



NYC 202

UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS, ESTATES AND TRUSTS

2010

For CALENDAR YEAR 2010 or FISCAL YEAR beginning _____, 2010 and ending _____

- Check box if you are engaged in an exempt unincorporated business activity
Amended return
Final return
Check box if you claim any 9/11/01-related federal tax benefits
Check box if electing books and records allocation
Check box to request consent to use an alternative allocation method

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

Form fields for identification numbers: TAXPAYER'S EMAIL ADDRESS, INDIVIDUAL ENTER SOCIAL SECURITY NUMBER, ESTATES, TRUSTS AND LLCs ONLY ENTER EMPLOYER IDENTIFICATION 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 3 columns: Description, Amount, and Payment Enclosed. Rows include: A. Payment, 1. Business income, 2. Business allocation percentage, 3-19. Tax calculations, 20. Business tax credit, 21. UNINCORPORATED BUSINESS TAX, 22a-22e. Credits, 23. Net tax after credits, 24. Payment of estimated tax, 25-26. Balance due/overpayment, 27a-27c. Additional charges/penalty, 28-33. Total remittance due and other items.

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

Table with 8 rows for business income items. Line 1: Net profit (or loss) from business... Line 2: If entering income from more than one federal Schedule C... Line 3: Gain (or loss) from sale of business personal property... Line 4: Net amount of rental or royalty income... Line 5: Other business income... Line 6: Total federal income... Line 7: Subtract net income or gain... Line 8: Total income before New York City modifications.

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

ADDITIONS

Table with 12 rows for additions. Line 9: All income taxes and Unincorporated Business Taxes. Line 10a: Sales and use tax credit. Line 10b: Relocation credits. Line 10c: Expenses related to exempt income. Line 10d: Depreciation adjustments. Line 10e: Real estate additions. Line 11: Other additions. Line 12: Total additions.

SUBTRACTIONS

Table with 12 rows for subtractions. Line 13: All income tax and Unincorporated Business Tax refunds. Line 14: Sales and use tax refunds from vendors or NY State. Line 15: Wages and salaries subject to federal jobs credit. Line 16: Depreciation adjustment. Line 17: Exempt income included in part 1. Line 18: 50% of dividends. Line 19: Real estate subtractions. Line 20: Other subtractions. Line 21: Total subtractions. Line 22: NYC modifications.

Table with 11 rows for total income and investment income. Line 23: Total income. Line 24: Less: Charitable contributions. Line 25: Balance. Line 26: Investment income - (complete lines a through g below). Line 26a: Dividends from stocks held for investment. Line 26b: Interest from investment capital. Line 26c: Net capital gain (loss) from sales or exchanges of securities held for investment. Line 26d: Income from assets included on line 3 of Schedule D. Line 26e: Add lines 26a through 26d inclusive. Line 26f: Deductions directly or indirectly attributable to investment capital. Line 26g: Interest on bank accounts included in income reported on line 26d. Line 27: Investment income (line 26e less line 26f). Line 28: BUSINESS INCOME (line 25 less line 27).



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

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 6 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 6 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.

Complete Address	Rent	Nature of Activities	Number of Employees	Wages, Salaries, etc.	Duties
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	Number of Employees	Wages, Salaries, etc.	Duties
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 (COLUMN A DIVIDED BY COLUMN B)
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.			
f. Multiply Column C of line 1e by 27 1f.			
2a. Wages, salaries and other personal service compensation paid to employees during the year.... 2a.			%
2b. Multiply Column C of line 2a by 27 2b.			
3a. Gross sales of merchandise or charges for services during the year 3a.			%
3b. Optional additional gross income factor for manufacturers (enter amount from line 3a, see instructions)..... 3b.			%
3c. Multiply Column C of line 3a by 46..... 3c.			
Manufacturing Businesses That Elect to Double Weight			
4a. Add Column C, lines 1e, 2a, 3a and 3b 4a.			
4b. Line 4a divided by four, or the actual number of percentages used, if other than four, rounded to the nearest one hundredth of a percentage point 4b.			%
Weighted Factor Allocation			
5a. Add Column C, lines 1f, 2b and 3c..... 5a.			
5b. Divide line 5a by 100 if no factors are missing. If a factor is missing, divide line 5a by the total of the weights of the factors present. Enter as percentage. Round to the nearest one hundredth of a percentage point. 5b.			%
Business Allocation Percentage			
6. Enter percentage from either line 4b or line 5b, as applicable. Transfer to page 1, Schedule A, line 2. See instructions. 6.			%
7. IS ANY PLACE OF BUSINESS LISTED IN PARTS 1 AND 2 LOCATED IN YOUR HOME? ● <input type="checkbox"/> YES ● <input type="checkbox"/> NO			
8. DID YOU CLAIM A DEDUCTION FOR EXPENSES OF AN OFFICE IN YOUR HOME? ● <input type="checkbox"/> YES ● <input type="checkbox"/> NO			

SCHEDULE D Investment Capital and Allocation and Cash Election

A DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	B No. of Shares or Amount of Securities	C Average Value	D Liabilities Attributable to Investment Capital	E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G 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) ●					%	
3. Cash - (To treat cash as investment capital, you must include it on this line.)						
4. Investment capital. Total of lines 1E and 3E						

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:
 2008 YES NO
 2009 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.: _____ 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
- 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 instr.)? 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
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-EXT		
F. Overpayment credited from preceding year		
G. TOTAL of A, B, C, D, E, F (enter on Schedule A, line 24)		

CERTIFICATION

SIGN HERE	I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.			Firm's Email Address:
	I authorize the Department of Finance to discuss this return with the preparer listed below. (see instructions)YES <input type="checkbox"/>			
PREPARER'S USE ONLY	Signature of taxpayer:	Title:	Date: _____ MM-DD-YY	Preparer's Social Security Number or PTIN
	Preparer's signature:	Preparer's printed name:	Date: _____ MM-DD-YY	Firm's Employer Identification Number
	<input type="checkbox"/> Firm's name ▲ Address ▲ Zip Code			<input type="checkbox"/> Check if self-employed

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.

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

REMITTANCES
PAY ONLINE WITH FORM NYC-200V AT NYC.GOV/FINANCE OR
Mail Payment and Form NYC-200V ONLY to:
 NYC DEPARTMENT OF FINANCE
 P.O. BOX 3646
 NEW YORK, NY 10008-3646

ALL OTHER RETURNS EXCEPT REFUND RETURNS
 NYC DEPARTMENT OF FINANCE
 P.O. BOX 5564
 BINGHAMTON, NY 13902-5564