



UNINCORPORATED BUSINESS TAX RETURN **2016**
FOR INDIVIDUALS AND SINGLE-MEMBER LLCs

For CALENDAR YEAR 2016 or Fiscal YEAR beginning _____, 2016 and ending _____

First name and initial	Last name	Name Change <input type="checkbox"/>
In Care Of		
Business name		
Business address (number and street)		Address Change <input type="checkbox"/>
City and State	Zip Code	Country (if not US)
Business Telephone Number	Date business began in NYC (mm-dd-yy)	Date business ended in NYC (mm-dd-yy)

TAXPAYER'S EMAIL ADDRESS

SOCIAL SECURITY NUMBER

	-		-	
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BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C:

CHECK ALL THAT APPLY

<input type="checkbox"/> Amended return	If the purpose of the amended return is to report a federal or state change, check the appropriate box:	<input type="checkbox"/> IRS change	Date of Final Determination <input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> Final return - Ceased operations. Attach copy of your entire federal Form 1040 and statement showing disposition of business property.		<input type="checkbox"/> NYS change	
<input type="checkbox"/> Engaged in a fully exempt unincorporated business activity		<input type="checkbox"/> Engaged in a partially exempt unincorporated business activity	
<input type="checkbox"/> Claim any 9/11/01-related federal tax benefits (see instructions)		<input type="text"/> Enter 2-character special condition code, if applicable (see instructions)	

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

A.	Payment	Amount being paid electronically with this return.....	A.	Payment Amount
1.	Business income (from page 3, Schedule B, line 27).....		1.	
2.	Business allocation percentage from Schedule C, line 5. (If not allocating, enter 100%) ..2.	<input type="text"/> . <input type="text"/> %		
3.	If line 2 is less than 100%, enter income or loss on NYC real property (see instructions)		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) (see instructions)...		6.	
7.	Investment income (from page 3, Schedule B, line 26).....		7.	
8.	Investment allocation percentage (from page 4, Schedule D, line 2).....	<input type="text"/> . <input type="text"/> %	8.	
9.	Multiply line 7 by the investment allocation percentage from line 8 (see instructions).....		9.	
10.	Total before NOL deduction (sum of lines 5, 6 and 9 or line 1 and line 9) (see instructions for line 2) ..		10.	
11.	Deduct: NYC net operating loss deduction (from Form NYC-NOLD-UBTI, line 7) (see instructions) ..		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 \$10,000, whichever is less (see instructions).....		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, see instructions).....		15.	
16.	Taxable income (line 14 less line 15) (see instructions)		16.	
17.	Tax before business tax credit (4% of amount on line 16)		17.	
18.	Less: business tax credit (select the applicable credit condition from the Business Tax Credit Computation schedule on the bottom of page 2 and enter amount) (see instructions)		18.	
19.	UNINCORPORATED BUSINESS TAX (line 17 less line 18) (see instructions)		19.	

Name _____ SSN _____

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 2017 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 _____ SSN _____

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 2 includes a checkbox and a shaded area. Row 8 is highlighted in grey.

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

ADDITIONS

Table with 12 rows for additions. Row 12 is highlighted in grey.

SUBTRACTIONS

Table with 27 rows for subtractions. Row 25g is highlighted in grey. Row 27 is highlighted in grey.



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 6.5 1f.			
2a. Wages, salaries and other personal service compensation paid to employees during the year..... 2a.			%
2b. Multiply Column C of line 2a by 6.5 2b.			
3a. Gross sales of merchandise or charges for services during the year 3a.			%
3b. Multiply Column C of line 3a by 87 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 _____ SSN _____

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)

- 1. Nature of business or profession: _____
2. New York State Sales Tax ID Number: _____
3. Did you file a New York City Unincorporated Business Tax Return for the following years:
2014: [] YES [] NO 2015: [] YES [] NO
If "NO," state reason: _____
4. Enter home address: _____ Zip Code: _____
5. If business terminated during the current taxable year, state date terminated. (mm-dd-yy) _____ - _____ - _____
(Attach a statement showing disposition of business property.)
6. 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
7. Has Form NYC-115 (Report of Federal/State Change in Taxable Income) been filed?
Only applicable for years prior to 1/1/15. For years beginning on or after 1/1/15, file an amended return. (see instructions) [] YES [] NO
8. Did you calculate a depreciation deduction by the application of the federal Accelerated Cost Recovery System (ACRS) (see instr.)? [] YES [] NO
9. Were you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return? [] YES [] NO
10. 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
11. If "YES", were all required Commercial Rent Tax Returns filed? [] YES [] NO
Please enter Employer Identification Number or Social Security 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.
I authorize the Dept. of Finance to discuss this return with the preparer listed below. (See instructions)YES []
Firm's Email Address: _____
SIGN HERE: Signature of taxpayer Title Date
PREPARER'S USE ONLY Preparer's signature Preparer's printed name Check if self-employed [] Date
Preparer's Social Security Number or PTIN
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 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 2016 return is on or before April 18, 2017.
For fiscal years beginning in 2016, 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

