



Estates and Trusts using an EIN as their primary identifier must use Form NYC-202EIN

UNINCORPORATED BUSINESS TAX RETURN

			For CALENDAR YEAR	For CALENDAR YEAR 2024 beginning and ending				
		First name and initial	Last name	Name Change	TAXPA	YER'S EMAIL ADDRESS		
		In Care Of						
		Business name			SOC	CIAL SECURITY NUMBER		
		Business address (number and stre	eet)	Address				
		City and State	Zip Code	Change Country (if not US)				
		,			BUSINESS CODE NU FROM FEDERAL SC	JMBER HEDULE C:	· ·	
		Business Telephone Number	Date business began in NYC (mm-dd-yy)	Date business ended in NYC (mm-dd-yy)	TROW FEBERAL GO	1125022 0.		
			ne purpose of the amended return is to eral or state change, check the approp		Date of Final Determination]-[
		Final return - Check this b	ox if you have ceased operations in		ral Form 1040 and statement	showing disposition of business prop	erty.	
		Š 🖂	ot unincorporated business activity		tially exempt unincorpora	Ť		
		Claim any 9/11/01-related	federal tax benefits (see instructions	Enter 2-cha	aracter special condition co	de, if applicable (see instructions)		
	SCHEDULE A	Computation of Tax	BEGIN WITH SCHEDULE B ON PA	AGE 3. COMPLETE ALL OTHER S	CHEDULES. TRANSFER AF	PLICABLE AMOUNTS TO SCHED Payment Amount	ULE A.	
	Payment Ar	mount being paid electronica	lly with this return		A.			
 1.	Business income	e (from page 3, Schedule	B. line 27)		1.			
		itted	•					
	•	ation percentage from Sc						
		loss on NYC real property					-	
4.	Balance (line 1 le	ess line 3)			4.			
5.	Multiply Line 4 by	y the business allocation	percentage from Schedu	ule C, Part 3, Line 2	5.			
		e 3 (NYC real property inc		•				
		me (from page 3, Schedu						
8.	Intentionally Omi	itted			8.			
9.	Multiply Line 7 by	y the investment allocation	on percentage from Sche	edule D, Line 2. (see instr	uctions) 9.		-	
0.	Total before NOL	deduction (sum of lines	5, 6 and 9) (see instructions	5)	10.			
1.	Deduct: NYC net	t operating loss deduction	n (from Form NYC-NOLE	O-UBTI, line 7) (see instru	ctions) 11.			
2.	Balance before a	allowance for taxpayer's s	services (line 10 less line	11)	12.			
3.		for taxpayer's services - os (see instructions)						
14.	Balance before e	exemption (line 12 less lin	ne 13)		14.			
15.	•	- \$5,000 (taxpayer opera	•	•	15.			
6.	Taxable income	(line 14 less line 15) (see l	instructions)		16.			
17.	Tax before busin	ess tax credit (4% of amo	ount on line 16)		17.			
l 8.		ax credit (select the appli nedule on the bottom of p						
9.	·	TED BUSINESS TAX (lin						

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Name		_ SSN	_
20a. REAP Credit (attach NYC-114.5)	20a.		
20b. Real Estate Tax Escalation, Employment Opportunity Reloc Costs and IBZ Credits (attach NYC-114.6)			
20c. LMREAP Credit (attach NYC-114.8)	20c.		
20d. Biotechnology Credit (attach Form NYC-114.10)	20d.		
20e. Beer Production Credit (attach NYC-114.12)	20e.		
20f. Child Care Credit (attach Department of Finance approval I	letter). 20f.		
21. Net tax after credits (line 19 less sum of lines 20a through 2	20f)	21.	
22. Payment of estimated Unincorporated Business Tax, including preceding year and payment with extension, NYC-EXT (see	0 ,		
23. If line 21 is larger than line 22, enter balance due		23.	
24. If line 21 is smaller than line 22, enter overpayment		24.	
25a.Interest (see instructions)	25a.		
25b.Additional charges (see instructions)	25b.		
25c. Penalty for underpayment of estimated tax (attach Form NYC-	-221) 25c .		
26. Total of lines 25a, 25b and 25c		26.	
27. Net overpayment (line 24 less line 26) (see instructions)		27.	
28. Amount of line 27 to be: (a) Refunded - Direct deposit - fill of	out line 28c OR	Paper check 28a.	
(b) Credited to 2025 Estimated Tax on	Form NYC-5UBTI	28b.	
28c. Routing Account Number Number	A Checkin	CCOUNT TYPE ng Savings S	
29. Total remittance due (see instructions)		29.	
30. NYC rent deducted on federal tax return or NYC rent from Se	chedule C, Part 1	30.	
31. Gross receipts or sales from federal return		31.	
Business Tax Credit Computation			



- 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.

3.	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:

amount on pg. 1, line 17 $\times \left(\frac{\$5,400 \text{ minus tax on line } 17}{\$2,000}\right) = \frac{}{\text{your credit}}$

Prepayments of Estimated Tax Computation								
PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 22	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 22)								

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Name SSN **SCHEDULE B** Computation of Total Income Part 1 Items of business income, gain, loss or deduction 1. Net profit (or loss) from business, farming or professions as reported for federal tax purposes from federal Schedule C, or F (Form 1040) (see instructions)..... 1. 2. If entering income from more than one federal Schedule C, or F (Form 1040), check this box............ 2. Enter the number of Schedules C, or F attached: • Gain (or loss) from sale of business personal property or business real property (attach federal Schedule D or Form 4797) (see instructions) 3. 4. Net amount of rental or royalty income from business personal property or business real property (attach federal Schedule E) (see instructions) 4. 5. Other business income (or loss) (attach schedule) (see instructions)..... 5. Total federal income (or loss) (combine lines 1 through 5)..... 6. Subtract net income or gain (or add net loss) from rental, sale or exchange of real property situated outside New York City, if included in line 3 or 4 above (attach schedule) (see instructions)...... 8. Total income before New York City modifications (combine lines 6 and 7) 8. Part 2 New York City modifications (see instructions for Schedule B, part 2) ADDITIONS 9. All income taxes and Unincorporated Business Taxes 9. 10a. Relocation credits..... 11. Other additions (attach schedule) (see instructions)..... 11. Total additions (add lines 9 through 11) 12. SUBTRACTIONS 13. All income tax and Unincorporated Business Tax refunds (included in part 1)...... 14. Wages and salaries subject to federal jobs credit (see instructions) 15. Depreciation adjustment (attach Form NYC-399 and/or NYC-399Z)..... 15. 16. Exempt income included in part 1 (attach schedule) 17. 50% of dividends (see instructions)..... 17. 18. Real estate subtractions (see instructions) Other subtractions (attach schedule) (see instructions)..... 20. Total subtractions (add lines 13 through 19) 21. NYC modifications (combine lines 12 and 20)..... 21. 22. Total income (combine lines 8 and 21) 23. Less: Charitable contributions (not to exceed 5% of line 22) (see instructions)...... Balance (line 22 less line 23) Investment income - (complete lines a through g below) (see instructions) Interest from investment capital (include non-exempt governmental obligations)

26.



Deductions directly or indirectly attributable to investment income

26. Investment income (line 25e less line 25f) (enter on page 1, Sch. A, line 7)

27. BUSINESS INCOME (line 24 less line 26) (enter here and transfer amount to pg 1, Sch. A, line 1)

Interest on bank accounts included in income reported on line 25d..25g.

ame						SSN					
SCHEDULE	Cloca	tions of Pla	cas of Rusi	inass Insida	and Outsi	_					
Il taxpayers must co				mess mside	and Outsi	<u>uc 140</u>	WIOIK	Oity			
	Inplete Sche	uule C, Faits	i aliu Z.								
D Location t	for each place	o of business	INCIDE Now)	York City (see ir	actructions: o	ttoob ri	dor if no	0000011/			
Part 1 Location 1		e or business	Rent	Nature of			Employees	Wages, Sala	rico Eto	Duties	
MBER AND STREET	Address		Hent	Nature or	Activities	140. 01 1	Lilipioyees	vvages, Sala	nes, Ltc.	Duties	
Υ	STATE	ZIP									
MBER AND STREET											
Y	STATE	ZIP									
MBER AND STREET											
Υ	STATE	ZIP									
MBER AND STREET											
Y	STATE	ZIP									
otal		-									
** *		e of business (OUTSIDE Nev	v York City (see	instructions	; attach	rider, if	necessary)			
Complete AMBER AND STREET	Address		Rent	Nature of	Activities	No. of E	Employees	Wages, Sala	ries, Etc.	Duties	
Y	STATE	ZIP									
MBER AND STREET											
Y	STATE	ZIP									
MBER AND STREET											
Y	STATE	ZIP									
MBER AND STREET											
Υ	STATE	ZIP									
otal)	-									
Single Re	ceipts Factor	Business Allo	cation Percent	age.							
Part 3 Taxpayer	s must repo	rt their Busine	ess Allocation	Percentage in	this schedu	ule for t	this retu	rn to be ac	cepted.		
axpayers who do not	allocate bus	iness income	outside New Y	ork City must e	nter 100% o	n Sched	dule C, F	Part 3, line 2	2.		
axpayers who allocat				-							
						·			00111111	D EVEDVALUEDE	
DESC	RIPTION OF IT	EM USED AS FA	LIUK			COLU	MIN A - NE	W YORK CITY	COLUMN	B - EVERYWHERE	
Gross sales of merchandi	se or charges for	services during the	e year		1.						
Business Allegation Dave	amtawa (lino 10 di	ided by line 1b rough	adad ta tha naaraat	hundradth of a narea	o. t \			•			
Business Allocation Perc	entage (line Ta di	vided by line 1b roul	ided to the hearest	nundredth of a percei	11)						
SCHEDIII E	D Inve	stment Ca	nital and A	Illocation a	nd Cash F	Electi	on				
SCHEDULE	Α		В	C	D			<u> </u>	F	G	
DESCRIPTIO IST EACH STOCK AND SEC	N OF INVESTM		No. of Shares or Amount of Securities	Average Value	Liabilities Attrib	I		erage Value ninus column D)	Issuer's Allocation Percentage	Value Allocated to NYO (column E x column F	
.c. Z.tori o look AND SEO	S.III (OOL HIDE	NEOLOGAIII)					, , , , , ,	,	%	-	
									,,5		
. Totals (including iter	ms on rider)	>									
. Investment allocation	,		by line 1E. rour	nd to the nearest	hundredth o	f a perc	ent)		%		
	sh as investmer						,		/6		



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Name

SCHEDULE E

If you are taking a Net Operating Loss Deduction this year, please attach Form NYC-NOLD-UBTI

SCH	IEDULE F The following	ng information mus	t be entere	d for this ı	return to b	e comple	te. (See Instri	uctions)
1. Natu	re of business or profession:							
2. New	York State Sales Tax ID Number:							
3. Did y 2022	ou file a New York City Unincorporat :	ed Business Tax Return f 2023:	or the following	ng years: NO				
4. Enter	home address:						Zip Code:	
	siness terminated during the current ch a statement showing disposition of		erminated. (m	m-dd-yy)	-		_	
repor	the Internal Revenue Service or the lated in any tax period, or are you currently be the server of the lates	rently being audited?		\[YI	ES 🗌 NO	_	•	me (loss)
IT "YE	ES", by whom?	e Service	S	tate period(s):	Beg.:	MM-DD-YY	End.:	DD-YY
	☐ New York State	Department of Taxation and Fina	ince S	tate period(s):	Beg.:	MM-DD-YY	End.:	DD-YY
7a. For y 7b. For y 8. Did y 9. Were 10. Does 96th 11. If "YE	ES" to question 6: rears prior to 1/1/15, has Form(s) NY rears beginning on or after 1/1/15, has ou calculate a depreciation deduction be you a participant in a "Safe Harbor this taxpayer pay rent greater than a Street for the purpose of carrying on ES", were all required Commercial Re e enter Employer Identification Number of	as an amended return(s) In the application of the feet Leasing" transaction during \$200,000 for any premise any trade, business, profest Tax Returns filed?or Social Security Number were	been filed?deral Accelera ng the period is in NYC in the fession, vocat which was used	ted Cost Reco covered by the he borough of ion or comme on the Comme	very System (is return? Manhattan s crcial activity?	ACRS) (see		□ NO □ NO □ NO □ NO
	ize the Dept. of Finance to discuss this	return with the preparer lis	ted below. (Se	e instructions)	YES			
SIGN HERE:	Signature of taxpayer		Title		Date	Prepai	rer's Social Security N	umber or PTIN
PREPARER'S	Preparer's signature	Preparer's printed name		Check if self- employed ✔	Date		==	
ONLY		1		. ,		Firm	's Employer Identific	ation Number
	▲ Firm's name (or yours, if self-employed)	▲ Address			▲ Zip Code			
			CINCTRUC					

MAILING INSTRUCTIONS

Attach copy of federal Form 1040, Schedule C or Schedule F. If this is a final return, attach an entire copy of federal Form 1040.

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 Social Security Number on your tax return and remittance.

The due date for the calendar year 2024 return is on or before April 15, 2025. For fiscal years beginning in 2024, 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

