



Reconciliation of Estimated Income Tax Account

IT-2105.1

Name as shown on Form IT-201, Form IT-203 or Form IT-205		Identification number (SSN or EIN)	
Spouse's name		Spouse's social security number	
Date shown on account statement	Identification number (SSN or EIN) as shown on account statement <i>(see instructions)</i>		

1 Enter the amount in your estimated tax account as shown on your account statement	1		
	Date	Deposit serial number	Amount
2 Credit from previous year		2	
3 Payment	S	3	
4 Payment	S	4	
5 Payment	S	5	
6 Payment	S	6	
7 Add lines 2 through 6 <i>(see instructions)</i>			7



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Instructions

Use this form **only** if your records disagree with the amount on the IT-2105-S, *Statement of Estimated Income Tax Account*, that you received with your estimated tax packet, Form IT-2105. After you have completed this form, **immediately** fax a copy to the Account Reconciliation Unit at (518) 457-2249 or mail it to: **NYS Tax Department, Estimated Tax Unit (IT-2105.1), Building 8, Room 539, W A Harriman Campus, Albany NY 12227**. Do **not** use a pre-addressed label for this form. Do **not** attach this reconciliation to your income tax return.

Complete all the information requested. If you do not, it may result in a reduced refund, reduced credit to estimated tax or an assessment for additional tax due based on an unresolved discrepancy.

Enter the name(s) and social security number(s) as they will appear on your 1997 Form IT-201, *Resident Income Tax Return*, or Form IT-203, *Nonresident and Part-Year Resident Income Tax Return*. Provide both social security numbers if you are married filing jointly or married filing separately.

If you are filing Form IT-205, *Fiduciary Income Tax Return*, enter the name and employer identification number of the estate or trust as it will appear on the 1997 return.

Line Instructions

Line 2 — Enter the amount of your previous income tax overpayment that was credited to your current estimated tax account, as finally determined. If there was an adjustment to your previous tax return, the amount requested may differ from the amount actually credited. You should have received a notice of adjusted credit to advise you of the proper amount.

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If you are filing Form IT-205, *Fiduciary Income Tax Return*, enter the name and employer identification number of the estate or trust as it will appear on the 1997 return.

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Lines 3 through 6 — Enter the date, deposit serial number and amount of each payment you made. The **deposit serial number** is a 7-digit number preceded by the letter *S* and it appears on the face of your canceled check or money order. If you paid by money order, contact the issuing agent for this information.

Line 7 — Add lines 2 through 6; enter here and on Form IT-201, line 64, Form IT-203, line 62 or Form IT-205, line 30.

If line 7 is the **same** as line 1, your records agree with ours; claim the line 1 amount as estimated tax paid on your return. If line 7 is **different** from line 1, fax or mail this completed form **immediately** as instructed above. We will review our records and reply to you in time for you to file your return, provided we receive your Form IT-2105.1 by April 1.

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 Registration and Data 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.

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