

NEW YORK CITY DEPARTMENT OF FINANCE

www.nyc.gov.Finance



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

**TAX YEAR 2014
VERSION 2.0
DECEMBER 8, 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> <ul style="list-style-type: none"> ▪ Schedule B, Line 7: 10,000 changed to -10,000 ▪ Schedule D, Column F, Column G and line 2: blank changed to 0 <p>Test Case Two –</p> <ul style="list-style-type: none"> ▪ Changes on NYC-114.5 and NYC-114.6 reflected on NYC-202 ▪ NYC-202: additional lines hidden <p>Test Case Three –</p> <ul style="list-style-type: none"> ▪ Schedule A, line 33: 230,000 changed to 246,200 ▪ NYC-NOLD-UBTI, Year 1, Lines 5 and 6: blank changed to 216,000 and 0

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

WHO MUST TEST

All software developers participating in the NYC BTeFile 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 Individuals (UBTI-SSN) forms that they support. Before testing you should inform NYC which UBTI forms you support by email to BTeFile@finance.nyc.gov.

TEST CASES TO SUBMIT

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

Test Case	Taxpayer Name	EIN	Primary Form	Associated Forms
1	DAVI UBTI-SSN TC ONE	400-00-4894	NYC-202	One Federal Form 1040 Schedule C
2	HEAT UBTI-SSN TC TWO	400-00-4896	NYC-202	NYC-399Z NYC-114.5 NYC-114.6 Two Federal Form 1040 Schedules C
3	MAGN UBTI-SSN TC THREE	400-00-4897	NYC-202	NYC-114.8 NYC-114.10 NYC-NOLD-UBTI Two Federal Form 1040 Schedules C
4	PEON UBTI-SSN TC FOUR	400-00-4898	NYC-202S	One Federal Form 1040 Schedule C
5	PHLO UBTI-SSN TC FIVE	400-00-4899	NYC-5UBTI	None

- 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 Individual 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 file is accepted by the IRS, NYC will retrieve your test files. If your test file is 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 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

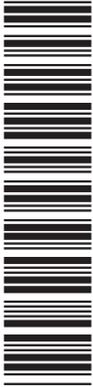
To be accepted into the NYC Business Tax e-file program, software developers are required to successfully complete the NYC testing, in addition to completing the IRS testing. Once software developers successfully complete the NYC test, NYC will inform them by email that their e-file

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).

UBTI-SSN Test Case One

Begins on the next page

Taxpayer name	DAVI UBTI-SSN TC ONE
EIN	400-00-4894
Primary Form	NYC-202
Associated Form(s)	One Federal Form 1040 Schedule C
Attachments	None
Purpose of test	Generic 100% NYC
Other instructions	None



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

- Check box if you are engaged in a fully exempt unincorporated business activity
Check box if you are engaged in a partially exempt unincorporated business activity
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 box if you claim any 9/11/01-related federal tax benefits (see inst.) Enter 2-character special condition code, if applicable. (See instructions): 4 5

Form fields for taxpayer information: First name and initial (DAVID), Last name (GARDINER), In Care Of (DAVID GARDNER), Business name (DAVI UBTI-SSN TC ONE), Business address (2250 West Sahara Avenue), City and State (Las Vegas, NV), Zip Code (89146), Business Telephone Number (555-555-5555), Date business began (1/1/2010), Date business ended.

Form fields for contact and identification: TAXPAYER'S EMAIL ADDRESS (email@anymail.com), SOCIAL SECURITY NUMBER (4 0 0 - 0 0 - 4 8 9 4), BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C (5 1 5 1 2 0)

SCHEDULE A

Computation of Tax

BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

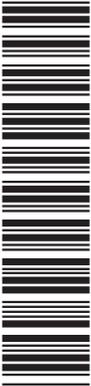
Table with 21 rows for tax computation. Columns include description of tax items, allocation percentages (e.g., 100% for business income, 0% for investment income), and Payment Amount. Total tax before credit is 69,432.

Name _____ SSN _____

22a. Credits from Form NYC-114.5 (attach form) (see instructions)	22a.													
22b. Credits from Form NYC-114.6 (attach form) (see instructions)	22b.													
22c. Credits from Form NYC-114.8 (attach form) (see instructions)	22c.													
22d. Credits from Form NYC-114.10 (attach form) (see instructions)	22d.													
23. Net tax after credits (line 21 less sum of lines 22a, 22b, 22c and 22d)	23.		69,432											
24. Payment of estimated Unincorporated Business Tax, including carryover credit from preceding year and payment with extension, NYC-EXT (see instructions)	24.		100,000											
25. If line 23 is larger than line 24, enter balance due	25.													
26. If line 23 is smaller than line 24, enter overpayment	26.		30,568											
27a. Interest (see instructions)	27a.													
27b. Additional charges (see instructions)	27b.													
27c. Penalty for underpayment of estimated tax (attach form NYC-221) ...	27c.													
28. Total of lines 27a, 27b and 27c	28.													
29. Net overpayment (line 26 less line 28) (see instructions)	29.		30,568											
30. Amount of line 29 to be: (a) Refunded - <input checked="" type="checkbox"/> Direct deposit - fill out line 30c OR <input type="checkbox"/> Paper check	30a.		15,000											
(b) Credited to 2015 Estimated Tax on Form NYC-5UBTI	30b.		15,568											
30c. Routing Number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>2</td><td>1</td></tr></table> Account Number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>123-56789-0</td></tr></table> ACCOUNT TYPE Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>	0	2	1	0	0	0	0	2	1	123-56789-0				
0	2	1	0	0	0	0	2	1						
123-56789-0														
31. Total remittance due (see instructions)	31.		0											
32. NYC rent deducted on federal tax return or NYC rent from Schedule C, Part 1. (THIS LINE MUST BE COMPLETED) .	32.		0											
33. Gross receipts or sales from federal return	33.		175,000											

Business Tax Credit Computation

- | | |
|--|--|
| <p>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.)</p> <p>2. If the amount on page 1, line 19, is \$5,400 or over, no credit is allowed. Enter "0" on line 20.</p> | <p>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:</p> $\text{amount on pg. 1, line 19} \times \left(\frac{\$5,400 \text{ minus tax on line 19}}{\$2,000} \right) = \text{your credit}$ |
|--|--|



Prepayments of Estimated Tax Computation

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 24	DATE	AMOUNT
A. Payment with declaration, Form NYC-5UBTI (1)	04-15-2014	25,000
B. Payment with Notice of Estimated Tax Due (2)	06-13-2014	25,000
C. Payment with Notice of Estimated Tax Due (3)	09-15-2014	25,000
D. Payment with Notice of Estimated Tax Due (4)	12-31-2014	25,000
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)		100,000

Name _____ SSN _____

SCHEDULE B Computation of Total Income

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.	117,000
2.	If entering income from more than one federal Schedule C, C-EZ or F (Form 1040), check this box. Enter the number of Schedules C, C-EZ or F attached: <input type="checkbox"/> _____	2.	
3.	Gain (or loss) from sale of business personal property or business real property (attach federal Schedule D or Form 4797) (see instructions)	3.	1,500,000
4.	Net amount of rental or royalty income from business personal property or business real property (attach federal Schedule E) (see instructions)	4.	12,000
5.	Other business income (or loss) (attach schedule) (see instructions)	5.	1,800
6.	Total federal income (or loss) (combine lines 1 through 5)	6.	1,630,800
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.	-10,000
8.	Total income before New York City modifications (combine lines 6 and 7)	8.	1,640,800

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

ADDITIONS

9.	All income taxes and Unincorporated Business Taxes	9.	15,000
10a.	Sales and use tax credit	10a.	10,000
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.	15,000
11.	Other additions (attach schedule) (see instructions)	11.	
12.	Total additions (add lines 9 through 11)	12.	40,000

SUBTRACTIONS

13.	All income tax and Unincorporated Business Tax refunds (included in part 1)	13.	7,500
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.	5,000
15.	Wages and salaries subject to federal jobs credit (attach federal Form 5884)	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.	2,500
20.	Other subtractions (attach schedule) (see instructions)	20.	5,000
21.	Total subtractions (add lines 13 through 20)	21.	20,000
22.	NYC modifications (combine lines 12 and 21)	22.	20,000
23.	Total income (combine lines 8 and 22)	23.	1,660,800
24.	Less: Charitable contributions (not to exceed 5% of line 23) (see instructions)	24.	10,000
25.	Balance (line 23 less line 24)	25.	1,650,800
26.	Investment income - (complete lines a through g below) (see instructions)		
(a)	Dividends from stocks held for investment	26a.	25,000
(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.	25,000
(f)	Deductions directly or indirectly attributable to investment income	26f.	
(g)	Interest on bank accounts included in income reported on line 26d ..26g. _____		
27.	Investment income (line 26e less line 26f) (enter on page 1, Sch. A, line 7)	27.	25,000
28.	BUSINESS INCOME (line 25 less line 27) (enter here and transfer amount to pg 1, Sch. A, line 1)	28.	1,625,800



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Name _____ SSN _____

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). 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.

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 (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 13.5.....1f.			
2a. Wages, salaries and other personal service compensation paid to employees during the year..... 2a.			%
2b. Multiply Column C of line 2a by 13.5.....2b.			
3a. Gross sales of merchandise or charges for services during the year 3a.			%
3b. Multiply Column C of line 3a by 73.....3b.			0.0000
Weighted Factor Allocation			
4a. Add Column C, lines 1f, 2b and 3b.....4a.			0.0000
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.			%
Business Allocation Percentage			
5. Enter percentage from line 4b. Transfer to page 1, Schedule A, line 2. See instructions.....5.			100.00 %
6. IS ANY PLACE OF BUSINESS LISTED IN PARTS 1 AND 2 LOCATED IN YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO			
7. 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	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)
LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)						
News and Weather Broadcasting Inc	120,000	1,200,000	750,000	450,000	0 %	0
1. Totals (including items on rider) _____		1,200,000	750,000	450,000		0
2. Investment allocation percentage (line 1G divided by line 1E, round to the nearest one hundredth of a percentage point)					0 %	
3. Cash - (To treat cash as investment capital, you must include it on this line.) _____						
4. Investment capital. Total of lines 1E and 3E _____				450,000		

Name _____ SSN _____

SCHEDULE E

If you are taking a Net Operating Loss Deduction this year, please attach Form NYC-NOLD-UBTI

SCHEDULE F The following information must be entered for this return to be complete. (See Instructions)

- Nature of business or profession: Television Broadcasting
- New York State Sales Tax ID Number: 1 2 3 4 5 6 7 8 9
- Did you file a New York City Unincorporated Business Tax Return for the following years:
2012: YES NO **2013:** YES NO
 If "NO," state reason: _____
- Enter home address: 907 Fifth Avenue, New York, NY Zip Code: 10021
- 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 instr.)? YES NO
- Were you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return?..... YES NO
- 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 or Social Security Number which was used on the Commercial Rent Tax Return: _____

CERTIFICATION

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 Dept. of Finance to discuss this return with the preparer listed below. (See instructions)YES <input checked="" type="checkbox"/>					
SIGN HERE:	Signature of taxpayer	Title <u>CEO</u>	Date <u>04-15-2015</u>	Preparer's Social Security Number or PTIN	
PREPARER'S USE ONLY	Preparer's signature	Preparer's printed name <u>J Applesed</u>	Check if self-employed <input checked="" type="checkbox"/>	Date <u>03-16-2015</u>	<u>P 0 0 - 0 0 - 0 0 0 1</u>
	<u>JA Tax Returns</u>	<u>1 West North St, Las Vegas NV</u>	<u>90146</u>	Firm's Employer Identification Number	
	▲ Firm's name (or yours, if self-employed)	▲ Address	▲ Zip Code	<u>6 9 - 0 0 0 0 0 9 8</u>	

MAILING INSTRUCTIONS

Attach copy of federal Form 1040, Schedule C, Schedule C-EZ or Schedule F. If this is a final return, attach an entire copy of federal Form 1040. Make remittance payable to the order of NYC DEPARTMENT OF FINANCE. Payment must be made in U.S. dollars and drawn on a U.S. bank. To receive proper credit, you must enter your correct Social Security Number on your tax return and remittance. The due date for the calendar year 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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SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► **Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.**
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

2014
Attachment
Sequence No. **09**

Name of proprietor DAVI UBTI-SSN TC ONE		Social security number (SSN) 400-00-4894
A Principal business or profession, including product or service (see instructions) Television Broadcasting		B Enter code from instructions ► 5 1 5 1 2 0
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ► 2250 West Sahara Avenue City, town or post office, state, and ZIP code Las Vegas, NV 89146		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2014, check here		<input type="checkbox"/>
I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1		175,000
2 Returns and allowances	2		
3 Subtract line 2 from line 1	3		175,000
4 Cost of goods sold (from line 42)	4		
5 Gross profit. Subtract line 4 from line 3	5		175,000
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6		
7 Gross income. Add lines 5 and 6	7		175,000

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8			18 Office expense (see instructions)	18		1,500
9 Car and truck expenses (see instructions)	9	5,000		19 Pension and profit-sharing plans	19		15,000
10 Commissions and fees	10			20 Rent or lease (see instructions):			
11 Contract labor (see instructions)	11			a Vehicles, machinery, and equipment	20a		7,500
12 Depletion	12			b Other business property	20b		
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13			21 Repairs and maintenance	21		
14 Employee benefit programs (other than on line 19)	14			22 Supplies (not included in Part III)	22		10,000
15 Insurance (other than health)	15	2,500		23 Taxes and licenses	23		
16 Interest:				24 Travel, meals, and entertainment:			
a Mortgage (paid to banks, etc.)	16a			a Travel	24a		8,500
b Other	16b			b Deductible meals and entertainment (see instructions)	24b		
17 Legal and professional services	17	6,500		25 Utilities	25		
				26 Wages (less employment credits)	26		
				27a Other expenses (from line 48)	27a		1,500
				b Reserved for future use.	27b		

28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		58,000
29 Tentative profit or (loss). Subtract line 28 from line 7	29		117,000
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		117,000
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No
If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV

Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____ / _____ / _____

44 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:
a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Misc		1,500
48 Total other expenses. Enter here and on line 27a	48	1,500

UBTI-SSN Test Case Two

Begins on the next page

Taxpayer name	HEAT UBTI-SSN TC TWO
EIN	400-00-4896
Primary Form	NYC-202
Associated Form(s)	NYC-399Z NYC-114.5 NYC-114.6 Two Federal Form 1040 Schedules C
Attachments	None
Purpose of test	Business Allocation Percentage calculation 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 line(s) on Schedule A blank



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

- Check box if you are engaged in a **fully exempt** unincorporated business activity
- Check box if you are engaged in a **partially exempt** unincorporated business activity
- 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 box if you claim any 9/11/01-related federal tax benefits (see inst.) Enter 2-character special condition code, if applicable. (See instructions): 3 5

First name and initial Lynette		Last name Heather	
In Care Of Lynette Heather			
Business name HEAT UBTI-SSN TC TWO			
Business address (number and street) 2525 Juniper Street			
City and State Paul, ID		Zip Code 83347	
Business Telephone Number 555-555-5555	Date business began (mm-dd-yy) 1/1/2010	Date business ended (mm-dd-yy)	

TAXPAYER'S EMAIL ADDRESS		
email@anymail.com		
SOCIAL SECURITY NUMBER		
4 0 0	- 0 0 -	4 8 9 6
BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C:		1 1 1 4 0 0

SCHEDULE A

Computation of Tax

BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

		Payment Amount	
A. Payment Amount being paid electronically with this return.....	A.		
1. Business income (from page 3, Schedule B, line 28).....	1.	██████████	
2. Business allocation percentage from Schedule C, line 5. (If not allocating, enter 100%) ..	2.	██████████ %	
3. If line 2 is less than 100%, enter income or loss on NYC real property (see instructions)	3.		
4. Balance (line 1 less line 3).....	4.	██████████	
5. Multiply line 4 by the business allocation percentage on line 2.....	5.	██████████	
6. Amount from line 3 (NYC real property income and gain not subject to allocation) (see instructions)...	6.		
7. Investment income (from page 3, Schedule B, line 27).....	7.		
8. Investment allocation percentage (from page 4, Schedule D, line 2).....	8.	██████████ %	
9. Multiply line 7 by the investment allocation percentage from line 8 (see instructions).....	9.	0	
10. Total before NOL deduction (sum of lines 5, 6 and 9 or line 1 and line 9) (see instructions for line 2) ..	10.	██████████	
11. Deduct: NYC net operating loss deduction (from Form NYC-NOLD-UBTI, line 7) (see instructions) ..	11.		
12. Balance before allowance for taxpayer's services (line 10 less line 11).....	12.	██████████	
13. Less: allowance for taxpayer's services - do not enter more than 20% of line 12 or \$10,000, whichever is less (see instr) ..	13.	██████████	
14. Balance before exemption (line 12 less line 13)	14.	██████████	
15. Less: exemption - \$5,000 (taxpayer operating more than one business or short period taxpayer, see instructions) ...	15.	5,000	
16. Taxable income (line 14 less line 15) (see instructions)	16.	██████████	
17. TAX: 4% of amount on line 16	17.	██████████	
18. Add: 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 Business Tax Credit Computation schedule on the bottom of page 2 and enter amount) (see instructions)	20.		
21. UNINCORPORATED BUSINESS TAX (line 19 less line 20) (see instructions)	21.	██████████	

Name _____ SSN _____

22a. Credits from Form NYC-114.5 (attach form) (see instructions)	22a.												
22b. Credits from Form NYC-114.6 (attach form) (see instructions)	22b.												
22c. Credits from Form NYC-114.8 (attach form) (see instructions)	22c.												
22d. Credits from Form NYC-114.10 (attach form) (see instructions)	22d.												
23. Net tax after credits (line 21 less sum of lines 22a, 22b, 22c and 22d)	23.												
24. Payment of estimated Unincorporated Business Tax, including carryover credit from preceding year and payment with extension, NYC-EXT (see instructions)	24.	30,000											
25. If line 23 is larger than line 24, enter balance due	25.												
26. If line 23 is smaller than line 24, enter overpayment	26.												
27a. Interest (see instructions)	27a.												
27b. Additional charges (see instructions)	27b.												
27c. Penalty for underpayment of estimated tax (attach form NYC-221) ...	27c.												
28. Total of lines 27a, 27b and 27c	28.												
29. Net overpayment (line 26 less line 28) (see instructions)	29.												
30. Amount of line 29 to be: (a) Refunded - <input checked="" type="checkbox"/> Direct deposit - fill out line 30c OR <input type="checkbox"/> Paper check	30a.	15,000											
(b) Credited to 2015 Estimated Tax on Form NYC-5UBTI	30b.												
30c. Routing Number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>2</td><td>1</td></tr></table> Account Number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1234-56789-1</td></tr></table> ACCOUNT TYPE Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>	0	2	1	0	0	0	0	2	1	1234-56789-1			
0	2	1	0	0	0	0	2	1					
1234-56789-1													
31. Total remittance due (see instructions)	31.	0											
32. NYC rent deducted on federal tax return or NYC rent from Schedule C, Part 1. (THIS LINE MUST BE COMPLETED) .	32.	12,000											
33. Gross receipts or sales from federal return	33.	260,000											

Business Tax Credit Computation

- 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.)
- If the amount on page 1, line 19, is \$5,400 or over, no credit is allowed. Enter "0" on line 20.
- 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:

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



Prepayments of Estimated Tax Computation

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 24	DATE	AMOUNT
A. Payment with declaration, Form NYC-5UBTI (1)	04-15-2014	10,000
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	10,000
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, B, C, D, E, F (enter on Schedule A, line 24)		30,000

Name _____ SSN _____

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). 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.

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET 299 West 12th Street CITY New York STATE NY ZIP 10014	12,000	Office	1	25,000	Various
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
Total	12,000		1	25,000	

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 2525 Juniper Street CITY Paul, ID STATE ID ZIP 83347	24,000	Greenhouse	3	65,000	Various
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
NUMBER AND STREET					
CITY STATE ZIP					
Total	24,000		3	65,000	

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.	96,000	288,000	
c. Business tangible personal property owned 1c.	18,000	375,000	
d. Business tangible personal property rented from others (rent x 8) 1d.			
e. Total of lines 1a - 1d 1e.	114,000	663,000	
f. Multiply Column C of line 1e by 13.5 1f.			███
2a. Wages, salaries and other personal service compensation paid to employees during the year 2a.	25,000	90,000	███ %
2b. Multiply Column C of line 2a by 13.5 2b.			███
3a. Gross sales of merchandise or charges for services during the year 3a.	87,500	260,000	███ %
3b. Multiply Column C of line 3a by 73 3b.			███
Weighted Factor Allocation			
4a. Add Column C, lines 1f, 2b and 3b 4a.			███
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.			███ %
Business Allocation Percentage			
5. Enter percentage from line 4b. Transfer to page 1, Schedule A, line 2. See instructions 5.			███ %
6. IS ANY PLACE OF BUSINESS LISTED IN PARTS 1 AND 2 LOCATED IN YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO			
7. 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						



REAP CREDIT APPLIED TO UNINCORPORATED BUSINESS TAX

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

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 _____ 2014 and ending _____

Print or Type

Name as shown on NYC-202, NYC-202EIN or NYC-204:
HEAT UBTI-SSN TC-TWO

Type of Business:
Check one: COMMERCIAL INDUSTRIAL RETAIL

Unincorporated Business Tax year for which claim is made: ended: MONTH: **December** YEAR: **2014**

Principal Business Activity:

PARTNERSHIPS, ESTATES AND TRUSTS ONLY, ENTER EMPLOYER IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER

4 0 0 | 0 0 | 4 8 9 6

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

- 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.
- Computation of current year's credit: X the applicable amount (see instructions) 2.
- 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.
- If line 2 is less than line 1, enter the difference. Complete carryover schedule below. 4.
- Total carryover credits from prior taxable years (line 8f, column A below) 5.
- Amount of carryover credit that may be carried over to the current year. Enter lesser of line 4 or line 5 6.
- 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.

1,384	
1,250	
134	
450	
134	
1,384	

REAP carryover schedule		COLUMN A	COLUMN B	COLUMN C
<i>You may not carry over the 5th preceding year's credit to next year.</i>		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.	450	200	250
8f.	Total..... 8f.	450	200	250

9. Allowable nonrefundable REAP credit for current year (amount from line 1 or line 7, whichever is less).... 9.

1,384	
-------	--

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.

1,384	
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CLAIM FOR CREDIT APPLIED TO UNINCORPORATED BUSINESS TAX

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:
HEAT UBTI-SSN TC TWO

Former address ▼

Date moved into New York City:
mm/dd/yy

Inception date of lease:
mm/dd/yy

2525 Juniper Street, Paul, ID 83347

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

-

SOCIAL SECURITY NUMBER

- -

UNINCORPORATED BUSINESS TAX YEAR FOR WHICH CLAIM IS MADE.

YEAR ENDED:

TYPE OF BUSINESS: COMMERCIAL INDUSTRIAL RETAIL

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

PRINCIPAL BUSINESS ACTIVITY:

PART I Computation of credit

1. Real estate tax escalation credit (Section 11-503 (e)) (from page 2, Schedule A, line 7) 1.
2. 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.
3. **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	
	6,600	
	9,100	

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

4. 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.
5. 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	
	6,600	

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.	103
3. TOTAL.....	3.	103

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.	15,000		
b. Real estate tax payments attributable to premises	1b.	7,500		
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.	2,000	2,000	
e. Other amounts paid to landlord (enter in columns A and B)	1e.	3,000	3,000	
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.	12,500		
b. Original payments required for real estate taxes attributable to premises (see instructions)	2b.	5,000		
3. Increase in basic rent (line 1a less line 2a)	3.	2,500		
4. TOTAL column B. Add lines 1a through 1e. (enter total in columns B and C)	4.		27,500	27,500
5. TOTAL column A. Add lines 1c through 3. (enter total in columns A and C)	5.	25,000		25,000
6. Line 4 less line 5	6.			2,500
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 x \$500.00
2. Number of commercial employment opportunities relocated to New York City x \$300.00
3. **TOTAL**
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
 - b. Cost of moving and installing machinery and equipment
 - c. Cost of installing telephones and other communication equipment required as a result of relocation
 - d. Cost incurred in purchasing office furniture and fixtures required as a result of relocation
 - 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
5. **TOTAL** (lines 4a through 4e)
6. Enter line 3 or line 5, whichever is less. Enter on page 1, parts I and II, lines 2 and 5

	30,900	
	30,900	
	3,000	
	250	
	600	
	1,500	
	1,250	
	6,600	
	6,600	

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.

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 Description of Property	B Class of Property (ACRS)	C Date Placed in Service: mm-dd-yy	D Total Federal Depreciation Taken	E Total NYC Depreciation Taken	F Adjustment (D minus E)	G 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	9,000	
5. Enter amount from Schedule A1, line 1a, column I		8,000
6a. Enter amount from Schedule A2, line 1b, Column F		
6b. Enter amount from Schedule A2, line 1b, Column I		
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.	9,000	8,000

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."

SCHEDULE C (Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2014

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ **Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.**
▶ **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

Name of proprietor HEAT UBTI-SSN TC TWO	Social security number (SSN) 400-00-4896
A Principal business or profession, including product or service (see instructions) Floral Plants Schedule C1	B Enter code from instructions ▶ 1 1 1 4 0 0
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ▶ 2525 Juniper Street City, town or post office, state, and ZIP code Paul, ID 83347	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2014, check here	<input type="checkbox"/>
I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	▶ <input type="checkbox"/>	1	165,000	
2 Returns and allowances		2		
3 Subtract line 2 from line 1		3	165,000	
4 Cost of goods sold (from line 42)		4		
5 Gross profit. Subtract line 4 from line 3		5	165,000	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6		
7 Gross income. Add lines 5 and 6		7	165,000	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	5,000
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	12,000
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	5,500	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17	1,000	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a			26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7			27a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			27b Reserved for future use.	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	23,500
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			29 Tentative profit or (loss). Subtract line 28 from line 7	29	141,500
			30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).		
			31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	141,500
			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11334P

Schedule C (Form 1040) 2014

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV

Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____ / _____ / _____

44 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use? **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Various		1,500
48 Total other expenses. Enter here and on line 27a	48	1,500

UBTI-SSN Test Case Three

Begins on the next page

Taxpayer name	MAGN UBTI-SSN TC THREE
EIN	400-00-4897
Primary Form	NYC-202
Associated Form(s)	NYC-114.8 NYC-114.10 NYC-NOLD-UBTI Two Federal Form 1040 Schedules C
Attachments	None
Purpose of test	Net Operating Loss Deduction using the form NYC-NOLD-UBTI
Other instructions	If you are not supporting one or more of the credit forms, you may complete this test case leaving the corresponding line(s) on Schedule A blank



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

- Check box if you are engaged in a fully exempt unincorporated business activity
Check box if you are engaged in a partially exempt unincorporated business activity
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 box if you claim any 9/11/01-related federal tax benefits (see inst.) Enter 2-character special condition code, if applicable. (See instructions):

Form fields for taxpayer information: First name and initial (Susan), Last name (Magnolia), In Care Of (Susan Magnolia), Business name (MAGN UBTI-SSN TC Three), Business address (2030 Pecan Street), City and State (Monroe, LA), Zip Code (71201), Business Telephone Number (555-555-5555), Date business began (Jul 1, 2002), Date business ended.

Form fields for contact and identification: TAXPAYER'S EMAIL ADDRESS (email@anymail.cou), SOCIAL SECURITY NUMBER (400-00-4897), BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C (541600)

SCHEDULE A

Computation of Tax

BEGIN WITH SCHEDULE B ON PAGE 3. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

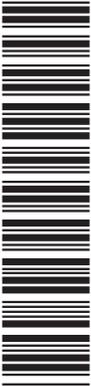
Table with 21 rows for tax computation. Columns include description of tax items (e.g., Business income, Business allocation percentage, Investment income, Total before NOL deduction, Deduct: NYC net operating loss deduction, Balance before allowance for taxpayer's services, Balance before exemption, Taxable income, TAX: 4% of amount on line 16, Add: Sales tax addback, Total tax before business tax credit, Less: business tax credit, UNINCORPORATED BUSINESS TAX) and corresponding amounts.

Name _____ SSN _____

22a. Credits from Form NYC-114.5 (attach form) (see instructions)	22a.													
22b. Credits from Form NYC-114.6 (attach form) (see instructions)	22b.													
22c. Credits from Form NYC-114.8 (attach form) (see instructions)	22c.	3,750												
22d. Credits from Form NYC-114.10 (attach form) (see instructions)	22d.	1,250												
23. Net tax after credits (line 21 less sum of lines 22a, 22b, 22c and 22d)	23.		2,240											
24. Payment of estimated Unincorporated Business Tax, including carryover credit from preceding year and payment with extension, NYC-EXT (see instructions)	24.		10,000											
25. If line 23 is larger than line 24, enter balance due	25.													
26. If line 23 is smaller than line 24, enter overpayment	26.		7,760											
27a. Interest (see instructions)	27a.													
27b. Additional charges (see instructions)	27b.													
27c. Penalty for underpayment of estimated tax (attach form NYC-221) ...	27c.													
28. Total of lines 27a, 27b and 27c	28.													
29. Net overpayment (line 26 less line 28) (see instructions)	29.		7,760											
30. Amount of line 29 to be: (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 30c OR <input type="checkbox"/> Paper check	30a.		2,760											
(b) Credited to 2015 Estimated Tax on Form NYC-5UBTI	30b.		5,000											
30c. Routing Number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>2</td><td>1</td></tr></table> Account Number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>123-45678-1</td></tr></table> ACCOUNT TYPE Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>	0	2	1	0	0	0	0	2	1	123-45678-1				
0	2	1	0	0	0	0	2	1						
123-45678-1														
31. Total remittance due (see instructions)	31.		0											
32. NYC rent deducted on federal tax return or NYC rent from Schedule C, Part 1. (THIS LINE MUST BE COMPLETED) .	32.		0											
33. Gross receipts or sales from federal return.....	33.		246,200											

Business Tax Credit Computation

- | | |
|--|--|
| <p>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.)</p> <p>2. If the amount on page 1, line 19, is \$5,400 or over, no credit is allowed. Enter "0" on line 20.</p> | <p>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:</p> $\text{amount on pg. 1, line 19} \times \left(\frac{\$5,400 \text{ minus tax on line 19}}{\$2,000} \right) = \text{your credit}$ |
|--|--|



Prepayments of Estimated Tax Computation

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 24	DATE	AMOUNT
A. Payment with declaration, Form NYC-5UBTI (1)	04-15-2014	2,500
B. Payment with Notice of Estimated Tax Due (2)	06-13-2014	2,500
C. Payment with Notice of Estimated Tax Due (3)	09-15-2014	2,500
D. Payment with Notice of Estimated Tax Due (4)	12-15-2014	2,500
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)		10,000

Name _____ SSN _____

SCHEDULE B Computation of Total Income

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.	210,000	
2. If entering income from more than one federal Schedule C, C-EZ or F (Form 1040), check this box. Enter the number of Schedules C, C-EZ or F attached: <input checked="" type="checkbox"/> 2	2.		
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.	210,000	
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.	210,000	

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

ADDITIONS

9. All income taxes and Unincorporated Business Taxes	9.	5,000	
10a. Sales and use tax credit	10a.		
10b. Relocation credits	10b.	500	
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.	3,500	
12. Total additions (add lines 9 through 11)	12.	9,000	

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)	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.	3,000	
21. Total subtractions (add lines 13 through 20)	21.	3,000	
22. NYC modifications (combine lines 12 and 21)	22.	6,000	
23. Total income (combine lines 8 and 22)	23.	216,000	
24. Less: Charitable contributions (not to exceed 5% of line 23) (see instructions)	24.		
25. Balance (line 23 less line 24)	25.	216,000	
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 income	26f.		
(g) Interest on bank accounts included in income reported on line 26d ..26g. 			
27. Investment income (line 26e less line 26f) (enter on page 1, Sch. A, line 7)	27.		
28. BUSINESS INCOME (line 25 less line 27) (enter here and transfer amount to pg 1, Sch. A, line 1)	28.	216,000	



60231491

Name _____ SSN _____

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). 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.

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 (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 13.5.....1f.			
2a. Wages, salaries and other personal service compensation paid to employees during the year..... 2a.			%
2b. Multiply Column C of line 2a by 13.5.....2b.			
3a. Gross sales of merchandise or charges for services during the year 3a.			%
3b. Multiply Column C of line 3a by 73.....3b.			
Weighted Factor Allocation			
4a. Add Column C, lines 1f, 2b and 3b.....4a.			
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.			100.00 %
Business Allocation Percentage			
5. Enter percentage from line 4b. Transfer to page 1, Schedule A, line 2. See instructions.....5.			100.00 %
6. IS ANY PLACE OF BUSINESS LISTED IN PARTS 1 AND 2 LOCATED IN YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO			
7. 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 _____

SCHEDULE E

If you are taking a Net Operating Loss Deduction this year, please attach Form NYC-NOLD-UBTI

SCHEDULE F The following information must be entered for this return to be complete. (See Instructions)

- Nature of business or profession: Medical consultant and author of medical textbooks
- New York State Sales Tax ID Number: 1 2 3 4 5 6 7 8 9
- Did you file a New York City Unincorporated Business Tax Return for the following years:
2012: YES NO **2013:** YES NO
 If "NO," state reason: _____
- Enter home address: 2030 Pecan Street, Monroe, LA Zip Code: 71201
- 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.: Jan 1, 2012 End: Dec 31, 2013
MM-DD-YY MM-DD-YY
 New York State Department of Taxation and Finance State period(s): Beg.: Jan 1, 2012 End: Dec 31, 2013
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 instr.)? YES NO
- Were you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return?..... YES NO
- 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 or Social Security Number which was used on the Commercial Rent Tax Return: _____

CERTIFICATION

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 Dept. of Finance to discuss this return with the preparer listed below. (See instructions)YES <input checked="" type="checkbox"/>			email@anymail.com		
SIGN HERE:	Signature of taxpayer	Title	Owner	Date	04-15-2015
PREPARER'S USE ONLY	Preparer's signature	Preparer's printed name	J. Seed	Check if self-employed <input checked="" type="checkbox"/>	Date 04-01-2014
Monroe Accounting		2 South Main Street, Monroe, LA		71201	
▲ Firm's name (or yours, if self-employed)		▲ Address		▲ Zip Code	
			Preparer's Social Security Number or PTIN		
			P 0 0 - 0 0 - 0 0 0 1		
			Firm's Employer Identification Number		
			6 9 - 0 0 0 0 0 0 5		

MAILING INSTRUCTIONS

Attach copy of federal Form 1040, Schedule C, Schedule C-EZ or Schedule F. If this is a final return, attach an entire copy of federal Form 1040. Make remittance payable to the order of NYC DEPARTMENT OF FINANCE. Payment must be made in U.S. dollars and drawn on a U.S. bank. To receive proper credit, you must enter your correct Social Security Number on your tax return and remittance. The due date for the calendar year 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.

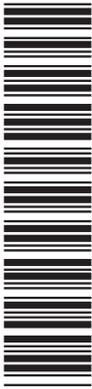
ALL RETURNS EXCEPT REFUND RETURNS
 NYC DEPARTMENT OF FINANCE
 UNINCORPORATED BUSINESS TAX
 P.O. BOX 5564
 BINGHAMTON, NY 13902-5564

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



60251491



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

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: MAGN UBTI-SSN TC THREE			
	Type of Business:	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> RETAIL
	Check one:			
	Unincorporated Business Tax year for which claim is made: ended: MONTH: <u>December</u> YEAR: <u>2014</u>			
	Federal Business Code:	<u>5 4 1 6 0 0</u>		
PARTNERSHIPS, ESTATES AND TRUSTS ONLY, ENTER EMPLOYER IDENTIFICATION NUMBER				
[] - []				
SOCIAL SECURITY NUMBER				
[4][0][0] - [0][0] - [4][8][9][7]				

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: 1.25 X \$3,000..... 1.

	3,750
--	-------

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.	7,240	
3. Computation of current year's credit: (number of eligible aggregate employment shares: <u>1.25</u> X \$3,000	3.	3,750	
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.	3,490	
6. Total carryover credits from prior taxable years (line 9f, column A below)	6.	2,750	
7. Amount of carryover credit that may be carried over to the current year. Enter lesser of line 5 or line 6	7.	2,750	
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.	6,500	

LMREAP carryover schedule		COLUMN A	COLUMN B	COLUMN C
<i>You may not carry over the 5th preceding year's credit to next year.</i>		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.	4,250	1,500	2,750
9f. Total.....	9f.	4,250	1,500	2,750

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

	6,500
--	-------

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.

	3,750
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NET OPERATING LOSS DEDUCTION COMPUTATION

2014

FOR UNINCORPORATED BUSINESS TAX FOR INDIVIDUALS, SINGLE-MEMBER LLCs, ESTATES AND TRUSTS

Attach to Form NYC-202 or NYC-202-EIN

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

Print or Type ▼

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

MAGN UBTI-SSN TC THREE

INDIVIDUALS AND LLCs - ENTER YOUR SOCIAL SECURITY NUMBER:

4 0 0 - 0 0 - 4 8 9 7

ESTATES AND TRUSTS - ENTER YOUR EMPLOYER IDENTIFICATION NUMBER:

	YEAR 1		YEAR 2		YEAR 3		YEAR 4		YEAR 5	
	MM-DD-YYYY		MM-DD-YYYY		MM-DD-YYYY		MM-DD-YYYY		MM-DD-YYYY	
1a. Loss year ended	12/31/2011		12/31/2012							
1b. Allocated NYC net operating loss incurred		50,000		30,000						
2. Amount of Line 1b previously absorbed by year ended	MM-DD-YYYY: 12/31/2013	AMOUNT: 50,000	MM-DD-YYYY: 12/31/2013	AMOUNT: 10,000	MM-DD-YYYY:	AMOUNT:	MM-DD-YYYY:	AMOUNT:	MM-DD-YYYY:	AMOUNT:
3. Add line 2 plus any additional year(s) (Attach schedules)		50,000		10,000						
4. Subtract Line 3 from Line 1b		0		20,000						
5. Enter the amount from Page 1, Schedule A, Line 10 (See instructions)		216,000		216,000						
6. Enter the lesser of Line 4 or Line 5		0		20,000						
7. Sum of the amounts on line 6. Enter here and on Form NYC-202 or NYC-202-EIN, Page 1, Schedule A, Line 11. This is your Net Operating Loss Deduction.										20,000

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► **Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.**
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

2014
Attachment
Sequence No. **09**

Name of proprietor MAGN UBTI-SSN TC THREE		Social security number (SSN) 400-00-4897
A Principal business or profession, including product or service (see instructions) Medical Consulting Schedule C1		B Enter code from instructions ► 5 4 1 6 0 0
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ► 2030 Pecan Street City, town or post office, state, and ZIP code Monroe, LA 71201		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2014, check here		<input type="checkbox"/>
I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1		181,200
2 Returns and allowances	2		
3 Subtract line 2 from line 1	3		181,200
4 Cost of goods sold (from line 42)	4		
5 Gross profit. Subtract line 4 from line 3	5		181,200
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6		
7 Gross income. Add lines 5 and 6	7		181,200

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8			18 Office expense (see instructions)	18	2,500
9 Car and truck expenses (see instructions)	9			19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	5,000		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11			a Vehicles, machinery, and equipment	20a	
12 Depletion	12			b Other business property	20b	1,000
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13			21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14			22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	4,000		23 Taxes and licenses	23	1,500
16 Interest:				24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a			a Travel	24a	
b Other	16b			b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17	3,000		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28			26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29			27a Other expenses (from line 48)	27a	3,000
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30			27b Reserved for future use.	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		161,200			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				32a <input type="checkbox"/> All investment is at risk.		
				32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11334P

Schedule C (Form 1040) 2014

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36 Purchases less cost of items withdrawn for personal use	36		
37 Cost of labor. Do not include any amounts paid to yourself	37		
38 Materials and supplies	38		
39 Other costs	39		
40 Add lines 35 through 39	40		
41 Inventory at end of year	41		
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		

Part IV

Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____ / _____ / _____

44 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:
a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use? **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Various		3,000	
48 Total other expenses. Enter here and on line 27a	48	3,000	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► **Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.**
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

2014
Attachment
Sequence No. **09**

Name of proprietor MAGN UBTI-SSN TC THREE		Social security number (SSN) 400-004897
A Principal business or profession, including product or service (see instructions) Writer - Medical Texts Schedule C2		B Enter code from instructions 7 1 1 5 1 0
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ► 2030 Pecan Street City, town or post office, state, and ZIP code Monroe, LA		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2014, check here		<input type="checkbox"/>
I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	65,000	
2 Returns and allowances	2		
3 Subtract line 2 from line 1	3	65,000	
4 Cost of goods sold (from line 42)	4		
5 Gross profit. Subtract line 4 from line 3	5	65,000	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6		
7 Gross income. Add lines 5 and 6	7	65,000	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	1,200
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	500
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	1,500
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	1,800
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17	10,000	25 Utilities	25	1,200
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	16,200	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	48,800	27a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use.	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	48,800			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

UBTI-SSN Test Case Four

Begins on the next page

Taxpayer name	PEON UBTI-SSN TC FOUR
EIN	400-00-4898
Primary Form	NYC-202S
Associated Form(s)	One Federal Form 1040 Schedule C
Attachments	None
Purpose of test	Generic test
Other instructions	

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 activity Check box if you are engaged in a partially exempt unincorporated business activity

First name and initial David	Last name Peony	TAXPAYER'S EMAIL ADDRESS anymail@efile.com	
In Care Of David Peony		SOCIAL SECURITY NUMBER 4 0 0 - 0 0 - 4 8 9 8	
Business name PEON UBTI-SSN TC-FOUR			
Business address (number and street) 10309 Fern Valley Road			
City and State Lawrence, NC		Zip Code 27707	
Business Telephone Number 555-555-5555	Date business began (mm-dd-yy) 01/01/2000	Date business ended (mm-dd-yy)	
		BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C: 8 0 1 1 0 0	

SCHEDULE A Computation of Tax

BEGIN WITH SCHEDULE B ON PAGE 2. 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 2, Schedule B, line 6)	1.	163,500
2.	Less: allowance for taxpayer's services - do not enter more than 20% of line 1 or \$10,000, whichever is less (see instructions)	2.	10,000
3.	Balance before exemption (line 1 less line 2)	3.	153,500
4.	Less: exemption - \$5,000 (taxpayer operating more than one business or short period taxpayer, see instructions)	4.	5,000
5.	Taxable income (line 3 less line 4) (see instructions)	5.	148,500
6.	TAX: 4% of amount on line 5	6.	5,940
7.	Less: business tax credit (select the applicable credit condition from the Business Tax Credit Computation schedule on page 2 and enter amount) (see instructions)	7.	
8.	UNINCORPORATED BUSINESS TAX (line 6 less line 7) (see instructions)	8.	5,940
9.	Payment of estimated Unincorporated Business Tax, including carryover credit from preceding year and payment with extension, NYC-EXT (see instructions)	9.	7,500
10.	If line 8 is larger than line 9, enter balance due	10.	
11.	If line 8 is smaller than line 9, enter overpayment	11.	1,560
12.	Interest (see instructions)	12.	
13.	Amount of line 11 to be: (a) Refunded - <input checked="" type="checkbox"/> Direct deposit - fill out line 13c OR <input type="checkbox"/> Paper check	13a.	1,000
	(b) Credited to 2015 Estimated Tax on Form NYC-5UBTI	13b.	560
13c.	Routing Number <input type="text" value="021000021"/> Account Number <input type="text" value="10101-20202"/> ACCOUNT TYPE <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
14.	Total remittance due. Line 10 plus line 12	14.	
15.	Gross receipts or sales from federal return	15.	190,000

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: anymail@email.com	
	I authorize the Department of Finance to discuss this return with the preparer listed below. (see instructions).....YES <input checked="" type="checkbox"/>			
PREPARER'S USE ONLY	Taxpayer's Signature:	Title: Owner	Date: 04-15-2015	Preparer's Social Security Number or PTIN P 0 0 0 0 0 0 0 1
	Preparer's signature:	Preparer's printed name: J. Appleseed	Date: 04-01-2015	Firm's Employer Identification Number 6 9 0 0 0 0 0 9 8
	EFile Accounting, 29 North First Street, Lawrence, KN 02201		MM-DD-YY Check if self-employed <input type="checkbox"/>	
	Firm's name	Address	Zip Code	

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, Schedule C-EZ or Schedule F	1.	164,000
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.	1,500
4.	Total income (combine lines 1, 2 and 3)	4.	165,500
5.	Less: Charitable contributions (not to exceed 5% of line 4) (see instructions)	5.	2,000
6.	Balance (line 4 less line 5)	6.	163,500

Business Tax Credit Computation

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

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

1. Nature of business or profession: _____ Medical Administration
2. New York State Sales Tax ID Number: 1 2 3 4 5 6 7 8 9 0 0
3. Did you file a New York City Unincorporated Business Tax Return for the following years:
 2012: YES NO 2013: YES NO
 If "NO," state reason: _____
4. Enter home address: 10309 Fern Valley Road, Lawrence, NC 27707 Zip Code: _____
5. If business terminated during the current taxable year, state date terminated. (mm-dd-yy) _____
 (Attach a statement showing disposition of business property.)
6. Has the Internal Revenue Service or the New York State Department of Taxation and Finance increased or decreased any taxable income (loss) reported in any tax period, or are you currently being audited? YES NO
 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
7. Has Form NYC-115 (Report of Federal/State Change in Taxable Income) been filed? YES NO
8. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? YES NO
9. If "YES", were all required Commercial Rent Tax Returns filed? YES NO
 Please enter Employer Identification Number or Social Security Number which was used on the Commercial Rent Tax Return: _____

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 9	DATE	AMOUNT
A. Payment with declaration, Form NYC-5UBTI (1)	04-15-2014	1,875
B. Payment with Notice of Estimated Tax Due (2)	06-13-2014	1,875
C. Payment with Notice of Estimated Tax Due (3)	09-15-2014	1,875
D. Payment with Notice of Estimated Tax Due (4)	01-15-2015	1,875
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 9)		7,500

MAILING INSTRUCTIONS

Attach copy of federal Form 1040, Schedule C, Schedule C-EZ or Schedule F. If this is a final return, attach an entire copy of federal Form 1040. Make remittance payable to the order of NYC DEPARTMENT OF FINANCE. Payment must be made in U.S. dollars and drawn on a U.S. bank. To receive proper credit, you must enter your correct Social Security Number on your tax return and remittance. The due date for the calendar year 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



SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► **Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.**
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

2014
Attachment
Sequence No. **09**

Name of proprietor PEON UBTI-SSN TC FOUR		Social security number (SSN) 400-00-4898
A Principal business or profession, including product or service (see instructions) Medical Administration		B Enter code from instructions ► 8 0 1 1 0 0
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ► 10309 Fern Valley Road City, town or post office, state, and ZIP code Lawrence, NC 27707		
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2014, check here		<input type="checkbox"/>
I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	190,000	
2 Returns and allowances	2		
3 Subtract line 2 from line 1	3	190,000	
4 Cost of goods sold (from line 42)	4		
5 Gross profit. Subtract line 4 from line 3	5	190,000	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6		
7 Gross income. Add lines 5 and 6	7	190,000	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	2,000		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9			19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	2,000		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11			a Vehicles, machinery, and equipment	20a	
12 Depletion	12			b Other business property	20b	5,000
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13			21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14			22 Supplies (not included in Part III)	22	7,000
15 Insurance (other than health)	15			23 Taxes and licenses	23	
16 Interest:				24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a			a Travel	24a	
b Other	16b			b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17	10,000		25 Utilities	25	
				26 Wages (less employment credits)	26	
				27a Other expenses (from line 48)	27a	
				b Reserved for future use.	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	26,000	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	164,000	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	164,000	
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.

UBTI-SSN Test Case Five

Begins on the next page

Taxpayer name	PHLO UBTI-SSN TC FIVE
EIN	400-00-4899
Primary Form	NYC-5UBTI
Associated Form(s)	None
Attachments	None
Purpose of test	Generic test
Other instructions	None

DECLARATION OF ESTIMATED UNINCORPORATED BUSINESS TAX
 (FOR INDIVIDUALS, ESTATES AND TRUSTS)

2015

For CALENDAR YEAR 2015 or FISCAL YEAR beginning _____ and ending _____

Print or Type	First name and initial Peter	Last name Phlox	SOCIAL SECURITY NUMBER										
	Business name PHLO UBTI-SSN TC FIVE		4	0	0	0	0	4	8	9	9		
	Business address (number and street) 222 Sassafrass Street		BUSINESS CODE NUMBER AS PER FEDERAL RETURN										
	City and State Tiptop, VA		Zip Code 24630		5				4	1	1	9	0
	Business Telephone Number 555-555-5555		Taxpayer's Email Address anymail@email.com		ESTATES AND TRUSTS ONLY, ENTER EMPLOYER IDENTIFICATION NUMBER								

		Payment Amount
A. Payment	Amount included with form - Make payable to: NYC Department of Finance.....A.	1,000
1.	Estimate of 2015 tax.....1.	7,500
2.	Amount to be paid with this declaration (Payable to: NYC DEPARTMENT OF FINANCE).....2.	1,000

Signature of taxpayer _____ Title Owner Date 04-15-2015

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

DETACH ON DOTTED LINE & MAIL UPPER PORTION. RETAIN LOWER PORTION FOR YOUR RECORDS

ESTIMATED TAX WORKSHEET
 ▼ KEEP THIS PORTION FOR YOUR RECORDS ▼

1.	Net income from business expected in 2015 (see instructions).....	1.	
2.	Exemption (see instructions).....	2.	
3.	Line 1 less line 2 (estimated taxable business income).....	3.	
4.	Tax - enter 4% of line 3 (see instructions).....	4.	
5a.	Business Tax Credit (✓) (Check applicable box below and enter credit amount)		
	<input type="checkbox"/> Tax on line 4 is \$3,400 or less. Your credit is the entire amount of tax on line 4.		
	<input type="checkbox"/> Tax on line 4 is \$5,400 or over. No credit is allowed. Enter "0".		
	<input type="checkbox"/> Tax on line 4 is over \$3,400 but less than \$5,400, use formula for credit amount:		
	Tax on line 4 x (\$5,400 minus tax on line 4).....	5a.	
	\$2,000		
5b.	Other credits (see instructions).....	5b.	
5c.	Total credits (add lines 5a and 5b).....	5c.	
6.	Estimated 2015 Unincorporated Business Tax (line 4 less line 5c) Enter here, on line 7b, and on line 1 of declaration above.....	6.	
7a.	2014 Unincorporated Business Tax..7a.	7b.	Estimate of 2015 tax from line 6..7b.
COMPUTATION OF INSTALLMENT - (✓) Check proper box below and enter amount indicated. Fiscal year taxpayers see instructions.			
8.	If this declaration is due on:		
	<input type="checkbox"/> April 15, 2015, enter 1/4 of line 7b	<input type="checkbox"/> Sept. 15, 2015, enter 1/2 of line 7b	} 8.
	<input type="checkbox"/> June 15, 2015, enter 1/3 of line 7b	<input type="checkbox"/> Jan. 15, 2016, enter amount of line 7b	
9.	Enter amount of overpayment on 2014 return which you elected to have applied as a credit against 2015 estimated tax ...9.	9.	
10.	Amount to be paid with this declaration (line 8 less line 9) (Payable to: NYC DEPARTMENT OF FINANCE).....10.	10.	

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
MAIL YOUR DECLARATION FORM TO:
 NYC DEPARTMENT OF FINANCE
 UNINCORPORATED BUSINESS TAX
 P. O. BOX 3923
 NEW YORK, NY 10008-3923

NYC-5UBTI 2015