



NYC 202S

UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS

Check box if you are engaged in an exempt unincorporated business activity

Amended return Final return Check box if you have ceased operations.

DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY

For CALENDAR YEAR 2007 or FISCAL YEAR beginning _____, 2007 and ending _____ 2007

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

Form with fields for Social Security Number, New York State Sales Tax ID Number, Business Code Number from Federal Schedule C.

SCHEDULE A

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

Table with 15 rows for tax computation, including Business income, Less: allowance for taxpayer's services, Taxable income, TAX: 4% of amount on line 5, and Total remittance due.

CERTIFICATION

Certification section with signature lines for Taxpayer and Preparer, and fields for Social Security Number, Firm's name, Address, Zip Code, and Employer Identification Number.

Name: _____ SSN: _____

SCHEDULE B Computation of Total Income

| Items of business income, gain, loss or deduction | | | |
|---|--|------|--|
| 1. | Net profit (or loss) from business, as reported for federal tax purposes from federal Schedule C or C-EZ | ● 1. | |
| 2. | Other business income (or loss) (see instructions)..... | ● 2. | |
| 3. | Income taxes and unincorporated business tax paid this year and deducted on federal return | 3. | |
| 4. | Total income (combine lines 1, 2 and 3) | 4. | |
| 5. | Less: Charitable contributions (not to exceed 5% of line 4) (see instructions)..... | 5. | |
| 6. | Balance (line 4 less line 5) | 6. | |

Business Tax Credit Computation

| | |
|--|--|
| 1. If the amount on page 1, line 6, is \$1,800 or less, your credit on line 7 is the entire amount of tax on line 6. (NO TAX WILL BE DUE.) | 3. If the amount on page 1, line 6, is over \$1,800 but less than \$3,200, your credit is computed by the following formula: Amount on pg. 1, line 6 X $\left(\frac{\$3,200 \text{ minus tax on line 6}}{\$1,400} \right) =$ _____ your credit |
| 2. If the amount on page 1, line 6, is \$3,200 or over, no credit is allowed. Enter "0" on line 7. | |

SCHEDULE C 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:
 2005 YES NO
 2006 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



| PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 9 | DATE | AMOUNT |
|--|------|--------|
| 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 (enter on Schedule A, line 9) | | |

MAILING INSTRUCTIONS

To receive proper credit, you must enter your correct Social Security 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.

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 2007 is on or before April 15, 2008.

For fiscal years beginning in 2007, file on or before the 15th day of the fourth month following the close of the fiscal year.