New York State Department of Taxation and Finance

			Credit for City of	f Nev	w Yo	ork U	ninc	orpo	rated E	Busin	ess T	ax	
			Please enter your first name for Your first name and middle initial		Your last name (for a joint claim, enter spouse's name on line below)						2002	IT-21	9
		Print or type	Spouse's first name and middle initi	ial S	Spouse's last name				Taxpayer identification number (SSN or EIN)				
			Mailing address (number and street	or rural ro	r rural route)		ŀ	Apartment number		▼			
			City, village, or post office		Stat	te		ZIP co	de	-			
	N	ote:	Form IT-219 must be attach	hed to y	your re	eturn, Fo	orm IT-	-201, Fo	rm IT-203,	or Forr	n IT-205.		
Par	t I – Partner	(see	instructions)										
•	Name (as shown on Form NYC-204)			P (a	Partnership year end (as shown on Form NYC-204)			E	Employe	r identifi	cation number	•	
								▶ [►				
 1	Enter the ome	int fro	om Form NYC-204, line 25						1				
			5111 F01111 N FC-204, IIIle 25			1				7			
2			om Form NYC-204, line 22			••			•				
-						2				7			
3						-			•	3.			
4			ge of total distributive shares f							0.] • [
•			a decimal and carry to four pla							4.			
5			e 4 (if more than one business, s	-		-		-				•	
Par 7	t III – Benefi Beneficiary: E	ciary inter y	individual: Enter the amoun y's share of unincorpor your share of city of New York ust (see instructions)	rated I	busir	ness ta	xes (s	see instr	uctions)	6.		•	
	Name of estate of	or trus	t			Employe	r identifi	cation nur	nber				
										7.		•	
Par	t IV – Compu	utati	on of credit										
8	Fiduciary: Ent	er the	e amount from Schedule A, <i>Fi</i>	iduciary	line, c	olumn D	(on bad	ck; see ins	tructions)				
			s 5, 6, and 7. <i>(Partners, see ins</i>	structions	s.)					8.		•	
9	Enter your taxa												
	Full-year city of New York resident individual – Form IT-201, line 37												
			York resident individual – Form IT-3										
	Full-year city of New York resident estate or trust – Form IT-205, line 5							-					
			York resident trust – Form IT-205-A,	, line 10, o	col. (b)	9.			•				
10	If line 9 above i	is:											
	— \$42,000 or	r less,	, enter <i>.650 (</i> 65%)										
			000 but not more than \$142,0		•			,		,		·	
			2,000, enter <i>.150</i> (15%)							10.		•	
11			0. City of New York resident ind					-					_
		-	resident individuals: Stop; transfe							· · · · ·		,	
	and trusts: Stop; transfer line 11 amount to Form IT-205, line 22							11.		•			
	•		II-year resident individuals:							· · · · ·			
12			T-201, line 47							12.			
13	Amount from F	orm l	T-201-ATT, line 39							13.			
14			T-201-ATT, line 40							14.		•	
15	Add lines 12, 1	3, an	d 14							15.			

16 Enter the lesser of line 11 or 15 here, and transfer the amount to Form IT-201-ATT, line 65 16.

This is a scannable form; please file this original with the Tax Department.

	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
	Trusts: Enter the amount from Form IT-205-A, Schedule 4, line 16, column C (see instructions) 2.
3.	Individuals: Enter the amount from Form IT-360.1, line 6, column A
4.	Trusts: Enter the amount from Form IT-205-A, Schedule 4, line 16, column A (see instructions) 3 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 Schedule A, Totals line, column D.
	All others: Transfer this amount to line 6 on the front page

	Worksheet B				
1.	Base percentage 65%			1	.650
2.	Enter your taxable income from the front page, line 9				
3.	Base amount	3.	\$42,000	_	
	Subtract line 3 from line 2				
5.	Divide line 4 by 200 and round to next highest whole number (for example, 464.2 = 465)	5.			
6.	Multiply line 5 by .001			6	
7.	Subtract line 6 from line 1. Transfer this decimal amount to the front page, line 10			7	-

Schedule A (for estates and trusts only)

Fiduciary's and beneficiary's share of city of New York unincorporated business tax

A Name and address of beneficiary	B Beneficiary's identifying number	C Allocation percentage	D Beneficiary's eligible unincorporated business taxes
Totals		100%	
Fiduciary			

