



FINANCE  
NEW YORK  
www.nyc.gov/finance

NYC  
202  
EZ

UNINCORPORATED BUSINESS  
TAX RETURN FOR INDIVIDUALS

▲ DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY ▲

For CALENDAR YEAR 2001 or FISCAL YEAR beginning \_\_\_\_\_, 2001 and ending \_\_\_\_\_

2001

Amended return . . .

Final return. . .

Check box (✓) if you have ceased operations. Attach a copy of your entire federal Form 1040 and statement showing disposition of business property.

Print or Type

First name and initial	Last name
Business name	
Business address (number and street)	
City and State	Zip Code
Business Telephone Number	Nature of business or profession

SOCIAL SECURITY NUMBER	
[ ]-[ ]-[ ]	
IF YOU HAVE AN EMPLOYER IDENTIFICATION NUMBER, ENTER IT HERE	
[ ]-[ ]	
NEW YORK STATE SALES TAX ID NUMBER - ENTER 9, 10 OR 11 DIGITS	
[ ]-[ ]-[ ]	
BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C:	
[ ]-[ ]	

Date business began in NYC: [ ]-[ ]-[ ]

Date business ended in NYC: (if applicable) [ ]-[ ]-[ ]

This form is for individuals who are required to file an Unincorporated Business Tax Return and have no tax due. An individual member of a single member limited liability company ("SMLLC") that has elected to disregard the separate existence of the SMLLC for federal tax purposes under the federal "check-the-box" rules is subject to the Unincorporated Business Tax as an individual if the activities of the SMLLC would be considered an unincorporated business carried on in the City. For taxable years beginning on or after January 1, 1997, an individual engaged in an unincorporated business is required to file an Unincorporated Business Tax return only if:

- ▲ The business's gross income, before any deduction for cost of goods sold or services performed, exceeds \$75,000; or
- ▲ The unincorporated business taxable income of the business exceeds \$35,000.

To quickly determine whether you may use this form, refer to the table on the reverse side.

YOU MAY NOT USE THIS FORM IF:

- ▲ You have NYC modifications other than the addback of Income and Unincorporated Business Taxes on Schedule B, line 9 of Form NYC-202. For a complete list of modifications, see instructions for Form NYC-202.
- ▲ You allocate total business income within and without NYC. (If you allocate 100% of your business income to NYC, you are entitled to use this form.)
- ▲ You file as an estate or trust.

(See Form NYC-202 instructions for complete filing requirements.)

YOU MUST COMPLETE THE ADDITIONAL INFORMATION SECTION ON PAGE 2

1. Net profit (loss) from federal Schedule C (attach federal Schedule C or Schedule C-EZ) (see instr.) ●	1.	
2. Additional business/professional income (loss) such as sale of business assets, rental income, and royalties from federal Form 1040, page 1 (attach copy) (see instructions) ●	2.	
3. Income taxes and Unincorporated Business Tax paid this year and deducted on federal Schedule C or Schedule C-EZ (attach list) (see instructions) ●	3.	
4. TOTAL UNINCORPORATED BUSINESS INCOME (add lines 1, 2 and 3) (If this amount exceeds \$55,000, you must use Form NYC-202) ●	4.	
5. Enter the number of months in business in NYC during the tax year (THIS LINE MUST BE COMPLETED) ●	5.	
6. Enter the appropriate maximum total allowed income from table on reverse side, based on the number of months in business during the tax year ●	6.	00
7. Compare the amount on line 4 with the amount on line 6. Line 4 must not exceed line 6 by more than \$100. (If line 4 exceeds line 6 by more than \$100, you must use Form NYC-202) ●	7.	
8. Enter payment of estimated Unincorporated Business Tax including carryover credit from previous year and payment with extension, NYC-62. Since your tax due is zero, this amount is your overpayment (see instructions) ●	8.	
9. Amount of line 8 to be refunded ●	9.	
10. Amount of line 8 to be credited to 2002 estimated tax on Form NYC-5UBTI ●	10.	
11. Enter New York City rent deducted on federal Schedule C or C-EZ (THIS LINE MUST BE COMPLETED) ●	11.	

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 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

**TABLE OF MAXIMUM TOTAL ALLOWED INCOME FROM BUSINESS**

NUMBER OF MONTHS IN BUSINESS	MAXIMUM TOTAL INCOME FROM BUSINESS
1	\$50,416
2	\$50,833
3	\$51,250
4	\$51,667
5	\$52,083
6	\$52,500
7	\$52,917
8	\$53,333
9	\$53,750
10	\$54,167
11	\$54,583
12	\$55,000

**If total income from business is more than \$55,000, you must use Form NYC-202 FIFTEEN OR MORE CALENDAR DAYS CONSTITUTES ONE MONTH**

**INSTRUCTIONS**

In the space provided on the front of the return, enter your correct Social Security Number and Employer Identification Number and New York State Sales Tax ID Number, if applicable. The Sales Tax ID Number can be 9, 10 or 11 digits. Enter the same business code entered on federal Schedule C or Schedule C-EZ. Individuals licensed and/or regulated by the NYC Taxi and Limousine Commission use business code 999999 in lieu of the federal code.

**If an individual or an unincorporated entity carries on two or more unincorporated businesses, in whole or in part within the City, all such businesses shall be treated as one unincorporated business for purposes of this tax. The gross income and deductions from all such businesses must be combined and reported on one return.**

**LINE 1:** Enter the amount reported for federal tax purposes on federal Schedule C or Schedule C-EZ, Form 1040. Attach copy of federal Schedule C or Schedule C-EZ.

**LINE 2:** Enter the sum of: (a) the total gain or loss from the sale or exchange of real or personal property carried as business assets and reported on federal Schedule D or federal Form 4797; (b) the net amount of rental and royalty income derived from real and personal business property reported on federal Schedule E; and (c) the net amount of income or loss derived from other business activities, other than those reported above (such as interest and dividends from securities connected with the business or carried as business assets).

**LINE 3:** Enter the amount of income and unincorporated business taxes imposed by New York City, New York State, or any other taxing jurisdiction and

deducted on federal Schedule C or Schedule C-EZ. Attach a list.

**LINE 8:** Enter the sum of all payments of estimated unincorporated business tax made for the period covered by this return, including the amount of any overpayment from 1999 that you elected to credit toward your 2000 liability and your payment with extension, NYC-62.

**Preparer Authorization:** If you want to allow the Department of Finance to discuss your return with the paid preparer who signed it, you must check the "yes" box in the signature area of the return. This authorization applies only to the individual whose signature appears in the "Preparer's Use Only" section of your return. It does not apply to the firm, if any, shown in that section. By checking the "Yes" box, you are authorizing the Department of Finance to call the preparer to answer any questions that may arise during the processing of your return. Also, you are authorizing the preparer to:

- Give the Department any information missing from your return,
- Call the Department for information about the processing of your return or the status of your refund or payment(s), and
- Respond to certain notices that you have shared with the preparer about math errors, offsets, and return preparation. The notices will not be sent to the preparer.

**You are not authorizing** the preparer to receive any refund check, bind you to anything (including any additional tax liability), or otherwise represent you before the Department. The authorization cannot be revoked, however, the authorization will automatically expire no later than the due date (without regard to any extensions) for filing next year's return. **Failure to check the box will be deemed a denial of authority.**

**ADDITIONAL REQUIRED INFORMATION**

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

- A) Enter home address: \_\_\_\_\_
- B) Did you file a New York City Unincorporated Business Tax Return for: ..... 1999  2000   
 If not, state reason: \_\_\_\_\_
- C) 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 (D).
- D) Has Form(s) NYC-115 (Tax Report of Change in Taxable Income Made by IRS or New York State) been filed?..... Yes  No

**PRIVACY ACT NOTIFICATION**

The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for taxpayers is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York. Such numbers disclosed on any report or return are requested for tax administration purposes and will be used to facilitate the processing of tax returns and to establish and maintain a uniform system for identifying taxpayers who are or may be subject to taxes administered and collected by the Department of Finance, and, as may be required by law, or when the taxpayer gives written authorization to the Department of Finance for another department, person, agency or entity to have access (limited or otherwise) to the information contained in his or her return.

<b>MAILING INSTRUCTIONS</b>	Attach copy of federal Schedule C or Schedule C-EZ and page 1 of federal Form 1040. (If this is a final return, attach a copy of your entire federal form 1040.)	<b>RETURNS CLAIMING REFUNDS</b> NYC DEPT OF FINANCE P.O. BOX 5050 KINGSTON, NY 12402-5050	<b>ALL OTHER RETURNS</b> NYC DEPT OF FINANCE P.O. BOX 5060 KINGSTON, NY 12402-5060
-----------------------------	--	--	---

The due date for the calendar year 2001 is on or before April 15, 2002. For fiscal years beginning in 2001, file within 3-1/2 months after close of fiscal year.

Get New York City forms by using your fax machine or computer. Call Tax Fax at (718) 935-6114 from the telephone connected to your fax machine or fax modem. Visit our Internet web site and download forms and instructions at <http://nyc.gov/finance>

