NEW YORK CITY DEPARTMENT OF FINANCE SYCE - 204 Finance	UNINCORPO	LLCs using SSN as their p ORATED BUSINES PS (INCLUDING LIMITED LI		1YC-202 2014
	For CALENDAR YEAR 20	14 or FISCAL YEAR beginning	2014, and ending	
Amended return Final return - Check box if you are engaged in a fully exc Check box if you are engaged in a partially Entity Type: general partnership	exempt unincorporated bus	s activity Federal Re	pecial condition code if applicable. (See inst.): Return filed: 1065 1065-B k box if you claim any 9/11/01-related federal tax benefits (limited partnership limited liability	see inst.)
Name		71 1	TAXPAYER'S EMAIL ADDRESS	
In Care of Address (number and street)			EMPLOYER IDENTIFICATION NUMBER	
City and State		Zip Code	BUSINESS CODE NUMBER AS PER FEDERAL	. RETURN
Business Telephone Number	Date business began	Date business ended		
Computation of Tax BEG	IN WITH SCHEDULE B ON F	PAGE 3. COMPLETE ALL OTHER SCH	CHEDULES. TRANSFER APPLICABLE AMOUNTS TO SU	CHEDULE A.
Amount being paid electronically with th	is return		· · · · · · · · · · · · · · · · · · ·	
me (from page 3, Schedule B, line	32)		1.	

50	Computation of Tax	LDOLLO.	IIIAN	OI LIV A		nt Amount	DOLL A.
A.	Payment Amount being paid electronically with this return	A.					
1.	Business income (from page 3, Schedule B, line 32)	1.					
2.	Business allocation percentage from Schedule E, line 5. (if not allocating, enter 100%) 2.				%		
3a.	If line 2 is less than 100%, enter income or loss on NYC real property (see instructions)	3a.					
3b.	Enter allocated business income, or subtract business loss, from other partnerships (see instructions)	3b.					
4.	Balance (line 1 less line 3a)	4.					
5.	Multiply line 4 by the business allocation percentage from line 2	5.					
6.	Total of lines 3a and 3b. (see instructions)	6.					
7a.	Investment income (from page 3, Schedule B, line 31)	7a.					
7b.	Add allocated investment income, or subtract investment loss, from other partnerships (see instr.)	7b.					
8.	Investment allocation percentage (IAP) (from page 4, Schedule D, line 2)				%		
9.	Multiply line 7a by the IAP from line 8. Add the amount on line 7b. (see instructions)	9.					
10.	Total before NOL deduction (See instructions)	10.					
11.	Deduct NYC net operating loss deduction (from Form NYC-NOLD-UBTP, line 11) (see instructions). 11.					
12.	Balance before allowance for active partners' services (line 10 less line 11)	12.					
13.	Less: allowance for active partners' services (if line 12 is a loss, enter "0") (see instructions) Number of active partners claimed#	13.					
14.	Balance before specific exemption (line 12 less line 13)	14.					
15.	Less: specific exemption (see instructions and attach schedule) (if line 12 is a loss, enter "0")	15.					
16.	Taxable income (line 14 less line 15)	16.					
17.	Tax: 4% of amount on line 16	17.					
18.	Sales tax addback (see instructions)	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 sch. on page 2 and enter amount) (see instr	.). 20.					
21.	Total tax before Unincorporated Business Tax paid credit (line 19 less line 20) (see instructions). 21 .			 		
22.	Less: UBT Paid Credit (from Schedule A, line 3 of attached Form NYC-114.7) (see instructions). 22 .					
23.	UNINCORPORATED BUSINESS TAX (line 21 less line 22) (if the balance is less than "0", enter "0") (see instr	23.					

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Name	EIN

SCHEDULE A Computation of Tax - Continued		
24a. Credits from Form NYC-114.5 (attach form) (see instructions) 24a.		
24b. Credits from Form NYC-114.6 (attach form) (see instructions) 24b.		
24c. Credits from Form NYC-114.8 (attach form) (see instructions) 24c.	Ш	
24d. Credits from Form NYC-114.10 (attach form) (see instructions) 24d.		
25. Net tax after credits (line 23 less sum of lines 24a, 24b, 24c and 24d)	25.	
26. Payment of estimated tax, including credit from preceding year and payment with extension, NYC-EXT (see instr.)	26.	
27. If line 25 is larger than line 26, enter balance due	27.	
28. If line 25 is smaller than line 26, enter overpayment	28.	
29a. Interest (see instructions)		
29b. Additional charges (see instructions)		
29c. Penalty for underpayment of estimated tax (attach Form NYC-221) 29c.		
30. Total of lines 29a, 29b and 29c	30.	
31. Net overpayment (line 28 less line 30) (see instructions)	31.	
32. Amount of line 31 to be: (a) Refunded - ☐ Direct deposit - fill out line 32c OR ☐ Paper check	32a.	
(b) Credited to 2015 estimated tax on Form NYC-5UB	32b.	
32c. Routing Account Number Checking Savings	s 🗌	
33. TOTAL REMITTANCE DUE (see instructions)	33.	
34. NYC rent deducted on federal tax return or NYC rent from Schedule E, Part 1. (THIS LINE MUST BE COMPLETED)	34.	
35. Gross receipts or sales from federal return	35.	
36. Total assets from federal return	36.	

Business Tax Credit Computation

- 1. If the amount on page 1, line 19, is \$3,400 or less, your credit on line 20 is the entire amount of tax on line 19. (NO TAX WILL BE DUE)
- 2. If the amount on page 1, line 19, is \$5,400 or over, no credit is allowed. Enter "0" on line 20.
- 3. If the amount on page 1, line 19, is over \$3,400 but less than \$5,400, your credit is computed by the following formula:



tax on page 1, line 19 X $\left(\frac{\$5,400 \text{ minus tax on line } 19}{\$2,000}\right) = ----= = \text{your credit}$

	Payments of Estimated Tax Computation							
PR	EPAYMENTS CLAIMED ON SCHEDULE A, LINE 26	DATE	AMOUNT					
A.	Payment with declaration, Form NYC-5UB (1)							
В.	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-EXT							
F.	Overpayment credited from preceding year							
G.	TOTAL of A through F. (Enter on Schedule A, line 26)			·				

Form NYC-204 - 2014	Page 3

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Name	EIN

Ivai	<u> </u>							
s	CHEDULE E	Computation of Total Incom	ie					
— Р	art 1 Items of inc	come, gain, loss or deduction						
1.		pss) from federal Form 1065, line 22 or 1	065 B Bort I line	25 (coo instr)	1			
2.	• '	om all rental real estate activity not inclu		,				
		cluded on federal Schedule K						
3.		as interest, dividends, royalties, annuity income an						
		ne 22 or 1065-B, Part I, line 25, but included on fed						
4.	Guaranteed payme	nts to partners from federal Schedule K	(see instructions))	4.			
5.	Payments to current and r	retired partners included in other deductions from fed	eral Form 1065, line 20	or 1065-B, Part I, line	e 23 5.			
6.	Other income not included	in Form 1065, line 22 or 1065-B, Part I, line 25, but included the control of the	uded on federal Sch. K	(attach sch. of other inc	ome) 6.			
7.		tions from federal Schedule K						
8.		Form 1065, line 22 or 1065-B, Part I, line 25 and Part II, lir			inst.) 8.			
9.		expenses not included above that are received who was instructions.	•		0			
10		schedule) (see instructions) e (combine lines 1 through 9, do not incl						
10. 11.		e (combine lines i through 9, do not incl ne or gain (or add net loss) from rental, s			10.			
11.		C if included in line 10 above <i>(attach sc</i>			11.			
12.		New York City modifications (combine I	, ,	•				
				<i>,</i>				
	art 2 New York C	city modifications (see instructions for	PARTNER A	PARTNER B	PARTNER C	TO)TAL	
	ADDITIONS	EIN OR SSN		FARTINER B	PARTNER C	10	TAL	
13.	All income taxes an	d Unincorporated Business Taxes13.				13.		
14.	(a) Sales and use t	ax credit14a.				14a.		
	(b) Relocation cred	lits14b.				14b.		
	• • •	ed to exempt income14c.				14c.		
		nts (see instr. and attach Form NYC-399 and/or NYC-399Z) .14d.				14d.		
	• •	es14e.				14e.		
15.	·	fach schedules) (see instructions)15.				15.		
16.	lotal additions (add	l lines 13 through 15) 16 .				16.		
	SUBTRACTION	s	PARTNER A	PARTNER B	PARTNER C	тс	TAL	
17.	All income tax and	Unincorporated Business Tax						
		n part 1)17.				17.		
18.		efunds from vendors or NY State						
		18.				18.		
19.	-	s subject to federal jobs credit				40		
•	,	<i>m 5884</i>) 19 .				19.		
20.		(see instr. and attach Form NYC-399 and/or NYC-399Z)20.				20.		
21. 22.	. ,	cluded in part 1, line 10) (see instr.)21. see instructions)22.				21. 22.		
23						23.		
24.	•	(attach schedule) (see instructions)24.				24.		
25.		add lines 17 through 24) 25.				25.		
	26.	Combine lines 16 and 25 (total)			26.			
	20. 27.	Total income (combine lines 12 and 26)						
	28.	Less: Charitable contributions (not to exce						
	20	Balance (line 27 less line 28)						
	30.	Investment income - (complete lines a thro						
	30.	(a) Dividends from stocks held for investment			30a.			
		(b) Interest from investment capital (include no	on-exempt governmer	ntal obligations) (item	ize on rider) 30b.			
		(c) Net capital gain (loss) from sales or ex	-					
		(d) Income from assets included on line 3	of Schedule D		30d.			
		(e) Add lines 30a through 30d inclusive						
		(f) Deductions directly or indirectly attribu			30f.			
		(g) Interest on bank accounts included in income re						
	31.	Investment income (line 30e less line 30f) (e	· -					
	32.	Business income (line 29 less line 31) (enter he	ere and transfer this a	imount to page 1, Sci	n. A, iine 1.) 32.			

Form NYC-204 - 2014 Page 4 EIN Name THIS SCHEDULE MUST BE COMPLETED FOR PARTNERSHIPS TO CLAIM ALLOWANCE FOR PARTNER'S SERVICES SCHEDULE C Partnership Information -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 Please provide the following information: Full Name and Address, Employer Identification Number or Social Security Number, check Yes or No if individual partner is a resident of NYC, enter type of partner (C if Corporation, S if S Corporation, I if Individual, P if Partnership, LLP or LLC, O if Other), check the appropriate box if partner is a general or a limited partner. Ε F Н Is Individual Percentage Partner's Percentage of Employer Identification Number Partner a Partner Name and Zip Code (if within USA) Interest of Time Partner Distributive Distributive Resident of - or -Share Share Name and Country (if outside of USA) Devoted Type NYC? (V) **(** Social Security Number to Business (see instr.) (see instr.) YES NO GENERAL LIMITED (a) % % (b) % % % (c) % % % (d) % % % % % % (e) TOTALS: 100% **Investment Capital and Allocation and Cash Election** В C D Ε F G Α DESCRIPTION OF INVESTMENT No. of Shares or Average Liabilities Net Average Value Issuer's Value Allocated LIST EACH STOCK AND SECURITY Amount of Value Attributable to Invest-(column C minus column D) Allocation to NYC Securities ment Capital Percentage (column E X column F) (USE RIDER IF NECESSARY)

Investment allocation percentage (line 1G divided by line 1E. Round to the nearest one hundredth of a percentage point)

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

%

2.

Totals (including items on rider)

(To treat cash as investment capital, you must include it on this line.)

Investment capital. Total of line 1e and 3e

Cash -

3.

Form NYC-204 - 2014	Page 5
1 01111 14 1 0-204 - 20 14	rages

Form NYC-20	04 - 2014											P	ag	e 5
Name								EIN						
Taxpayers who a - complete Sche - Enter percentage	edule E, Parts	1, 2 and 3	the City: 3 (below) <i>an</i>		ched. A, line 2	Taxpayers	who do r hedule E,	NON-A not allocate busi , Parts 1 and 2 (I chedule E, Part 3	pelow)		on Scl	nedule A, lii	ne 2	
SCHEDU	JLE E	Comp	lete this	schedule i	fbusines	s is car	ried or	both insid	e and out	sic	le No	ew York	Ci	ty
Daniel Lis	st location of	each place	e of busines	s INSIDE New \	ork City, na	ture of activ	ities at ea	ach location (ma	anufacturing,	sale	s offic	e, executi	ve o	ffice
Part 1 _{pu}	Complete Add		ctor, conver	ter, etc.), and nu		ployees, the		s, salaries and d	uties at each Wages, Salar			Duti	ios	
IUMBER AND STREET	Complete Add	iress		Hent	INA	lture of Activitie	18	No. of Employees	wages, Salar	ies, i	EIC.	Duti	es	
CITY		STATE	ZIP											
NUMBER AND STREET														
CITY		STATE	ZIP											
NUMBER AND STREET														
CITY		STATE	ZIP	_										
NUMBER AND STREET														
CITY		STATE	ZIP											
T-4-1														
Total			-					<u> </u>						
				s OUTSIDE New er, etc.), and nur								ce, executi	ve o	ffice
ρα	Complete Add		noi, convert	Rent		ture of Activitie		No. of Employees	Wages, Salar			Duti	ies	
NUMBER AND STREET														
CITY		STATE	ZIP											
NUMBER AND STREET	'		<u>'</u>											
CITY		STATE	ZIP	_										
NUMBER AND STREET														
CITY		STATE	ZIP											
NUMBER AND STREET														
CITY		STATE	ZIP	_										
Total														
Part 3 Fo														
			MS USED AS real and tangib		COLUMN A	A - NEW YORK	CHY	COLUMN B - EVE	RYWHERE			OLUMN C		
	personal	property of t	the business (s	see instr)								RCENTAGE V YORK CIT		
			•	1a										
				others (rent x 8) . 1b owned 1c							D	COLUMN A IVIDED BY	•	
				rom others (rent x 8) 1d							С	OLUMN B)		
		0 1		1e										%
				51f										
	2a. Wages, s	salaries and	other personal	service uring the year 2a										%
				5 2b										
	3a. Gross sa													0/
	•			3a					2h					%
			or Allocation						ວນ.					
	4a. Add Colu	ımn C, lines	1f, 2b and 3b						4a.					
				re missing. If a facto					AL.					-
			ation Percent	r as percentage. Ro age	ound to the nea	iesi one nundr	eum or a pe	ercentage point	40.					%
				sfer to page 1, Sche	dule A, line 2.	See instruction	S		5.					%
	6. IS ANY	PLACE O	F BUSINESS	S LISTED IN PAP	RTS 1 AND 2	LOCATED I	N A PART	NER'S HOME?			YES			NO
	7 DID VO	LI CL AIM	A DEDUCTION	ON FOR EXPENS	SES OF AN C	FEICE IN A	PARTNE	R'S HOME?			YES			NO

Name EIN

SCHEDULE F

If you are taking a Net Operating Loss Deduction this year, please attach Form NYC-NOLD-UBTP. If you have a loss on Page 1, Line 10 which you are carrying forward, please attach Form NYC-NOLD-UBTP and enter that value on Line 6.

s	CHEDULE G 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:
3.	Did you file a New York City Partnership Return for the following years: 2012: YES NO 2013: YES NO NO If "NO," state reason:
4.	If business terminated during the current taxable year, state date terminated. (mm-dd-yy)
5.	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 ?
	If "YES", by whom?
	□ New York State Department of Taxation and Finance State period(s): Beg.: End.: End.:
6.	Has Form NYC-115 (Report of Federal/State Change in Taxable Income) been filed?
7.	Did you calculate a depreciation deduction by the application of the federal Accelerated Cost Recovery System (ACRS)? (see instr.) YES NO
8.	Were you a participant in a "Safe Harbor Leasing" transaction during the period covered by this return?
9.	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?
10.	If "YES" to 9: a) Attach a schedule of the property, indicating the nature of the interest and including the street address, borough, block and lot number.
	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?
	c) Was there a partial or complete liquidation of the partnership?
	d) Was 50% or more of the partnership ownership transferred during the tax year, over a three-year period, or according to a plan?
11.	If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return filed?
12.	If "NO" to 11, explain:
13.	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?
14.	If "YES", were all required Commercial Rent Tax Returns filed?
	Please enter Employer Identification Number which was used on the Commercial Rent Tax Return:
	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 Department of Finance to discuss this return with the preparer listed below. (see instructions)YES
	Signature of taxpayer: Title: Date: Preparer's Social Security Number or PTIN
	Preparer's Preparer's
	signature: printed name: Date: Firm's Employer Identification Number Check if Check
	La L
	Firm's name Address A Zip Code
	MAILING INSTRUCTIONS



Attach federal form 1065 or 1065-B and all accompanying schedules including the individual K-1s 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 Employer Identification Number on your tax return and remittance. The due date for the calendar year 2014 return is on or before April 15, 2015.

For fiscal years beginning in 2014, 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 3646

NEW YORK, NY 10008-3646

RETURNS CLAIMING REFUNDS

NYC DEPARTMENT OF FINANCE UNINCORPORATED BUSINESS TAX P.O. BOX 5563 **BINGHAMTON, NY 13902-5563**