				IT cos		
<b>F</b> an		New York State Department of Taxation and Finance		IT-205		
For a	ottice i	Fiduciary Income Tax Return  New York State • City of New York • City of Yonke	) are			
		New John State Sity of New John State	713 1991, endi	ng , 19 .		
				entification number		
		Attach packet label or print below				
		Name of estate or trust	For Estates Only Decedent's social security number			
		Address (number and street or rural route) I clo name of fiduciary or firm		licable boxes:		
		City village or post office State ZIP code		eturn \coprod Final return		
		City, village or post office State ZIP code	III you forms	do not wish to have mailed to you		
Date tru	st was	created or, for an estate, date of decedent's death: If estate was closed, or trust terminated, e	nter date:			
omputation	on of N	1 Federal taxable income of fiduciary (from back page, line 22)	. 1			
exable inc	ome of	a New York and discretions relating to amounts allocated to principal (easingtructions)				
rust (nonr state or t	esident	2 Relance (line 1 and add or subtract line 2)				
art-year n		4 Fiduciary's share of New York fiduciary adjustment (from back page, Schedule C, column 5)				
rust use form IT-20		5 New York taxable income of fiduciary (line 3 and add or subtract line 4)	. 5			
	6	State tax on line 5 amount (see instructions; full-year resident estate and trust only)	.			
		Enter New York adjusted gross income from NYAGI worksheet, line 9				
		Amount from Form IT-230, Part II, line 2 (see instructions, page 4)	6			
_	7	Allocated New York State tax (from Form IT-205-A, Schedule 1, line 13; nonresident estate and				
EST.		trust and part-year resident trust, see instructions)	1			
<b>5</b>		Enter New York adjusted gross income from NYAGI worksheet, line 9	7			
ᇋ	_	• If you completed Form IT-230, Part II, check this box (see instructions, page 4)	·			
esic	8	IT-205-A filers only  Amount from Form IT-205-A,  Schedule 1, line 10, column (a) 8				
ž ā	_	Complete line o	9			
state or trust and part-year resident trust ?redits/Other taxes		State credits (see instructions; attach schedule)				
rac L	10	State separate tax on lump-sum distributions and other add-backs (see instructions)	·   · · · · · · ·			
g g	11 12	State minimum income tax (see instructions)	12			
# E	13	Total New York State tax (add lines 10, 11 and 12)	. 13			
	14	City of New York resident tax on line 5 amount (use City of New York Tax Rate Schedule; see inst.)				
<u> </u>	'-	Amount from Form IT-230, Part II, line 2 (see instructions, page 8)	14			
캶	15	City of New York part-year resident tax (from Form IT-205-A-I, Worksheet A, line b)	. 15			
esta Cre	16	City of New York nonresident fiduciary earnings tax (from Form NYC-206)	16			
nt st	17	City of New York minimum income tax (see instructions)	17			
side Te	18	City of New York separate tax on lump-sum distributions (see instructions)	18			
resident or nonresident es Refund/Owe/Payments/Ci	19	City of Yonkers resident income tax surcharge (multiply line 13 by 15% (.15))	19			
<u>§</u> ⊴	20	City of Yonkers part-year resident tax (from Form IT-205-A-I, page 4, Worksheet C, line 11)	20			
ō Ś	21	City of Yonkers nonresident tiduciary earnings tax (from Form Y-206)	21			
E E	22	Total New York State, city of New York and city of Yonkers tax (add lines 13 through 21)				
sid Ref	23	Estimated tax paid (including payments made with Form IT-370-PF)	23			
ය බ	24	Treated as paid by trust beneficiaries (attach Form IT-205-T)	24			
5	25	Subtract line 24 from line 23				
	26	New York State tax withheld	<del>-   -   -   -   -   -   -   -   -   -  </del>			
computation	27	City of New York tax withheld				
쥳	28	City of Yonkers tax withheld	29			
Ö	29	If line 29 is more than line 22, subtract line 22 from line 29				
<u>a</u>	30	Amount of line 30 to be <b>refunded to you</b>	31			
_	31		32			
	32 33	Amount of line 30 to be credited on 1992 estimated tax	33	-		
	34	Estimated tax penalty (see instructions)				
		Preparer's signature  Date  Check if self- officer representing		Date		

Preparer's social security number

Employer identification number

Paid

Preparer's Use Only

Address

Firm's name (or yours, if self-employed)

employed

Sign

Your

Return

Signature of fiduciary or officer representing fiduciary

Attac	hac	copy of federal Schedule K-1 (Form 1041) for each beneficiary.			·					
Sch	edule	A — Details of federal taxable income of a fiduciary of a resid tax purposes or attach federal Form 1041.	lent esta	te o	r trust. Enter	items	as r	epor	ted for fed	deral
Income	1	Interest Income		1		1				
	2			2		<b>—</b>				
	3	Business income (or loss) (attach copy of federal Schedule C, Form 1	1040)							
	4	Capital gain (or loss) (attach copy of federal Schedule D, Form 1041)	,040)	4		+				
	5	Rents, royalties, partnerships, other estates and trusts, etc. (attack	h	-4	•	+				
	_	of federal Schedule E, Form 1040)	п сору	_						
	6	Farm income (or least) (start and start and st	· · · · · · ·	_5						
	7	Farm income (or loss) (attach copy of federal Schedule F, Form 1040)		6						
	_	Other income (state nature of income)				4				
	8									
	9	Total income (add lines 1 through 8)		<u></u>	<u> </u>		. 9			
	10	Interest	[	10						
	11	Taxes	[	11	- <del></del>					
	12					1				
	13	Charitable deduction	1	13		+-				
	14	Attorney, accountant, and return preparer fees			-	<del></del>				
2	15		• • • • • • •	14		+	-			
<u>ō</u>	16	Total (add lines 10 through 45)		15						
ទ		Total (add lines 10 through 15)					. 16	ļ		
5	17	The second (or read) (basilias into 10 from line 3)		• • • •	<u> </u>	<del></del>	. 17			
Deductions	18	Income distribution deduction (attach copy of federal Schedules K-1, For	rm 1041)	18						
	19	Estate tax deduction (attach computation)		19						
		Exemption (federal)								
	21	Total (add lines 18 through 20)					. 21			
_	22	Federal taxable income of fiduciary (subtract line 21 from line 17; en	ter on fro	nt na	ae line 1)		22			+
Addit	ions:	3 — New York fiduciary adjustment of a resident or a nonresident Interest income on state and local bonds other than New York (gross)						trust		
	24	Income taxes deducted on federal fiduciary return (and income	s annount i	iol III	ciuded in lederal i	псоте	1		-	+
	25	Income taxes deducted on federal fiduciary return (see instructions) Other (see instructions, page 5) Identify:	<u>)</u>	<u></u>	· · · · · · · · · · · · · · · · · · ·		. 24	ļ		+
							25			
	20	Total additions (add lines 23, 24 and 25)					. 26			
uptr	actio	<del>-</del> -	_							
	27	Interest income on United States obligations included in federal in	ncome	27						
		Other (see instructions, page 6) Identify:		28						
	29	Total subtractions (add lines 27 and 28)		<del>.</del>			29	1		
	_ 30	New York fiduciary adjustment—difference between lines 26 and 29 to be	entered a	as to	al of column 5 l	pelow	30			+
che	<u>dule (</u>	C — Shares of New York fiduciary adjustment of a resident or a	nonresi	den	estate or tru	et or	a nar	t_vea	r recident	truct
				<u> </u>						
I) Nan Che	ne and ck box		ying numbe ti beneficia		Shares of feder net income (se (3) Amount	e instru			(5) Share New ` fiducia adjust	York ary
)				$\dashv$	<u> </u>					1
<del></del>				+		-+		$\dashv$		+
					1					
he to	al of S		<del></del>	$\dashv$		<del></del> - -		$\rightarrow$		+
		Schedule C, column 5, should be the same as line 30 above ctions).		+				$-\downarrow$		<del></del>
		Totals					100	%		
		ether:   Estate   Simple trust   Complex trust		If tru	ıst, check:	☐ Tes	stame	ntary	□Inte	er vivos
. If in	iter viv	os trust, enter name and address of grantor:								
. Res	ident : □ NY S	le trust which changed state or city residence during the year, enter the distatus — check all boxes that apply:  State full-year resident estate or trust (4)   City of NY full-year resident estate.	te or trust		nge of residence					
(3)	JNYS (atta JNYS (atta	State part-year resident trust (5) ☐ City of NY part-year resident trust (attach Form IT-205-A)  State full-year nonresident estate or trust(6) ☐ City of NY full-year nonresident ech Form IT-205-A)  (attach NYC-206 if required)	st estate or tr	ust	(8) □ City of Yon (attach For (9) □ City of Yonk (attach Y-20	kers pa m IT-2( ers full- )6 if rec	irt-yea )5-A) year n	r resid	ent trust dent estate or	
Was	a Ne	w York State fiduciary return filed for 1989? 1990? If A	Vo. state r	6860	n. (auton 1-50	100	4411 OU	,		
II YE	es, giv	e complete title under which it was filed:	•							
Doe Has	s the c	estate or trust have an interest in real property located in New York State? been either a transfer or an acquisition of a controlling interest in the esta	ate or true	 t du	ing the tay year	Y	'es (se	e ins	tructions)	