

NYC	-202\$

## UNINCORPORATED BUSINESS TAX RETURN FOR INDIVIDUALS

			For CALENDAR YEAR 2016 or Fiscal YEAR beginning		J	, 2016 and ending	
		First name and initial	Last name	Name Chang		TAXPAYER'S EMAIL ADDRESS	
		In Care Of					
		Business name				SOCIAL SECURITY NUMBER	
	In Care Of  Business name  Business address (number and street)  City and State  Zip Code  Country (if not US)						
		City and State	Zip Code	Country (if not US)		O CODE NUMBER	
		Business Telephone Number	Date business began in NYC (mm-dd-yy)	Date business ended in NYC (mn		S CODE NUMBER EDERAL SCHEDULE C:	
		<u></u>					
	Amended return  If the purpose of the amended return is to report a federal or state change, check the appropriate box:  NYS change  Final return - ceased operations  Engaged in a fully exempt unincorporated business activity  Engaged in a par				Detern	of Final Innation Innation	
		Final return - ceased operatio	ns			ial condition code if applicable (see instructions)	
		Engaged in a fully exempt un	nincorporated business activity	Engaged	in a partially exempt	t unincorporated business activity	
S	CHEDULE A	Computation of Tax	BEGIN WITH SCHEDULE B ON F	PAGE 2. COMPLETE ALL C	THER SCHEDULES.	. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.	
Α.	Payment Amour	nt being paid electronically w	ith this return		A.	Payment Amount	
1.	Rusinoss incomo (fra	om page 2, Schedule B, I	ino 6)		1.		
2.		r taxpayer's services - do			1.		
۷.		whichever is less <i>(see ins</i>			2.		
3.	Balance before exen	nption (line 1 less line 2)			3.		
4.		5,000 (taxpayer operating			4.		
5.	Taxable income (line	3 less line 4) (see instru	ctions)		5.		
6.	TAX: 4% of amount	on line 5			6.		
7.		credit (select the applicabl schedule on page 2 and e					
8.	UNINCORPORATED	D BUSINESS TAX (line 6	less line 7) (see instru	uctions)	8.		
9.	•	d Unincorporated Busine payment with extension, I			9.		
10.	If line 8 is larger than	n line 9, enter balance du	e		10.		
11.	If line 8 is smaller that	an line 9, enter overpaym	ent	<u></u>	11.		
12.	Interest (see instruct	ions)	12.				
13.	Amount of line 11 to be	: (a) Refunded - Direct	deposit - fill out line 13d	OR Paper	check. 13a.		
		(b) Credited to 2017 Estin	mated Tax on Form NYC-	5UBTI	13b.		
13c	. Routing Number	Account Number		ACCOU Checking	NT TYPE Savings		
14.	Total remittance du	e. Line 10 plus line 12			14.		
15.	Gross receipts or sal	les from federal return	CERTIFIC		15.		
	I hereby certify that this return,	including any accompanying rider, is			omplete. Firm's	Email Address:	
SIGN HERE	I authorize the Department of Taxpayer's Signature:	f Finance to discuss this return wit	h the preparer listed below. (se	,	S	Preparer's Social Security Number or PTIN	
<b>•</b>	Preparer's signature:		Preparer's printed name:	D	ate:		
PARER'S ONLY					MM-DD-Y Check if		
PREF	Firm's name	▲ Address	▲ Zip Code		self-employe	ed ed	

Form NYC-202S 2016 Page 2

Name:		SSN:	
SCHEDULE	B Computation of Total Income		
Items of business	s income, gain, loss or deduction		
' '	ss) from business, as reported for federal tax purpos hedule C, Schedule C-EZ or Schedule F		
2. Other business	income (or loss) (see instructions)	2.	
3. Income taxes at	nd unincorporated business tax paid this year and dec	ducted on federal return 3.	
4. Total income (co	ombine lines 1, 2 and 3)	4.	
5. Less: Charitable	e contributions (not to exceed 5% of line 4) (see instru	uctions)5.	
6. Balance (line 4	less line 5)	6.	
Business Ta	ax Credit Computation		
1. If the amount o	on page 1, line 6, is \$3,400 or less, your credit on line 7 mount of tax on line 6. (NO TAX WILL BE DUE.)	3. If the amount on page 1, line 6, is over your credit is computed by the following	
2. If the amount allowed. Enter	on page 1, line 6, is \$5,400 or over, no credit is "0" on line 7.	Amount on pg. 1, line 6 X (\$5,400 minus to \$2,00	ax on line 6 ) =your credit
SCHEDULE	C The following information must be	pe entered for this return to be co	mplete.
Nature of busin	ness or profession:		
	e Sales Tax ID Number:		
3. Did you file a N 2014: YES	New York City Unincorporated Business Tax Return f	or the following years: S	
	dress:		Zip Code:
	ninated during the current taxable year, state date to ment showing disposition of business property.)	erminated. (mm-dd-yy)	
6. Has the Interna	al Revenue Service or the New York State Departme in any tax period, or are you currently being audited		creased any taxable income
If "YES", by whor	m? Internal Revenue Service	State period(s): Beg.:	End.:
	New York State Department of Taxation and Fina		End.:
7 Han Farm NVO	Add (Depart of Federal/Otets Observed in Touchle le		YY MM-DD-YY
for years prior to	C-115 (Report of Federal/State Change in Taxable Inc to 1/1/15. For years beginning on or after 1/1/15, file	an amended return. (see instructions)	
•	ayer pay rent greater than \$200,000 for any premise the purpose of carrying on any trade, business, prof	•	
	all required Commercial Rent Tax Returns filed?		
Please enter Emp	ployer Identification Number or Social Security Number which	ch was used on the Commercial Rent Tax Return:	
	PREPAYMENTS CLAIMED ON SCHEDULE A	A, LINE 9 DATE	AMOUNT
	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-EXT		
	F. Overpayment credited from preceding year		
	G. TOTAL of A, B, C, D, E, F (enter on Schedule A, line	9)	
	M	AILING INSTRUCTIONS	
	Attach copy of federal Form 1040, Schedule C, Schedule C Make remittance payable to the order of NYC DEPARTME	C-EZ or Schedule F. If this is a final return, attach a ENT OF FINANCE. Payment must be made in U.S.	n entire copy of federal Form 1040 dollars and drawn on a U.S. bank

To receive proper credit, you must enter your correct Social Security Number on your tax return and remittance. The due date for the calendar year 2016 return is on or before April 18, 2017.

For fiscal years beginning in 2016, 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 3933
NEW YORK, NY 10008-3933

## **RETURNS CLAIMING REFUNDS**

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