

For CALENDAR YEAR 2013 or FISCAL YEAR beginning _____, 2013 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		Last name		TAXPAYER'S EMAIL ADDRESS			
In Care Of							
Business name				SOCIAL SECURITY NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/>			
Business address (number and street)							
City and State		Zip Code		BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C: <input type="text"/>			
Business Telephone Number	Date business began (mm-dd-yy)	Date business ended (mm-dd-yy)					

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 included with Form NYC-200V or being paid electronically	A.	Payment Amount
1.	Business income (from page 2, Schedule B, line 6)	1.	
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.	
3.	Balance before exemption (line 1 less line 2)	3.	
4.	Less: exemption - \$5,000 (taxpayer operating more than one business or short period taxpayer, see instructions)	4.	
5.	Taxable income (line 3 less line 4) (see instructions)	5.	
6.	TAX: 4% of amount on line 5	6.	
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.	
9.	Payment of estimated Unincorporated Business Tax, including carryover credit from preceding year and payment with extension, NYC-EXT (see instructions)	9.	
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.	
12.	Interest (see instructions)	12.	<input type="text"/>
13.	Amount of line 11 to be: (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 13c OR <input type="checkbox"/> Paper check	13a.	
	(b) Credited to 2014 Estimated Tax on Form NYC-5UBTI	13b.	
13c.	Routing Number <input type="text"/> Account Number <input type="text"/> ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>		
14.	Total remittance due. Line 10 plus line 12. Enter payment amount on line A above	14.	
15.	Gross receipts or sales from federal return	15.	

CERTIFICATION

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

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.
2. Other business income (or loss) (see instructions)	2.
3. Income taxes and unincorporated business tax paid this year and deducted on federal return	3.
4. Total income (combine lines 1, 2 and 3)	4.
5. Less: Charitable contributions (not to exceed 5% of line 4) (see instructions)	5.
6. Balance (line 4 less line 5)	6.

Business Tax Credit Computation

- 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.)
- If the amount on page 1, line 6, is \$5,400 or over, no credit is allowed. Enter "0" on line 7.
- 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:

$$\text{Amount on pg. 1, line 6} \times \left(\frac{\$5,400 \text{ minus tax on line 6}}{\$2,000} \right) = \text{your credit}$$

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

- Nature of business or profession: _____
- New York State Sales Tax ID Number - Enter 9, 10, or 11 Digits:
- Did you file a New York City Unincorporated Business Tax Return for the following years:
2011: YES NO **2012:** YES NO
 If "NO," state reason: _____
- Enter home address: _____ Zip Code: _____
- If business terminated during the current taxable year, state date terminated. (mm-dd-yy) _____ - _____ - _____
 (Attach a statement showing disposition of business property.)
- Has the Internal Revenue Service or the New York State Department of Taxation and Finance increased or decreased any taxable income (loss) reported in any tax period, or are you currently being audited? YES NO
 If "YES", by whom? Internal Revenue Service State period(s): Beg.: _____ MM-DD-YY End.: _____ MM-DD-YY
 New York State Department of Taxation and Finance State period(s): Beg.: _____ MM-DD-YY End.: _____ MM-DD-YY
- Has Form NYC-115 (Report of Federal/State Change in Taxable Income) been filed? YES NO
- Is this taxpayer subject to the Commercial Rent Tax? YES NO
- If "YES", were all required Commercial Rent Tax Returns filed? YES NO
 Please enter Social Security Number _____ and Account ID _____



PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 9	DATE	AMOUNT
A. Payment with declaration, Form NYC-5UBTI (1)		
B. Payment with Notice of Estimated Tax Due (2)		
C. Payment with Notice of Estimated Tax Due (3)		
D. Payment with Notice of Estimated Tax Due (4)		
E. Payment with extension, Form NYC-EXT		
F. Overpayment credited from preceding year		
G. TOTAL of A, B, C, D, E, F (enter on Schedule A, line 9)		

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 2013 return is on or before April 15, 2014. For fiscal years beginning in 2013, 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/FINANCE
 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