Credit for City of New York Unincorporated Business Tax

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| | Please enter your first name first. | For a joint claim, use I | ooth name lines. | |
|---------|--|---------------------------------|--|--|
| Φ | Your first name and middle initial | Your last name (for a joint cla | im, enter spouse's name on line below) | <u> </u> |
| or type | Spouse's first name and middle initial | Spouse's last name | | Taxpayer identification number (SSN or EIN) ▼ |
| Print | Mailing address (number and street or rura | al route) | Apartment number | |
| | City, village or post office | State | ZIP code | |

Note: Form IT-219 must be attached to your return, Form IT-201, Form IT-203, or Form IT-205.

| Pa | rt I – Partner (see instructions) | | |
|-------------|--|--|--------------------------------|
| | Name (as shown on Form NYC-204) | Partnership year end (as shown on Form NYC-204) | Employer identification number |
| • | | (as shown on Form NYC-204) | > |
| 1 | Enter the amount from Form NYC-204, | | |
| • | line 25 (see instructions) | | |
| 2 | | | |
| | (see instructions) | 2. | |
| 3 | _ i <u></u> | | 3. |
| 4 | Enter your percentage of total distributive shares from | Form NYC-204, Schedule C, column 4. | |
| | Enter amount as a decimal and carry to four places | | |
| 5 | Multiply line 3 by line 4 (if more than one business, see in | | |
| _ | | | |
| | rt II – Individual | | |
| 6 | Resident individual – enter the amount from Form N | | |
| | Part-year resident individual – enter the amount fr | om Worksheet A (on back) | ▶ 6. |
| Pa | rt III – Beneficiary's share of unincorporate | d husiness taxes (see instruction | (5) |
| | Territoriolary o onaro or animoorporato | a business taxes (see mendenom | <i>5)</i> |
| 7 | Beneficiary: Enter your share of city of New York unit | ncorporated business taxes imposed | |
| | on the estate or trust (see instructions) | | |
| | Name of estate or trust | Employer identification number | |
| > | | • | 7. |
| | | | |
| <u> </u> | rt IV – Computation of credit | | |
| 8 | Fiduciary: Enter the amount from Worksheet C, line & | 5, column D (from back page; see instruction | ns) |
| | All others: Add lines 5, 6, and 7. (Partners, see instruct | ions.) | 8. |
| 9 | Enter your taxable income from Full-year city of New York resident individual: Form IT-201 | , line 35 | |
| | Part-year city of New York resident individual: Form IT-360 | 0.1, line 47 | |
| | Full-year city of New York resident estate or trust: Form IT | -205, line 5 | |
| | Part-year city of New York resident trust: Form IT-205-A, line | 10, col. (b) 9. | |
| 10 | If line 9 above is: | | |
| | -\$42,000 or less, enter .650 (65%) | | |
| | | n \$142,000, complete Worksheet B <i>(on b</i> | |
| | | %) | 10. |
| 11 | Multiply line 8 by line 10. City of New York resident individ | - | |
| | New York part-year resident individuals: Stop; transfer line | | |
| | and Trusts: Stop; transfer line 11 amount to Form IT-205, | | 11. |
| | City of New York full-year re | | |
| 12 | Amount from Form IT-201, line 45 | | |
| 13 | Amount from Form IT-201-ATT, line 35 | | |
| 14 | Amount from Form IT-201-ATT, line 36 | | |
| 15 | Add lines 12, 13, and 14 | | |
| 16 | Enter the smaller amount from line 11 or 15 here and trar | nsfer the amount to Form IT-201-ATT, line 5 | 3 [16.] |

| | Worksheet A |
|----|---|
| 1. | Enter the amount from Form NYC-202, line 23 |
| 2. | Individuals: Enter the amount from Form IT-360.1, Part I, line 6, column B (see instructions) 2. |
| | Trusts: Enter the amount from Form IT-205-A, Schedule 4, line 16, column C |
| 3. | Individuals: Enter the amount from Form IT-360.1, line 6, column A (see instructions) |
| | Trusts: Enter the amount from Form IT-205-A, Schedule 4, line 16, column A |
| 4. | Divide line 2 by line 3 and carry the result to four decimal places |
| 5. | Multiply line 1 by line 4. This is the part-year resident tax imposed on the unincorporated business. Estates and trusts: |
| | Include this amount in Worksheet C, line 6, column D total. All others: Transfer this amount to line 6 on the front page 5. |

| | Worksheet B | | | |
|----|---|----|--------|----------|
| 1. | Base percentage 65% | | 1. | .650 |
| | Enter your taxable income from front page, line 9 | | | |
| | Base amount | | | |
| | Subtract line 3 from line 2 | | | |
| 5. | Divide line 4 by 200 and round to next highest whole number (e.g., 464.2 = 465) | 5. | | |
| 6. | Multiply line 5 by .001 | | 6. | |
| 7. | Subtract line 6 from line 1. Transfer this decimal to the front page, line 10 | | 7. | <u> </u> |

| - | Α | В | | С | D Popoficion/o eligible |
|---|---------------------------------|------------------------|-------------|-----------------------|--|
| | Name and address of beneficiary | Beneficiary's identify | /ing number | Allocation percentage | Beneficiary's eligible unincorporated business taxes |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| | 5 Fiduciary | | | | |
| | | 6 | Totals | 100% | |

