

## DEPARTMENT - 202S UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS 2022

				For CALENDAR YEAR 2022 beginning			and ending				
	First name and initial			Last name Name Change			TAXPAYER'S EMAIL ADDRESS				
		In Care Of						SOCIAL SECURITY NUMBER			
		Business name									
		Business address (number and street) A									
		City and State		Zip Code	Country (if	ů.		[	I - I		
=		Business Telephone Number	Date business began in NY	C (mm-dd-yy) Date	business ended in NYC	(mm-dd-yy)	BUSINESS CO FROM FEDER				
			he purpose of the amend	ed return is to report		S change	Date of Fina				
			leral or state change, che			YS change	Determinatio				
		Final return - Check this b	oox if you have ceased o	perations in NYC.		Enter 2-ch	naracter special cor	ndition code if applicable (see instruction	ns)		
		Engaged in a fully exempt						corporated business activity			
S		-						NSFER APPLICABLE AMOUNTS TO SO	CHEDULE A.		
Α.	Payment /	Amount being paid electror	ically with this retu	ırn			A.				
1.	Business incom	ne (from page 2, Sched	ule B, line 6)				. 1.		_		
2.		nce for taxpayer's service 000, whichever is less (s					. 2.				
3.	Balance before	exemption (line 1 less	line 2)				. 3.				
4.		n - \$5,000 (taxpayer op kpayer, <i>see instructions)</i>	0				. 4.				
5.	Taxable income	e (line 3 less line 4) <i>(see</i>	e instructions)				. 5.				
6.	TAX: 4% of am	ount on line 5					. 6.				
7.		s tax credit (select the ap tation schedule on page 3					. 7.				
8.	UNINCORPOR	ATED BUSINESS TAX	(line 6 less line 3	7) (see instru	ctions)		. 8.				
9.	,	imated Unincorporated and payment with exter		. 9.							
10.	If line 8 is large	er than line 9, enter bala	nce due				. 10.				
11.	If line 8 is smal	ller than line 9, enter ove	erpayment				. 11.				
12.	Interest (see in	structions)		12.							
13.	Amount of line 11	I to be: (a) Refunded -	Direct deposit -	fill out line 13c	OR P	aper check	. 13a.				
		(b) Credited to 20	23 Estimated Tax	on Form NYC-5							
13c.	. Routing Number	Acco			A Checkin	ccount typ g 📃 Savii					
14.	Total remittan	<b>ce due</b> . Line 10 plus lir	ie 12				. 14.				
15.	Gross receipts	or sales from federal re	turn				. 15.				
	I borohy conting that this					and complete	Firm's Ema	il Address:			
GN ◀ ERE		s return, including any accompanyir tment of Finance to discuss this	•					Preparer's Social Security Num	ber or PTIN		
	Preparer's signature:		Preparer's printed nar	ne:		Date:	MM-DD-YY				
PREPARER'S USE ONLY	oignataito.		printed fid			Date.	MM-DD-YY Check if	Firm's Employer Identification     Firm's Employer Identification	on Number		
PREPUSE	Firm's name	▲ Address		▲ Zip Code			self-employed				

Form NYC-202S 2022

Name:				SSN:								
SCHEDULE B Computation of Total Income												
Ite	ems of business ir	ncome, gain, loss or deduction										
1.		) from business, as reported for federa										
	from federal Sche	edule C, Schedule C-EZ or Schedule F	1.									
2.	Other business in	come (or loss) (see instructions)	2.									
3.	Income taxes and	I unincorporated business tax paid this y	ear and dedu	icted on federal return	1 <b>3.</b>							
4.	Total income (con	nbine lines 1, 2 and 3)			4.							
5.	Less: Charitable of	contributions (not to exceed 5% of line 4	tions)	5.								
		ss line 5)			6.							
В	Business Tax Credit Computation											
1	<ol> <li>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.)</li> <li>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:</li> </ol>											
2	2. If the amount on page 1, line 6, is \$5,400 or over, no credit is allowed. Enter "0" on line 7. Amount on pg. 1, line 6 X (\$5,400 minus tax on line 6) = your credit											
	SCHEDULE	C The following informatio	n must be	entered for this	return to b	e complete.						
1.	Nature of busines	ss or profession:										
2.	New York State Sales Tax ID Number:											
3.	Did you file a Nev	w York City Unincorporated Business T	ax Return for	the following years:								
	2020: YES	NO 202	1: 🗌 YES	NO								
	If "NO," state reas	son:										
4.		ess:				Zip Code:						
5.		nated during the current taxable year, s		minated. (mm-dd-yy)								
		ent showing disposition of business pro										
6.		Revenue Service or the New York State				or decreased any taxable	e income					
		any tax period, or are you currently be ? Internal Revenue Service	ang audited?			End						
	If "YES", by whom					IM-DD-YY End.:	IM-DD-YY					
		New York State Department of Tax	ation and Finan	ce State period	(s): Beg.:	MM-DD-YY End.:	IM-DD-YY					
7.	If "YES" to questi	on 6:										
		o 1/1/15, has Form(s) NYC-115 (Report										
		ing on or after 1/1/15, has an amended					NO					
8.		er pay rent greater than \$200,000 for a										
•		the purpose of carrying on any trade,										
9.		required Commercial Rent Tax Return										
	Please enter Emplo	ver Identification Number or Social Security	Number which	was used on the Comm	nercial Rent Tax Re	eturn:						
	Γ	PREPAYMENTS CLAIMED ON S	CHEDULE A,	LINE 9	DATE	AMOUNT						
		A. Payment with declaration, Form NYC-	, Form NYC-5UBTI (1)									
-		B. Payment with Notice of Estimated Tax										
		C Payment with Notice of Estimated Tax	Due (3)									
		E. Payment with extension, Form NYC-E	хт									
		F. Overpayment credited from preceding	-									
		G. TOTAL of A, B, C, D, E, F (enter on Sch										
			MA	LING INSTRUCTIO	NS							
		Attach copy of federal Form 1040, Schedule (										
	B. Payment with Notice of Estimated fax 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 2022 return is on or before April 18, 2023.         For fiscal years beginning in 2022, file on or before the 15th day of the fourth month following the close of the fiscal year.											
The due date for the calendar year 2022 return is on or before April 18, 2023.												
		ALL RETURNS EXCEPT REFUND RETURNS	PAY C	REMITTANCE		RETURNS CLAIMING						
		NYC DEPARTMENT OF FINANCE	AT NYC.GOV/ESER			NYC DEPARTMENT OF FINANCE						
		UNINCORPORATED BUSINESS TAX P.O. BOX 5564	OR nent and Form NYC			UNINCORPORATED BUSINESS TAX P.O. BOX 5563						
e	61422291	BINGHAMTON, NY 13902-5564		C DEPARTMENT OF P.O. BOX 3933 NEW YORK, NY 1000	3	BINGHAMTON, NY 139	02-5563					