



Single member LLCs using SSN as their primary identifier must use Form NYC-202

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

2020

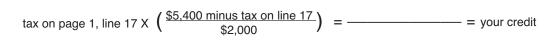
		For CALENDAR YEAR 2020 or FISCAL YEAR beginning							
		Name Name Change	TAXPAYER'S EMAIL ADDRESS						
		In Care of	EMPLOYER IDENTIFICATION NUMBER						
		Address (number and street) Address Change							
		City and State Zip Code Country (if not US)	BUSINESS CODE NUMBER AS PER FEDERAL RETURN						
		Business Telephone Number Date business began in NYC Date business ended in NYC							
		Entity Type: general partnership registered limited liability partnership	limited partnership limited liability company						
			of Final mination						
		Final return - Check this box if you have ceased operations in NYC. Federal Return filed: 1065	5 🔲 1065-B						
			mpt unincorporated business activity						
			pecial condition code, if applicable (see instructions)						
	CHEDULE		Payment Amount						
Α.	Payment	Amount being paid electronically with this return	A.						
1.	Business inc	ome (from page 3, Schedule B, line 31)	1.						
2.	Intentionally (Omitted	. 2.						
3a.		location percentage on Schedule E, Part 3, Line 2 is less than 100%, e or loss on NYC real property <i>(see instructions)</i>	3a.						
3b.	Enter allocate	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 on Schedule E, Part 3, Line 2	5.						
6.	Total of lines 3a and 3b. (see instructions)								
7a.	Investment in	come (from page 3, Schedule B, line 30)	7a						
7b.	Add allocated	investment income, or subtract investment loss, from other partnerships (see instr.)	7b.						
8.	Intentionally	Omitted	8.						
9.		7a by the investment allocation percentage on Schedule D, Line 2. unt on Line 7b	9.						
0.	Total before N	OL deduction (enter the sum of the amount on line 9 and the amounts on lines 5 and 6)	10.						
1.	Deduct NYC	net operating loss deduction (from Form NYC-NOLD-UBTP, line 11) (see instructions)	. 11.						
2.	Balance befo	re allowance for active partners' services (line 10 less line 11)	12.						
3.		e for active partners' services (if line 12 is a loss, enter "0") (see instructions) etive partners claimed#	13.						
4.		re specific exemption (line 12 less line 13)	14.						
5.	Less: specific	exemption (see instructions and attach schedule) (if line 12 is a loss, enter "0")	15.						
6.	Taxable inco	me (line 14 less line 15)	16.						
7.	Tax before b	usiness tax credit (4% of amount on line 16)	17.						
8.		s tax credit (select the applicable credit condition from the sch. on page 2 and it) (see instructions)	. 18.						
9.	Total tax befo	re Unincorporated Business Tax paid credit (line 17 less line 18) (see instructions)	19.						
0.	Less: UBT P	aid Credit (from Schedule A, line 3 of attached Form NYC-114.7) (see instructions)	20.						
1.	UNINCORPORA	TED BUSINESS TAX (line 19 less line 20) (if the balance is less than "0", enter "0") (see instr.)	. 21.						

Form NYC-204 - 2020		Page 2			
Name	EIN				
SCHEDULE A Computation of Tax - Continued					
22a. REAP Credit (attach NYC-114.5)					
22b. Real Estate Tax Escalation, Employment Opportunity Relocation Costs					

	STEDGEE A Computation of fux Communica			
	REAP Credit (attach NYC-114.5)			
22b.	Real Estate Tax Escalation, Employment Opportunity Relocation Costs and IBZ Credits (attach NYC-114.6)		_	
22c.	LMREAP Credit (attach NYC-114.8)			
22d.	Intentionally left blank			
22e.	Beer Production Credit (attach NYC-114.12)			
23.	Net tax after credits (line 21 less sum of lines 22a through 22e)		23.	
24.	Payment of estimated tax, including credit from preceding year and payment NYC-EXT (see instr.)		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 (see instructions)			
27b.	Additional charges (see instructions)			
27c.	Penalty for underpayment of estimated tax (attach Form NYC-221) 27c.			
28.	Total of lines 27a, 27b and 27c		28.	
29.	Net overpayment (line 26 less line 28) (see instructions)		29.	
30.	Amount of line 29 to be:			
	(a) Refunded - Direct deposit - fill out line 30c OR Paper check		30a.	
	(b) Credited to 2021 estimated tax on Form NYC-5UB		30b.	
30c.	Routing Account Number Ch	ACCOUNT TYPE necking Savings		
31.	TOTAL REMITTANCE DUE (see instructions)		31.	
32.	NYC rent deducted on federal tax return or NYC rent from Schedule E, Part 1	32.		
33.	Gross receipts or sales from federal return	33.		
34.	Total assets from federal return		34.	

Business Tax Credit Computation

- 1. If the amount on page 1, line 17, is \$3,400 or less, your credit on line 18 is the entire amount of tax on line 17. (NO TAX WILL BE DUE)
- 2. If the amount on page 1, line 17, is \$5,400 or over, no credit is allowed. Enter "0" on line 18.
- If the amount on page 1, line 17, is over \$3,400 but less than \$5,400, your credit is computed by the following formula:





Payments of Estimated Tax Computation						
PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 24	DATE	AMOUNT				
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-EXT						
F. Overpayment credited from preceding year						
G. TOTAL of A through F. (Enter on Schedule A, line 24)						

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EIN Name SCHEDULE B **Computation of Total Income** Part 1 Items of income, gain, loss or deduction Ordinary income (loss) from federal Form 1065, line 22 or 1065-B, Part I, line 25 (see instr.) 1. Net income (loss) from all rental real estate activity not included in Form 1065, line 22 or 1065-B, 3. All portfolio income such as interest, dividends, royalties, annuity income and gain (loss) on the disposition of property not included in Form 1065, line 22 or 1065-B, Part I, line 25, but included on federal Sch. K (attach sch. of all portfolio income) ... 3. 4. Payments to current and retired partners included in other deductions from federal Form 1065, line 20 or 1065-B, Part I, line 23..... 5. Other income not included in Form 1065, line 22 or 1065-B, Part I, line 25, but included on federal Sch. K (attach sch. of other income).... 6. 6. 7. Other deductions included in Form 1065, line 22 or 1065-B, Part I, line 25 and Part II, line 13, but not allowed for UBT (attach sched.) (see inst.)...... 8. 8. Other income and expenses not included above that are required to be reported separately 10. Subtract net income or gain (or add net loss) from rental, sale or exchange of real property situated outside NYC if included in line 10 above (attach schedule) (see instructions)......11. Part 2 New York City modifications (see instructions for Schedule B, part 2) PARTNER A PARTNER B PARTNER C TOTAL ADDITIONS EIN OR SSN -13. All income taxes and Unincorporated Business Taxes...13. 14a. 14. (a) Relocation credits14a. (b) Expenses related to exempt income14b. 14b. (c) Depreciation adjustments (see instr. and attach Form 14c. NYC-399 and/or NYC-399Z)14c. 14d. (d) Exempt Activities14d. 15. 15 Other additions (attach schedules) (see instructions)15. 16. Total additions (add lines 13 through 15)16. 16. SUBTRACTIONS PARTNER A TOTAL PARTNER B PARTNER C 17. All income tax and Unincorporated Business Tax 17. refunds (included in part 1)17. 18. Wages and salaries subject to federal jobs credit 18. 19. Depreciation adjustment (see instr. and attach Form 19. *NYC-399 and/or NYC-399Z)***19**. 20. Exempt income (included in part 1, line 10) (see instr.)...20. 20. 21. 50% of dividends (see instructions)21. 21. 22. 22. Exempt Activities22. 23. Other subtractions (attach schedule) (see instructions) ...23. 23. 24. 24. Total subtractions (add lines 17 through 23)24. 25. 26. 27. Less: Charitable contributions (not to exceed line 7, or 5% of line 26, whichever is less) 27. 28. Investment income - (complete lines a through g below) (see instructions) 29. (b) Interest from investment capital (include non-exempt governmental obligations) (itemize on rider) 29b.

Business income (line 28 less line 30) (enter here and transfer this amount to page 1, Sch. A, line 1.).....31.

(g) Interest on bank accounts included in income reported on line 29d ... 29g.



30.

Form NYC-204 - 2020 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 G Н I 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? (🗸) **(** 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 hundredth of a percent)

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

%

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.

SCHE	DULE E	Locat	ions o	f Places of	Business Inside and	Outside New	/ York Ci	ty	
All taxpayer	s must complet	te Schedul	e E, Part	s 1 and 2.					
- · ·	Location for an	oh plaga of	husingso	INCIDE Now Yor	k City (oog instructions: attac	h ridar if nagagarı	Λ		
Part 1			business		k City (see instructions; attac				
NUMBER AND STREE	Complete Ade	dress		Rent	Nature of Activities	No. of Employees	Wages, Sala	iries, Etc.	Duties
CITY		STATE	ZIP						
NUMBER AND STREE	ĒΤ								
CITY		STATE	ZIP						
NUMBER AND STREE	<u>=</u> T								
CITY		STATE	ZIP						
NUMBER AND STREE	ΞT								
CITY		STATE	ZIP						
OIII		SIAIL	ZIF						
Total									
	Location for ac	ob place of	husingss	OUTSIDE Now V	ork City (and instructions, atta	ob rider if necess	rs.()		
Part 2			Dusiness		ork City (see instructions; atta				
NUMBER AND STREE	Complete Ade	dress		Rent	Nature of Activities	No. of Employees	Wages, Sala	iries, Etc.	Duties
CITY		STATE	ZIP						
NUMBER AND STREE	ĒΤ								
CITY		STATE	ZIP						
NUMBER AND STREE	ET .								
CITY	-	STATE	IZIP						
NUMBER AND STREE		02							
CITY		STATE	ZIP						
Total									
	Single Receipts	Factor Busin	ness Alloca	tion Percentage					
Part 3					entage in this schedule for this	return to be accept	ted.		
Taxpayers v	vho do not allo	cate busine	ess incon	ne outside New `	ork City must enter 100% o	n Schedule E, Pa	rt 3, line 2.		
Taxpayers v	vho are allocati	ng busines	ss income	e inside and outs	ide New York City must com	nplete Schedule E	, Part 3.		
	DECORIDE	ON OF ITEM		F4.070D		OCCUPANTA NEW	LVODY OITY	001111111	D
	DESCRIPTI	ION OF ITEM	I USED AS	FACTOR		COLUMN A - NEW	YORK CITY	COLUMN	B - EVERYWHERE
1. Gross sales	of merchandise or o	charges for se	rvices during	g the year	1	l			
2. Business Al	location Percentage	a (line 1 colum	n Δ divided h	vyline 1. column B rour	nded to the nearest hundredth of a perc	ent)	2		%
Z. Dusilless Al	ocation rercentage	(IIIIe 1, coluiti	II A divided L	y lille 1, colullil b foul	ided to the hearest hundredth of a perc	ent)			

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____ EIN____

Form NYC-204 - 2020

Name_

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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 5.

SCHEDULE 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:2018: YES NO 2019: YES NO NO 1f "NO," state reason:						
4.	If business terminated during the current taxable year, state date terminated. (mm-dd-yy)						
	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.:						
6.7.8.9.	If "YES" to question 5: 6a. For years prior to 1//1/15, has Form(s) NYC-115 (Report of Federal/State Change in Taxable Income) been filed?						
11.	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. 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?						
	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?						
	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 Title: Date: Preparer's Social Security Number or PTIN						
	MM-DD-YY						
	Preparer's Preparer's Signature: Date: Firm's Employer Identification Number						
	MM-DD-YY Check if						
	signature: printed name: Date: Firm's Employer Identification Number Check if self-employed Firm's name Address A Zip Code Firm's Employer Identification Number Self-employed						
	MAIL WA WATRUCTIONS						
	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 2020 return is on or before March 15, 2021.

For fiscal years beginning in 2020, file on or before the 15th day of the third 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