



Report of Estimated Tax for Nonresident Individual Partners and Shareholders For Payments on Behalf of Nonresident Individuals Only of Personal Income Tax and Metropolitan Commuter Transportation Mobility Tax (MCTMT)

Due date (mark an X in one box): April 15, 2015 [] June 15, 2015 [] September 15, 2015 [] January 15, 2016 []

Table with 4 rows and 3 columns: Legal name of partnership or New York S corporation, Employer identification number, Trade name of business if different from legal name above, Contact name, Address, Contact phone number, City, village, or post office, State, ZIP code, Contact e-mail address. Includes checkbox for S corporation.

You must complete Forms IT-2658-NYS and IT-2658-MTA, whichever are applicable (see instructions). Submit all applicable schedules with this return.

NYS estimated personal income tax

Form with 3 rows: 1 Total number of partners/shareholders from all Form(s) IT-2658-NYS, 2 Total New York source income, 3 Total estimated personal income tax paid from all Form(s) IT-2658-NYS.

Estimated MCTMT

Form with 3 rows: 4 Total number of partners from all Form(s) IT-2658-MTA, 5 Total net earnings from self-employment allocated to the MCTD, 6 Total estimated MCTMT paid from all Form(s) IT-2658-MTA.

Total payment

7 Total payment (add lines 3 and 6)

Table with 4 columns: Third-party designee?, Print designee's name, Designee's phone number, Personal identification number (PIN). Includes Yes/No checkboxes and E-mail field.

Form for Paid preparer: Paid preparer must complete (see instr.), Date, Preparer's signature, Preparer's NYTPRIN, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Mark an X if self-employed, E-mail.

Form for Sign here: Sign here, Signature of general partner, member, or authorized person, Date, Daytime phone number, E-mail.

Make your check or money order payable to: Commissioner of Taxation and Finance

Mail this form to: NYS ESTIMATED INCOME TAX PROCESSING CENTER PO BOX 4123 BINGHAMTON NY 13902-4123

