



NYC 202

NEW YORK CITY DEPARTMENT OF FINANCE UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS, ESTATES AND TRUSTS

DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY

For CALENDAR YEAR 2000 or FISCAL YEAR beginning _____, 2000 and ending _____

2000

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 are engaged in an exempt unincorporated business activity

Affix mailing label here

Form fields for personal and business information: First name and initial, Last name, Business name, Business address, City and State, Zip Code, Business Telephone Number, Date business began.

Form fields for identification numbers: INDIVIDUALS ENTER SOCIAL SECURITY NUMBER, ESTATES AND TRUSTS ENTER EMPLOYER IDENTIFICATION NUMBER, NEW YORK STATE SALES TAX ID NUMBER, BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C.

SCHEDULE A Computation of Tax

BEGIN WITH SCHEDULE B ON PAGE 2. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

Table with 3 columns: Line number, Description, and Amount. Rows include Business income, allocation percentages, investment income, deductions, and total remittance due.

Name _____

SSN / 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). Attach separate schedule if allocating by separate books and records. On Schedule A, line 2, check method used to allocate and enter percent-

age from Part 3, line 5 rounded to the nearest one hundredth of a percentage point. 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	Number of Employees	Wages, Salaries, etc.	Duties
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	Number of Employees	Wages, Salaries, etc.	Duties
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 instructions)			PERCENTAGE IN NEW YORK CITY (COLUMN A DIVIDED BY COLUMN B)
a. Business real property owned 1a.			
b. Business real property rented from others (x 8) 1b.			
c. Business tangible personal property owned 1c.			
d. Total of lines 1a, 1b and 1c 1d.			%
2. Wages, salaries and other personal service compensation paid to employees during the year 2.			%
3a. Gross sales of merchandise or charges for services during the year 3a.			%
3b. Optional additional gross income factor for manufacturers (enter amount from line 3a, see instructions) 3b.			%
4. Sum of percentages in column C 4.			%
5. BUSINESS ALLOCATION PERCENTAGE (divide total percentage (line 4) by 3 or actual number of percentages used if more or less than 3) (round to the nearest one hundredth of a percentage point and enter here and transfer to page 1, Schedule A, line 2) 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) (To treat cash as investment capital, you must include it on this line.)					%	
3. Cash -						
4. Investment capital						

Name _____

SSN / EIN _____

SCHEDULE E New York City Net Operating Loss Carryforward Deduction

COMPLETE A SEPARATE SCHEDULE FOR EACH LOSS YEAR. ATTACH A DETAILED SCHEDULE FOR EACH APPLICABLE LINE.

1. Enter allocated NYC net operating loss amount incurred for loss year ended: _____	1.	
2. Enter amount of line 1 previously absorbed by year ended: _____	2.	
3. Enter amount of line 1 previously absorbed by year ended: _____	3.	
4. Enter amount of line 1 previously absorbed by year ended: _____	4.	
5. Add lines 2, 3 and 4 plus any additional year(s)	5.	
6. Subtract line 5 from line 1	6.	
7. Enter amount from page 1, Schedule A, line 10	7.	
8. Enter the lesser of line 6 or 7. This is your net operating loss deduction. Enter here and transfer amount to page 1, Schedule A, line 11.....	8.	

SCHEDULE F The following information must be entered for this return to be complete.

- Nature of business or profession: _____
- Did you file a New York City Unincorporated Business Tax Return for the following years:
1998 YES NO
1999 YES NO
 If "NO," state reason: _____
- Enter home address: _____ Zip Code: _____
- If business terminated during the current taxable year, state date terminated. (month and day) | _____ | _____ |
 (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 New York State Department of Taxation and Finance
 State periods: _____ and answer 6.
- 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 instructions)? ... YES NO
- Were you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return? YES NO

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 24	DATE	AMOUNT	TWELVE DIGIT TRANSACTION ID CODE
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-62			
F. Overpayment credited from preceding year			
G. TOTAL of A, B, C, D, E and F (enter on Schedule A, line 24)			

CERTIFICATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

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

Attach copy of federal Form 1040, Schedule C or Schedule C-EZ. If this is a final return, attach an entire copy of federal Form 1040.

To receive proper credit, you must enter your correct Social Security Number or Employer Identification Number on your tax return and remittance.

Make remittance payable to the order of: NYC DEPARTMENT OF FINANCE. Payment must be made in U.S. dollars, drawn on a U.S. bank.

MAILING INSTRUCTIONS →

RETURNS WITH REMITTANCES
 NYC DEPARTMENT OF FINANCE
 P.O. BOX 5040
 KINGSTON, NY 12402-5040

RETURNS CLAIMING REFUNDS
 NYC DEPARTMENT OF FINANCE
 P.O. BOX 5050
 KINGSTON, NY 12402-5050

ALL OTHER RETURNS
 NYC DEPARTMENT OF FINANCE
 P.O. BOX 5060
 KINGSTON, NY 12402-5060