For office use only



New York State City of New York

Income Tax

IT-205

7 1 9 00	City of Yonkers IUUUIQI	Return 1 - 200 (12/88
New York State Department of Taxation and F	Finance For Jan. 1 - Dec. 31, 1988, or fiscal tax year beg	ginning ,1988, ending ,19 .
At	ttach packet label or print below	Employer identification number
Name of estate or trust		
Name and title of fiduciary		
Address of fiduciary (number a	and street or rural route)	
City, village or poet office	State ŽIP co	ode

		Cit	y, village or poet office		State	, Z	IP code			
Date trust was	create	ed or for an	estate, date of decedent's	s death		If estate wa	as closed, or trust to	erminated.	enter date:	
0 0 0	1		xable income of fiducia							T
tation of NY taxable t of a resident estate t (nonresident estate rust and part-year ent trust use Form IT-205-A.)	2		claimed on federal re	• '				4 [
يَ خُونِو يَعْ	3		1 and 2							
Ny Jen den den Series den	-		exemption					4	600	00
tion of N f a reside nonreside it and pa t trust us IT-205-A.)	5		ne 4 from line 3							
a resonnes	6							· ·		
ent tig	_	New York modifications relating to amounts allocated to principal (see instructions)								
art rest	7	•	s share of New York fi	,						
Computation of income of a resident fronte or trust fronte or trust and resident trus	8	•	taxable income of fidu			_				
	9									
	10		on line 9 amount (use a			•		" 		
Tax computation of a resident or nonresident estate or trust and part-year resident trust.	11		tax on unearned Inco income, if any (from 17-205	*	·					
mpu sside esid or or oart-	11a							12		
of a red nonre estate and p	12		10 and 11					12		+
ي م ي ي ي ي	13		New York State Tax (fre					13		-
			part-year resident trust)							
	14		lits (see instructions — a							+
·	15		ne 14 from line 12 or							
	16	State separate tax on lump-sum distributions (see instructions)							 	
	17	State minimum income tax (see instructions)							 	
	18		York State tax (add lin							
	19		ew York resident tax o				함 경기가 되었다.			
Ke S	20		w York part-year resi	建氯甲烷 医二甲酰胺 化氯化甲基二甲基				7:8XC20-75100070338		
ĝ.	21	City of New York nonresident fiduciary earnings tax (from Form NYC-206)					/92 1.04 2 (\$50000000000		 	
Ĕ	22								 	
Q	23									
5	24	[20] [20] [20] [20] [20] [20] [20] [20]							 	
a 2/	25						SC 1004 (2000)			
nts	26								+	
Ě	27	Total New York State, City of New York and City of Yonkers tax (add lines 18 through 26)					L		 	
Pa	28	Estimated tax paid (including payments made with IT-370)							 	
8	29	Treated as paid by trust beneficiaries (attach Form IT-205-T)							+	
Q B	30	Subtract line 29 from line 28							+	
Refund/Owe/Payments/Credits/Other taxes	31	New York State tax withheld. City of New York tax withheld					CONTRACT REPORT OF THE PARTY OF		+	
æ	32							32		
	33		onkers tax withheld							+
	34		lines 30 through 33)					35 ▮		
	35 26		is more than line 27, of line 35 to be refunde					36 ▮		
	36		f line 35 to be related	•				37		+
	37	Afficult of	a loca than line 27 on	1 011 1909 esi	(enclose ch	eck or money	order			
	39	38 If line 34 is less than line 27, enter amount you owe payable to NYS Income Tax)						38 . 39 .		
		r's signature	underpayment of es	Date Date	Check if self-	11-2100.0 13	Signature of fiduciary	or	Date	
Paid					employed	Sign	officer representing fi			
	Firm's name (or yours if self-employed) Preparer's social security number									
Preparer's		(21) 0 410)				Your			[
Use Only	Address			Employer ide	entification number	Return				
Jac Olliy						icuiii				
										

Sched	dule /	A — Details of federal taxable income of a fiduciary of a re purposes or attach federal Form 1041.	sident estate o	or trust.	Enter Items a	as reporte	a for federa	ıı tax
	1	Dividends		1				
	2	Interest Income		2				
	3	Income (or losses) from partnerships, other estates or other t	rusts	3				
	4	Net rent and royalty income (or loss) (attach copy of federal Schedul	le E, Form 1040).	4				
E E	5	Net business and farm income (or loss) (attach copy of federal S	Schedules C					
Income		and F, Form 1040)	1	5				
	6	Capital gain (or loss) (attach copy of federal Schedule D, Form 104	41)	6				
	7	Ordinary gain (or loss) (attach copy of federal Form 4797)		7				
	8	Other income (state nature of income)		8				
	9	Total income (add lines 1 through 8)				9		
	10	Interest		10				11144
	11	Taxes		11				
	12	Fiduciary fees		12				- 1 m
	13	Charitable deduction (from federal Form 1041, Schedule A, line 6)		13				
	14	Attorney, accountant, and return preparer fees		14				
ş	15	Other deductions (itemize on attached sheet)		15				
8	16	Total (add lines 10 through 15)				16		
≌	17	Adjusted total income (or loss) (subtract line 16 from line 9)				17		
Deductions	18	Income distribution deduction (from federal Form 1041, Schedule B,						
-		copy of federal Schedule K-1, Form 1041)		18				
	19	Estate tax deduction (attach computation)		19				
	20	Exemption (federal)		20				
	21	Total (add lines 18 through 20)				21		<u> </u>
	22	Federal taxable income of fiduciary (subtract line 21 from line 17	7). Enter on line	1, page	<u> 1</u>	22		
Sched	dule I	B — New York fiduciary adjustment of a resident or a nonresident	lent estate or tr	ust or a	<u>part-year resi</u>	dent trust		
Subtr	25 26 actio			· · · · · · · ·				
	27	Interest income on United States obligations included in fede						
	28	Other (identify)		28				T.
		Total subtractions (add lines 27 and 28)				29 (—
	30	New York fiduciary adjustment-difference between lines 26 and 29	to be entered as	total of co	lumn 5 below.	30		
1) Nan	ne and		dentifying number of each beneficiary	Shar net i	es of federal distr ncome (see instr	ributable	(5) Shares of No fiduciary adj	ew Yorl
)								
				<u> </u>				
)								
he to	otal of	column 5, Schedule C, should be the same as line 30 above.	ıciary					
(see	instr	uctions) Total	IS			100%		
A Ch	eck w	/hether: ☐ Estate ☐ Simple trust ☐ Comple	ex trust	f trust, che	eck: 🗆 Te	estamentary	□Inter	vivos
		ivos trust, enter name and address of grantor:						
C. If r	evoca	able trust which changed state or city residence during the year, enter	r the date of the	change of	residence (se	ө inst.):		
(1) (2)	□ NY □ NY (at □ NY	t status — check all boxes that apply: State full-year resident estate or trust (5 State part-year resident trust (5 State part-year resident trust (5 State full-year nonresident estate or trust (6 State full-year nonresident estate or trust	lent trust esident estate or tr	(8)	☐ City of Yonker☐ City of Yonker☐ (attach Form☐ City of Yonkers (attach Y-206	rs part-year IT-205-A) s full-year nor	resident trust	
	ıs a N	New York State fiduciary return filed for 1986? 1987?	If "No", state					
17		give complete title under which it was filed:					□ NO	

G. Has there been an acquisition of a controlling interest in the estate or trust during the tax year?

□ NO

☐ YES (see instructions)