



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

DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY

For CALENDAR YEAR 1999 or FISCAL YEAR beginning _____, 1999 and ending **1999**

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 ▼

Name _____
 Business name _____
 Business address (number and street) _____
 City and State _____ Zip Code _____
 Business Telephone Number _____ Date business began _____

INDIVIDUALS ENTER SOCIAL SECURITY NUMBER
 [] - [] - []
 ESTATES AND TRUSTS ENTER EMPLOYER IDENTIFICATION NUMBER
 [] - []
 NEW YORK STATE SALES TAX ID NUMBER - ENTER 9, 10 OR 11 DIGITS
 [] [] [] [] [] [] [] [] []
 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.

A. Payment		Pay amount shown on line 31 - Make check payable to: NYC Department of Finance ●	Payment Enclosed
1.	Total income from business (from page 2, Schedule B, line 28)	● 1.	
2.	Business allocation percentage: check method used to allocate - if not allocating, enter 100% ● <input type="checkbox"/> formula (from Schedule C, line 5) ● <input type="checkbox"/> separate books and records (<i>omit % & attach sch.</i>) ● 2.	[] [] [] [] [] [] [] [] [] [] %	
3.	If line 2 is less than 100%, enter income or loss on NYC real property (<i>see instructions</i>)	● 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) (<i>see instructions</i>).....	● 6.	
7.	Investment income (from page 2, Schedule B, line 27)	● 7.	
8.	Investment allocation percentage (from page 3, Schedule D, line 2)	● 8. [] [] [] [] [] [] [] [] [] [] %	
9.	Multiply line 7 by the investment allocation percentage from line 8 (<i>see instructions</i>)	● 9.	
10.	Total before NOL deduction (line 5 plus line 6 and line 9).....	● 10.	
11.	Deduct NYC net operating loss deduction (from page 4, Schedule E, line 8) (<i>see instructions</i>)	● 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 \$5,000, whichever is less (<i>see instructions</i>)	● 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, <i>see instructions</i>) ●	● 15.	
16.	Taxable income (line 14 less line 15) (<i>see instructions</i>)	● 16.	
17.	TAX: 4% of amount on line 16	● 17.	
18.	Sales tax addback (<i>see instructions</i>)	● 18.	
19.	Total tax before business tax credit (add line 17 and line 18).....	● 19.	
20.	Less: business tax credit (select the applicable credit condition from the schedule on the bottom of page 2 and enter amount) (<i>see instructions</i>)	● 20.	
21.	UNINCORPORATED BUSINESS TAX (line 19 less line 20) (<i>see instructions</i>)	● 21.	
22a.	Credits from Forms NYC-114.5 and/or 114.6 (<i>attach form</i>) (<i>see instructions</i>) ● 22a.		
22b.	Energy cost savings credit (<i>attach Form NYC-ECS</i>) (<i>see instructions</i>) ● 22b.		
23.	Net tax after credits (line 21 less lines 22a and 22b)	● 23.	
24.	Payment of estimated Unincorporated Business Tax, including carryover credit from preceding year and payment with extension, NYC-62 (<i>see instructions</i>)	● 24.	
25.	If line 23 is larger than line 24, enter balance due	● 25.	
26.	If line 23 is smaller than line 24, enter overpayment	● 26.	
27a.	Interest (<i>see instructions</i>)	● 27a.	
27b.	Additional charges (<i>see instructions</i>)	● 27b.	
27c.	Penalty for underpayment of estimated tax (<i>attach form NYC-221</i>)....	● 27c.	
28.	Total of lines 27a, 27b and 27c	● 28.	
29.	Net overpayment (line 26 less line 28) (<i>see instructions</i>)	● 29.	
30.	Amount of line 29 to be: (a) Refunded	● 30a.	
	(b) Credited to 2000 Estimated Tax on Form NYC-5UBTI	● 30b.	
31.	Total remittance due (<i>see instructions</i>) Enter payment amount on line A above	● 31.	
32.	NYC Rent from Schedule C part 1, or rent deducted on federal return. (THIS LINE MUST BE COMPLETED). ●	● 32.	

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 <i>(COLUMN A DIVIDED BY COLUMN B)</i>
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:
1997 YES NO
1998 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

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
	Preparer's signature	Check if self-employed <input type="checkbox"/>	Date	_____ - _____ - _____
PREPARER'S USE ONLY →	Firm's name (or yours, if self-employed)		Address	Zip Code
				Firm's Employer Identification Number
				_____ - _____

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
 BOX 3900 CHURCH STREET STATION
 NEW YORK, NY 10008-3900

RETURNS CLAIMING REFUNDS
 NYC DEPARTMENT OF FINANCE
 BOX 1117 WALL STREET STATION
 NEW YORK, NY 10268-1117

ALL OTHER RETURNS
 NYC DEPARTMENT OF FINANCE
 BOX 1130 WALL STREET STATION
 NEW YORK, NY 10268-1130