



FINANCE
NEW YORK
www.nyc.gov/finance

**NYC UNINCORPORATED
BUSINESS TAX RETURN**
FOR INDIVIDUALS, ESTATES AND TRUSTS
2002

▲ DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY ▲

For CALENDAR YEAR 2003 or FISCAL YEAR beginning _____, 2003 and ending **2003**

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

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

► Affix mailing label here

First name and initial	Last name
Business name	
Business address (number and street)	
City and State	Zip Code
Business Telephone Number	Date business began (mm/dd/yy)

INDIVIDUALS ENTER SOCIAL SECURITY NUMBER

ESTATES AND TRUSTS ENTER EMPLOYER IDENTIFICATION NUMBER

NEW YORK STATE SALES TAX ID NUMBER - ENTER 9, 10 OR 11 DIGITS

BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C →

SCHEDULE A Computation of Tax

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

A.	Payment	Pay amount shown on line 31 - Make check payable to: NYC Department of Finance	Payment Enclosed
1.	Business income (from page 2, Schedule B, line 28)	● 1.	
2.	Business allocation percentage: check method used to allocate - if not allocating, enter 100% ● <input type="checkbox"/> formula (from Schedule C, line 5) ● <input type="checkbox"/> separate books and records (<i>omit % & attach sch.</i>) ● 2.	<input type="text"/> <input type="text"/> <input type="text"/> %	
3.	If line 2 is less than 100%, enter income or loss on NYC real property (<i>see instructions</i>)	● 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) (<i>see instructions</i>)	● 6.	
7.	Investment income (from page 2, Schedule B, line 27)	● 7.	
8.	Investment allocation percentage (from page 3, Schedule D, line 2)	● 8. <input type="text"/> <input type="text"/> <input type="text"/> %	
9.	Multiply line 7 by the investment allocation percentage from line 8 (<i>see instructions</i>)	● 9.	
10.	Total before NOL deduction (sum of lines 5, 6 and 9 or line 1 and line 9) (<i>see instructions for line 2</i>)	● 10.	
11.	Deduct: NYC net operating loss deduction (from page 4, Schedule E, line 8) (<i>see instructions</i>)	● 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 \$5,000, whichever is less (<i>see instructions</i>)	● 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, <i>see instructions</i>)	● 15.	
16.	Taxable income (line 14 less line 15) (<i>see instructions</i>)	● 16.	
17.	TAX: 4% of amount on line 16	● 17.	
18.	Add: Sales tax addback (<i>see instructions</i>)	● 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 schedule on the bottom of page 2 and enter amount) (<i>see instructions</i>)	● 20.	
21.	UNINCORPORATED BUSINESS TAX (line 19 less line 20) (<i>see instructions</i>)	● 21.	
22a.	Credits from Form NYC-114.5 (<i>attach form</i>) (<i>see instructions</i>)	● 22a.	
22b.	Credits from Form NYC-114.6 (<i>attach form</i>) (<i>see instructions</i>)	● 22b.	
23.	Net tax after credits (line 21 less lines 22a and 22b)	● 23.	
24.	Payment of estimated Unincorporated Business Tax, including carryover credit from preceding year and payment with extension, NYC-62 (<i>see instructions</i>)	● 24.	
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 (<i>see instructions</i>)	27a.	
27b.	Additional charges (<i>see instructions</i>)	27b.	
27c.	Penalty for underpayment of estimated tax (<i>attach form NYC-221</i>)	● 27c.	
28.	Total of lines 27a, 27b and 27c	● 28.	
29.	Net overpayment (line 26 less line 28) (<i>see instructions</i>)	● 29.	
30.	Amount of line 29 to be: (a) Refunded	● 30a.	
	(b) Credited to 2004 Estimated Tax on Form NYC-5UBTI	● 30b.	
31.	Total remittance due (<i>see instructions</i>) Enter payment amount on line A above	● 31.	
32.	NYC Rent from Schedule C part 1, or rent deducted on federal return. (THIS LINE MUST BE COMPLETED)	● 32.	

Name _____

SSN / EIN _____

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

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

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

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

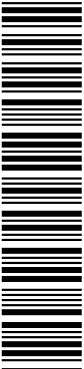
ADDITIONS

Table with 8 rows for additions. Row 9: All income taxes and Unincorporated Business Taxes. Row 10a: Sales and use tax credit. Row 10b: Relocation credits. Row 10c: Expenses related to exempt income. Row 10d: Depreciation adjustments. Row 10e: Real estate additions. Row 11: Other additions. Row 12: Total additions (add lines 9 through 11).

SUBTRACTIONS

Table with 9 rows for subtractions. Row 13: All income tax and Unincorporated Business Tax refunds. Row 14: Sales and use tax refunds from vendors or NY State. Row 15: Wages and salaries subject to federal jobs credit. Row 16: Depreciation adjustment. Row 17: Exempt income included in part 1. Row 18: 50% of dividends. Row 19: Real estate subtractions. Row 20: Other subtractions. Row 21: Total subtractions (add lines 13 through 20).

Table with 16 rows for investment income and business income. Row 22: NYC modifications. Row 23: Total income (combine lines 8 and 22). Row 24: Less: Charitable contributions. Row 25: Balance (line 23 less line 24). Row 26: Investment income - (complete lines a through g below). Rows 26a-26f: Dividends, interest, net capital gain, income from assets, add lines 26a-26d, deductions. Row 26g: Interest on bank accounts. Row 27: Investment income (line 26e less line 26f but not more than line 25). Row 28: BUSINESS INCOME (line 25 less line 27).



Business Tax Credit Computation

- 1. If the amount on page 1, line 19, is \$1,800 or less, your credit on line 20 is the entire amount of tax on line 19. (NO TAX WILL BE DUE.)
- 2. If the amount on page 1, line 19, is \$3,200 or over, no credit is allowed. Enter "0" on line 20.

- 3. If the amount on page 1, line 19, is over \$1,800 but less than \$3,200, your credit is computed by the following formula:
amount on pg. 1, line 19 x $\left(\frac{\$3,200 \text{ minus tax on line 19}}{\$1,400} \right) =$ your credit

Name _____

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ALLOCATION OF BUSINESS INCOME

Taxpayers who carry on business both inside and outside New York City should complete Schedule C, Parts 1, 2 and 3 (below). Attach separate schedule if allocating by separate books and records. On Schedule A, line 2, check method used to allocate and enter percent-

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

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

Part 1 List location of each place of business **INSIDE** New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	Number of Employees	Wages, Salaries, etc.	Duties
Total					

Part 2 List location of each place of business **OUTSIDE** New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	Number of Employees	Wages, Salaries, etc.	Duties
Total					

Part 3 Formula Basis Allocation of Income

DESCRIPTION OF ITEMS USED AS FACTORS	● COLUMN A - NEW YORK CITY	● COLUMN B - EVERYWHERE	● COLUMN C
1. Average value of the real and tangible personal property of the business (see instructions)			PERCENTAGE IN NEW YORK CITY (COLUMN A DIVIDED BY COLUMN B)
a. Business real property owned..... 1a.			
b. Business real property rented from others (x 8).... 1b.			
c. Business tangible personal property owned..... 1c.			
d. Total of lines 1a, 1b and 1c..... 1d.			%
2. Wages, salaries and other personal service compensation paid to employees during the year..... 2.			%
3a. Gross sales of merchandise or charges for services during the year..... 3a.			%
3b. Optional additional gross income factor for manufacturers (enter amount from line 3a, see instructions)... 3b.			%
4. Sum of percentages in column C			%
5. BUSINESS ALLOCATION PERCENTAGE (divide total percentage (line 4) by 3 or actual number of percentages used if more or less than 3) (round to the nearest one hundredth of a percentage point and enter here and transfer to page 1, Schedule A, line 2)			%
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)					%	
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) (To treat cash as investment capital, you must include it on this line.)						%
3. Cash -						
4. Investment capital						

Name _____

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SCHEDULE E New York City Net Operating Loss Carryforward Deduction

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

Table with 8 rows for entering NYC net operating loss amounts and carryforward information.

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

- 1. Nature of business or profession: _____
2. Did you file a New York City Unincorporated Business Tax Return for the following years: 2001 YES NO, 2002 YES NO
3. Enter home address: _____ Zip Code: _____
4. If business terminated during the current taxable year, state date terminated. (month and day) |_____|_____|
5. 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?
6. Has Form NYC-115 (Report of Federal/State Change in Taxable Income) been filed?
7. Did you calculate a depreciation deduction by the application of the federal Accelerated Cost Recovery System (ACRS) (see instructions)?
8. Were you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return?

Table with 4 columns: PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 24, DATE, AMOUNT, TWELVE DIGIT TRANSACTION ID CODE. Rows include A-F and a TOTAL row.

CERTIFICATION

Certification section containing signature lines for taxpayer and preparer, and fields for Social Security Number, PTIN, and Employer Identification Number.

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

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

Make remittance payable to the order of: NYC DEPARTMENT OF FINANCE. Payment must be made in U.S. dollars, drawn on a U.S. bank.

MAILING INSTRUCTIONS

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

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

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