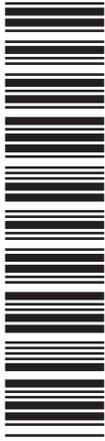




NYC 202

UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS, ESTATES AND TRUSTS



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

DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY

For CALENDAR YEAR 2007 or FISCAL YEAR beginning \_\_\_\_\_, 2007 and ending \_\_\_\_\_ 2007

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

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

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

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

Form fields for identification numbers: INDIVIDUAL ENTER SOCIAL SECURITY NUMBER, ESTATES, TRUSTS AND LLCs ONLY ENTER EMPLOYER IDENTIFICATION NUMBER, NEW YORK STATE SALES TAX ID NUMBER, BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C.

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

Table with 3 columns: Line number, Description, and Amount. Includes sections for Payment, Business income, Deductions, Credits, and Total remittance due.

Name \_\_\_\_\_ SSN / EIN \_\_\_\_\_

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

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

Table with 8 rows for business income items (1-8) and corresponding input fields.

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

**ADDITIONS**

Table with 12 rows for additions (9-12) and corresponding input fields.

**SUBTRACTIONS**

Table with 12 rows for subtractions (13-22) and corresponding input fields.

Table with 16 rows for total income and investment income (23-28) and corresponding input fields.



**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 ((\$3,200 minus tax on line 19) / \$1,400) = your credit

Name \_\_\_\_\_ SSN / EIN \_\_\_\_\_

**ALLOCATION OF BUSINESS INCOME**

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

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

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

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

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 (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 through 1d..... 1e.			%
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..... 4.			%
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)..... 5.			%
6. IS ANY PLACE OF BUSINESS LISTED IN PARTS 1 AND 2 LOCATED IN YOUR HOME?.....6.			<input type="checkbox"/> YES <input type="checkbox"/> NO
7. DID YOU CLAIM A DEDUCTION FOR EXPENSES OF AN OFFICE IN YOUR HOME?.....7.			<input type="checkbox"/> YES <input type="checkbox"/> NO
CHECK THIS BOX TO REQUEST CONSENT TO USE AN ALTERNATIVE ALLOCATION METHOD (SEE INSTRUCTIONS).....			<input type="checkbox"/>

**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)					%	
3. Cash - (To treat cash as investment capital, you must include it on this line.)						
4. Investment capital. Total of lines 1E and 3E						

Name \_\_\_\_\_ SSN / EIN \_\_\_\_\_

**SCHEDULE E New York City Net Operating Loss Carryforward Deduction**

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

Table with 8 rows for entering NYC net operating loss amounts and carryforwards. Includes instructions for each line item.

**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: 2005 YES NO, 2006 YES NO
3. Enter home address: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. If business terminated during the current taxable year, state date terminated. (mm-dd-yy) \_\_\_\_\_
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? YES NO
6. Has Form NYC-115 (Report of Federal/State Change in Taxable Income) been filed? YES NO
7. Did you calculate a depreciation deduction by the application of the federal Accelerated Cost Recovery System (ACRS) (see instructions)? YES NO
8. Were you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return? YES NO

Table for PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 24. Columns: Description, DATE, AMOUNT. Rows include various tax payments and a total row.

**CERTIFICATION**

Certification section with 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

The due date for the calendar year 2007 is on or before April 15, 2008. For fiscal years beginning in 2007, file on or before the 15th day of the fourth month following the close of the fiscal year.