

**DECLARATION OF ESTIMATED UNINCORPORATED BUSINESS TAX** (FOR INDIVIDUALS, ESTATES AND TRUSTS)



	For CALENDAR	YEAR 2016 or FISCAL YEAR beg	ginning	and ending
	First name and initial	Last name	Name Change	SOCIAL SECURITY NUMBER
r Type	Business name			
Print or	Business address (number and street) Address Change		BUSINESS CODE NUMBER AS PER FEDERAL RETURN	
	City and State	Zip Code	Country (if not US)	ESTATES AND TRUSTS ONLY, ENTER EMPLOYER IDENTIFICATION NUMBER
	Business Telephone Number	Taxpayer's Email A	ddress	
_				Payment Amount
Α.	Payment Amount include	ed with form - Make payab	le to: NYC Department of F	<i>ïnance</i> A.
1.	Estimate of 2016 tax			1.
2.	Amount to be paid with this declaration	2.		
Sigi	nature of taxpayer	Title		Date

To receive proper credit, you must enter your correct Social Security Number or Employer Identification Number on your declaration and remittance.

## **DETACH ON DOTTED LINE & MAIL UPPER PORTION. RETAIN LOWER PORTION FOR YOUR RECORDS**

## ESTIMATED TAX WORKSHEET KEEP THIS PORTION FOR YOUR RECORDS

1.	Net income from business expected in 2016 (see instructions)		
2.	Exemption (see instructions) 2.		
3.	Line 1 less line 2 (estimated taxable business income)		
4.	Tax - enter 4% of line 3 (see instructions)		
5a.	Business Tax Credit () (Check applicable box below and enter credit amount)		
	Tax on line 4 is \$3,400 or less. Your credit is the entire amount of tax on line 4.		
	Tax on line 4 is \$5,400 or over. No credit is allowed. Enter "0".		
	Tax on line 4 is over \$3,400 but less than \$5,400, use formula for credit amount:		
	Tax on line 4 x <u>(\$5,400 minus tax on line 4)</u>		
5h	\$2,000	1	
5b.	Other credits (see instructions)		
5c.	Total credits (add lines 5a and 5b) 5c.		
6.	Estimated 2016 Unincorporated Business Tax (line 4 less line 5c)		
	Enter here, on line 7b, and on line 1 of declaration above6.		
7a.	2015 Unincorporated Business Tax7a. 7b. Estimate of 2016 tax from line 67b.		
	COMPUTATION OF INSTALLMENT - () Check proper box below and enter amount indicated. Fiscal year taxpayers see instructions.		
8.			
0.	If this declaration is due on: $\square$ April 18, 2016, enter 1/4 of line 7b $\square$ June 15, 2016, enter 1/3 of line 7b $\square$ Sept. 15, 2016, enter 1/2 of line 7b $\square$ Jan. 17, 2017, enter amount of line 7b $\square$ Jan. 17, 2017, enter amount of line 7b		
	$\square$ June 15, 2016, enter 1/3 of line 7b $\square$ Jan. 17, 2017, enter amount of line 7b )		
9.	Enter amount of overpayment on 2015 return which you elected to have applied as a credit against 2016 estimated tax9.		
10.	Amount to be paid with this declaration (line 8 less line 9) (Payable to: NYC DEPARTMENT OF FINANCE)		
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	MAILING INSTRUCTION	IS	

Make remittance payable to the order of: NYC DEPARTMENT OF FINANCE

Payment must be made in U.S. dollars, drawn on a U.S. bank.

MAILING INSTRUCTIONS MAIL YOUR DECLARATION FORM TO: NYC DEPARTMENT OF FINANCE UNINCORPORATED BUSINESS TAX P. O. BOX 3923 NEW YORK, NY 10008-3923