			New York State Department of Taxation and Finance		\mathcal{L}						
_	_		Fiduciary Income Tax Return		<u>€1998</u>		ı	205			
=			New York State • City of New York • City of Yonkers		199		11-	-205			
		For th	ne full year Jan. 1, 1998, through Dec. 31, 1998, or fiscal tax year beginning	+ [and ending		\mp T	$+\sqcap$			
=			Name of estate or trust	Date	entity created						
				▼ En	nployer identification	า num	ber				
=	=	type	Name and title of fiduciary								
=			·	▼ De	ecedent's social sec	urity r	iumber	r (see inst.)			
=		ō	Address of fiduciary (number and street or rural route)	1	1 1 1 4	1 +					
=		Print	, , , , , , , , , , , , , , , , , , ,	Che	ck applicable box	 :					
		<u> </u>	City, village or post office State ZIP code		nitial return	ı	Fir	nal return			
			only, things of poor office	If you o	do not need forms mailed						
			Amondod return		next year, check box						
			Amended return Income distribution deduction (see instructions)		ber of eficiaries						
			(auacii expianauori) (see insuduuoris)			┰	┸┯	11 1 -			
			<u>A.</u>		· • —	+	-⁺				
		-	d gross income from NYAGI Worksheet, line 5 ' For office use only	B .	┼┼┼┆┼┼┼	· •	+	- !•			
			TTI-205-A, Scriedule T, line TO, Column (a)	C.	╀┼┼	٠, ــــــــــــــــــــــــــــــــــــ	_	- •			
	1 Federa	l taxable	income of fiduciary	1.		ار.	_	<u>-</u> -			
	2 New Yor	k modifica	itions relating to amounts allocated to principal	. <u>2</u> .							
	3 Balance	e (line 1 a	nd add or subtract line 2)	3.	.	ــار		-			
us	4 Fiducia	ry's shar	e of New York fiduciary adjustment (from back page, Schedule C, column 5)	4.	<u>. _ </u>	<u>. </u>		<u> . </u>			
See Instructions		-	e income of fiduciary (line 3 and add or subtract line 4)	_	. [<u>j</u> T		J			
อัน			e 5 amount (full-year resident estate and trust only)		. []	íΠ		.			
str			amount from Form IT-230, Part II, line 2 (resident estate and trust only)		<u>. </u>	1		1.			
_	8 Add line		8.	 ,	'i 🗆						
ee			ork State tax (from Form IT-205-A, Schedule 1, line 13)			.,		ا			
(C)			red Form IT-230, Part II, check this box	9.		\top					
			ach schedule)			1	_				
			from line 8 or line 9			· 'i —	+	+-			
						, –	+	-			
			ax on lump-sum distributions and other add-backs	12. 13.		, –	+	┧			
			<u>■ 13.</u> 14.	7	· i —	+	+				
			State tax (add lines 11, 12, and 13)	14.	طلك وكلك	,		1•1			
	-		esident tax on line 5 amount (see instructions) 15a. , , , , , , , , , , , , , , , , , , ,	-							
			part-year resident tax (see instructions)								
	-		nt from Form IT-230, Part II, line 2 (see instructions)								
			5b to line 16	_							
			accumulation distribution credit								
			om line 17 (if less than zero, leave blank)								
			rate tax on lump-sum distributions (see instructions) 20.,	_							
			20								
			UBT credit (from Form IT-219)								
			om line 21 (if less than zero, leave blank)	. 23.	 ,	ا إ	\perp				
	-		nonresident fiduciary earnings tax (from Form NYC-206)	24.		١, ـــا	+				
			minimum income tax (see instructions)		 		\perp				
			esident income tax surcharge from Yonkers worksheet, line e (see instructions).	26.	,	. ;		J• _			
27	City of You	onkers p	art-year resident tax (from Form IT-205-A-I, page 4, Worksheet C, line 14)	27.		<u>. </u>		J• _			
28	City of You	onkers n	onresident fiduciary earnings tax (from Form Y-206)	∎28.	<u>. </u>	<u>. į </u>					
29	Total New	York Sta	ate, city of New York and city of Yonkers tax (add line 14 and lines 23 through 28)	29.		<u>.</u> j_		J•			
			(including payments made with Form IT-370-PF)			<u>j</u>]		J•LL□			
31			ments allocated to beneficiaries (from Form IT-205-T)			<u> </u>					
32			om line 30			íΠ					
33			x credit (from Form IT-217, line 19; attach form)		 ,	íΠ].[
			x withheld Identify:	34.		·1	\top	1.			
_			tax withheld			1	\top	1.			
			ax withheld		 ,	1	\top	1.			
			hrough 36)			· 'i —	+	+			
			• ,			·;—	+	1			
			han the total of lines 29 and 42, enter the overpayment	∎39.		· ; —	+	1°├ ─┤			
			∎39. ∎40.		· ; —	+	╬┼┼				
40	Amount of line 38 to be credited to 1999 estimated tax										
			an the total of lines 29 and 42, enter amount you owe payable to NYS income fax)	41.	ــــــــــــــــــــــــــــــــــــــ	,	—	1•1			

()															
,	Attach a copy of federal Schedule K-1 (Form 1041) for each beneficiary.														
	Schedule A — Details of federal taxable income of a fiduciary of a resident estate or trust. Enter items as reported for federal tax purposes or attach federal Form 1041.														

			Allach a	сору ог	lederal	Sched	uie n	-1 (FOII	II IC	<i>1</i> 41) 10	or eac	n be	nen	ciary	<i>'</i> .											_
			Schedul																							
			Enter items as reported for federal tax purposes or attach fed										For	m '	<u>104</u>	<u>1. </u>	Т	$\overline{}$	11		_					
		=	_														43.		_ ; _	+	+	<u>-</u>	+	Ⅎ・⊦		_
				Divider				· · · · · · · · · · · · · · · · · · ·									44.		_ ; _	+	+	<u>-</u>	+	Ⅎ・⊦		_
				Busine		-			-							, –	45.		_ • -	+	+	<u>i</u>	+	Ⅎ℉		-
			_	Capital	•	,	•								,	• • • •	46.		_ , _		Щ	<u>;</u>		•		-
			<u> 2</u> 47	Rents,	-												47			$\overline{}$	\top	Т	\neg		1	_
					deral Sch			,								–	47.		- ; -	+	+	<u>i</u>	+	Ⅎ・⊦		_
				Farm in	-	•										_	48.		- , -	+	+	i	\dashv	Ⅎႃႃ		-
		=		Ordina		•											49. 50.		- , -	+	+	i	\dashv	Ⅎႃႃ		-
				Other i Total in															- i -	+	+	<u>-</u>	\dashv	+		-
	EO	Interest								2.		11 110	nii pe	age, i		<u>/</u>	31.		_,_		—	<u>, </u>		•	- 1	-
										3.	─ ;-		— <u>i</u> –		—՝⊦											
		Taxes							· · ·	64.	─ ;-		— <u>i</u> –		—՝⊦											
		Fiduciary fee Charitable de								55.	<u> </u>	H	— i –		⊣ †											
									–	6.	─ ;-		— <u>i</u> –		—՝⊦											
Deductions	56 Attorney, accountant, and return preparer fees57 Other deductions (itemize on an attached sheet)									7.	<u> </u>	++	— į –		⊣ ⁺⊦											
퓽					3	77.	<u> </u>		_,_		•															
퓱	58	Income distri														1	l									
ĕ		Schedules I								8.		1 1	_ i -													
		Estate tax de								9.	 ∤	+	<u> </u>													
		Exemption (f									⊥-; <u> </u>		_ ;_		•		0.4		1	\neg	\top	1 1	$\overline{}$	11	1	_
		Total (add line															61.		- i -	+	+	! —	\dashv	•		-
6-1		Federal taxa										_	_						,-			<u>; </u>		•		_
		e B — New Y																year	16:	Side	;111	Tus	1	П		_
Ë		Interest incom							-							,	63.		_ • -	+	+	<u> </u>	\dashv	Ⅎ・⊦		-
Ĕ		Income taxes			luciary	retur	n <i>(see in</i>	stru	ctions)						_	64.		_ • -	+	╆	<u> </u>	+	Ⅎႃႃ		_	
Additions		65 Other (see instructions) Identify:										65.		- • -	+	┿	<u> </u>	\dashv	•		-					
					es 63, 64, and 65)												,		•		_					
ë	67	Interest inco				•			Γ <u>-</u>			1 1														
ਹੁੰ		included in				<u></u>	· · · · · ·	<u></u>		57.	 ∤	+	<u> </u>													
ţ		Other (see in	,	•					_	8.	⊥-; <u> </u>		_ ;_		•				1	\neg	\top	1 1	$\overline{}$	11	1	_
Subtractions		Total subtrac															69. 70		- • -	+	┿	<u> </u>	\dashv	•		-
		New York fidue e C — Share															70.		_ ;_		<u></u>	<u>; </u>	oide	ol nt t	ruct	_
SU	ledui				-			it Oi a i	6210	Jeni (or a n	OHIE	Siu	ent							yea					_
Attach additional sheets if necessary. (2) Id								entifying	Shares of f tifying number net income									(5) Shares of New York								
(1) Name and address of each beneficiary. New York City of Check box if beneficiary is a nonresident of: State New York Yonkers								of each beneficiary											fiduciary adjustment							
(a)									(3) Amou				anount			(+)	4) Percent						-			
(b)																					-					-
-	total of	Sahadula C. aali	ımı E ahai	uld bo tho		Cobodul			,	Fiduc	iarv										_					-
The total of Schedule C, column 5, should be the same as Schedule B, line 70 above. (See instructions.)							Fiduciary Totals								10	00%	+					-				
			(- /												-									-
Α.	If inter	vivos trust, ent	er name a	and addre	ess of gra	antor: _																				
В.	If revo	cable trust which	h change	d state o	r city resi	idence	during	the year	, ent	er the	date o	f the	cha	nge d	of resi	dence	(see	inst.,	pag	je 1):	_					
		ent status — ch	-		-		Ū	•						Ū			•			,						
		NYS full-year re			,	(4)	NYC	full-year	resi	dent e	state or	trust	t		(7)	Yonl	kers f	ull-ye	ar re	eside	∍nt €	state	or t	rust		
	(2) ☐ NYS part-year resident trust (5) ☐ NYC part-year resident trust										(8)	Yonk	ers p	art-y	ear	resid	lent	trust								
	(3) 🗌	NYS full-year ne	onresident	estate or	trust	(6)	NYC	full-year	non	resider	nt estat	e or t	rust		(9)	Yonl	cers f	ull-ye	ar n	onre	side	nt es	state	or tr	ust	
D.	If an e	state, indicate I	ast known	address	of dece	dent																				_
E.	Nonres	sident estate - i	ndicate sta	ate of res	sidency _																					_
F. /	Attach	a list of executo	ors or trus	tees with	their ad	dresses	s and s	social sec	curity	/ numl	oers.															
	Doid	Preparer's sig	nature			Date		Mark "X"	if self	-		Si	gnatu	re of f	iduciary	or offi	cer re	oreser	nting	fiduc	iary					-

Paid Preparer's Sign Firm's name (or yours, if self-employed) Preparer's social security number Use Only Here Date Daytime phone number (optional) Address Employer identification number