



NYC 204

UNINCORPORATED BUSINESS TAX RETURN FOR PARTNERSHIPS (including LIMITED LIABILITY COMPANIES)

DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY

For CALENDAR YEAR 2005 or FISCAL YEAR beginning 2005, and ending 2005

2005

- Amended return
Final return - Check this box if you have ceased operations.

- Entity Type: general partnership, registered limited liability partnership, limited partnership, limited liability company

Check "yes" if you claim any 9/11/01-related federal tax benefits (see inst.) YES

Check "yes" if electing books and records allocation (see inst.) YES

Name, Address (number and street), City and State, Zip Code, Business Telephone Number, Date business began (mm/dd/yy)

EMPLOYER IDENTIFICATION NUMBER, BUSINESS CODE NUMBER AS PER FEDERAL RETURN, IMPORTANT: All partnerships licensed and/or regulated by the NYC Taxi and Limousine Commission use business code 999999 in lieu of federal code.

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

Table with 4 columns: Line number, Description, Amount, and Payment Enclosed. Rows include Business income, allocation percentages, investment income, taxes, and credits.

Name _____ EIN _____

SCHEDULE B Computation of Total Income - IF ALLOCATING BY SEPARATE BOOKS AND RECORDS, ENTER THE ALLOCATED AMOUNTS

Part 1 Items of income, gain, loss or deduction

Table with 12 rows for items of income, gain, loss or deduction. Includes categories like Ordinary income, Net income from rental real estate, All portfolio income, etc.

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

Table for ADDITIONS with columns for PARTNER A, PARTNER B, PARTNER C, and TOTAL. Rows include All income taxes, Sales and use tax credit, Relocation credits, etc.

Table for SUBTRACTIONS with columns for PARTNER A, PARTNER B, PARTNER C, and TOTAL. Rows include All income tax and Unincorporated Business Tax refunds, Sales and use tax refunds, etc.

Table for investment income calculations. Rows include Combine lines 16 and 25 (total), Total income, Less: Charitable contributions, Balance, Investment income (complete lines a through g below), and Business income.



Name _____ EIN _____

SCHEDULE C Partnership Information - THIS SCHEDULE MUST BE COMPLETED FOR PARTNERSHIPS TO CLAIM ALLOWANCE FOR PARTNER'S SERVICES AND FOR PARTNERS TO CLAIM THE UBT PAID CREDIT ON THEIR UBT, GCT, BCT OR PIT RETURNS.

How many partners are in this partnership? Number of active partners

In column 1 give full name, address, Employer Identification Number or Social Security Number and percentage of partner's interest in the partnership. (Name and address should be as shown on income or business tax return of the partner.)

COLUMN 1				COLUMN 2	COLUMN 3	COLUMN 4	
Interest %	NAME AND ADDRESS	PARTNER (check one) General Limited		Employer Identification Number - or - Social Security Number	Percentage of Time Devoted to Business	Partner's Distributive Share (see instructions)	Percentage of Total Distributive Shares (see instr.)
(a) %					%		%
(b) %					%		%
(c) %					%		%
(d) %					%		%
(e) %					%		%
TOTAL							100%

SCHEDULE D Investment Capital and Allocation and Cash Election

A	B	C	D	E	F	G
DESCRIPTION OF INVESTMENT LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)	No. of Shares or Amount of Securities	Average Value	Liabilities Attributable to Investment Capital	Net Average Value (column C minus column D)	Issuer's Allocation Percentage	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						

Business Tax Credit Computation

- If the amount on page 1, line 19, is \$1,800 or less, your credit on line 20 is the entire amount of tax on line 19. (NO TAX WILL BE DUE)
- If the amount on page 1, line 19, is \$3,200 or over, no credit is allowed. Enter "0" on line 20.
- If the amount on page 1, line 19, is over \$1,800 but less than \$3,200, your credit is computed by the following formula:

$$\text{tax on page 1, line 19} \times \left(\frac{\$3,200 \text{ minus tax on line 19}}{\$1,400} \right) = \text{_____} = \text{your credit}$$



PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 26	DATE	AMOUNT	TWELVE DIGIT TRANSACTION ID CODE
A. Payment with declaration, Form NYC-5UB (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-64			
F. Overpayment credited from preceding year			
G. TOTAL of A through F and amount from Form NYC-114.9, line 14. (Enter on Schedule A, line 26)			

ATTACH FEDERAL FORM 1065 AND ALL ACCOMPANYING SCHEDULES INCLUDING THE INDIVIDUAL K-1s

Name _____ EIN _____

ALLOCATION OF BUSINESS INCOME

ALLOCATION

- Taxpayers who allocate income outside the City:
- complete Schedule E, Parts 1, 2 and 3 (below) **and**
 - attach separate schedule if allocating by separate books and records. See "Highlight of Recent Law Changes to Unincorporated Businesses"
 - check method used to allocate on Schedule A, line 2 and enter percentage rounded to the nearest one hundredth of a percentage point

NON-ALLOCATION

- Taxpayers who do not allocate business income:
- omit Schedule E, Parts 1 and 2 (below)
 - enter 100% on Schedule E, Part 3, line 5 and 100% on Schedule A, line 2

SCHEDULE E 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 PERCENTAGE IN NEW YORK CITY (COLUMN A DIVIDED BY COLUMN B)
1. Average value of the real and tangible personal property of the business (see instructions)					
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.					%
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 A PARTNER'S HOME? ● YES ● NO
7. DID YOU CLAIM A DEDUCTION FOR EXPENSES OF AN OFFICE IN A PARTNER'S HOME? ● YES ● NO

Name _____ EIN _____

SCHEDULE F 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 the amount from page 1, Schedule A, line 10 7.
8. Enter the lesser of line 6 or 7 8.
9. Compute and enter the total percentage interests in income and deductions for the loss year of partners who were also partners during 2005 9. %
10. IS THIS TOTAL PERCENTAGE EQUAL TO OR GREATER THAN 80%? YES NO
IF "NO," THE LOSS DEDUCTION IS ABSORBED AND IS NOT TO BE APPLIED TO 2005. DO NOT CONTINUE.
11. Compute and enter total percentage interests in income and deductions for 2005 of those partners who were partners in both the loss year and 2005 11. %
12. Multiply line 11 (loss limitation percentage) by line 8. This is your net operating loss deduction. (enter here and transfer amount to page 1, Schedule A, line 11) 12.

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

1. Nature of business or profession: _____
2. Did you file a New York City Partnership Return for the following years:.....2003 YES NO 2004..... YES NO
If "NO," state reason: _____
3. If business terminated during the current taxable year, state date terminated. (mm/dd/yy) | _____ | _____ | _____
(Attach a statement showing disposition of business property.)
4. Has the Internal Revenue Service or the New York State Department of Taxation and Finance increased or decreased any taxable income 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.: ____/____/____
New York State Department of Taxation and Finance State period(s): Beg.: ____/____/____ End.: ____/____/____
5. Has Form NYC-115 (Report of Federal/State Change in Taxable Income) been filed? YES NO
6. Did you calculate a depreciation deduction by the application of the federal Accelerated Cost Recovery System (ACRS)? (see instr.)... YES NO
7. Were you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return? YES NO
8. At any time during the taxable year, did the partnership have an interest in real property (including a leasehold interest) located in NYC or in an entity owning such real property? YES NO
9. If "YES" to 8:
a) Attach a schedule of the property, indicating the nature of the interest and including the street address, borough, block and lot number.
b) Was any NYC real property (including a leasehold interest) or interest in an entity owning NYC real property, acquired or transferred with or without consideration? YES NO
c) Was there a partial or complete liquidation of the partnership? YES NO
d) Was 50% or more of the partnership ownership transferred during the tax year, over a three-year period, or according to a plan? ... YES NO
10. If "YES" to 9b, 9c or 9d, was a Real Property Transfer Tax Return filed? YES NO
11. If "NO" to 10, explain: _____

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
SIGN HERE -> Signature of partner Title Date Preparer's Social Security Number or PTIN
PREPARER'S USE ONLY -> Preparer's signature: Preparer's printed name: Date Firm's Employer Identification Number
Firm's name Address Zip Code Check if self-employed: YES

The due date for calendar year 2005 is on or before April 17, 2006.
For fiscal years beginning in 2005 file on or before the 15th day of the 4th month following the close of the fiscal year.

To receive proper credit, you must enter your correct 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