive proper credit, you must enter your correct Social Security Number or Employer Identification Number on your tax return and remittance.

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.

MAILING →
INSTRUCTIONS

RETURNS WITH REMITTANCES
NYC DEPARTMENT OF FINANCE
P.O. BOX 5040
KINGSTON, NY 12402-5040

RETURNS CLAIMING REFUNDS
NYC DEPARTMENT OF FINANCE
P.O. BOX 5050
KINGSTON, NY 12402-5050

ALL OTHER RETURNS
NYC DEPARTMENT OF FINANCE
P.O. BOX 5060
KINGSTON, NY 12402-5060

The due date for the calendar year 2005 is on or before April 17, 2006. For fiscal years beginning in 2005, file on or before the 15th day of the fourth month following the close of the fiscal year.