

NYC	-202S
	LULU

UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS 2023

2023

			For CA	For CALENDAR YEAR 2023 beginning			and ending		
		First name and initial	e and initial Last name Name Change			TAXPAYER'S EMAIL ADDRESS			
		In Care Of						SOCIAL SECUDITY NUMBER	
		Business name					SOCIAL SECURITY NUMBER		
		Business address (number and street) Address Change							
		City and State		Zip Code	Co	ountry (if not US)	BUSINESS CODE NUMBER		
=		Business Telephone Number Date business began in NYC (mm-dd-yy) Date business ended in NYC (mm-dd-yy)				ded in NYC (mm-dd-yy)	FROM FEDERAL SCHEDULE C:		
	Amended return If the purpose of the amended return is to report a federal or state change, check the appropriate box: NYS change						Date of Final Determination		
		Final return - Check this b	ox if you have ceased o	perations in NYC	D.	Enter 2-c	haracter special co	ondition code if applicable (see instructions)	
		Engaged in a fully exempt	unincorporated business a	ctivity		Engaged in a pa	rtially exempt unin	corporated business activity	
S	CHEDULE A	A Computation of	Tax BEGIN WITH S	SCHEDULE B OF	N PAGE 2. CO	OMPLETE ALL OTHER	SCHEDULES. TRA	NSFER APPLICABLE AMOUNTS TO SCHEDULE A. Payment Amount	
A.	Payment /	Amount being paid electron	ically with this retu	rn			A.	Taymon Amount	
1.	Business incom	ne (from page 2, Schedu	lle 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.									
4.									
٠.		kpayer, see instructions)	Ü				4.		
5.	Taxable income	e (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)								
8.	UNINCORPOR	ICORPORATED BUSINESS TAX (line 6 less line 7) (see instructions)					8.		
9.	•	ayment of estimated Unincorporated Business Tax, including carryover credit from eceding year and payment with extension, NYC-EXT (see instructions)							
10.	If line 8 is larger than line 9, enter balance due					10.			
11.	If line 8 is smal	ler than line 9, enter ove	rpayment		···· <u>····</u>		11.		
12.	Interest (see in	structions)		1	2.				
13.	Amount of line 11	to be: (a) Refunded -	Direct deposit - f	ill out line 1	3c OR	Paper check	(. 13a.		
		(b) Credited to 202	24 Estimated Tax of	n Form NYO	C-5UBTI .		13b.		
13c.	Routing Number	Accou				ACCOUNT TY Checking Sav	ings		
14.	Total remittane	ce due. Line 10 plus lin	e 12				14.		
15.	Gross receipts	or sales from federal ret	urn				15.		
				ERTIFI			Firmle Free	:! Adduses	
GN HE ◀	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 Department of Finance to discuss this return with the preparer listed below. (see instructions)YES Taxpayer's Signature: Title: Date: Firm's Email Address: Preparer's Social Security Number or PTIN								
	Preparer's		Preparer's				MM-DD-YY		
RER'S	signature:		printed nam	e:		Date:	MM-DD-YY	Firm's Employer Identification Number	
PREPARER'S USE ONLY	Firm's name	▲ Address		▲ Zip Code			Check if self-employed	J []	

Form NYC-202S 2023 Page 2

lam	e:	SSN:						
	SCHEDULE B	Computation of Total Income						
		e, gain, loss or deduction						
1.		m business, as reported for federal tax purpose C or Schedule F		1.				
2.	Other business income	e (or loss) (see instructions)		2 .				
3.	Income taxes and unin	ncorporated business tax paid this year and dedu	icted on federal return	3.				
4.	Total income (combine	lines 1, 2 and 3)		4.				
5.	Less: Charitable contri	butions (not to exceed 5% of line 4) (see instruc	tions)	5.				
6.	Balance (line 4 less lin	e 5)		6.				
В	Business Tax Cr	edit Computation						
1	1 0	1, line 6, is \$3,400 or less, your credit on line 7 ftax on line 6. (NO TAX WILL BE DUE.)	your credit is con	nputed by the foll				
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 information must be	entered for this	return to be	complete.			
1.	Nature of business or	profession:						
2.	New York State Sales	Tax ID Number:						
		rk City Unincorporated Business Tax Return for						
	2021: YES	NO YES	□NO					
	If "NO," state reason:							
4.	Enter home address:				Zip Code:			
5.	5. If business terminated during the current taxable year, state date terminated. (mm-dd-yy)							
6.		nue Service or the New York State Departmen tax period, or are you currently being audited?		nce increased o	or decreased any taxable i	ncome		
	If "YES", by whom?	☐ Internal Revenue Service		s): Beg.:	End.:			
	New York State Department of Taxation and Finance State period				End.			
7.	If "YES" to guestion 6:	•		M	M-DD-YY EIG.:MM	-DD-YY		
	•	'15, has Form(s) NYC-115 (Report of Federal/S	State Change in Taxab	ole Income) beei	n filed? YES	NO		
		on or after 1/1/15, has an amended return(s) be				☐ NO		
8.	8. 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?							
9.	9. If "YES", were all required Commercial Rent Tax Returns filed?							
	Please enter Employer Identification Number or Social Security Number which was used on the Commercial Rent Tax Return:							
		PREPAYMENTS CLAIMED ON SCHEDULE A,	LINE 9	DATE	AMOUNT			
	A. P	ayment with declaration, Form NYC-5UBTI (1)						
		ayment with Notice of Estimated Tax Due (2)	H H					
	C P	ayment with Notice of Estimated Tax Due (3)						
	D. P	ayment with Notice of Estimated Tax Due (4)	T					
i	E. P	rayment with extension, Form NYC-EXT	i i					
		Overpayment credited from preceding year OTAL of A, B, C, D, E, F (enter on Schedule A, line 9)						
i	G. 1	CIAL OLA, D, C, D, L, I (enter oil Scriedule A, ilile 9)	,					

MAILING INSTRUCTIONS

Attach copy of federal Form 1040, Schedule C 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 2023 return is on or before April 15, 2024.

For fiscal years beginning in 2023, 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