

# **Allocation of Estimated Tax Payments**

IT-205-T

New York State Department of Taxation and Finance To Beneficiaries For Jan. 1 - Dec. 31, 1996, or fiscal year beginning

Name and title of titlulating  Address of Educitory (number and street or note) mate)  City, village or post office  State  Amount of estimated taxes to be allocated to beneficiaries (attach and dates states) and address of beneficiary  Beneficiary's identifying number  Amount of address of beneficiary  Beneficiary's identifying number  Amount of address of beneficiary  Amount of address of beneficiary  Amount of address of beneficiary  Protection percentage  Column C total (including amounts from additional sheet(s), if any; amount on line 2 must general and address or beneficiary or discrete representing states or beneficiary  Column C total (including amounts from additional sheet(s), if any; amount on line 2 must general amount or line 3 must general address or beneficiary  Date  Date  Date  State	For Jan. 1 - Dec. 31, 1996, or fiscal year beginning		, 1996, ending	, 19	
Total amount of estimated taxes to be allocated to beneficiaries (enter here and on Form IT-205, line 27)	Name of trust (or estate)		Employer identification number		
Total amount of estimated taxes to be allocated to beneficiaries (anter here and on Form IT-205, line 27)	Name and title of fiduciary				
Total amount of estimated taxes to be allocated to beneficiaries (enter here and on Form IT-205, line 27)	Address of fiduciary (number and street or rural route)				
Allocation to Beneficiaries (attach additional sheets if necessary)  A B B A A B B A A B B A A B B A A B A A B A B A A B A	City, village or post office State			ZIP code	
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Ketuiii	Sign Your Return				

# Instructions

## **Purpose of Form**

A trust or, for its final tax year, a decedent's estate may elect under section 685(c)(6)(D) of the Tax Law to have any part of its estimated tax payments treated as made by a beneficiary or beneficiaries. The fiduciary files Form IT-205-T to make the election. Once made, the election is irrevocable.

#### How to File

Attach Form IT-205-T to Form IT-205 **only** if you are making the election with **Form IT-205**, *Fiduciary Income Tax Return*. Otherwise, file Form IT-205-T separately.

#### When to File

Trusts must file Form IT-205-T on or before March 6, 1997, for the section 685(c)(6)(D) election to be valid.

Estates must file Form IT-205-T on or before the 65th day after the close of the tax year, upon termination of the estate.

#### Where to File

Mail all returns to: NYS Income Tax, Fiduciary Return Unit, W A Harriman Campus, Albany NY 12227-0125.

### **Specific Instructions**

**Line 1** — Enter the amount of estimated tax payments made by the trust or decedent's estate that the fiduciary elects to treat as a payment made by the beneficiaries. This amount is treated as if paid or credited to the beneficiaries on the last day of the tax year of the trust or decedent's estate.

#### **Allocation to Beneficiaries**

Column A — Name and address of beneficiary

— Group the beneficiaries to whom you are allocating estimated tax payments into two categories. First, list all of the individual beneficiaries - those who have social security numbers. Second, list all of the other beneficiaries - those who have employer identification numbers.

**Column B** — Beneficiary's identifying number

 Enter each beneficiary's social security number or employer identification number. For those beneficiaries who file a joint return, you can help the New York State Tax Department credit the proper account by providing the social security number, if known, of the beneficiary's spouse. However, this is an optional entry.

**Column C** — Amount of estimated tax payment to be allocated to beneficiary

 For each beneficiary enter the amount of estimated income tax payment credited to that beneficiary.

#### **Column D** — Proration percentage

 For each listed beneficiary, divide the amount shown in column C by the amount shown on line 1. Carry the result to four decimal places and enter the result as a percentage.

**Additional Sheets** — If you are allocating a payment of estimated taxes to more than 19 beneficiaries, list the additional beneficiaries on an attached sheet. Follow the format shown on the front of this form.

**Line 2** — Enter on line 2 the column C total, including the total from any attached sheet(s).

#### **Privacy Notification**

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions and forms, is found in Articles 22, 26, 26-A, 26-B, 30, 30-A and 30-B of the Tax Law, Article 2-E of the General City Law and 42 USC 405(c)(2)(C)(i).

The Tax Department will use this information primarily to determine and administer tax liabilities due the state and city of New York and the city of Yonkers. We will also use this information for certain tax offset and exchange of tax information programs authorized by law, and for any other purpose authorized by law.

Information concerning quarterly wages paid to employees and identified by unique random identifying code numbers to preserve the privacy of the employees' names and social security numbers will be provided to certain state agencies for research purposes to evaluate the effectiveness of certain employment and training programs.

Failure to provide the required information may result in civil or criminal penalties, or both, under the Tax Law.

This information will be maintained by the Director of the Data Management Services Bureau, NYS Tax Department, Building 8 Room 905, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829; from areas outside the U.S. and Canada, call (518) 485-6800.

# **Need Help?**

For information, call toll free 1 800 225-5829. For forms or publications, call toll free 1 800 462-8100. Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.

From areas outside the U.S. and Canada, call (518) 485-6800.

Hotline for the Hearing and Speech Impaired - If you have a hearing or speech impairment and have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Hours of operation are from 8:30 a.m. to 4:15 p.m., Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

**Persons with Disabilities -** In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call the information numbers listed above.

If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.