



UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS AND SINGLE-MEMBER LLCs

2014

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 with fields: First name and initial, Last name, In Care Of, Business name, Business address (number and street), City and State, Zip Code, Business Telephone Number, Date business began (mm-dd-yy), Date business ended (mm-dd-yy)

Form with fields: TAXPAYER'S EMAIL ADDRESS, SOCIAL SECURITY NUMBER, BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C:

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, amount, and percentage. Includes items like Business income, Business allocation percentage, Investment income, and UNINCORPORATED BUSINESS TAX.

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.			
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 type="checkbox"/> Direct deposit - fill out line 30c OR <input type="checkbox"/> Paper check	30a.			
(b) Credited to 2015 Estimated Tax on Form NYC-5UBTI	30b.			
30c. Routing Number <input type="text"/> Account Number <input type="text"/> ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>				
31. Total remittance due (see instructions)	31.			
32. NYC rent deducted on federal tax return or NYC rent from Schedule C, Part 1. (THIS LINE MUST BE COMPLETED) .	32.			
33. Gross receipts or sales from federal return	33.			

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:

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



Prepayments of Estimated Tax Computation

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 24	DATE	AMOUNT
A. Payment with declaration, Form NYC-5UBTI (1)		
B. Payment with Notice of Estimated Tax Due (2)		
C. Payment with Notice of Estimated Tax Due (3)		
D. Payment with Notice of Estimated Tax Due (4)		
E. Payment with extension, Form NYC-EXT		
F. Overpayment credited from preceding year		
G. TOTAL of A, B, C, D, E, F (enter on Schedule A, line 24)		

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.		
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.	<input type="checkbox"/>	
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.		
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.		

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

ADDITIONS

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

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.		
21. Total subtractions (add lines 13 through 20)	21.		
22. NYC modifications (combine lines 12 and 21)	22.		
23. Total income (combine lines 8 and 22)	23.		
24. Less: Charitable contributions (not to exceed 5% of line 23) (see instructions)	24.		
25. Balance (line 23 less line 24)	25.		
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.		



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.			%
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	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						

