Credit for City of New York Unincorporated Business Tax

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	Please enter your first name first.			
Φ	Your first name and middle initial	Your last name (for a joint clai	m, enter spouse's name on line below)	1T-219
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 rural route)		Apartment number	
	City, village or post office	State	ZIP code	

	Note: Form IT-219 must be attach	ed to your return, Form IT-201, Form	n IT-203, or Form IT-20	5.
ar	t I – Partner (see instructions)			
•	Name (as shown on Form NYC-204)	Partnership year end (as shown on Form NYC-204)	Employer identi	fication number
_ 1	Enter the amount from Form NYC-204,			
•	line 25 (see instructions)	1.		
2	Enter the amount from Form NYC-204, line 22			
	(see instructions)	2.		
3	Add lines 1 and 2		3.	
4	Enter your percentage of total distributive shares f	rom Form NYC-204, Schedule C, colun	nn 4.	
	Enter amount as a decimal and carry to four pla	ces (i.e., 17.5% = .1750)	4.	•
5	Multiply line 3 by line 4 (if more than one business, see	ee instructions)	▶ 5.	•
ar	t II – Individual			
6	Resident individual – enter the amount from Form	m NYC-202, line 23 (see instructions)		
	Part-year resident individual – enter the amoun	t from Worksheet A (on back)	▶ 6.	•
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ar	t III – Beneficiary's share of unincorpor	ated business taxes (see instruc	ctions)	
7	Beneficiary: Enter your share of city of New York	unincorporated business taxes impose	d	
	on the estate or trust (see instructions)			
	Name of estate or trust	Employer identification numb		
		P	<u> </u>	
Par 8	t IV – Computation of credit Fiduciary: Enter the amount from Worksheet C, li	ne 5, column D (from back page; see instr	uctions)	
	All others: Add lines 5, 6, and 7. (Partners, see inst	ructions.)	8.	
9	Enter your taxable income from:			
	Full-year city of New York resident individual – Form I	T-201, line 35		
	Part-year city of New York resident individual – Form I			
	Full-year city of New York resident estate or trust – Fo			
	Part-year city of New York resident trust – Form IT-205-A	A, line 10, col. (b) 9.	•	
0	If line 9 above is:			
	— \$42,000 or less, enter .650 (65%	6)		
	·	than \$142,000, complete Worksheet B	(on back)	
		(15%)		•
11	Multiply line 8 by line 10. City of New York resident ind	ividuals: Continue on line 12 below. City of		
	New York part-year resident individuals: Stop; transfe			
	and Trusts: Stop; transfer line 11 amount to Form IT-2	205, line 22	11.	•
	City of New York full-yea	r resident individuals		
2	Amount from Form IT-201, line 45			
3	Amount from Form IT-201-ATT, line 36			·
4	Amount from Form IT-201-ATT, line 37			
15	Add lines 12, 13, and 14			
16	Enter the smaller amount from line 11 or 15 here and	transfer the amount to Form IT-201-ATT, I	ine 56 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				
3.	Base amount	3.	\$42,000		
4.	Subtract line 3 from line 2	4.			
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>

Worksheet C (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	Beneficiary's	B identifying number	C Allocation percentage	D Beneficiary's eligible unincorporated business taxes	
1						
2						
3						
4						
	5 Fiduciary					
	3 Fladelary		6 Totals	100%		

