

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

Name of Trust or Estate, In Care Of, Address of Trustee or Estate, City and State, Zip Code, Country (if not US), Business Telephone Number, Date business began in NYC, Date business ended in NYC

EMAIL ADDRESS, EMPLOYER IDENTIFICATION NUMBER, BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C

CHECK ALL THAT APPLY: Amended return, Final return - Ceased operations, Engaged in a fully exempt unincorporated business activity, Claim any 9/11/01-related federal tax benefits, IRS change, NYS change, Date of Final Determination, Engaged in a partially exempt unincorporated business activity, Enter 2-character special condition code

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

Table with 19 rows for tax computation. Columns include description, line number, and Payment Amount. Rows include Business income, allocation percentages, NYC real property income, investment income, NOL deduction, allowance for taxpayer's services, exemption, business tax credit, and UNINCORPORATED BUSINESS TAX.

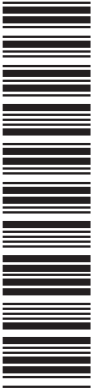
Name _____ EIN _____

20a. Credits from Form NYC-114.5 (attach form) (see instructions)	20a.			
20b. Credits from Form NYC-114.6 (attach form) (see instructions)	20b.			
20c. Credits from Form NYC-114.8 (attach form) (see instructions)	20c.			
20d. Credits from Form NYC-114.10 (attach form) (see instructions).....	20d.			
21. Net tax after credits (line 19 less sum of lines 20a, 20b, 20c and 20d)	21.			
22. Payment of estimated Unincorporated Business Tax, including carryover credit from preceding year and payment with extension, NYC-EXT (see instructions).....	22.			
23. If line 21 is larger than line 22, enter balance due	23.			
24. If line 21 is smaller than line 22, enter overpayment	24.			
25a. Interest (see instructions)	25a.			
25b. Additional charges (see instructions)	25b.			
25c. Penalty for underpayment of estimated tax (attach form NYC-221) ...	25c.			
26. Total of lines 25a, 25b and 25c	26.			
27. Net overpayment (line 24 less line 26) (see instructions)	27.			
28. Amount of line 27 to be: (a) Refunded - <input type="checkbox"/> Direct deposit - fill out line 28c OR <input type="checkbox"/> Paper check 28a.				
(b) Credited to 2016 Estimated Tax on Form NYC-5UBTI	28b.			
28c. Routing Number <input type="text"/> Account Number <input type="text"/> ACCOUNT TYPE Checking <input type="checkbox"/> Savings <input type="checkbox"/>				
29. Total remittance due (see instructions)	29.			
30. NYC rent deducted on federal tax return or NYC rent from Schedule C, Part 1. (THIS LINE MUST BE COMPLETED) .	30.			
31. Gross receipts or sales from federal return.....	31.			

Business Tax Credit Computation

- If the amount on page 1, line 17, is \$3,400 or less, your credit on line 18 is the entire amount of tax on line 17. (NO TAX WILL BE DUE.)
- If the amount on page 1, line 17, is \$5,400 or over, no credit is allowed. Enter "0" on line 18.
- If the amount on page 1, line 17, is over \$3,400 but less than \$5,400, your credit is computed by the following formula:

$$\text{amount on pg. 1, line 17} \times \left(\frac{\$5,400 \text{ minus tax on line 17}}{\$2,000} \right) = \text{your credit}$$



Prepayments of Estimated Tax Computation

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 22	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 22)		

Name _____ EIN _____

SCHEDULE B Computation of Total Income

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... Row 6: Total federal income... 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 12 rows for additions. Row 9: All income taxes and Unincorporated Business Taxes. Row 10a: Relocation credits. Row 10b: Expenses related to exempt income. Row 10c: Depreciation adjustments. Row 10d: Real estate additions. Row 11: Other additions. Row 12: Total additions.

SUBTRACTIONS

Table with 27 rows for subtractions and final income calculation. Row 13: All income tax and Unincorporated Business Tax refunds. Row 14: Wages and salaries subject to federal jobs credit. Row 15: Depreciation adjustment. Row 16: Exempt income included in part 1. Row 17: 50% of dividends. Row 18: Real estate subtractions. Row 19: Other subtractions. Row 20: Total subtractions. Row 21: NYC modifications. Row 22: Total income. Row 23: Less: Charitable contributions. Row 24: Balance. Row 25: Investment income - (complete lines a through g below). Row 25a-g: Dividends, interest, net capital gain, etc. Row 26: Investment income (line 25e less line 25f). Row 27: BUSINESS INCOME (line 24 less line 26).



Name _____ 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). 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 10 1f.			
2a. Wages, salaries and other personal service compensation paid to employees during the year..... 2a.			%
2b. Multiply Column C of line 2a by 10 2b.			
3a. Gross sales of merchandise or charges for services during the year 3a.			%
3b. Multiply Column C of line 3a by 80 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						

Name _____ EIN _____

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: _____
- New York State Sales Tax ID Number: _____
- Did you file a New York City Unincorporated Business Tax Return for the following years:
2013: YES NO **2014:** 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.: _____ 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 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

SIGN HERE:	Signature of taxpayer	Title	Date	Preparer's Social Security Number or PTIN []-[]-[]
	Preparer's signature	Preparer's printed name	Date	
PREPARER'S USE ONLY		Check if self-employed <input type="checkbox"/>	Date	Firm's Employer Identification Number []-[]-[]-[]-[]-[]
▲ Firm's name (or yours, if self-employed)		▲ Address		▲ Zip Code

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 1041. 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 Employer Identification Number on your tax return and remittance. The due date for the calendar year 2015 return is on or before April 18, 2016. For fiscal years beginning in 2015, 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 3933
 NEW YORK, NY 10008-3933

RETURNS CLAIMING REFUNDS
 NYC DEPARTMENT OF FINANCE
 UNINCORPORATED BUSINESS TAX
 P.O. BOX 5563
 BINGHAMTON, NY 13902-5563

