11/01/2013



New York State Department of Taxation and Finance

New York State Fiduciary Modernized e-File (MeF) Software Vendor Acceptance Test Booklet For Tax Year 2013



The test package includes information for electronic filers testing Fiduciary returns through the Modernized e-File (MeF) platform (Assurance Testing System, ATS.) It includes XX test scenarios meeting the required test criteria, based on the currently approved New York schemas, for acceptance into the New York Fiduciary Fed/State e-File Program. It is not required that software provide for all forms or schedules, nor for all occurrences of a particular form or schedule.

Who must test

All software developers participating in the NYS e-file Program must test. Prior to testing, all software developers and transmitters must have obtained an Electronic Transmitter Identification Number (ETIN) and an Electronic Filer Identification Number (EFIN) from the IRS.

What to test

The tests verify that the e-file software creates a complete return, carries appropriate values from one line/form to another, formats and transmits NYS returns according to the XML specifications. Software developers must test all the NYS e-file forms that they support. Before testing you should inform NYS which e-file forms you support by sending the Letter of intent by email to NYSFIDMEF@tax.ny.gov

If you do not support one or more of the forms associated with a test, submit the test without the unsupported form(s). Please contact NYS if you desire to send additional test returns not covered in this test package. You **MUST** include the submission ID number in your e-mail for each test case you have submitted for review.

Please refer to Publication 90 For more information.

Test scenarios

This test package contains XX test scenarios consisting of different attachments. A complete copy of federal return is required with all NYS returns. All Binary attachments must be submitted in PDF format.

When to test

There is no cutoff date for testing with NYS, as long as the IRS is still accepting test returns. We do not require software developers to pass federal testing before testing with NYS. Software developers may conduct federal and state testing concurrently if the IRS allows it.

Transmitting test files

Software developers must transmit NYS test files through the IRS Mef system. You will get an acknowledgment from the IRS. If your test file is accepted by the IRS, NYS will retrieve your test files. If your test file is rejected by the IRS, you must correct the error and re-transmit. You may transmit an incomplete set of test cases during testing. However, a final complete set of acceptable test returns must be submitted in order to be accepted into the NYS e-file Program. When your test has been transmitted to the IRS, you must send an email to: NYSFIDMEF@tax.ny.gov This email **MUST** include the test submission ID numbers for **ALL** test cases submitted, and any deviation from the test data. If your test is significantly different that the DTF test example, it would help to include a pdf of your test document in the e-mail, showing the main and supporting forms with data that you sent in your submission. We will retrieve test submissions by submission ID number from the IRS, so it is imperative that you include **ALL** test submission ID numbers in your e-mail to NYS. If we do not receive the submission ID number from you, we cannot retrieve the test submission and will not be able to review it.

Communicating test results

NYS will conduct testing on NYS forms and inform each software developer of its testing results by email. NYS will inform software developers of the receipt of a test file, and the test results will be emailed to the software developers as soon as possible.

Test acknowledgment

NYS will not send acknowledgments (ACK files) for test file received.

Approval of e-file software

In order to be accepted into the NYS e-file program, software developers are required to successfully complete the NYS testing, in addition to completing the IRS testing. Once software developers successfully complete the NYS test, NYS will inform them by email that their e-file software has been approved for NYS e-file. Accepted software will be listed by NYSDTF based on number of forms supported from highest to lowest.

TY13 NYS ATS Test Case Chart												
Case	Return	Supporting Forms										
004-32-1115	IT-370-PF with payment											
004-32-1116	IT-370 -PF w/o payment											
004-32-1117	IT-205											
004-32-1118	IT-205	IT-2105.9(Regular method)										
004-32-1119	IT-205	IT-2105.9(Short method)										
004-32-1120	IT-205(Amended)											
004-32-1121	IT-205(Short Tax year)											
004-32-1122	IT-205	IT-205-A										
004-32-1123	IT-205	IT-205-C										
004-32-1124	IT-205	IT-205-A	IT-205-C									
004-32-1125	IT-205	IT-219	IT-135									
004-32-1126	IT-205	IT-220										
004-32-1127	IT-205	IT-607										
004-32-1128	IT-205	IT-611.1										
004-32-1129	IT-205	IT-223	IT-637									
004-32-1130	IT-205	IT-611	IT-612									
004-32-1131	IT-205	W-2	1099-R	W-2G	1099G		ļ					

004-32-1115 SPECIAL INSTRUCTIONS

Extension filed with balance due for a Calendar year filer

Populate the following fields for ACH payment

ACH_IND-1 RFND_OWE_IND-2 ELC_AUTH_EFCTV_DT: 04-10-2014 PYMT_AMT: \$1250 BAL_DUE_AMT\$1250 TOT_PYMT_AMT\$1250 ABA_NMBR: 011001742 BANK_ACCT_NMBR: 10743 ACCT_TYPE_CD: 1 BNK_ACCT_ACH_IND:1 PHONE#: 516-355-2459

If fiduciary signs the return using professional /On line product- transmit the following fields

TP_SGN_IND(IT-370PFBO) AUTHOFCR_FRST_NAME&AUTHOFCR_LAST_NAME (rtnHeader)

If ERO/Preparer signs the return using professional product transmit the following fields

IT-370PFBO ERO_SGN_IND PREP_SSN_NMBR PAID_PREPARER_ID PREP_SGN_IND PP_EMAIL_ADR

rtnHeader PREP_LN_1_ADR PREP_CTY_ADR FIRM_NAME PP_NAME PREP_SELF_EMP_IND PREP_SIGN_DT PREP_ST_ADR PREP_ZIP_4_ADR PREP_ZIP_5_ADR PREP_EIN_IND PP_PH_NMBR



Application for Automatic Extension of Time to File for Partnerships and Fiduciaries (with instructions)

Instructions

General information

Purpose – File Form IT-370-PF on or before the due date of the return to get an automatic extension of time to file Form IT-204, *Partnership Return*, or Form IT-205, *Fiduciary Income Tax Return*.

Form IT-370-PF automatically extends the due date for filing Form IT-204 and Form IT-205, for **five** months. However, electing large partnerships that are allowed an automatic six-month extension for federal purposes will also be allowed an automatic six-month extension for filing Form IT-204.

Note: We no longer accept a copy of the federal extension form in place of Form IT-370-PF.

If you have to file Form Y-206, *Yonkers Nonresident Fiduciary Earnings Tax Return*, the time to file is automatically extended when you file Form IT-370-PF. For more information on who is required to file Form Y-206, see the instructions for the form.

You may file Form IT-204 or Form IT-205 any time before the extension period ends. An extension of time to file Form IT-204 or IT-205 will not extend the time for filing New York State income tax returns of partners of a partnership or the beneficiaries of an estate or trust.

When to file – File a completed Form IT-370-PF on or before the filing deadline for the return (extension applications filed after the filing deadline for the return are invalid). Generally, the filing deadline is the fifteenth day of the fourth month following the close of your tax year (for calendar-year filers, April 15, 2014).

However, you may file Form IT-370-PF on or before June 16, 2014, if you are a **nonresident alien estate or trust** and you qualify to file your federal and New York State income tax returns on June 16, 2014. See *Special condition codes* on the back.

How to file – Complete a separate Form IT-370-PF for each partnership (including limited liability companies (LLCs), limited liability investment companies (LLICs), and limited liability trust companies (LLTCs) treated as partnerships), each limited liability partnership and each estate or trust for which you are requesting an extension of time to file. Form IT-205 filers - Form IT-370-PF must be filed with payment for any tax owed on or before the due date of the return (see the worksheet instructions on the back).

Penalties

Estates and trusts late payment penalty – If an estate or trust does not pay the income tax liability when due (determined with regard to any valid extension of time to pay), it will have to pay a penalty of ½ of 1% of the unpaid amount for each month or part of a month it is not paid, up to a maximum of 25%. The penalty will not be charged if reasonable cause for

paying late can be shown. This penalty is in addition to the interest charged for late payments.

Reasonable cause will be presumed with respect to the addition to tax for late payment of income tax if the requirements relating to extensions of time to file have been complied with, the balance due shown on the income tax return, reduced by any sales or use tax that is owed, is no greater than 10% of the total New York State, New York City, and Yonkers tax shown on the income tax return, and the balance due shown on the income tax return is paid with the return.

Estates and trusts late filing penalty – If you do not file Form IT-205 when due (determined with regard to any extension of time to file), or if you do not file Form IT-370-PF on time and obtain an extension of time to file, you will have to pay a penalty of 5% of the income tax due for each month, or part of a month, the return is late up to a maximum of 25%.

However, if the return is not filed within 60 days of the time prescribed for filing a return (including extensions), this penalty will not be less than the lesser of \$100 or 100% of the amount required to be shown as income tax due on the return reduced by any income tax paid and by any credit that may be claimed. The penalty will not be charged if reasonable cause for filing late is shown.

Partnerships – A partnership that is required to file Form IT-204 and: (1) fails to file that return on time, including any extension of time, or (2) files a return that is incomplete and fails to show the information required under section 658(c), will have to pay a penalty. The penalty will be imposed for each month or part of a month, up to a maximum of 5 months, that the failure continues. The amount of the penalty for each month will be calculated by multiplying \$50 by the total number of partners in the partnership during any part of the partnership's tax year who were also subject to New York personal income tax during any part of the tax year. The penalty will not be charged if reasonable cause for filing late is shown.

Interest – Interest will be charged on any income tax or sales or use tax that is not paid on or before the due date of your return, even if you received an extension of time to file your return. Interest is a charge for the use of money and in most cases may not be waived. Interest is compounded daily and the rate is adjusted quarterly.

Fee for payments returned by banks – The law allows the Tax Department to charge a \$50 fee when a check, money order, or electronic payment is returned by a bank for nonpayment. However, if an electronic payment is returned as a result of an error by the bank or the department, the department won't charge the fee. If your payment is returned, we will send a separate bill for \$50 for each return or other tax document associated with the returned payment.

	▼ Deta	ach here ▼ Do not att	ach to your return.				
Application for Time to File for	Automatic Ex	tension of and Fiduciaries	Mark an X in one box for th	ne form you will be filing:	IT-370-PF		
Paid preparer? Mark an X in the box an	d complete the back						
Partnership, estate or trust ID number (EIN)	Date fiscal year begins	Date fiscal year ends	-	Enter your 2-character special condition code if applicable (see instructions)			
004-32-1115	01/01/2013	12/31/2013		<i>autorio</i> /			
Name of partnership, estate, or trust		Mark an X in the box for each tax that the estate or trust is subject to:					
TEST EXTENSION ES	TATE		New York State tax 🔳 New York City tax 🔲 Yonkers ta				
Name and title of fiduciary			New York State tax	New York City tax	Yonkers tax		
FIRST TRUSTCO BAN	K ,TRUSTEE			Dolla	rs Cents		
Mailing address (number and street or rural ro	,	ry Apartment number		100	. 00		
123 MAIN ST		1 Sales and use ta	IX	• • •			
City, village, or post office (see instructions)	State	ZIP code	— 0. Tatal a sum ant	1250	. 00		
FORT EDWARD	NY	12828	2 Total payment .		. 00		
E-mail: TEST@BATS COM	1						



Instructions (continued)

Specific instructions

See the instructions for your tax return for the *Privacy notification* or if you need help contacting the Tax Department.

Filling in your form – Please use black ink (and never use red ink) when making entries on this form.

Name and address box – Partnerships must enter the employer identification number (EIN), name, and address of the partnership. Estates and trusts must enter the estate's or trust's EIN and the name of the estate or trust exactly as shown on federal Form SS-4. Also enter the address of the fiduciary or firm in the spaces provided.

To ensure that any payment made with this extension is properly credited, this information must agree with the information on the return you are filing. Failure to provide an identification number may invalidate this extension. If the entity does not have an EIN but has applied for one, enter **applied for.**

Foreign addresses – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office* box). Follow the country's practice for entering the postal code. **Do not abbreviate the country name**.

If the entity files on a fiscal year basis, enter the beginning and ending dates of the fiscal year in the appropriate boxes.

Special condition codes – If you are an electing large partnership, enter special condition code **B5**. If you are a nonresident alien estate or trust and your filing due date is June 16, 2014, **and** you need an additional five months to file (November 17, 2014), enter special condition code **E4**. Also enter special condition code **E4** on Form IT-205.

Worksheet instructions

Form IT-205 filers only – Complete the following worksheet to determine if the estate or trust must make a payment with Form IT-370-PF.

If you enter an amount on lines 1, 2, or 3 of this worksheet, mark an \boldsymbol{X} in the appropriate box on the front of this form.

Line 1 – Enter the amount of your New York State income tax liability for 2013 that you expect to enter on Form IT-205, line 14.

Line 2 – Enter the amount of your New York City income tax liability for 2013 that you expect to enter on Form IT-205, lines 23 and 24.

Line 3 – Enter the amount of your Yonkers income tax liability for 2013 that you expect to enter on Form IT-205, lines 25 through 27.

Line 4 – Enter the amount of sales or use tax, if any, that you will be required to report when you file your 2013 return. See the instructions for your NYS fiduciary income tax return for information on how to compute your sales and use tax. Also enter this amount on line 1 on the front of this form.

Line 6 – Enter the amount of 2013 income tax already paid that you expect to enter on Form IT-205, line 37 (excluding the amount paid with Form IT-370-PF).

	Worksheet	
1	New York State income tax liability for 2013 1	
2	2 New York City income tax liability for 2013 2.	
3	3 Yonkers income tax liability for 2013 3.	
4	Sales and use tax due for 2013 (enter this amount here and on line 1 on the front)	
5	5 Total taxes (add lines 1 through 4) 5.	
6	Total 2013 income tax already paid 6.	
7	 Total payment (subtract line 6 from line 5 and enter this amount here and on line 2 on the front). If line 6 is more than line 5, enter 0	
-		

Note: You may be subject to penalties if you underestimate the balance due.

How to claim credit for payment made with this form

Include the amount paid with Form IT-370-PF on Form IT-205, line 30. For more information, see the line instructions for Form IT-205.

Where to file

If you are enclosing a payment with this extension request, mail Form IT-370-PF with your payment to: EXTENSION REQUEST, PO BOX 4125, BINGHAMTON NY 13902-4125.

If not enclosing a payment with this extension request, mail Form IT-370-PF to: EXTENSION REQUEST - NR, PO BOX 4126, BINGHAMTON NY 13902-4126.

For information about private delivery services, see Publication 55, *Designated Private Delivery Services.*

IT-370-PF (2013) (back)

▲ Detach here ▲ Do not attach to your return.

Payment options – An estate or trust must make full payment of any balance due with this automatic extension of time to file. Pay by check or money order made payable to *New York State Income Tax* and write the estate's or trust's EIN and *2013 Income Tax* on it.

Paid preparers – When signing Form IT-370-PF, you must enter your New York tax preparer registration identification number (NYTPRIN) if you

are required to have one. Also, you must enter your federal preparer tax identification number (PTIN) if you have one; if not, you must enter your social security number.

Paid preparers may be subject to a penalty for failure to conform to certain requirements. For more information, see Publication 58, *Information for Income Tax Return Preparers.*

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



004321116

SPECIAL INSTRUCTIONS

Extension is filed for a fiscal year filer

No balance due for this extension.



Application for Automatic Extension of Time to File for Partnerships and Fiduciaries (with instructions)

Instructions

General information

Purpose – File Form IT-370-PF on or before the due date of the return to get an automatic extension of time to file Form IT-204, *Partnership Return*, or Form IT-205, *Fiduciary Income Tax Return*.

Form IT-370-PF automatically extends the due date for filing Form IT-204 and Form IT-205, for **five** months. However, electing large partnerships that are allowed an automatic six-month extension for federal purposes will also be allowed an automatic six-month extension for filing Form IT-204.

Note: We no longer accept a copy of the federal extension form in place of Form IT-370-PF.

If you have to file Form Y-206, *Yonkers Nonresident Fiduciary Earnings Tax Return*, the time to file is automatically extended when you file Form IT-370-PF. For more information on who is required to file Form Y-206, see the instructions for the form.

You may file Form IT-204 or Form IT-205 any time before the extension period ends. An extension of time to file Form IT-204 or IT-205 will not extend the time for filing New York State income tax returns of partners of a partnership or the beneficiaries of an estate or trust.

When to file – File a completed Form IT-370-PF on or before the filing deadline for the return (extension applications filed after the filing deadline for the return are invalid). Generally, the filing deadline is the fifteenth day of the fourth month following the close of your tax year (for calendar-year filers, April 15, 2014).

However, you may file Form IT-370-PF on or before June 16, 2014, if you are a **nonresident alien estate or trust** and you qualify to file your federal and New York State income tax returns on June 16, 2014. See *Special condition codes* on the back.

How to file – Complete a separate Form IT-370-PF for each partnership (including limited liability companies (LLCs), limited liability investment companies (LLICs), and limited liability trust companies (LLTCs) treated as partnerships), each limited liability partnership and each estate or trust for which you are requesting an extension of time to file. Form IT-205 filers - Form IT-370-PF must be filed with payment for any tax owed on or before the due date of the return (see the worksheet instructions on the back).

Penalties

Estates and trusts late payment penalty – If an estate or trust does not pay the income tax liability when due (determined with regard to any valid extension of time to pay), it will have to pay a penalty of ½ of 1% of the unpaid amount for each month or part of a month it is not paid, up to a maximum of 25%. The penalty will not be charged if reasonable cause for

paying late can be shown. This penalty is in addition to the interest charged for late payments.

Reasonable cause will be presumed with respect to the addition to tax for late payment of income tax if the requirements relating to extensions of time to file have been complied with, the balance due shown on the income tax return, reduced by any sales or use tax that is owed, is no greater than 10% of the total New York State, New York City, and Yonkers tax shown on the income tax return, and the balance due shown on the income tax return is paid with the return.

Estates and trusts late filing penalty – If you do not file Form IT-205 when due (determined with regard to any extension of time to file), or if you do not file Form IT-370-PF on time and obtain an extension of time to file, you will have to pay a penalty of 5% of the income tax due for each month, or part of a month, the return is late up to a maximum of 25%.

However, if the return is not filed within 60 days of the time prescribed for filing a return (including extensions), this penalty will not be less than the lesser of \$100 or 100% of the amount required to be shown as income tax due on the return reduced by any income tax paid and by any credit that may be claimed. The penalty will not be charged if reasonable cause for filing late is shown.

Partnerships – A partnership that is required to file Form IT-204 and: (1) fails to file that return on time, including any extension of time, or (2) files a return that is incomplete and fails to show the information required under section 658(c), will have to pay a penalty. The penalty will be imposed for each month or part of a month, up to a maximum of 5 months, that the failure continues. The amount of the penalty for each month will be calculated by multiplying \$50 by the total number of partners in the partnership during any part of the partnership's tax year who were also subject to New York personal income tax during any part of the tax year. The penalty will not be charged if reasonable cause for filing late is shown.

Interest – Interest will be charged on any income tax or sales or use tax that is not paid on or before the due date of your return, even if you received an extension of time to file your return. Interest is a charge for the use of money and in most cases may not be waived. Interest is compounded daily and the rate is adjusted quarterly.

Fee for payments returned by banks – The law allows the Tax Department to charge a \$50 fee when a check, money order, or electronic payment is returned by a bank for nonpayment. However, if an electronic payment is returned as a result of an error by the bank or the department, the department won't charge the fee. If your payment is returned, we will send a separate bill for \$50 for each return or other tax document associated with the returned payment.

	▼ Deta	ch here ▼ Do not atta	ach to your return.				
Application for Time to File for	Automatic Ext	tension of and Fiduciaries	Mark an X in one box for the form you will be Form IT-204	filing: IT-370-PF			
Paid preparer? Mark an X in the box and			Enter your 2-character special conditio	n code			
Partnership, estate or trust ID number (EIN) 004-32-1116	Date fiscal year begins 04/01/2013	Date fiscal year ends 03/31/2014	if applicable (see instructions)	•			
Name of partnership, estate, or trust		Mark an X in the box for each tax that the estate or trust is subject to:					
JOHN SMITH TRUST			New York State tax New York City tax Yonkers tax				
Name and title of fiduciary MAC ASSICIATES, TRU	JSTEE			Dollars Cents			
Mailing address (number and street or rural rou 1234 STREET DR APT		1 Sales and use tax	. 00				
City, village, or post office (see instructions)	State NY	ZIP code 12205	2 Total payment	. 00			
E-mail: SMITH@BATS COM			-				



Instructions (continued)

Specific instructions

See the instructions for your tax return for the *Privacy notification* or if you need help contacting the Tax Department.

Filling in your form – Please use black ink (and never use red ink) when making entries on this form.

Name and address box – Partnerships must enter the employer identification number (EIN), name, and address of the partnership. Estates and trusts must enter the estate's or trust's EIN and the name of the estate or trust exactly as shown on federal Form SS-4. Also enter the address of the fiduciary or firm in the spaces provided.

To ensure that any payment made with this extension is properly credited, this information must agree with the information on the return you are filing. Failure to provide an identification number may invalidate this extension. If the entity does not have an EIN but has applied for one, enter **applied for.**

Foreign addresses – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office* box). Follow the country's practice for entering the postal code. **Do not abbreviate the country name**.

If the entity files on a fiscal year basis, enter the beginning and ending dates of the fiscal year in the appropriate boxes.

Special condition codes – If you are an electing large partnership, enter special condition code **B5**. If you are a nonresident alien estate or trust and your filing due date is June 16, 2014, **and** you need an additional five months to file (November 17, 2014), enter special condition code **E4**. Also enter special condition code **E4** on Form IT-205.

Worksheet instructions

Form IT-205 filers only – Complete the following worksheet to determine if the estate or trust must make a payment with Form IT-370-PF.

If you enter an amount on lines 1, 2, or 3 of this worksheet, mark an \boldsymbol{X} in the appropriate box on the front of this form.

Line 1 – Enter the amount of your New York State income tax liability for 2013 that you expect to enter on Form IT-205, line 14.

Line 2 – Enter the amount of your New York City income tax liability for 2013 that you expect to enter on Form IT-205, lines 23 and 24.

Line 3 – Enter the amount of your Yonkers income tax liability for 2013 that you expect to enter on Form IT-205, lines 25 through 27.

Line 4 – Enter the amount of sales or use tax, if any, that you will be required to report when you file your 2013 return. See the instructions for your NYS fiduciary income tax return for information on how to compute your sales and use tax. Also enter this amount on line 1 on the front of this form.

Line 6 – Enter the amount of 2013 income tax already paid that you expect to enter on Form IT-205, line 37 (excluding the amount paid with Form IT-370-PF).

	Worksheet	
1	New York State income tax liability for 2013 1	
2	2 New York City income tax liability for 2013 2.	
3	3 Yonkers income tax liability for 2013 3.	
4	Sales and use tax due for 2013 (enter this amount here and on line 1 on the front)	
5	5 Total taxes (add lines 1 through 4) 5.	
6	Total 2013 income tax already paid 6.	
7	 Total payment (subtract line 6 from line 5 and enter this amount here and on line 2 on the front). If line 6 is more than line 5, enter 0	
-		

Note: You may be subject to penalties if you underestimate the balance due.

How to claim credit for payment made with this form

Include the amount paid with Form IT-370-PF on Form IT-205, line 30. For more information, see the line instructions for Form IT-205.

Where to file

If you are enclosing a payment with this extension request, mail Form IT-370-PF with your payment to: EXTENSION REQUEST, PO BOX 4125, BINGHAMTON NY 13902-4125.

If not enclosing a payment with this extension request, mail Form IT-370-PF to: EXTENSION REQUEST - NR, PO BOX 4126, BINGHAMTON NY 13902-4126.

For information about private delivery services, see Publication 55, *Designated Private Delivery Services.*

IT-370-PF (2013) (back)

▲ Detach here ▲ Do not attach to your return.

Payment options – An estate or trust must make full payment of any balance due with this automatic extension of time to file. Pay by check or money order made payable to *New York State Income Tax* and write the estate's or trust's EIN and *2013 Income Tax* on it.

Paid preparers – When signing Form IT-370-PF, you must enter your New York tax preparer registration identification number (NYTPRIN) if you

are required to have one. Also, you must enter your federal preparer tax identification number (PTIN) if you have one; if not, you must enter your social security number.

Paid preparers may be subject to a penalty for failure to conform to certain requirements. For more information, see Publication 58, *Information for Income Tax Return Preparers.*

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



004321117

SPECIAL INSTRUCTIONS

Entire trust is a Grantor trust and is a Calendar year filer.

Complete the entity information at the top of the form and item G on the back of the form.

	2012	New York State Departm				k Stato • N	lew You	rk City • Yonke	rs IT-205
	of entity Form 1041:	For the full year Jan. 1, 201						13 and end	
	ecedent's estate	Name of estate or trust (a				9		Date entity cre	0
	imple trust	OLIVE M GRANTOR 1	RUST					01	/01/2003
	omplex trust	Name and title of fiduciar			Identification number of estate or trust				
	ualified disability trust	JOHN TAYLOR TR	USTEE		004321117				
	SBT (S portion only)	Address of fiduciary (num	ber and street or rural ro	oute)				Decedent's social s	ecurity number (SSN) (see instr.)
	rantor type trust	495 CENTRALAVE							
	ankruptcy estate-Ch. 7	City, village, or post office				code			he applicable box:
	ankruptcy estate-Ch. 11	ALBANY	N	Y	122	205		Initial return	
P	ooled income fund	Country:							s of section 605(b)(3)(D)
Ame	nded return	Income distribution deduction			Number of		Qualifyir for filing	ng special condition your 2013 tax	
	nit explanation)	(see instructions, Form IT-205-I)			beneficiaries		return (s	ee instructions)	
		om back page, line 51)					E E	<u>A</u>	.00
	-	ted gross income from N						B	.00
		rm IT-205-A, Schedule						C	.00
		income of fiduciary (from						1	.00
		ications relating to amound add or subtract line 2) .						2 3	.00
	,	e of New York fiduciary						4	.00 .00
	•	le income of fiduciary (lin	•			,		5	.00
ns		5 amount <i>(full-year resid</i>						6	.00
tio		amount from Form IT-23						7	.00
nc		7						8	.00
ee instruction		ork State tax (from Form						•	100
eir		ed Form IT-230, Part 2,					Г	9	.00
s 1		state credits (submit sche						10	.00
		from line 8 or line 9						11	.00
1	2 State separate t	ax on lump-sum distribu	tions and other ad	dback	s			12	.00
		income tax						13	.00
1	4 Total New York S	State tax (add lines 11, 12	, and 13; see instruct	tions) .				14	.00
15a	New York City reside	ent tax on line 5 amount (s	see instructions)	15a			.00		
		-year resident tax (see in		15b			.00		or money order Y State Income
16	New York City amount	t from Form IT-230, Part 2, li	ne 2 (see instructions)	16			. 00	<i>Tax</i> ; write the	e estate or trust's
		b to line 16		17			.00	employer ide	ntification number
		umulation distribution cr		18			. 00	and 2013 Fig	luciary Income Tax ie Form IT-205-V and
		om line 17 <i>(if less than ze</i>	,	19			. 00		e payment and the
		te tax on lump-sum distribut		20			.00	completed re	turn to the appropriate
		20		21			.00	address in the	e instructions.
		BT credit <i>(from Form IT-21</i> om line 21 <i>(if l</i> ess <i>than ze</i>					. 00	22	00
		imum income tax (see in	,					23 24	.00
		ncome tax surcharge fro						25	.00 .00
		resident tax (from Form I						26	.00
		ent fiduciary earnings tax						27	.00
		(see instructions on page 2						28	.00
		onkers taxes, and sales	,					29	.00
		(including payments made			-			30	.00
		ments allocated to bene					E E	31	.00
		om line 30			,		_	32	.00
	Refundable credits							33	.00
34	New York State tax	x withheld						34	.00
35	New York City tax	withheld						35	.00
36	Yonkers tax withhe	eld						36	.00
		hrough 36)						37	.00
		the total of lines 29 and 42, e					. 00		
		to be refunded to you .					. 00		
-		to be credited to 2014 e		40			. 00		
		ne total of lines 29 and 42, en	•	41			. 00		205001130099
42	Estimated tax penal	ty (will reduce line 38 or incre	ase line 41; see instr.)	42			. 00		

202001120099									

IT 205 (2012) (book)

IT-205 (201 Submit a co	/ (Schedule K-1 (Form 1	041) fo	r each b	oenet	ficiar	у.					
Schedule A	A – Detai Ente	Is of	federal taxable incor ns as reported for fede	ne of a	fiducia	ary o	far sub	esident es mit federa	state o	or trust			
	Line		Interest income								43		.00
		-	Dividends								44		.00
			Business income (or l								45		.00
			Capital gain (or loss)							,	46		.00
			Rents, royalties, part										
			federal Schedule E, I								47		.00
	-		Farm income (or loss		,						48		.00
			Ordinary gain (or loss								49		.00
66			Other income (state n								50		.00
300			Total income (add line		,						51		. 00
205002130099	_		Interest		-						52		.00
1200		53	Taxes								53		.00
50		54	Fiduciary fees								54		. 00
		55	Charitable deduction								55		. 00
		<u>ທ</u> 56	Attorney, accountant	, and re	eturn pr	epare	er fe	es			56		.00
		57	Other deductions (ite	mize on	n an addi	tional	shee	ət)			57		.00
		56 57 58 58	Income distribution d	leductic	on (subn	nit coj	by of	federal					
		Ded	Schedules K-1, Form	1041, í	for each	bene	ficiar	/)			58		.00
		5 9	Estate tax deduction	(submit	t comput	ation)					59		.00
		60	Exemption (federal)								60		.00
		61	Total (add lines 52 thro	ough 60))						61		.00
		62	Federal taxable income of	of fiducia	ry (subtrac	ct line 6	1 from	line 51; enter h	ere and o	n front page, line 1)	62		.00
Schedule E	3 – New	York	fiduciary adjustment	t of a re	esident	or a	nor	resident	estate	or trust or a p	art-ye	ear resident	trust
දු 63 Inte	erest inco	me or	state and local bonds of	ther than	n New Yo	ork <i>(g</i> i	ross a	mount not ind	cluded in	federal income)	63		.00
. <mark>⊖ 64</mark> Inc			educted on federal fidu	ciary re	eturn (se	ee ins	tructi	ons)		<u></u>	64		.00
ੱਤ 65 Otl			tions) Identify:								65		.00
			add lines 63, 64, and 65)								66		.00
67 Inte			n US obligations include	d in fed	eral inco	ome	67			.00	-		
Ø	ner (see ins	·					68			.00			
19 To			IS (add lines 67 and 68).								69		.00
			y adjustment (difference b New York fiduciary a								70 7 0	r a part-vo	.00
			additional sheets if neces			are		Identifying nu		Shares of fe			
								of each bene		net income			5 Shares of New York
I Name and Check box			peneficiary. nonresident of:	New Yo State	rk Yo	nkers				3 Amour	nt	4 Percent	fiduciary adjustment
(a)		1 y 15 u									.0	0.01	
b)				— <u> </u>		H-					.0	-	.00
	hedule C. c	olumn	5, should be the same as So	chedule E			Fic	duciary			.0		.00
			(see instructions)		,			tals			.0	-	.00
			, , , , , , , , , , , , , , , , , , ,				1.0				•0	0 100,0	.00
			ame and address of gran		ring the		onto	the date of	the ehe	and of residence	. (inate name 21	
			nanged state or city resident X in all boxes that apply:	_						-			ident estate or trust
			dent estate or trust					sident estate				s part-year res	
			ident trust					sident trust					esident estate or trust
			known address of decede										
	,		ate state of residency	/itt									
			or trustees with their add	Iresses ;	and iden	tificat	ion n	umbers (SS	SN or El	N).			
G If a granto	r trust, en	ter the	e identification number (S	SN or E	IN) of th	e indi	vidua	al reporting	the inco	me/loss	4'	10000050	
Third-p	artv	Print	designee's name					Design	ee's pho	one number		Perso	onal identification
designee? (KAPLAN					Ŭ) 453				umber (PIN)
_	No 🔲	E-mai	I: KAPLAN@ATS.COM	Л					/				33322
Paid	Preparer	s signa	ature		Prep	arer's	NYTF	PRIN		•	Sign	return here	V
preparer muşt	<u> </u>								Sign	ature of fiduciary or			
(see instr.)	Firm's na	me (or	yours, if self-employed)		Preparer	's PTII	N or S	SN		and a macoury of	2		
Address	1				Employe	r identi	ficatio	n number	Date			Daytime phon	e number
			_		1.90							(518)	301-0559
				ate:		Sel	f-emp	loved?	I IE-ma	ail: TAYLOR@A	TS.CC	DM	

Special instructions

004321118

Please calculate the Estimated Tax penalty for this test scenario by short method if you do not support the regular method of computing.

This return is with amount owed and is paid by Direct debit. Following fields should be filled.

<rtnHeader > <ABA_NMBR claimed="011001742"/> BANK_ACCT_NMBR claimed="10743"/> <ACCT_TYPE_CD claimed="1"/> <ELC_AUTH_EFCTV_DT claimed="2014-07-15"/> <PYMT_AMT claimed="13719"/> <ACH_IND claimed="1"/> <RFND_OWE_IND claimed="2"/> <BAL_DUE_AMT claimed="13719"/> <IAT_IND claimed="2"/> <BNK_ACCT_ACH_IND claimed="1"/> <PAPER_CHK_RFND_IND claimed="2"/> <DIR_DEP_IND claimed="2"/> </rtnHeader>

IT-205 Schedule C Attachment

Name & address of each beneficiary	Non resident of		ID#	SHARE OF FDNI		SHARE OF NY FID ADJUSTMENT
	NYS	City of Yonkers		AMOUNT	PERCENT	
GEORGE ELMER 2 GARFIELD LN Albany NY 12261		x	004321132		18	31
MARSHA ELMER 4 GARFIELD LN ALBANY NY 12205		x	004321133		18	31
STEVE ELMER 6 GARFIELD AVE ALBANY NY 12208		x	004321134		18	31
JO ELMER 8 GARFIELD AVE ALBANY NY 12209		x	004321135		18	31
ANN ELMER 10 GARFIELD AVE ALBANY NY 12210		x	004321136		18	31

	of antity 2013	New York State Department of T Fiduciary Incor			Irn New Yor	k State •	New Yo	rk City • Yonkers	IT-205		
		For the full year Jan. 1, 2013, throu						13 and ending			
	ecedent's estate	Name of estate or trust (as shown ESTATE OF ESTIMATED TA	n on federal Forr	n SS-4)	<u> </u>	9 0 0 0		Date entity creat	ed		
L Si	mple trust	Name and title of fiduciary		1				04/15/2005 Identification number of estate or trust			
	omplex trust ualified disability trust	JOSEPH PENALTY, TRU	JSTEE						321118		
	SBT (S portion only)	Address of fiduciary (number and		oute)				Decedent's social secu	urity number (SSN) (see instr.)		
G	rantor type trust	123 ESTATE DR APT 23									
🗌 Ba	inkruptcy estate-Ch. 7	City, village, or post office	Sta			code		Mark an X in the			
Ba	inkruptcy estate-Ch. 11	ALBANY	N	ſ	124	205	1	Initial return	Final return		
L Po	oled income fund	Country:					1	neets conditions c	f section 605(b)(3)(D)		
	nded return hit explanation)	Income distribution deduction (see instructions, Form IT-205-I)			Number of beneficiaries	5	for filing	your 2013 tax			
-	· · <u> </u>	m back page, line 51)				-	- i	ee instructions)	175324 .00		
		ed gross income from NYAGI						B	159741.00		
		rm IT-205-A, Schedule 1, line					. –	C	.00		
		income of fiduciary (from back						1	149724.00		
		cations relating to amounts al						2	.00		
	3 Balance (line 1 a	nd add or subtract line 2)						3	149724.00		
	4 Fiduciary's share	e of New York fiduciary adjust	ment (from ba	ack pag	e, Schedule C, co	olumn 5)		4	19_00		
	5 New York taxabl	e income of fiduciary (line 3 an	d add or subtr	act line	4)			5	149743.00		
suo	6 State tax on line	5 amount (full-year resident est	ate and trust c	only)				6	9958.00		
cti	7 New York State	amount from Form IT-230, Pa	rt 2, line 2 <i>(re</i>	esident	estate and trust o	nly)	····· _	7	.00		
itru	8 Add lines 6 and	7					····· L	8	9958.00		
ins	9 Allocated New Y	e income of fiduciary (line 3 and 5 amount (full-year resident est amount from Form IT-230, Pa 7 ork State tax (from Form IT-205 ed Form IT-230, Part 2, mark a state credits (submit schedule) from line 8 or line 9	-A, Schedule	1, line 1	3)		Г				
ee	If you complete	ed Form IT-230, Part 2, mark a	an X in this b	ox			······ -	9	.00		
თ 1	0 Nonrefundable s	state credits (submit schedule)					······ -	10	.00		
-								11	9958 .00		
		ax on lump-sum distributions a						12 13	.00		
		ncome tax State tax <i>(add lines 11, 12, and 1</i>						14	00_ 9958_00		
		ent tax on line 5 amount (see inst		15a			45.00	14	9900 .00		
		-year resident tax (see instruction	,	15a			.00	Make check or	money order		
		t from Form IT-230, Part 2, line 2 (see		16			.00	payable to NY			
		b to line 16		17		53	45.00	Tax; write the e			
		umulation distribution credit		18			.00				
		om line 17 <i>(if less than zero, leav</i>		19		53	45.00		Form IT-205-V and		
		te tax on lump-sum distributions (se		20			.00		payment and the row to the appropriate		
21	Add lines 19 and 2	20		21		53	45.00	address in the i			
		BT credit (from Form IT-219)		22			.00				
		om line 21 (if less than zero, leav						23	5345.00		
		imum income tax (see instruction						24	.00		
		ncome tax surcharge from Yor						25	.00		
		resident tax (from Form IT-205-						26	.00		
		ent fiduciary earnings tax (from						27	.00		
		(see instructions on page 22)						28	0.00		
		onkers taxes, and sales or us (<i>including payments made with I</i>			-			29 30	15303.00 2115.00		
		ments allocated to beneficiarie						31			
		om line 30			,			32	.00 2115.00		
	Refundable credits							33	.00		
		withheld						34	.00		
		withheld						35	.00		
		eld						36	.00		
37	Total (add lines 32 ti	hrough 36)		. <u></u> .				37	2115.00		
38	If line 37 is more than	the total of lines 29 and 42, enter the	overpayment	38			.00				
39	Amount of line 38	to be refunded to you		39			.00				
		to be credited to 2014 estimat		40			.00				
		ne total of lines 29 and 42, enter amo	-	41			19.00	20	5001130099		
42	Estimated tax penal	ty (will reduce line 38 or increase line	e 41; see instr.)	42		53	31.00				

IT 205 (2012) (book)

	py of fe	deral	Schedule K-1 (Form	,									
Schedule A	– Deta Ent	i ls of er iter	federal taxable inc ns as reported for fe	ome of a deral tax	a fiduci a purpos	es o	of a r r sub	esident es mit federa	state o I Form	r trust 1041.			
		43	Interest income								43		141000.00
		44	Dividends								44		25000.00
		45	Business income (c	or loss) <i>(</i> s	ubmit co	py of	feder	al Schedule	C or C-	EZ, Form 1040)	45		-719.00
		ළ 46	Capital gain (or los	s) (submi	t copy of	fede	ral Sc	chedule D, F	orm 10-	41)	46		3085_00
		-	Rents, royalties, pa										
		lno	federal Schedule E	-					-		47		6500.00
		48	Farm income (or lo	ss) (subn	nit copy o	of fed	eral S	Schedule F,	Form 10	940)	48		.00
		49	Ordinary gain (or lo	oss) (subr	nit copy	of fec	leral l	Form 4797)			49		458 .00
660		50	Other income (state	anature of	f income,)					50		.00
30	-	51	Total income (add li	nes 43 thr	rough 50	; ente	er her	e and on fro	ont page	, line A)	51		175324.00
205002130099		52	Interest								52		.00
050		53	Taxes								53		.00
		54	Fiduciary fees								54		10000 .00
		55	Charitable deduction								55		10000 .00
		ຮູ 56	Attorney, accounta	nt, and re	eturn pr	epar	er fe	es			56		5000.00
		<u>음</u> 57	Other deductions (itemize or	n an addi	tiona	l shee	ət)			57		.00
		Deductions 25 25 29 20	Income distribution		•								
		Dec	Schedules K-1, Fo								58		.00
		⁻ 59	Estate tax deduction	•							59		.00
			Exemption (federa	,							60		600.00
			Total (add lines 52 th	- /							61		25600.00
			Federal taxable incom								62		149724 .00
			fiduciary adjustme							-		ar resident	
63 Inte			state and local bonds							,	63		.00
			ducted on federal fig		eturn (se	e ins	structi	ons)			64		.00
			ions) Identify: A-18 68								65		686.00
			add lines 63, 64, and 6 n US obligations inclu				67				66		686.00
			ntify: S-29				68			.00 512 .00			
69 Tot			s (add lines 67 and 68	2)							69		512.00
			y adjustment (differenc	,							70		174 .00
			New York fiduciary									r a part-vea	
			additional sheets if nec					Identifying nu		Shares of fe			5 Shares of
A Newsers								of each bene		net income			New York
 Name and Check box 			nonresident of:	State	ork Yo	nkers				3 Amour	nt	4 Percent	fiduciary adjustment
(a) SEE SP											.00) 0%	.00
(b)											.00		.00
	nedule C,	column	5, should be the same as	Schedule E	3, line 70	above	. Fic	duciary			.00) 10.00	19 .00
			(see instructions)				То	tals			.00) 100%	174.00
▲ If inter vive	ns trust 4	onter n	ame and address of gr	antor:									
			anged state or city res		irina the	vear.	enter	the date of	the cha	nge of residence	e (see ir	nstr., page 2).	
			X in all boxes that app	_	-					-			ident estate or trust
			lent estate or trust	–				sident estate				part-year res	
			ident trust					sident trust			/onkers	full-year nonr	esident estate or trus
D If an estate	e, indicat	e last l	nown address of dece	dent 16	REDDY	LN I	LOUI	DONVILLE	E NY 12	216			
			ate state of residency										
			or trustees with their a										
G If a granto	r trust, ei	nter the	e identification number	(SSN or E	EIN) of th	e ind	ividua	al reporting t	the inco	me/loss			
Third-pa	arty	Print of	lesignee's name					Design	ee's pho	ne number			onal identification
designee? (see instr.)	JOE	PALMER					(518) 444	-5555		n	umber (PIN)
Yes 🔀 🛚	10 🔲	E-mai	PALMER @ATS.C	OM				·					12345
Paid	Prepare	r's signa	ture		Prep	arer's	NYTF	PRIN		▼	Sign r	eturn here	▼
preparer must complete	Firm's n	ame <i>(or</i>	yours, if self-employed)		Preparer	's PTI	N or S	SN	Signa	ture of fiduciary or			
(see instr.)												Doutime	o pumber
Address					Employe	r ident	ificatio	n number	Date			Daytime phon ()	e number
				Date:				loved?	E-ma				

New York State Department of Taxation and Finance

Underpayment of Estimated Income Tax By Individuals and Fiduciaries New York State • New York City • Yonkers

IT-2105.9

Nar	ne(s) as shown on return		Ident	tification	n num	nber (SSN or EIN)
ES	TATE OF ESTIMATED TAX PENALTY		004	3211	18	
Par	t 1 – All filers must complete this part (see instructions, Form IT-2105.9-I, f	or as	sistance)			
1	Total tax from your 2013 return before withholding and estimated tax payments (caution	n: see	instructions)		1	15303_00
2	Empire State child credit (from Form IT-201, line 63)	2		.00		
3	NYS/NYC child and dependent care credit (from Form IT-201, line 64)	3		.00		
4	NY State earned income credit (EIC) (from Form IT-201, line 65)	4		.00		
5	NY State noncustodial parent EIC (from Form IT-201, line 66)	5		.00		
6	Real property tax credit (from Form IT-201, line 67)	6		.00		
7	College tuition credit (from Form IT-201, line 68)	7		.00		
8	NY City school tax credit (from Form IT-201, line 69, or Form IT-203, line 60)	8		.00		
9	NY City earned income credit (from Form IT-201, line 70)	9		.00		
10	Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)	10		.00		
11	Add lines 2 through 10				11	.00
	Current year tax (subtract line 11 from line 1)				12	15303.00
13	Multiply line 12 by 90% (.90)	13	13773	3 .00		
14	Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 6	4; or				
	Form IT-205, lines 34, 35, and 36)				14	.00
	Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this		,		15	15303.00
16	Enter your 2012 tax (caution: see instructions)				16	15760.00
17	Enter the smaller of line 13 or line 16				17	13773 ₋₀₀
with	t 2 – Short method for computing the penalty – Complete lines 18 thro holding tax and/or paid four equal estimated tax installments (on the due dates), or stimated tax. Otherwise, you must complete <i>Part 3 – Regular method.</i>			nts		
	Enter the amount from line 14 above			.00		
19	Enter the total amount of estimated tax payments you made (see instructions)	19		.00		
20	Add lines 18 and 19				20	.00
21	Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not own	e the p	enalty)		21	.00
22	Multiply line 21 by .04985 and enter the result				22	.00
23	If the amount on line 21 was paid on or after April 15, 2014, enter 0. If the amount on I		I was paid before			
	April 15, 2014, make the following computation to find the amount to enter on this line					
	Amount on line 21 × number of days paid before April 15, 2014 × .00020 =				23	.00
24	Penalty. Subtract line 23 from line 22 Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42					.00
Do	t 2 Bagular method Schedule A Computing your undernayment	(Sah	adula Dia an tha h	ant		

Part 3 – Regular method – Schedule	A - 1	,	serpayment (Schedule	,	
Payment due dates		A 4/15/13	B 6/15/13	C 9/15/13	D 1/15/14
25 Required installments. Enter ¼ of line 17					
in each column. (If you used the annualized		3443	3443	3443	3444
income installment method, see instructions.)	25	.00	.00	.00	.00
26 Estimated tax paid and tax withheld		2029	29	29	209
(see instructions)	26	.00	29 <u>.</u> 00	29 _{.00}	209_00
Complete lines 27 through 29, one column at a time, starting in column A.					
27 Overpayment or underpayment from prior period	27		.00	4828.00	.0
28 If line 27 is an overpayment, add lines 26					
and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.)	28	2029 .00	-138500	-4799 .00	-8214 _00
29 Underpayment (subtract line 28 from					
line 25) or overpayment (subtract line 25		1414	4828	0040	11650
from line 28; see instructions)	29	.00	4020	8242_00	11658 _0



IT-2105.9 (2013) (back)

Part	3 – Regular method – Schedule B – C	Com	puting the pen	alty								
	Payment due dates		A 4/15/13		В	6/15/13		C	9/15/13	0	1/15/14	
30	Amount of underpayment (from line 29)	30	1414	.00	4828		.00	8242	.(0 1165	58	.00
First	installment (April 15 - June 15, 2013)											
31	April 15 - June 15 =											
	(61 ÷ 365) × 7.5% = .01253											
	- or -											
	April 15 =											
	(0.01050									
32	Multiply line 30, column A by line 31	31 32	0.01253 18	.00								
C	nd installment (lune 45 . Sentember 45 . 204	2)	-									
	nd installment (June 15 - September 15, 201		- 01000									
33	June 15 - September 15 = $(92 \div 365) \times 7$.	.5% =	= .01890									
	- or -											
	June 15 = (÷ 365) >	‹ 7.5%	% = •									
	、 <u> </u>											
				33	0.0189	0						
34	Multiply line 30, column B by line 33			34	91		.00			_		
Third	l installment (September 15, 2013 - January 7	15, 20)14)									
	September 15 - January 15 = $(122 \div 365)$											
	- or -											
	September 15 = (÷	365)	× 7.5% = •									
						-	35	0.02506				
36	Multiply line 30, column C by line 35						36	207	.(00		
_												
	th installment (January 15 - April 15, 2014)											
37	January 15 - April 15 = $(90 \div 365) \times 7.5\%$	= .0	1848									
	- or -											
	January 15 = (÷ 365	i) x 7	.5% = -	7								
	· · · · · · · ·	,	L						3		348	
	Multiply line 30, column D by line 37								3	8 215		. 00
39	Penalty. Add lines 32, 34, 36, and 38. Enter h Form IT-203, line 71; or Form IT-205, line 42							20	531			.00
	1 011111-203, IIIE 7 1, 01 FUITH 11-203, IIIE 4.	∠						აყა	, 001			-UU



Submit this form with your New York State return.

Special instructions for test scenario 004321119

Please populate the following fields.

<rtnHeader > <ABA_NMBR claimed="011001742"/> <BANK_ACCT_NMBR claimed="10743"/> <ACCT_TYPE_CD claimed="1"/> <ELC_AUTH_EFCTV_DT claimed="2014-03-15"/> <PYMT_AMT claimed="2082"/> <ACH_IND claimed="1"/> <RFND_OWE_IND claimed="2"/> <BAL_DUE_AMT claimed="2082"/> <IAT_IND claimed="2"/> <BNK_ACCT_ACH_IND claimed="1"/> <PAPER_CHK_RFND_IND claimed="2"/> <DIR_DEP_IND claimed="2"/> </rtnHeader>

-	New York State Department of Taxation and Fin Fiduciary Income Tax		U rn New York S	itate • New Yo	ork Ci	ty • Yonkers	IT	-205
Type from	Form 1041: For the full year Jan. 1, 2013, through Dec. 31, 20)13, or	fiscal year beginning			and ending		
	ecedent's estate mple trust	m SS-4)		Dat	e entity create 09/1	ed 0/2005	
С	Name and title of fiduciary SHORT PEN BANK ,TRUSTEE				Ider	ntification num 004	ber of esta 321119	te or trust
	SBT (S portion only) Address of fiduciary (number and street or rural re	oute)			Dece	edent's social secu		SN) (see instr.)
	rantor type trust RUE DU SIMPLON 47, 1006						432321	
Ва	ankruptcy estate-Ch /	ate	ZIP coo	de		rk an X in the		
Ва	Inkruptcy estate-Ch. 11					al return		return 🔀
L Po	boled income fund					conditions of	section 60	05(b)(3)(D)
	Income distribution deduction (see instructions, Form IT-205-I)		Number of beneficiaries	for filing	g your 2	2013 tax ructions)	E4	
	A Total income (from back page, line 51)				Α			8250.00
	B New York adjusted gross income from NYAGI worksheet,				В			37950 .00
	C Amount from Form IT-205-A, Schedule 1, line 10, column				С			.00
	1 Federal taxable income of fiduciary (from back page, line 62)				1		,	35950.00
	 New York modifications relating to amounts allocated to pr Polonoo (line 1 and add or subtract line 2) 				2			00 . 00. 05950
	 Balance (line 1 and add or subtract line 2) Fiduciary's share of New York fiduciary adjustment (from balance) 				4			
			-	-				00 . 00. 05950
ns	6 State tax on line 5 amount (full-year resident estate and trust	naci III nnlv)	<i>(+)</i>		6			1993.00
tio	7 New York State amount from Form IT-230. Part 2, line 2 (r	esiden	t estate and trust only)	7			.00
ruc	8 Add lines 6 and 7			,	8			1993.00
nst	 5 New York taxable income of fiduciary (line 3 and add or subt. 6 State tax on line 5 amount (full-year resident estate and trust of 7 New York State amount from Form IT-230, Part 2, line 2 (r. 8 Add lines 6 and 7 9 Allocated New York State tax (from Form IT-205-A, Schedule If you completed Form IT-230, Part 2, mark an X in this b 0 Nonrefundable state credits (submit schedule)	1, line	13)					
še i	• If you completed Form IT-230, Part 2, mark an X in this b	ox [9			.00
<i>ა</i> 1	0 Nonrefundable state credits (submit schedule)				10			.00
1	1 Subtract line 10 from line 8 or line 9				11			1993.00
1	2 State separate tax on lump-sum distributions and other ad	ldback	(S		12			.00
								.00
	4 Total New York State tax (add lines 11, 12, and 13; see instruct				14			1993 .00
	New York City resident tax on line 5 amount (see instructions)			.00	Ma	ke check or i	nonovord	or
	New York City part-year resident tax (see instructions)	15b		.00		able to NY S		
	New York City amount from Form IT-230, Part 2, line 2 (see instructions)	16		.00	Ta	; write the e	state or tru	ıst's
	Add line 15a or 15b to line 16	17		.00		ployer identif 2013 Fidua		
	New York City accumulation distribution credit Subtract line 18 from line 17 (<i>if less than zero, leave blank</i>)	18 19		.00 .00	on	it; complete l	Form IT-20)5-V and
	New York City separate tax on lump-sum distributions (see instructions)	20		.00	ma	il it with the p	ayment a	nd the
	Add lines 19 and 20	21		.00		npleted retur Iress in the ir		
	New York City - UBT credit (from Form IT-219)			.00	auc		ISTIUCTIONS	
	Subtract line 22 from line 21 (<i>if less than zero, leave blank</i>)				23			.00
	New York City minimum income tax (see instructions)				24			.00
25	Yonkers resident income tax surcharge from Yonkers worksh	neet, li	ne e (see instructions	s)	25			.00
26	Yonkers part-year resident tax (from Form IT-205-A-I, page 4, W	orkshe	eet C, line 14)		26			.00
27	Yonkers nonresident fiduciary earnings tax (from Form Y-206)				27			.00
	Sales or use tax (see instructions on page 22)				28			.00
	Total NYS, NYC, Yonkers taxes, and sales or use tax (add line		-	-	29			1993.00
	Estimated tax paid (including payments made with Form IT-370-F				30			.00
	Estimated tax payments allocated to beneficiaries (from Form		,		31			.00
	Subtract line 31 from line 30 Refundable credits <i>Identify:</i>				32			.00
	New York State tax withheld				33 34			<u>_00</u>
	New York City tax withheld				35			00. 00.
	Yonkers tax withheld				36			.00
	Total (add lines 32 through 36)				37			.00
	If line 37 is more than the total of lines 29 and 42, enter the overpayment			.00	I			
	Amount of line 38 to be refunded to you			.00				
	Amount of line 38 to be credited to 2014 estimated tax			.00				
	If line 37 is less than the total of lines 29 and 42, enter $\textbf{amount you owe}$	41		2082.00			500113009	
42	Estimated tax penalty (will reduce line 38 or increase line 41; see instr.)	42		89.00				



IT-205 (2013) (back)

	y of federal	Schedule K-1 (Form					-						
Schedule A -	- Details of Enter ite	f federal taxable income for feasible for fe	ederal tax	a fiduci (purpos	ary o ses or	f a r	esident es mit federal	Form	or trust 1041.				
	43	Interest income								43			.00
	44	Dividends								44			.00
	45	Business income (or loss) (s	submit co	py of i	federa	al Schedule	C or C-	EZ, Form 1040)	45			38250.00
		Capital gain (or los	, ,						,	46			.00
		Rents, royalties, pa											
	DC L	federal Schedule I								47			.00
		Farm income (or lo	-	'						48			.00
		Ordinary gain (or lo								49			.00
66		Other income (state								50			.00
ö	51				/					51			38250.00
213	52			-						52			.00
200	53									53			.00
506	54									54			.00
	55	•								55			.00
	_												
	56 57 58 57 58	 Attorney, accounta Other deductions 		-	-					50 57			.00 2000 .00
		Income distribution	•				,			57			2000 .00
	n po po			•		-				58			00
	, č	Schedules K-1, Fo											.00
	- 59		•		,								.00
	60		-							60			300.00
	61	(61			2300.00
Cohodulo D		Federal taxable incom								62			35950 .00
		fiduciary adjustme							-		earn	esident	
		n state and local bonds							,	63			.00
		educted on federal fi	duciary r	eturn (s	ee ins	tructi	ons)		·····	64			.00
명 65 Othe	•	ctions) Identify:								65			.00
		(add lines 63, 64, and 6	,							66			.00
		on US obligations inclu	ded in fea	deral inco	ome	67			.00	-			
5 68 Other	(see inst.)					68			.00				
ta 69 Tota		ns (add lines 67 and 68	,							69			.00
		ry adjustment (differend								70			.00
Schedule C -		f New York fiduciar		ment of	ares	side	nt or a no	nresid	ent estate or t	rust	orap	bart-yea	ar resident trust
		it additional sheets if neo					Identifying nu of each benef		Shares of fe net income				5 Shares of New York
 Name and ad Check box if I 		beneficiary. a nonresident of:	New Yo State		onkers				3 Amour	nt	4	Percent	fiduciary adjustment
(a)										_(00	0%	.00
(b)											00	0%	.00
The total of Sche	dule C, columi	n 5, should be the same as	Schedule	B, line 70	above.	. Fic	duciary				00	0%	.00
		(see instructions)				To	tals				00	100%	.00
	truct optor	name and address of g	rontor										•
		hanged state or city res	-	iring the	vear	ontor	the date of	the ch	ande of residence	a (saa	instr	nage 2).	
		in X in all boxes that app							-				dent estate or trust
		ident estate or trust					ident estate						sident trust
	part-year res						sident trust	or true					esident estate or trust
		known address of dece									,		
,		cate state of residency											
		s or trustees with their a		and ider	ntificat	ion n	umbers (SS	N or F	N)				
		e identification number											
Third-part		designee's name	(00.10.1						one number				nal identification
designee? (see	e instr.)						()				n	umber (PIN)
Yes 🔲 No	E-ma	ail:											
Paid F	Preparer's sigr	ature		Prep	oarer's	NYTP	RIN					n here	
preparer must complete	Firm's name <i>(c</i>	r yours, if self-employed)		Prepare	r's PTI	N or S	SN	Sign	ature of fiduciary or	officer	repres	enting fid	uciary
(see instr.)													
Address				Employe	er identi	ficatio	n number	Date			Dayt	ime phone	e number
			Detai			6			ail:		1)	
			Date:		Sel	i-emp	loyed?	E-ma	dii.				



New York State Department of Taxation and Finance

Underpayment of Estimated Income Tax By Individuals and Fiduciaries

IT-2105.9

New York State • New York City • Yonkers

Nan	ne(s) as shown on return						Identificati 004321		ber (SSN	or EIN)
Par	t 1 – All filers must complete this	par	t (see instructions. Form	n IT-2105.9-1. fo	or as	sistance)				
1	Total tax from your 2013 return before with	•				,		1		1993_00
2	Empire State child credit (from Form IT-201		o 1	, С	2	,	.00			
3	NYS/NYC child and dependent care cred	·	,		3		.00			
4	NY State earned income credit (EIC) (from			F	4		.00	1		
5	NY State noncustodial parent EIC (from F			-	5		.00	1		
6	Real property tax credit (from Form IT-201,				6		.00	1		
7	College tuition credit (from Form IT-201, line			F	7		.00	1		
8	NY City school tax credit (from Form IT-201,			F	8		.00	1		
9	NY City earned income credit (from Form			F	9		.00	1		
10	Other refundable credits (from Form IT-201,			-	10		.00	1		
11	Add lines 2 through 10							11		.00
12	Current year tax (subtract line 11 from line 1)							12		1993.00
13	Multiply line 12 by 90% (.90)			[13		1794_00			
	Income taxes withheld (from Form IT-201, li									
	Form IT-205, lines 34, 35, and 36)							14		.00
15	Subtract line 14 from line 12. If the result is							15		1993.00
	Enter your 2012 tax (caution: see instruction		•					16		2000_00
17	Enter the smaller of line 13 or line 16	· · · · · · · · · ·						17		1794 .00
with of e	rt 2 – Short method for computi holding tax and/or paid four equal estim stimated tax. Otherwise, you must comp Enter the amount from line 14 above	nated	tax installments (on the Part 3 – Regular metho	due dates), or i <i>d.</i>						
19	Enter the total amount of estimated tax p	ayme	ents you made (see instruct	tions)	19		.00			
20	Add lines 18 and 19							20		. 00
21	Total underpayment for year. Subtract	line 2	0 from line 17 (if zero or le	ss, you do not owe	the p	enalty)		21		1794 .00
22	Multiply line 21 by .04985 and enter the r	esult						22		89 <u>.</u> 00
23	If the amount on line 21 was paid on or a	after	April 15, 2014, enter 0. If	the amount on lir	ne 2'	1 was paid be	efore			
	April 15, 2014, make the following com	putat	tion to find the amount to	enter on this line	:					
	Amount on line 21 × number of day	/s pa	id before April 15, 2014 >	• .00020 =				23		0.00
24	Penalty. Subtract line 23 from line 22 Enter here and on Form IT-201, line 81						24			89.00
Par	t 3 – Regular method – Schedule	A –	Computing your un	derpayment ((Sch	edule B is o	n the back)			
	Payment due dates		A 4/15/13	B 6/15/1	3	C	9/15/13		D	1/15/14
25	Required installments. Enter ¼ of line 17									
	in each column. (If you used the annualized									
	income installment method, see instructions.)	25	.00			.00		.00		.00
26	Estimated tax paid and tax withheld									
	(see instructions)	26	.00			.00		.00		.00
	nplete lines 27 through 29, one column a time, starting in column A.									
27	Overpayment or underpayment from									
	prior period	27				. 00		.00		.00
28	If line 27 is an overpayment, add lines 26				_			Γ		
	and 27; if line 27 is an underpayment,									
	subtract line 27 from line 26 (see instr.)	28	.00			.00		.00		.00
29	Underpayment (subtract line 28 from									
	line 25) or overpayment (subtract line 25									
	from line 28; see instructions)	29	.00			.00		.00		.00



IT-2105.9 (2013) (back)

Part 3 – Regular method – Schedule B –	Com	puting the per	nalty						
Payment due dates		A 4/15/13		В	6/15/13	С	9/15/13	D	1/15/14
30 Amount of underpayment (from line 29)	30		.00		.00		.00		.00
First installment (April 15 - June 15, 2013)									
31 April 15 - June 15 =									
(61 ÷ 365) × 7.5% = .01253									
- or -									
April 15 =									
(31								
32 Multiply line 30, column A by line 31	32		.00			1			
Second installment (June 15 - September 15, 20	3)								
33 June 15 - September 15 = $(92 \div 365) \times 7$	'.5% =	= .01890							
- or -									
June 15 = ($\div 365)$	x 7.5°	% = .							
34 Multiply line 30, column B by line 33			33 34		.00				
Third installment (September 15, 2013 - January									
35 September 15 - January 15 = $(122 \div 365)$) x 7.	5% = .02506							
- or -									
September 15 = (÷	365)	x 7.5% = •							
					35				
36 Multiply line 30, column C by line 35							. 00		
Fourth installment (January 15 - April 15, 2014)									
37 January 15 - April 15 = (90 ÷ 365) × 7.5%	6 = .0	1848							
- or -									
January 15 = (÷ 36	5) x 7	.5% = -							
							37		1
38 Multiply line 30, column D by line 37									. 00
39 Penalty. Add lines 32, 34, 36, and 38. Enter l Form IT-203, line 71; or Form IT-205, line 4							39		.00



Submit this form with your New York State return.

004-32-1120 Special Instructions

This is just an example. You can use any format to send this PDF.

Submit the information below as a pdf attachment

Amended return was filed as the Business income reported on Line 45 was changed due to error in the income reported on Federal return. Both federal and NYS return are amended

IT-205 Line #	Original return	Amended return
reported		
Line A	38250	25000
Line B	37950	24700
Line 1	35950	22700
Line 3	35950	22700
Line 5	35950	22700
Line 6	1993	1139
Line 8	1993	1139
Line 11	1993	1139
Line 14	1993	1139
Line 29	1993	1139
Line 38	7	861
Line 39	7	861
Line 45	38250	25000
Line 51	38250	25000
Line 62	35950	22700

Line # changes made to the original return are listed here.

T	of ontitu	New York State Department of Taxation and Fiduciary Income Tax		Jrn New York Sta	ite • New Yo	ork City • Yonl	(ers IT-205
		For the full year Jan. 1, 2013, through Dec. 31	, 2013, or f	iscal year beginning		13 and er	nding
	ecedent's estate imple trust	Name of estate or trust (as shown on federal ESTATE OF AMENDED RTURN	Form SS-4)			Date entity o	created 09/09/2005
С	omplex trust	Name and title of fiduciary JOE PARKER, TRUSTEE					number of estate or trust 004321120
	ualified disability trust SBT (S portion only)	Address of fiduciary (number and street or rur 123 CENTRAL AVE	al route)				al security number (SSN) (see instr.)
	rantor type trust	City, village, or post office	State	ZIP code		Mark an Xir	the englice his here
	ankruptcy estate-Ch. 7	ALBANY	NY	12205		Initial return	the applicable box:
	ankruptcy estate-Ch. 11	Country:			Trust		uns of section 605(b)(3)(D)
	ooled income fund	Income distribution deduction		Number of	Qualify	ing special condit g your 2013 tax	
(subr	nit explanation)	(see instructions, Form IT-205-I)		beneficiaries	return	(see instructions)	
		m back page, line 51)				A	25000.00
		ed gross income from NYAGI workshee			· · · · ·	B C	24700.00
		rm IT-205-A, Schedule 1, line 10, colun				1	.00 00. 22700
		income of fiduciary (from back page, line cations relating to amounts allocated to			1	2	
		nd add or subtract line 2)				3	.00 00. 22700
	,	e of New York fiduciary adjustment (fron				4	.00
							22700.00
ns	6 State tax on line	5 amount (full-vear resident estate and tru	ıst onlv)	, ,,		6	1,139.00
itio	7 New York State	amount from Form IT-230. Part 2. line 2	2 (resident	estate and trust onlv).		7	.00
ruc	8 Add lines 6 and	7				8	1,139.00
nst	9 Allocated New Y	ork State tax (from Form IT-205-A, Schedu	ule 1, line	13)		I	·
je i	 If you complete 	ed Form IT-230, Part 2, mark an X in thi	is box			9	.00
ഗ് ₁	0 Nonrefundable s	state credits (submit schedule)				10	.00
1	I1 Subtract line 10	from line 8 or line 9				11	1,139 .00
1	2 State separate ta	ax on lump-sum distributions and other	addback	s		12	.00
1	13 State minimum i	ncome tax				13	.00
1	4 Total New York S	e income of fiduciary (line 3 and add or su 5 amount (full-year resident estate and tru amount from Form IT-230, Part 2, line 2 7 fork State tax (from Form IT-205-A, Schedu ed Form IT-230, Part 2, mark an X in this state credits (submit schedule) from line 8 or line 9 from line 8 or line 9 ax on lump-sum distributions and other ncome tax State tax (add lines 11, 12, and 13; see inst ent tax on line 5 amount (see instructions) -vear resident tax (see instructions)	tructions) .			14	1,139 .00
15a	New York City reside	ent tax on line 5 amount (see instructions)	<u>15a</u>		. 00		
		,			.00	Make check	k or money order NY State Income
		from Form IT-230, Part 2, line 2 (see instruction			. 00		he estate or trust's
		b to line 16			.00		lentification number
		umulation distribution credit			.00	and 2013 F	iduciary Income Tax ete Form IT-205-V and
		om line 17 <i>(if less than zero, leave blank)</i>			.00		the payment and the
		te tax on lump-sum distributions (see instruction			.00		return to the appropriate
		0 3T credit (from Form IT-219)			.00	address in t	the instructions.
		om line 21 (if less than zero, leave blank)			.00	23	00
		imum income tax (see instructions)				23	.00 .00
		ncome tax surcharge from Yonkers worl				25	.00
		resident tax (from Form IT-205-A-I, page 4				26	.00
		nt fiduciary earnings tax (from Form Y-20		,	1	27	.00
L		see instructions on page 22)				28	.00
		onkers taxes, and sales or use tax (add			1	29	1,139.00
30	Estimated tax paid	(including payments made with Form IT-37	0-PF)	-		30	2000.00
31	Estimated tax payr	ments allocated to beneficiaries (from Fo	orm IT-205	- <i>T</i>)		31	.00
		om line 30				32	2000.00
	Refundable credits					33	.00
		withheld				34	.00
		withheld				35	.00
		eld				36	.00
		hrough 36)				37	2000.00
		the total of lines 29 and 42, enter the overpayment			861.00		
		to be refunded to you			861 .00		
		to be credited to 2014 estimated tax			. 00		205001120000
		te total of lines 29 and 42, enter amount you o y (will reduce line 38 or increase line 41; see ins			.00 .00		205001130099
42	Loundley lay benalt	y (will reduce line 30 or life ase life 41, see lifs	ou.) 4 2		. 00		



IT-205 (2013) (back)

Submit a c			Schedule K-1 (Form federal taxable inc	,					sta	te or	truct					
Schedule	Enter	iten	ns as reported for fe	deral tax	a nuuci purpos	ses or	sub	mit federal	I Fo	orm 1	041.					
		43	Interest income									43				.00
		44	Dividends									44				.00
		45	Business income (c	or loss) <i>(</i> s	submit co	opy of i	feder	al Schedule	Сс	or C-E	Z, Form 1040)	45				25000.00
	ຍ	46	Capital gain (or los	s) (submi	it copy o	f feder	al So	hedule D, F	Forr	m 104	1)	46				.00
	Income	47	Rents, royalties, pa													
	lne		federal Schedule E	E, Form 10	040)							47				.00
=		48	Farm income (or lo	ss) (subr	nit copy	of fede	eral S	Schedule F, I	For	rm 104	40)	48				.00
		49	Ordinary gain (or lo	oss) (subi	mit copy	of fed	eral	Form 4797).				49				.00
660		50	Other income (state	e nature o	f income	ə)						50				.00
		51	Total income (add li	nes 43 th	rough 50	0; ente	r her	e and on fro	ont	page,	line A)	51				25000.00
02		52	Interest									52				.00
020		53	Taxes									53				.00
		54	Fiduciary fees				•••••					54				.00
		55	Charitable deduction									55				.00
	su	56	Attorney, accounta													.00
	Deductions	57	Other deductions (,	••••			57				2000_00
	quo	58	Income distribution		•		-									
	De		Schedules K-1, Fo									58				.00
			Estate tax deduction	•		,						59				.00
		60	Exemption (federa	-								60				300.00
		61	Total (add lines 52 th									61				2300.00
Cabadula	D. Now V		Federal taxable incom									62			4	22700.00
			fiduciary adjustme										ear res	adent	trus	
<u> </u>			state and local bonds								,	63				.00
iti 64 lr			ducted on federal fi	duciary r	eturn (s	see ins	tructi	ons)				64				.00
			ions) Identify:	<i>C</i>)								65				.00
			add lines 63, 64, and 6 NUS obligations inclu									66				.00
	ther (see inst.)				ierai inc		67 68				.00 .00					
60 00 0			s (add lines 67 and 68	2)								69				.00
103 I			/ adjustment (differenc	,								70				.00
			New York fiduciary										or a pa	rt-vea	r re	
			additional sheets if neo					Identifying nu			Shares of fe				5	Shares of
				•				of each benef			net income				5	New York
	d address of e ox if beneficiary		eneficiary. nonresident of:	New Yo State		onkers					3 Amour	nt	4 P	ercent		fiduciary adjustment
(a)												.(00 0)%		.00
(b))%		.00
	Schedule C, co	lumn	5, should be the same as	Schedule I	B, line 70	above.	Fic	duciary					_)%		.00
			(see instructions)				То	tals					_	00%		.00
A If inter vit	voc truct on	tor no	ame and address of gr	antor:												
			anged state or city res	-	irina the	vear	entei	the date of	the	e chan	ae of residence) (see	instr n	ade 2).		
			X in all boxes that app								-					estate or trust
			ent estate or trust					ident estate			(0) □ Y					
(2) 🗌 N	IYS part-yea	r resi	dent trust	(5)		part-ye	ear re	sident trust								ent estate or trust
D If an esta	ate, indicate l	last k	nown address of dece	dent												
E Nonresid	lent estate -	indica	ate state of residency													
F Submit a	list of execu	itors	or trustees with their a	ddresses	and ide	ntificat	ion n	umbers (SS	SN (or EIN).					
G If a grant	tor trust, ente	er the	identification number	(SSN or E	EIN) of th	he indi	vidua	al reporting t	the	incom	ne/loss	∟				
Third- designee?	P	rint d	esignee's name					Design (nee')	's phon	ne number					dentification er (PIN)
Yes 🗖	No 🔲 🗉	-mail	:													
Paid	Preparer's	siana	ture		Prei	parer's	NYTF	RIN] [-	Sign	return	here	•	
preparer must complete		<u> </u>							╎╎	Signati	ure of fiduciary or					
(see instr.)	Firm's nam	e (or	yours, if self-employed)		Prepare	er's PTI	V or S	SN		2.griatt		2.11001				
Address					Employe	er identi	ficatio	n number	┥┟	Date			Daytim	e phone	e nun	nber
										- 3.0			()		
				Date:		Sel	f-emp	loyed?	11	E-mail:						

004321121 Special instructions

This is a Short tax year return

IT-205 QUESTION F LIST OF EXECUTORS AND TRUSTEES

BANK OF TROY

1500 LIBERTY BUILDING

BUFFALO NY 14202

EIN-123555666

	2013)	New York State Department of Taxat Fiduciary Income		_	Irn New Yo	ork State •	New Yo	rk Ci	ty • Yonkers	IT-205
		For the full year Jan. 1, 2013, through E					3-01-		and ending	
	ecedent's estate	Name of estate or trust (as shown on	federal Forn	n SS-4)	iooai yoai zogiiiii			_	e entity create	
	mple trust	ESTATE OF SHORTTAXYEAR							03-01	1-2013
	omplex trust	Name and title of fiduciary						Ider		per of estate or trust
	ualified disability trust	BANK OF TROY EXECUTO								21121
	SBT (S portion only)	Address of fiduciary (number and street	et or rural ro	ute)				Dece		ty number (SSN) (see instr.)
G	rantor type trust	1500 LIBERTY BUILDING								21137
🗌 Ba	ankruptcy estate-Ch. 7	City, village, or post office	Sta			P code				applicable box:
Ва	ankruptcy estate-Ch. 11	BUFFALO	Nì		14	4202	1		al return 🗙	Final return
Pc	ooled income fund	Country:			- [s conditions of ecial conditions	section 605(b)(3)(D)
	nded return	Income distribution deduction			Number of		for filing	your 2	2013 tax	
-	nit explanation)	(see instructions, Form IT-205-I)			beneficiaries		return (s	A see inst	tructions)	13,298 .00
		ed gross income from NYAGI wor						B		1,382.00
		rm IT-205-A, Schedule 1, line 10,						C		.00
		ncome of fiduciary (from back page						1		-257_00
		cations relating to amounts alloca	,				F	2		.00
		nd add or subtract line 2)	-	-			F	3		-257 .00
	4 Fiduciary's share	of New York fiduciary adjustmer	nt <i>(from ba</i>	ck pag	e, Schedule C, d	column 5)		4		.00
	5 New York taxable	e income of fiduciary (line 3 and ac	dd or subtra	act line	4)			5		-257 .00
Suo	6 State tax on line	5 amount (full-year resident estate a	and trust o	nly)				6		.00
cti		amount from Form IT-230, Part 2,				• ·	E E	7		.00
		7					L	8		.00
ins		ork State tax (from Form IT-205-A, S					г			
ee		d Form IT-230, Part 2, mark an X						9		.00
		tate credits (submit schedule)						10		.00
		from line 8 or line 9					F	11		.00
		ax on lump-sum distributions and ncome tax					-	12 13		.00
		State tax (add lines 11, 12, and 13; s						14		.00 .00
										±00
115a	New York City reside		ions)				-00			
	•	ent tax on line 5 amount (see instruction	,	15a			.00 .00		ke check or m	,
15b	New York City part-	ent tax on line 5 amount (see instructions) year resident tax (see instructions))				.00 .00	pay	able to NY S	tate Income
15b 16	New York City part- New York City amount	ent tax on line 5 amount (see instruction) structions)	15a 15b			.00	pay Tax	able to NY S ; write the es	tate Income
15b 16 17	New York City part- New York City amount Add line 15a or 15	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst) structions)	15a 15b 16 17 18			.00 .00	pay Tax em and	vable to NY S c; write the es ployer identifie d 2013 Fiduci	tate Income tate or trust's cation number iary Income Tax
15b 16 17 18	New York City part- New York City amount Add line 15a or 15 New York City accu	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst b to line 16) structions)	15a 15b 16 17			.00 .00	pay Tax emp and on i	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F	tate Income tate or trust's cation number fary Income Tax form IT-205-V and
15b 16 17 18 19 20	New York City part- New York City amount Add line 15a or 15 New York City accu Subtract line 18 fro New York City separat	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst to line 16 unulation distribution credit m line 17 (<i>if less than zero, leave bl</i> e tax on lump-sum distributions (see inst) structions) lank) structions)	15a 15b 16 17 18 19 20			.00 .00 .00	pay Tax emp and on i mai	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa	tate Income tate or trust's cation number iary Income Tax
15b 16 17 18 19 20 21	New York City part- New York City amount Add line 15a or 15 New York City accu Subtract line 18 fro New York City separat Add lines 19 and 2	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see ins to line 16 unulation distribution credit m line 17 (<i>if less than zero, leave bl</i> e tax on lump-sum distributions (see ins 0) structions) lank) structions)	15a 15b 16 17 18 19 20 21			.00 .00 .00 .00 .00 .00	pay Tax emp and on i mai con	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa	tate Income tate or trust's cation number fary Income Tax form IT-205-V and ayment and the to the appropriate
15b 16 17 18 19 20 21 22	New York City part- New York City amount Add line 15a or 15 New York City acco Subtract line 18 fro New York City separat Add lines 19 and 2 New York City - UE	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst to line 16 mulation distribution credit m line 17 (if less than zero, leave bl e tax on lump-sum distributions (see inst 0 T credit (from Form IT-219)) structions) lank) structions)	15a 15b 16 17 18 19 20 21 22			.00 .00 .00 .00 .00 .00 .00	pay Tax emp and on i mai con add	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return	tate Income tate or trust's cation number iary Income Tax orm IT-205-V and ayment and the n to the appropriate structions.
15b 16 17 18 19 20 21 22 23	New York City part- New York City amount Add line 15a or 15 New York City accor Subtract line 18 fro New York City separat Add lines 19 and 2 New York City - UE Subtract line 22 fro	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst b to line 16 mulation distribution credit m line 17 (if less than zero, leave bl e tax on lump-sum distributions (see inst 0 BT credit (from Form IT-219) m line 21 (if less than zero, leave bl) structions) lank) structions) lank)	15a 15b 16 17 18 19 20 21 21 22			.00 .00 .00 .00 .00 .00 .00	pay Tax em anc on i mai con adc	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return	tate Income tate or trust's cation number iary Income Tax orm IT-205-V and ayment and the to the appropriate structions.
15b 16 17 18 19 20 21 22 23 24	New York City part- New York City amount Add line 15a or 15 New York City accu Subtract line 18 fro New York City separat Add lines 19 and 2 New York City - UE Subtract line 22 fro New York City mini	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst b to line 16 mulation distribution credit m line 17 (if less than zero, leave bl e tax on lump-sum distributions (see inst 0 T credit (from Form IT-219) m line 21 (if less than zero, leave bl mum income tax (see instructions))structions) lank) structions) lank)	15a 15b 16 17 18 19 20 21 21 22			.00 00. 00. 00. 00. 00. 00. 00.	pay Tax emp and on i mai con add 23 24	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return	tate Income tate or trust's cation number fary Income Tax form IT-205-V and ayment and the to the appropriate structions.
15b 16 17 18 19 20 21 22 23 24 25	New York City part- New York City amount Add line 15a or 15 New York City accor Subtract line 18 fro New York City separat Add lines 19 and 2 New York City - UE Subtract line 22 fro New York City mini Yonkers resident in	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst b to line 16 m line 17 (if less than zero, leave bl e tax on lump-sum distributions (see inst 0 T credit (from Form IT-219) m line 21 (if less than zero, leave bl mum income tax (see instructions) come tax surcharge from Yonker) structions) lank) structions) lank) rs worksho	15a 15b 16 17 18 19 20 21 22 21 22 eet, lin	ne e (see instruc	tions)	.00 .00 .00 .00 .00 .00 .00	pay Tax emp and on i mai con add 23 24 25	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return	tate Income tate or trust's cation number fary Income Tax form IT-205-V and ayment and the to the appropriate structions.
15b 16 17 18 19 20 21 22 23 24 25 26	New York City part- New York City amount Add line 15a or 15 New York City accor Subtract line 18 fro New York City separat Add lines 19 and 2 New York City - UE Subtract line 22 fro New York City mini Yonkers resident in Yonkers part-year	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst b to line 16 mulation distribution credit m line 17 (if less than zero, leave bl e tax on lump-sum distributions (see inst 0 T credit (from Form IT-219) m line 21 (if less than zero, leave bl mum income tax (see instructions) come tax surcharge from Yonker resident tax (from Form IT-205-A-I, p) structions) lank) structions) lank) rs worksho page 4, Wo	15a 15b 16 17 18 19 20 21 21 22 	ne e (see instruc et C, line 14)	ctions)	.00 .00 .00 .00 .00 .00 .00	pay <i>Tax</i> em and on i mai con adc 23 24 25 26	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return	tate Income tate or trust's cation number fary Income Tax form IT-205-V and ayment and the to the appropriate structions. .00 .00 .00 .00
15b 16 17 18 19 20 21 22 23 24 25 26 27	New York City part- New York City amount Add line 15a or 15 New York City accu Subtract line 18 fro New York City separat Add lines 19 and 2 New York City - UE Subtract line 22 fro New York City mini Yonkers resident in Yonkers part-year Yonkers nonreside	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst to line 16) structions) lank) structions) lank) rs worksho page 4, Wo rm Y-206).	15a 15b 16 17 18 19 20 21 21 22 eet, lin orkshee	ne e (see instruc et C, line 14)	tions)	.00 .00 .00 .00 .00 .00 .00	pay Tax em and on i mai con ado 23 24 25 26 27	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return	tate Income tate or trust's cation number fary Income Tax form IT-205-V and ayment and the to the appropriate structions. .00 .00 .00 .00 .00
15b 16 17 18 19 20 21 22 23 24 25 26 27 28	New York City part- New York City amount Add line 15a or 15 New York City accur Subtract line 18 fro New York City separat Add lines 19 and 2 New York City - UE Subtract line 22 fro New York City mini Yonkers resident in Yonkers part-year Yonkers nonreside Sales or use tax (ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst b to line 16) structions) lank) structions) lank) rs worksho page 4, Wo rm Y-206).	15a 15b 16 17 18 19 20 21 21 22 eet, lin porkshee	ne e (see instruc et C, line 14)	tions)	.00 .00 .00 .00 .00 .00 .00	pay <i>Tax</i> em and on i mai con adc 23 24 25 26	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return	tate Income tate or trust's cation number fary Income Tax form IT-205-V and ayment and the to the appropriate structions. .00 .00 .00 .00
15b 16 17 18 19 20 21 22 23 24 25 26 27 28 29	New York City part- New York City amount Add line 15a or 15 New York City accur Subtract line 18 fro New York City separat Add lines 19 and 2 New York City - UE Subtract line 22 fro New York City mini- Yonkers resident in Yonkers part-year Yonkers nonreside Sales or use tax (Total NYS, NYC, Y	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst to line 16) structions) lank) structions) lank) rs workshu page 4, Wo rm Y-206) .	15a 15b 16 17 18 19 20 21 22 21 22 	De e (see instruc et C, line 14) nd 23 through 28;	ctions)	.00 .00 .00 .00 .00 .00 .00 .00	pay Tax emile and on i mail con add 23 24 25 26 27 28	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return	tate Income tate or trust's cation number iary Income Tax orm IT-205-V and ayment and the n to the appropriate structions. .00 .00 .00 .00 0.00
15b 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	New York City part- New York City amount Add line 15a or 15 New York City accur Subtract line 18 fro New York City separat Add lines 19 and 2 New York City - UE Subtract line 22 fro New York City mini Yonkers resident in Yonkers part-year Yonkers nonreside Sales or use tax (Total NYS, NYC, Y Estimated tax paid	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst b to line 16) structions) lank) structions) lank) rs worksho page 4, Wo rm Y-206) . ax (add line n IT-370-PI	15a 15b 16 17 18 19 20 21 22 21 22 eet, lin orkshee	ne e (see instruc et C, line 14) nd 23 through 28;	ctions)	.00 .00 .00 .00 .00 .00 .00 .00	pay Tax em anc on i mai con adc 23 24 25 26 27 28 29	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return	tate Income tate or trust's cation number iary Income Tax orm IT-205-V and ayment and the to the appropriate structions. .00 .00 .00 .00 .00 .00 .00
15b 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	New York City part- New York City amount Add line 15a or 15 New York City accurs Subtract line 18 from New York City separat Add lines 19 and 2 New York City separat Add lines 19 and 2 New York City - UE Subtract line 22 from New York City mini- Yonkers resident in Yonkers part-year Yonkers nonreside Sales or use tax (Total NYS, NYC, Y Estimated tax paid Estimated tax paid	tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst b to line 16) structions) lank) structions) lank) rs worksho page 4, Wo rm Y-206) . ax (add line n IT-370-PI from Form	15a 15b 16 17 18 19 20 21 22 eet, lin orkshee s 14 ar =) IT-205-	ne e (see instruc et C, line 14) nd 23 through 28; -T)	ctions)	.00 .00 .00 .00 .00 .00 .00 .00	pay Tax em anc on i main con add 23 24 25 26 27 28 29 30	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return	tate Income tate or trust's cation number iary Income Tax orm IT-205-V and ayment and the to the appropriate structions. 00 00 00 00 00 00 00 00 00 00 00 00 0
15b 16 17 18 19 20 21 22 33 24 25 26 27 28 29 30 31 32 33	New York City part- New York City amount Add line 15a or 15 New York City accurs Subtract line 18 from New York City separat Add lines 19 and 2 New York City - UE Subtract line 22 from New York City mini- Yonkers resident in Yonkers part-year Yonkers nonreside Sales or use tax (Total NYS, NYC, Y Estimated tax paid Estimated tax paid Estimated tax paid Refundable credits	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst b to line 16) structions) lank) structions) lank) rs workshi page 4, Wo m Y-206) . m T-370-Pl from Form	15a 15b 16 17 18 19 20 21 22 22 22 22 22 22 22 22 22	ne e (see instruc et C, line 14) nd 23 through 28; -T)	ctions)	.00 .00 .00 .00 .00 .00 .00 .00	pay Tax em anc on i mai con add 23 24 25 26 27 28 29 30 31	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return	tate Income tate or trust's cation number fary Income Tax form IT-205-V and ayment and the to the appropriate structions. 00 00 00 00 00 00 00 00 00 00 00 00 0
15b 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	New York City part- New York City amount Add line 15a or 15 New York City accurs Subtract line 18 from New York City separat Add lines 19 and 2 New York City separat Add lines 19 and 2 New York City separat Subtract line 22 from New York City mini- Yonkers resident in Yonkers part-year Yonkers nonreside Sales or use tax (Total NYS, NYC, Y Estimated tax paid Estimated tax paid Estimated tax paid Subtract line 31 from Refundable credits New York State tax	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst b to line 16) structions) lank) structions) max (add line m IT-370-PI from Form	15a 15b 16 17 18 19 20 21 22 eet, lin prksheet is 14 ar =) IT-205-	ne e (see instruc et C, line 14) nd 23 through 28; -T)	tions)	.00 .00 .00 .00 .00 .00 .00 .00 .00	pay Tax em and on i mail con and 23 24 25 26 27 28 29 30 31 32 33 34	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return	tate Income tate or trust's cation number fary Income Tax orm IT-205-V and ayment and the to the appropriate structions. .00 .00 .00 .00 .00 .00 .00 .00 .00
15b 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35	New York City part- New York City amount Add line 15a or 15 New York City accurs Subtract line 18 from New York City separat Add lines 19 and 2 New York City separat Add lines 19 and 2 New York City - UE Subtract line 22 from New York City mini- Yonkers resident in Yonkers part-year Yonkers nonreside Sales or use tax (Total NYS, NYC, Y Estimated tax paid Estimated tax paid Estimated tax paid Refundable credits New York State tax New York City tax	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst b to line 16) structions) lank) structions) lank) rs workshu page 4, Wo rm Y-206) . ax (add line n IT-370-PI from Form	15a 15b 16 17 18 19 20 21 22 21 22 eet, lin orkshee s 14 ar =) IT-205-	ne e (see instruc et C, line 14) nd 23 through 28; -T)	ctions)	.00 .00 .00 .00 .00 .00 .00 .00	pay Tax em and on i mail con mail con add 23 24 25 26 27 28 29 30 31 32 33 34 35	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return	tate Income tate or trust's cation number iary Income Tax orm IT-205-V and ayment and the n to the appropriate structions.
15b 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 5 36	New York City part- New York City amount Add line 15a or 15 New York City accurs Subtract line 18 from New York City separat Add lines 19 and 2 New York City separat Add lines 19 and 2 New York City enter Subtract line 22 from New York City mini- Yonkers resident in Yonkers part-year Yonkers nonreside Sales or use tax (Total NYS, NYC, Y Estimated tax paid Estimated tax paid Estimated tax paid Estimated tax paid Estimated tax paid Estimated tax paid New York State tax New York City tax of Yonkers tax withhe	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst b to line 16) structions) lank) structions) lank) rs worksho page 4, Wo rm Y-206) . ax (add line n IT-370-PI from Form	15a 15b 16 17 18 19 20 21 22 eet, lin orkshee s 14 ar -) IT-205-	ne e (see instruc et C, line 14) nd 23 through 28; -T)	ctions)	.00 .00 .00 .00 .00 .00 .00 .00	pay Tax em and on i main con and 23 24 25 26 27 28 29 30 31 32 33 34 35 36	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return	tate Income tate or trust's cation number iary Income Tax orm IT-205-V and ayment and the to the appropriate structions. .00
15b 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 5 36 37	New York City part- New York City amount Add line 15a or 15 New York City accurs Subtract line 18 from New York City separat Add lines 19 and 2 New York City separat Add lines 19 and 2 New York City separat New York City - UE Subtract line 22 from New York City mini- Yonkers resident in Yonkers part-year Yonkers nonreside Sales or use tax (Total NYS, NYC, Y Estimated tax paid Estimated tax paid Estimated tax paid Estimated tax paid Estimated tax paid Estimated tax paid New York State tax New York City tax of Yonkers tax withhe Total (add lines 32 th	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst b to line 16) structions) lank) structions) lank) rs worksho page 4, Wo m Y-206) . ax (add line n IT-370-PI from Form	15a 15b 16 17 18 19 20 21 22 22 eet, lin orkshee s 14 ar =) IT-205-	ne e (see instruc et C, line 14) nd 23 through 28; -T)	ctions)	.00 .00 .00 .00 .00 .00 .00 .00 .00	pay Tax em and on i mail con mail con add 23 24 25 26 27 28 29 30 31 32 33 34 35	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return	tate Income tate or trust's cation number iary Income Tax orm IT-205-V and ayment and the n to the appropriate structions.
15b 16 17 18 19 20 21 22 33 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38	New York City part- New York City amount Add line 15a or 15 New York City accord Subtract line 18 from New York City separat Add lines 19 and 2 New York City separat Add lines 19 and 2 New York City separat New York City - UE Subtract line 22 from New York City minit Yonkers resident in Yonkers part-year Yonkers nonreside Sales or use tax (Total NYS, NYC, Y Estimated tax paid Estimated tax paid Estimated tax paid Estimated tax paid Estimated tax paid Estimated tax paid Subtract line 31 from Refundable credits New York State tax New York City tax y Yonkers tax withhe Total (add lines 32 th If line 37 is more than the	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst b to line 16) structions) lank) structions) lank) rs worksho page 4, Wo m Y-206) . ax (add line m IT-370-PI from Form	15a 15b 16 17 18 19 20 21 22 eet, lin orkshee IT-205- IT-205- 38	ne e (see instruc et C, line 14) nd 23 through 28; -T)	ctions)	.00 .00 .00 .00 .00 .00 .00 .00 .00	pay Tax em and on i main con and 23 24 25 26 27 28 29 30 31 32 33 34 35 36	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return	tate Income tate or trust's cation number iary Income Tax orm IT-205-V and ayment and the to the appropriate structions. .00
15b 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39	New York City part- New York City amount Add line 15a or 15 New York City accor Subtract line 18 fro New York City separat Add lines 19 and 2 New York City separat Add lines 19 and 2 New York City separat New York City - UE Subtract line 22 fro New York City mini Yonkers resident in Yonkers part-year Yonkers nonreside Sales or use tax (Total NYS, NYC, Y Estimated tax paid Estimated tax paid Estimated tax paid Estimated tax paid Estimated tax paid Estimated tax paid Estimated tax paid New York State tax New York City tax Yonkers tax withhe Total (add lines 32 th If line 37 is more than to Amount of line 38 th	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst b to line 16) structions) lank) structions) lank) rs worksho page 4, Wo m Y-206) . m T-370-PI from Form	15a 15b 16 17 18 19 20 21 22 eet, lin prksheet is 14 ar =) IT-205- 38 39	ne e (see instruc et C, line 14) nd 23 through 28; -T)	ctions)	.00 .00 .00 .00 .00 .00 .00 .00 .00	pay Tax em and on i main con and 23 24 25 26 27 28 29 30 31 32 33 34 35 36	vable to NY S c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return	tate Income tate or trust's cation number iary Income Tax orm IT-205-V and ayment and the to the appropriate structions. .00
15b 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	New York City part- New York City amount Add line 15a or 15 New York City accurs Subtract line 18 from New York City separat Add lines 19 and 2 New York City separat Add lines 19 and 2 New York City separat New York City - UE Subtract line 22 from New York City mini- Yonkers resident in Yonkers part-year Yonkers nonreside Sales or use tax (Total NYS, NYC, Y Estimated tax paid Estimated tax	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst boto line 16) structions) lank) structions) structions) max (add line n IT-370-PH from Form erpayment tax	15a 15b 16 17 18 19 20 21 22 21 21	ne e (see instruc et C, line 14) nd 23 through 28; -T)	ctions)	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	pay Tax em and on i main con and 23 24 25 26 27 28 29 30 31 32 33 34 35 36	rable to NY S i c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return dress in the in	itate income tate or trust's cation number iary Income Tax orm IT-205-V and ayment and the to the appropriate structions. .00
15b 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41	New York City part- New York City amount Add line 15a or 15 New York City accurs Subtract line 18 from New York City separat Add lines 19 and 2 New York City separat Add lines 19 and 2 New York City separat New York City - UE Subtract line 22 from New York City mini- Yonkers resident in Yonkers part-year Yonkers nonreside Sales or use tax (Total NYS, NYC, Y Estimated tax paid Estimated tax	ent tax on line 5 amount (see instruction year resident tax (see instructions) from Form IT-230, Part 2, line 2 (see inst b to line 16) structions) lank) structions) lank) rs worksho page 4, Wo m Y-206) . ax (add line n IT-370-PI from Form from Form erpayment tax tax output	15a 15b 16 17 18 19 20 21 22 eet, lin prksheet is 14 ar =) IT-205- 38 39	ne e (see instruc et C, line 14) nd 23 through 28; -T)	ctions)	.00 .00 .00 .00 .00 .00 .00 .00 .00	pay Tax em and on i main con and 23 24 25 26 27 28 29 30 31 32 33 34 35 36	rable to NY S i c; write the es ployer identifie d 2013 Fiduci it; complete F il it with the pa npleted return dress in the in	tate Income tate or trust's cation number iary Income Tax orm IT-205-V and ayment and the to the appropriate structions. .00

IT-205 (2013) (back)

	copy of fee		Schedule K-1 (Form	1041) fc	or each	benef	iciar	٧.							
			federal taxable inc					-	sta	ate or	trust				
	Ent	er iter	ns as reported for fe	deral tax	purpos	ses or	sub	mit federa	al F	orm 1	041.				
		43	Interest income									43			16,117.00
		44	Dividends									44			181.00
		45	Business income (c	or loss) (s	submit co	opy of f	eder	al Schedule	C	or C-E	Z, Form 1040)	45			.00
		දු 46	Capital gain (or los	s) (submi	it copy o	f feder	al So	chedule D, I	For	m 104	1)	46			-3,000 _00
		946 47 1000	Rents, royalties, pa	artnership	os, othe	er esta	tes	and trusts	(sı	ubmit d	copy of				
		ŭ	federal Schedule E	E, Form 10	040)							47			.00
		48	Farm income (or lo	ss) (subr	nit copy	of fede	eral S	Schedule F,	Fo	rm 104	40)	48			.00
		49	Ordinary gain (or lo	oss) (subi	mit copy	of fede	eral	Form 4797))			49			.00
360			Other income (state									50			_ 00
130	_	51			-						-	51			13,298 .00
002		52										52			.00
205002130099		53										53			. 00
		54	· · · · , · · · ·									54			.00
		55										55			00 <u>0</u> 12,955
		suo 56	···· · · · · · · · · · · · · · · · · ·		-							56			
			Other deductions (Income distribution					,							•00
		20 20	Schedules K-1, Fo		•		-					58			. 00
	1	ے 59					-					59			.00
		60										60			600_00
		61	Total (add lines 52 tl	,								61			13,555 .00
		-	Federal taxable incom	-	,							62			-257 .00
Schedul	e B – New		fiduciary adjustme									L	ear reside	ent t	
			state and local bonds								-	63			.00
<u> </u>			educted on federal fi								,	64			.00
ip 65	Other (see i	nstruci	tions) Identify:					,				65			.00
	Total additi	ons (add lines 63, 64, and 6	5)								66			.00
			n US obligations inclu	ded in fec	leral inc	ome	67				.00				
86 gt	Other (see ins	t.) Ide	entify:			[68				.00				
69 btr			is (add lines 67 and 68	,								69			.00
			y adjustment (differenc									70			.00
Schedul			New York fiduciary		nent of	t a res	side	nt or a no	onre	eside	nt estate or t	rust	or a part-	year	resident trust
	:	Submi	additional sheets if neo	essary.				Identifying nu of each bene			Shares of fe net income				5 Shares of New York
	nd address of			New Yo		onkers		of each bene	511010	ary					fiduciary
	ox if beneficia	ary is a	nonresident of:	State)	_					3 Amour		4 Perce	ent	adjustment
(a)				<u> </u>		<u> </u>	_						00		.00
(b) The total of	Schodulo C /	olumn	5, should be the same as	Schodulo I	B line 70			duciary					00		<u>-00</u>
	Schedule C, (Joiumn	(see instructions)	Schedule	b, iirie 70	abuve.		tals					00 00 100%		.00
			, , ,				10	1015					00 100 / 0		.00
			ame and address of gr						6.01.				·	0)	
			nanged state or city res n X in all boxes that app								-				ent estate or trust
			dent estate or trust					sident estate					rs part-year		
	NYS part-ye					-		sident trust		i traot	• •				ident estate or trust
.,			known address of dece	. , -											
	-		ate state of residency												
			or trustees with their a		and ider	ntificati	ion n	umbers (SS	SN	or EIN).	Г			
G If a gram	ntor trust, er	ter the	e identification number	(SSN or E	EIN) of th	he indiv	vidua	al reporting	the	incom	ne/loss	L			
Thire	d-party	Print	designee's name					Desigr	nee	's phor	e number		Pe		al identification
designee	? (see instr.)							()					nur	nber (PIN)
Yes 🗖	No 🗌	E-mai													
Paid prepare	Preparer	's signa	ature		Prep	oarer's I	NYTF	PRIN					return her		
comple	te Firm's na	me (or	yours, if self-employed)		Prepare	r's PTIN	l or S	SN	11	Signati	ure of fiduciary or	office	representing	g fiduc	ciary
(see inst	r.)				Frend		Ge-''		┥╿	Det			Dautima -	1000	number
Address					Employe	er identif	iicatio	n number		Date			Daytime pl		
				Date:		Self	f-emp	loyed?][E-mail:					

004321122

SPECIAL INSTRUCTIONS

Populate the following fields for ACH payment

ACH_IND-1 RFND_OWE_IND-2 ELC_AUTH_EFCTV_DT: 04-10-2014 PYMT_AMT: \$24 BAL_DUE_AMT\$54 ABA_NMBR: 011001742 BANK_ACCT_NMBR: 10743 ACCT_TYPE_CD: 1 BNK_ACCT_ACH_IND:1

IT-205 PG 2 LINE A NAME AND ADDRESS OF GRANTOR

JACKIE CHUNG

78 WILLARD RD Quechee VT 05059

IT-205 PG 2 LN F NAME ,SSN/EIN AND ADDRESS OF EXECUTOR/TRUSTEE

JACK FENDER

12 SHORT RD

HARTLAND VT 05048

IT-205 PG 2 LN 68 SUBTRACTION

S-5 \$85

IT-205 SCHEDULE C BENEFICIARY INFORMATION

Name & address of	Non resident		ID#	SHARE		SHARE OF NY
each beneficiary	of			OF FDNI		FID
						ADJUSTMENT
		City of				
	NYS	Yonkers		AMOUNT	PERCENT	
JOJO BAXTER						
12 SHORT RD						
HARTLAND VT 05048	Х	Х	004321138	26090	77	58

IT-205 A SCHEDULE 2 BENEFICIARY INFORMATION

	SHARE OF FEDERAL		SHARE OF	SHARE OF
	DISTRIBUTABLE NET		INCOME FROM	FIDUCIARY
BENEFICIARY	INCOME		NY SOURCES	ADJUSTMENT
	AMOUNT	PERCENTAGE		
1010				
BAXTER	26090	77	18050	58

This is just an example. You can use any format to send this PDF.

Submit the information below as a pdf attachment

IT-205A LN12 INCOME PERCENTAGE CALCULATION

Submit this information as a pdf attachment

 a Enter the amount from Form IT-205-A, line 22, column b b Enter the portion of any administration costs, income distribution deduction, exemption, and 	
other deductions used in determining federal adjusted gross income that relate to items of income , gain, loss, and deduction derived from or connected with New York	
c Subtract line b from line	b.18310
ad Enter amount from Form IT-205-A, line 7, column a, that relates to New York source income (see line 12 instructions on front page)	c.5327
e Enter amount from <i>Fiduciary</i> line of Schedule 2, column 4 (see line 12 instructions on front page)	d
f Line d and add or subtract line	e.17
ef g Balance (line c and add or subtract line f)	f.17
h Divide line g above by line 5 from the NYAGI worksheet on page 2. Round the result to the fo	
decimal place and enter on line 12	n.1.1210

004321122

SUBMIT THE INFORMATION AS A PDF ATTACHMENT

This is just an example. You can use any format to send this PDF.

IT-205 A SCHEDULE 3 NONRESIDENT BENEFICIARY 'S SHARE OF INCOME

BENEFICIARY	DIVIDEND FROM NY SOURCES	ST CAPITAL GAIN FROM NY PROPERTY	LT CAPITAL GAIN FROM NY PROPERTY	OTHER TAXABLE INCOME FROM NY SOURCES	OTHER DED FROM NY SOURCES	FEDERAL AMT OF TAX PREFERENCE ITEMS
JOJO BAXTER	121			18048	123	

-	2013	New York State Department of Taxation			Irn New York S	tate • New Y	ork City	• Yonkers	IT-205	
	or entity	For the full year Jan. 1, 2013, through De	c. 31, 201	13, or fi	-			and ending		
D	ecedent's estate	Name of estate or trust (as shown on fe		1 SS-4)			Date	entity create		
□s	imple trust	FIDUCIARY ALLOCATION TRUS							1-2002	
×с	omplex trust	Name and title of fiduciary JACK FENDER, TRUSTEE					Ident		ber of estate or trust 321122	
μq	ualified disability trust	Address of fiduciary (number and street		(40)			Doood		rity number (SSN) (see instr.)	
E	SBT (S portion only)	3632 N 23 RD AVE	or rurai rol	lle)			Deceu	enii 5 Social Secu	nty humber (SSN) (see inst.)	
	rantor type trust	City, village, or post office	Stat	te	ZIP coo	le	Mark	an Y in the	applicable box:	
	ankruptcy estate-Ch. 7	PHOENIX	AZ		86015			return	Final return	
	ankruptcy estate-Ch. 11 poled income fund	Country:				Trust			section 605(b)(3)(D)	
					Number of	Qualif	/ing speci	al conditions		
	nded return nit explanation)	Income distribution deduction (see instructions, Form IT-205-I) 26,	087		beneficiaries		g your 20 (see instru			
	A Total income (fro	om back page, line 51)					A	,	31,097 .00	
		ed gross income from NYAGI work					В		4,767.00	
	C Amount from Fo	rm IT-205-A, Schedule 1, line 10, c	olumn a	۰۰۰۰۰۰			С		4,767 .00	
	1 Federal taxable	income of fiduciary (from back page,	line 62) .				1		4,750 .00	
	2 New York modifi	cations relating to amounts allocate	ed to pri	ncipal			2		.00	
	,	nd add or subtract line 2)					3		4,750.00	
	•	e of New York fiduciary adjustment					4		17_00	
S		e income of fiduciary (line 3 and add					5 6		4,767.00	
ion	 6 State tax on line 5 amount (<i>full-year resident estate and trust only</i>) 7 New York State amount from Form IT-230, Part 2, line 2 (<i>resident estate and trust only</i>) 								.00	
uct							7		.00	
stri		7					8		.00	
ee instruction		′ork State tax <i>(from Form IT-205-A,</i> So ed Form IT-230, Part 2, mark an X i					9		214.00	
		state credits (submit schedule)					10		.00	
		from line 8 or line 9					11		214 .00	
		ax on lump-sum distributions and o					12		.00	
	-	ncome tax					13		.00	
		State tax (add lines 11, 12, and 13; see					14		214 .00	
		ent tax on line 5 amount (see instructior		-		.00				
	•	-year resident tax (see instructions)	· -	15b		.00			noney order	
16	New York City amount	t from Form IT-230, Part 2, line 2 (see instr	ructions)	16		.00			State Income state or trust's	
17	Add line 15a or 15	b to line 16		17		.00			ication number	
18	New York City acc	umulation distribution credit		18		.00			iary Income Tax	
		om line 17 <i>(if less than zero, leave bla</i>	·	19		.00	on it; complete Form IT-205-V and mail it with the payment and the			
		te tax on lump-sum distributions (see instr	· · F	20		.00			n to the appropriate	
		20	- F	21		.00		ess in the ir		
	•	BT credit (from Form IT-219)	_	22		.00				
		om line 21 (if less than zero, leave blai					23		.00	
		imum income tax (see instructions) ncome tax surcharge from Yonkers					24 25		.00	
		resident tax (from Form IT-205-A-I, pa					25		<u>.00</u> .00	
		ent fiduciary earnings tax (from Form	-				27		.00	
		(see instructions on page 22)					28		.00	
		onkers taxes, and sales or use tax					29		214.00	
		(including payments made with Form I			-		30		160.00	
		ments allocated to beneficiaries (fro					31		. 00	
32	Subtract line 31 fro	om line 30			·		32		160.00	
33	Refundable credits	dentify:					33		.00	
		x withheld					34		.00	
35	New York City tax	withheld					35		.00	
36	Yonkers tax withhe	eld					36		. 00	
		hrough 36)	1				37		160.00	
		the total of lines 29 and 42, enter the overp		38		.00				
		to be refunded to you	1	39		.00				
		to be credited to 2014 estimated ta		40		.00		_		
		ne total of lines 29 and 42, enter amount y	1	41		54.00	-		5001130099	
42	Estimated tax penal	ty (will reduce line 38 or increase line 41; s	ee instr.)	42		.00]			

205001130099										

IT 205 (2012) (book)

Submit a copy			Schedule K-1 (Form	1041) fo	or each b	ene	ficiar	V.					
	- Detai	ls of	federal taxable inco	ome of a	a fiducia	arv c	of a r	esident es	state or	trust			
	Ente	er iter	ns as reported for fee	deral tax	purpose	es o	r sub	mit federa	Form 1	1041.			
		-	Interest income								43		.00
			Dividends								44		.00
			Business income (o								45		.00
			Capital gain (or loss								46		.00
		946 900 47	Rents, royalties, pa	-					-		47		00
	-		federal Schedule E		,						47 48		.00
			Farm income (or los								40		.00 .00
66			Ordinary gain (or lo Other income (state								50		.00
			Total income (add lin								51		.00
513			Interest								52		.00
205002130099		53	Taxes								53		.00
50		54	Fiduciary fees								54		.00
		55	Charitable deduction								55		.00
		<u>v</u> 56	Attorney, accountar	nt, and re	eturn pre	epar	er fe	es					.00
		57	Other deductions (i		-	-					57		.00
		56 57 58 58	Income distribution	deductio	on <i>(subr</i>	nit co	py of	federal					
	3	lea	Schedules K-1, For	m 1041, i	for each	bene	ficiary	/)			58		.00
		5 9	Estate tax deductio	n (submi	t computa	ation)				59		.00
		60	Exemption (federal)									.00
			Total (add lines 52 th	- /							61		.00
<u></u>			Federal taxable income								62		.00
			fiduciary adjustme							-		ar resident	
			state and local bonds							,	63		<u>.00</u> 160 .00
64 Incol			educted on federal fid	uclary re	eturn (se	e ins	structi	ons)			64		
			ions) Identify: add lines 63, 64, and 65								65 66		.00 160.00
			n US obligations includ				67			.00	00		100.00
5 68 Other			entify: SEE INSTRUCTION]	68			85 .00			
69 Total			IS (add lines 67 and 68)								69		85 .00
70 New			y adjustment (difference								70		75.00
			New York fiduciary									r a part-yea	
	\$	Submit	additional sheets if nece	essary.			2	Identifying nu	mber	Shares of fe			5 Shares of
1 Name and ad	dress of	each h	eneficiary	New Yo	ork Yor	hkers		of each bene	ficiary	net income	(see ins	tructions)	New York fiduciary
			nonresident of:	State						3 Amour	nt	4 Percent	adjustment
(a) SEE INST	RUCT	IONS			[.0	2 C	.00
(b)											. 0	_	.00
The total of Schee	dule C, c	olumn	5, should be the same as	Schedule E	B, line 70 a	bove	. Fic	duciary			851 .00		17 .00
			(see instructions)					tals		33,	941.0) 100%	75.00
A If inter vivos	trust, e	nter n	ame and address of gra	intor: SE	EE INST	RUC	CTIO	NS					
B If revocable	trust wł	nich ch	nanged state or city resi	dence du	iring the y	/ear,	enter	the date of					
			X in all boxes that appl	· · · -				nresident es					ident estate or trust
			dent estate or trust					ident estate	e or trust			part-year res	
(2) □NYS						ап-уе	ear re	sident trust		(8)	ronkers	tull-year nonro	esident estate or trust
,			known address of deced	lent									
			ate state of residency _ or trustees with their ac	drassas	and iden	tificat	tion n	umbers (SS					
			e identification number (
_			designee's name		,					ne number		Porce	onal identification
Third-part designee? (see			MAS CALVIN) 301-				umber (PIN)
Yes 🔀 No			l: CALVIN@AOL.CO	M				(010) 001				12345
Paid F	reparer'	s signa	ature		Prepa	arer's	NYTF	RIN		V	Sign r	eturn here	▼
	irm's na	me (or	yours, if self-employed)		Preparer	s PTI	N or S	SN	Signat	ture of fiduciary or			
(see instr.) Address					Employer	ident	ificatio	n number	Date			Daytime phon	e number
			Г	Date:				loved?	E-mail	ŀ		()	
1				Date.		I Se	ir-emp	IOVED 7	i i E-mail				



New York State Department of Taxation and Finance

Fiduciary Allocation Submit with Form IT-205

For the full year January 1, 2013, through December 31, 2013 or fiscal year beginning

13 and ending

Name of estate or trust (as shown on federal Form SS-4) FIDUCIARY ALLOCATION TRUST

Identification number of estate or trust 004321122

I-205-A

Complete this form as follows:

- Resident estate or trust with any nonresident beneficiaries

If any of the income distributable to the nonresident beneficiaries is derived from New York State sources, complete Schedules 4, 2, and 3, in that order. Then complete any of Schedules 5, 6, 7, and 8 that apply, as described below.

However, do not complete Form IT-205-A if none of the income distributable to the nonresident beneficiaries is derived from New York State sources, even if other income is distributable to those beneficiaries. In this case, include a statement with Form IT-205, *Fiduciary Income Tax Return*, to the effect that the distributable income of the nonresident beneficiaries consists only of income that is not taxable to nonresident individuals.

Nonresident estate or trust and part-year resident trust

Complete Schedules 4, 2, 3, and 1, in that order. Then complete any of Schedules 5, 6, 7, and 8 that apply, as follows:

Schedules 5, 6, 7, and 8 referred to above are to be completed under the following circumstances:

Schedule 5 – If the estate or trust carries on business both in and out of New York State but does not maintain books and records from which the New York income of the business can be determined.

Schedule 6 - If the estate or trust claims a deduction for New York charitable contributions.

Schedules 7 and 8 - If the estate or trust has gains or losses from the sale or disposition of New York property.

Instructions for completing the various schedules of this form can be found in Form IT-205-A-I, Instructions for Form IT-205-A.

Scł	nedule 1 – Computation of New York tax of a nonresident estate or trust or part-year resident trust		a Total federal amount	b Amount from New York City resident period
1	Adjusted total income (or loss) (from line 30, column a; see instructions)	1	30937.00	. 00
2	Income distribution deduction (from federal Form 1041, Schedule B, line 15; submit copy of each			
	federal Schedule K-1 (Form 1041))	2	26,087.00 _{.00}	.00
3	Estate tax deduction (submit computation)	3	.00	.00
4	Exemption (federal)	4	100.00	. 00
5		5	26187.00	. 00
6	Federal taxable income of fiduciary (subtract line 5 from line 1; enter column a			
	amount on Form IT-205, front page, line 1)	6	4750.00	. 00
7	New York modifications relating to amounts allocated to principal (see instructions)	7	.00	. 00
8	Balance (line 6 and add or subtract line 7)	8	4750.00	. 00
9	Fiduciary's share of New York fiduciary adjustment (from Form IT-205, Schedule C, column 5)	9	17.00	. 00
10	New York taxable income of fiduciary (line 8 and add or subtract line 9; see instructions)	10	4767.00	. 00
11	New York State base tax on line 10 amount (see instructions)	11	191_00	
12	Income percentage - income percentage may be greater than 100% (see instructions)	12	112.1040	
13	Allocated New York State tax (multiply line 11 by the decimal on line 12; enter here and		214.00	
	on Form IT-205, line 9)	13	214.00_00	

Schedule 2 - Fiduciary's and beneficiary's share of income from New York State sources (see instructions)

Beneficiary - same as on Form IT-205, -	Shares of federal dist net income (see inst		3 Shares of income	4 Shares of	Enter the amount from Schedule 4, line 38, column a, on Schedule 2 at the <i>Totals</i> line of column 1. Enter		
Schedule C	1 Amount	2 Percentage	from New York sources	fiduciary adjustment	the amount from Schedule 4, line 38, column b, on Schedule 2 at the Totals line of column 3. Enter the amount from Form IT-205, line 70 on Schedule 2, at the Totals line of column 4. Enter the fiduciary's share of fiduciary adjustment on Form IT-205-A-I, page 3, New York State income percentage worksheet, line e. If the fiduciary adjustment is a positive amount, it must be added to income; if it is a negative amount, it must		
a SEE INSTRU	. 00		.00	.00			
b	.00		.00	.00			
Fiduciary	7,851 <u>.</u> 00	23.13	5,431 . 00	17.00			
Totals	33,941.00	100%	23,481 .00	75 ₋₀₀			

Schedule 3 – Nonresident beneficiary's share of income, deduction, and tax preference items from New York State sources (see instructions)

Beneficiary - same as on Form IT-205, Schedule C	Dividendo nom	2 Short-term capital gain from New York property	3 Long-term capital gain from New York property	4 Other taxable income from New York sources	5 Other deductions from New York sources	6 Federal amount of tax preference items from New York sources and applicable New York modifications	
а	121 <u>.</u> 00	. 00	. 00	18,048 .00	(see instructions:	(see instructions:	
b	.00	.00	.00	.00	(submit schedule)	

Nonresident beneficiaries must report items of income and deduction stated on Schedule 3 on lines 1 through 18 of their New York State returns as items derived from or connected with New York State sources.



Page 2 of 4 IT-205-A (2013)

		es 14 through 30, column a are similar to entries ederal Form 1041, page 1.		a – Federal amount	b – Amount of column a from New York sources	 c – Amount of column a for New York City resident period 	 d – Amount of column a for Yonkers resident period
	14	Interest income	14	306.00	.00	.00	.00
	15	Dividends	15	3400.00	158.00	.00	00
	16	Business income (or loss) (submit copy of federal					
		Schedule C or C-EZ, Form 1040)	16	00	.00	.00	00
	17	Capital gain (or loss) (submit copy of federal					
		Schedule D, Form 1041)	17	-3000_00	00	00	.00
ne	18	Rents, royalties, partnerships, other estates and trusts,					
Income		etc. (submit copy of federal Schedule E, Form 1040)	18	30306.00	23394_00	.00	.00
Ĕ	19	Farm income (or loss) (submit copy of federal					
		Schedule F, Form 1040)	19	.00	.00	00	.00
	20	Ordinary gain (or loss) (submit federal Form 4797)	20	_00	.00	.00	.00
	21	Other income (state nature of income)	21	85.00	85.00	.00	.00
	22	Total income (add lines 14 through 21; enter column a					
		amount on Form IT-205, front page, item A)	22	31097_00	23637_00	.00	.00
	23	Interest	23	00	00	.00	
	24	Taxes	24	160 ₀₀	160.00	00	
suc	25	Fiduciary fees	25	.00	.00	.00	
Deductions	26	Charitable deduction	26	.00	00	.00	
'np	27	Attorney's, accountant's, and return preparer's fees	27	.00	.00	.00	
De	28	Other deductions (submit schedule; see instructions)	28	00	00	.00	

Lines 31 through 38, column a, are similar to entries on federal Form 1041, Schedule B.

29

30

29 Total (add lines 23 through 28).....

30 Adjusted total income (or loss) (subtract line **29** from line **22**)

31	Adjusted tax-exempt interest	31	4.00	4.00	.00
32	Net gain shown on Schedule 7, line 75, column 1				
	(if net loss, enter 0)	32	.00	.00	.00
33	Enter the sum of lines 52 and 55 from Schedule 6	33	_00	.00	.00
34	Short-term capital gain included on Schedule 6, line 47	34	.00	.00	0 0
35	If amount on line 17 above is a capital loss, enter				
	amount here (as a positive figure)	35	3000_00	00	. 00
36	Total (add lines 30 through 35)	36	<u>33941</u> .00	23481_00	.00
37	If amount on line 17 above is a capital gain, enter				
	that amount here	37	 00	.00	0 0
38	Distributable net income (subtract line 37 from				
	line 36) - Enter column a amount as total of				
	Schedule 2, column 1 and enter column b				
	amount on Schedule 2, column 3, Totals line	38	33941_00	23481_00	0 0

160_00

30937_00

Schedule 5 - Formula basis allocation of business income. Complete if business is carried on both in and out of New York State (submit list giving locations and descriptions of all places, both in and out of New York State, where you carry on business).

160_00

23477.00

		Items used as factors		1 Totals - in and out of New York State	2 New York State amounts		3
		Property percentage (see instructions)					Percent
660	39	Real property owned	39	.00		.00	column 2
30	40	Real property rented from others	40	.00		.00	is of column 1
03	41	Tangible personal property owned	41	.00		.00	
070	42	Property percentage (add lines 39, 40, and 41; see instructions)	42	.00		.00	%
	43	Payroll percentage (see instructions)	43	.00		.00	%
	44	Gross income percentage (see instructions)	44	.00		.00	%
	45	Total of percentages (add lines 42, 43, and 44, column 3)				45	%
	46	Business allocation percentage (divide total percentage on line	e 45 by	3 or by actual number of perce	entages if less than 3)	46	%

To determine the amounts from New York State sources in Schedule 4, column b, apply the percentage on line 46 in the manner shown below to each item of income or deduction that is both reported in Schedule 4, column a, and required to be allocated. From line number ______ \$ ______ × _____ % = \$ _____ .00

.00

.00

Schedule 6 - Computation of New York charitable deduction

47	Amounts paid or permanently set aside for New York charitable purposes from gross in	ncome	e (see instructions)	47	.00
48	Tax-exempt income from sources outside New York State allocable				
	to New York charitable contribution	48	.00		
	(Complete lines 49 through 52 below only if gain on line 74, column 2,				
	exceeds loss on line 73, column 2.)				
49	Long-term capital gain included on line 47	49	.00		
50	Enter gain from line 74, column 2, minus loss from line 73, column 2	50	.00		
51	Enter gain from line 74, column 3, minus loss from line 73, column 3	51	.00		
52	Enter the amount from line 49, 50, or 51, whichever is less	52	.00		
53	Add lines 48 and 52			53	.00
54	Balance (subtract line 53 from line 47)			54	.00
55	Capital gains for the tax year allocated to corpus and paid or permanently set aside for	New `	York charitable purposes	55	.00
56	Add lines 54 and 55			56	.00
57	Section 1202 exclusion allocable to capital gains paid or permanently set aside for New	v Yor	k charitable purposes	57	.00
58	Total (subtract line 57 from line 56)			58	.00

Schedule 7 – Capital gains and losses from sales or exchanges of New York capital assets (see instructions concerning tangible

Part 1 - Short-term capital gains and losses - assets of New York property held one year or less

	a Kind of property and description (if necessary, submit statement of descriptive details not shown below)	b Date acquired (mm-dd-yyyy)	c Date sold <i>(mm-dd-yyyy)</i>	d Gross sales price	e Federal cost or other basis, plus expense of sale		f Gain (or loss) (d minus e)	
59				.00		.00	.00	
				.00		.00	. 00	
				.00		.00	. 00	
60	Short-term capital gain (or loss) from install	ment sales and lik	e-kind exchange	s of New York proper	ty	60	. 00	
61	Net short-term gain (or loss) from New York	property derived	from partnership:	s, S corporations, and	d			
	other estates or trusts					61	. 00	
62	Net gain (or loss) (combine lines 59 through 61)				62	. 00	
63	Short-term capital loss carryover (submit con	nort-term capital loss carryover (submit computation)						
64	Net short-term gain (or loss) (combine lines 6	2 and 63; enter here	and on line 73 belo	<i>w)</i>		64	.00	

Part 2 - Long-term capital gains and losses - assets of New York property held more than one year

65				.00		.00	.00
				.00		.00	. 00
				.00		.00	.00
66	Long-term capital gain (or loss) from installn	nent sales and lik	e-kind exchanges	s of New York proper	ty	66	.00
67	Net long-term gain (or loss) from New York	property derived f	rom partnerships	, S corporations, and			
	other estates or trusts					67	.00
68	Capital gain distributions					68	.00
69	Enter gain, if any, from Schedule 8, line 81					69	.00
70	Net gain (or loss) (combine lines 65 through 69,					70	.00
71	Long-term capital loss carryover from 2012	(submit computatior	ı)			71	.00
72	Net long-term gain (or loss) (combine lines 70	and 71; enter here	and on line 74 below	N)		72	.00

Part 3 – Summary of Parts 1 and 2

			1 – Beneficiaries	2 – Fiduciary	3 – Total
73	Net short-term gain (or loss) from line 64, column f, above	73	.00	.00	.00
74	Net long-term gain (or loss) from line 72, column f, above	74	.00	.00	.00
75	Total net gain (or loss) (line 73 and add or subtract line 74)	75	.00	.00	.00
	ster on Cabadula 4 line 47 actuments the net win about an li				and land and the state of the second

Enter on Schedule 4, line 17, column b, the net gain shown on line 75, column 3, above. If line 75, column 3, above is a net loss, see instructions.



and intangible personal property carried as business assets)

Page 4 of 4 IT-205-A (2013)

Schedule 8 – Supplemental schedule of gains and losses from New York property (see instructions)

Part 1 – Sales or exchanges of New York property used in a trade or business and involuntary conversions from other than casualty and theft – property held more than one year

Submit a copy of federal Form 4684 to report involuntary conversions of New York property from casualty and theft.

	1,5		· · · · · · · · · · · · · · · · · · ·	,	1		,	
	a Kind of property (if necessary, submit statement of descriptive details not shown below)	b Date acquired (mm-dd-yyyy)	c Date sold (<i>mm-dd-yyyy</i>)	d Gross sales price	e Federal depreciation allowed (or allowable) since acquisition	f Federal cost or other basis, plus improvements and expense of sale	g Loss (f minus the sum of d and e)	h Gain (d plus e minus f)
76				.00	.00	.00	.00	.00
				.00	.00	.00	.00	.00
				.00	.00	.00	.00	.00
				.00	.00	.00	.00	.00
				. 00	.00	.00	.00	. 00
				. 00	.00	.00	.00	. 00
				. 00	.00	. 00	.00	. 00
77	Gain, if any, from federal Form 4	684, line 39				77		.00
78	Section 1231 gain from installme	ent sales from fed	leral Form 6252,	line 26 or 37				.00
79	Gain, if any, from federal Form 4797, line 32, from other than casualty or theft							
80	Add line 76, column g amounts,	and lines 76 thro	ugh 79, column h	amounts			(.00)	.00
81	Combine columns g and h of line	81	_ 00					

a) If line 81 is a gain, enter the gain as a long-term capital gain on Schedule 7, line 69.

b) If line 81 is zero or a loss, enter that amount on line 83.

Part 2 – Ordinary gains and losses from New York property

	(if necessary, submit (mm-dd-yyyy) (mm-dd-yyyy) price depreciation other base statement of descriptive allowed (or allowed (or allowed) and expression details not shown below) allowed (or allowed (or allowed) and expression		f Federal cost other basis, p improvemen and expense sale	olus nts	g Loss (f minus the sum of d and e)	h Gain (d plus e minus f)			
82	Ordinary gains and losses not in	cluded on lines 8	3 through 87 (inc	lude property held c	ne year or less)				•
				.00	.00		.00	. 00	_ 00
				.00	.00		.00	. 00	_ 00
		.00 .00		.00	. 00	. 00			
				.00	. 00		.00	. 00	. 00
				.00	. 00		.00	. 00	. 00
83	Loss, if any, from line 81						83	. 00	
84	Gain, if any, from federal Form 4	797, line 31					84		.00
85	Net gain (or loss) from federal F	orm 4684, lines 3	1 and 38(a)				85	. 00	_ 00
86	Ordinary gain from installment s	ales from federal	Form 6252, line	25 or line 36, or b	oth		86		_ 00
87	Recapture of section 179 deduc	e of section 179 deduction						.00	
88	Add lines 82, 83, and 85, colum	n g amounts, and	line 82 and lines	84 through 87, c	olumn h amounts	s	88	(.00)	.00
89	Combine columns g and h of line	e 88. Enter gain (or loss) here and	on Schedule 4, li	ne 20, column b				.00



004321123

SPECIAL INSTRUCTIONS

In this test scenario IT-205 is filed with IT-205C

IT-205 SCH C beneficiary information

Name & address of	Non resident		ID#	SHARE		SHARE OF NY
each beneficiary	of			OF FDNI		FID
						ADJUSTMENT
		City of				
	NYS	Yonkers		AMOUNT	PERCENT	
JOJO BAXTER						
2 GARFIELD LN						
ALBANY NY 12205		Х	001122333	57100	48	4174

IT-205 LN 69 Other subtraction information

S-5-3073

S-7--10448

_	2013	New York State Departm			U rn New Yo	ork State •	New Yo	rk City • Yonkers	IT-205
	or entity i	For the full year Jan. 1, 201						13 and ending	1
	ecedent's estate	Name of estate or trust (a TERREL FAMILY TRU	ns shown on federal Forr					Date entity creat	ed 16-1985
	mple trust omplex trust	Name and title of fiduciar	V						nber of estate or trust
	ualified disability trust	JOE SMITH, TRUS	TEE					004	321123
	SBT (S portion only)	Address of fiduciary (num	ber and street or rural ro	oute)				Decedent's social secu	urity number (SSN) (see instr.)
	rantor type trust	101 WORCESTER	SQ						
	ankruptcy estate-Ch. 7	City, village, or post office	e Sta	ate	ZIF	^{>} code		Mark an X in the	applicable box:
	ankruptcy estate-Ch. 11	BOSTON	M	A	02	2118		Initial return	Final return
	oled income fund	Country:					Trust I	meets conditions c	of section 605(b)(3)(D)
Ame	nded return	Income distribution deduction			Number of		Qualifyi	ng special conditions your 2013 tax	
	nit explanation)	(see instructions, Form IT-205-I)	34,308		beneficiaries	1		see instructions)	
		om back page, line 51)					F	Α	365,330 .00
		ed gross income from N						В	271,958.00
		rm IT-205-A, Schedule						С	.00
		income of fiduciary (from					F	1	267,438.00
		cations relating to amou	=					2	.00
	,	nd add or subtract line 2).					-	3	267,438.00
		e of New York fiduciary					E E	4	4,520.00
S		e income of fiduciary (line 5 amount (full-year reside						5 6	271,958.00
ior		amount from Form IT-2					-	7	.00
uct		7				• /	E E	8	<u> </u>
-		ork State tax (from Form					····· L	0	.00
eir		ed Form IT-230, Part 2,		_	<i>,</i>			9	.00
s Š 1		state credits (submit sche					Г	10	.00
		from line 8 or line 9	,				H	11	.00
1		ax on lump-sum distribu						12	.00
		ncome tax						13	.00
1	4 Total New York	State tax (add lines 11, 12	, and 13; see instruc	tions) .				14	.00
15a	New York City reside	ent tax on line 5 amount (see instructions)	15a			.00		
		-year resident tax (see in		15b			.00	Make check or payable to NY	
	•	t from Form IT-230, Part 2, li	,	16			•00	<i>Tax</i> ; write the e	
		ib to line 16		17			.00	employer identi	
		umulation distribution ci		18			.00	and 2013 Fidu	<i>ciary Income Tax</i> Form IT-205-V and
		om line 17 <i>(if less than ze</i>		19			.00		payment and the
		te tax on lump-sum distribut		20			.00	completed retuin	rn to the appropriate
		20 BT credit (from Form IT-2		21 22			.00	address in the i	nstructions.
		om line 21 <i>(if less than ze</i>					.00	23	00
		imum income tax (see ir	,					23	.00
		ncome tax surcharge fro						25	.00 .00
		resident tax (from Form I						26	.00
		ent fiduciary earnings tax			,			27	.00
L		see instructions on page 2						28	.00
		onkers taxes, and sales					-	29	.00
		(including payments mad			-			30	.00
31	Estimated tax pay	ments allocated to bene	ficiaries (from Form	IT-205	5-T)			31	.00
32	Subtract line 31 fro	om line 30						32	.00
	Refundable credits							33	.00
		x withheld						34	.00
		withheld						35	.00
		eld						36	.00
		hrough 36)						37	. 00
		the total of lines 29 and 42, e					.00		
		to be refunded to you .					.00		
		to be credited to 2014 e		40			.00		5004400000
		ne total of lines 29 and 42, er	•	41			.00	20)5001130099
42		ty (will reduce line 38 or incre	ase III e 41, see Instr.)	42			. 00		

	by of federa	I Schedule K-1 (Forn				-						
Schedule A	– Details o Enter ite	f federal taxable in ems as reported for f	come of a ederal tax	a fiduci purpos	ary of ses or	f a resider submit feo	t es eral	t ate or Form 1	trust 041.			
	4	3 Interest income								43		84.00
	4	4 Dividends								44		131,799.00
	4	5 Business income (or loss) (s	submit co	opy of f	ederal Sche	dule (C or C-E	Z, Form 1040)	45		.00
	a 4	6 Capital gain (or los	ss) (submi	it copy of	f federa	al Schedule	D, Fo	orm 104	:1)	46		230,374 _00
	4 4 Jucome	7 Rents, royalties, p	artnership	os, othe	er esta	tes and tru	sts (submit (copy of			
	Ē	federal Schedule	E, Form 10	040)						47		.00
		8 Farm income (or le								48		.00
	4	9 Ordinary gain (or I	oss) (subi	mit copy	of fede	eral Form 4	797).			49		.00
3600		0 Other income (star			/					50		3,073 .00
130	5									51		365,330 .00
002	5									52		.00
505	5									53		.00
	5	· · · · , · · · ·								54		63,484 .00
	5									55		.00
	SUC	6 Attorney, account								56 57		.00
		7 Other deductions8 Income distributio	•			,				57		.00
	nbé	Schedules K-1, F		•		-				58		34,308.00
	ے م	9 Estate tax deduct				• /				59		.00
	6				,					60		100_00
	6		,							61		97,892 .00
		2 Federal taxable incon	-	,						62		267,438.00
Schedule B		k fiduciary adjustm									ar resident	
		on state and local bond								63		22,215.00
		deducted on federal f							,	64		.00
65 Oth		ctions) Identify:				,				65		.00
	al additions	(add lines 63, 64, and	65)							66		22,215.00
67 Inter 68 Other 69 Tota 70 New	rest income	on US obligations inclu	uded in fec	deral inco	ome	67			.00			
ੱਤੋਂ 68 Othe	er (see inst.) 🛛	dentify: SEE SPECIAL I	NSTRUCT	IONS		68			13,521 .00			
5 69 Tota	al subtraction	ons (add lines 67 and 6	88) SEE SF	PECIAL	INST	RUCTION	S			. 69		
		ary adjustment (differen								70		8,694 .00
Schedule C	– Shares of the second seco	of New York fiduciar	y adjusti	ment of	f a res	ident or a	non	reside	nt estate or t	rust o	or a part-yea	ar resident trust
		nit additional sheets if ne				2 Identifyii of each			Shares of fe net income			5 Shares of New York
 Name and a Check box if 		a beneficiary. a nonresident of:	New Yo State		onkers				3 Amour	nt	4 Percent	 fiduciary adjustment
(a) SEE SPE				-						.0	0 0%	.00
(b)			<u> </u>		Ħ_					.0	-	.00
	edule C, colum	in 5, should be the same a	s Schedule I	B, line 70	above.	Fiduciary			61.	582.0	_	4,520_00
		(see instructions)				Totals				952.0		8,694 .00
	struct ontor	name and address of g	rantor:			•						
		changed state or city re		urina the	vear. e	enter the da	e of t	he char	nge of residence	e (see i	instr., page 2)	
		an X in all boxes that ap							-			ident estate or trust
		sident estate or trust		_	-	r resident e			· / _		s part-year re	
(2) 🗌 NYS	Spart-year re	esident trust	(5)	NYC p	oart-ye	ar resident	rust		(8)	/onkers	full-year nonr	esident estate or trust
D If an estate,	, indicate las	t known address of dec	edent									
E Nonresiden	t estate - ind	icate state of residency										
		s or trustees with their							,			
G If a grantor	trust, enter t	he identification numbe	r (SSN or E	EIN) of th	ne indiv	vidual repor	ing th	ne incon	ne/loss			
Third-par designee? (se		t designee's name				De (signe	e's phor)	ne number			onal identification umber (PIN)
Yes 🔲 No	• 🗙 E-m	ail:										
	Preparer's sig	nature		Prer	arer's N	NYTPRIN			-	Sign	return here	V
preparer								Signat	ure of fiduciary or			
(see instr.)	Firm's name (or yours, if self-employed)		Prepare	r's PTIN	l or SSN				2001	-p. cooning no	
Address				Emplove	er identif	ication numbe	r	Date			Daytime phon	
											(518)	453-2445
			Date:		Self	-employed?		E-mail	SMITH@ATS	S.CON	/	

Self-employed? E-mail: SMITH@ATS.COM



New York State Department of Taxation and Finance

New York State Resident Trust Nontaxable Certification IT-205-C

Tax Law – Article 22, Section 605(b)(3)(D)

Т	o be filed with Form IT-205 when a trust meets the conditions of Tax Law section 605(b)(3)(D); ه	see instructions (Form	n IT-205-I
١	Jame of trust	Employer identification num	ber (EIN)
	TERREL FAMILY TRUST	004321123	
N	lark an X for all that apply:		
1	All of the trustees are domiciled in a state other than New York State		1 🗙
2	The entire corpus of the trust, including real and tangible personal property, is located outside of Ne (it is the Tax Department's position that intangibles located in the state but that are not employed carried on in the state are not located in the state for purposes of this rule)	in a business	2 🔀
3	All income and gains of the trust are derived from, or connected with, sources outside of New York S as if the trust were a nonresident trust (see instructions)	,	3 🔀

Trustee identifying information

(Submit additional sheets if necessary. Follow the same format and include the name and EIN of the trust on each sheet.)

Trustee name JOE SMITH			Identifying number (SSN or EIN)	Mark an X in the box if trustee is a nonresident:		
Mailing address (number and street or rural route) 101 WORCESTER SQ		Apartment number	000022000	X		
City, village or post office	State	ZIP code				
BOSTON	MA	02118				
Trustee name			Identifying number (SSN or EIN)	Mark an X in the box if trustee is a nonresident:		
Mailing address (number and street or rural route)		Apartment number				
City, village or post office	State	ZIP code				
Trustee name			Identifying number (SSN or EIN)	Mark an X in the box if trustee is a nonresident:		
Mailing address (number and street or rural route)		Apartment number				
City, village or post office	State	ZIP code				
Trustee name			Identifying number (SSN or EIN)	Mark an X in the box if trustee is a nonresident:		
Mailing address (number and street or rural route)		Apartment number				
City, village or post office	State	ZIP code				

Signature of fiduciary or officer representing fiduciary	Printed name of person signing	Date



NEW YORK STATEMENTS

FORM IT-205, PAGE 2, SCHEDULE B, LINE 65 – OTHER ADDITIONS

<u>CODE</u>	DESCRITPION .	AMOUNT
A-2	EXPENSES OF US OBLIGATIONS	\$39
	TOTAL	\$39

FORM IT-205, PAGE 2 SCHEDULE C, BENEFICIARY INFORMATION

Name .	Address	Nonres NYS	Nonres YK	<u>R EIN</u>	<u>Amount</u>	Fed DNI %	<u>Adjustment</u>
GARY FAKENAME	528 N FRONT STREET STONINGTON, CT 063	х	х	004321139	\$19,290	\$100.00	\$-78

FORM IT-205-A, SCHEDULE 2 – BENEFICIARY'S SHARE OF NEW YORK SOURCE INCOME

Beneficiary Name .	Fed DNI Amount	Percent	Share of NY Income	Share of Fid Adj
GARY FAKENAME	\$19,290	100%	\$208	\$ -78
TOTAL	\$19,290	100%	\$208	\$ -78

Tuno	of entity 2013	New York State Departm Fiduciary Ir			JIN New Yo	ork State •	New Yo	rk City • Yonkers	IT-205	
	Form 1041:	For the full year Jan. 1, 2013	3, through Dec. 31, 20	13, or fi		ng		13 and ending		
D	ecedent's estate	Name of estate or trust (a		n SS-4)				Date entity creat		
×s	mple trust	SIMPLY FAKE TRUST						01-01-2002		
	omplex trust	Name and title of fiduciar							ber of estate or trust	
Q	ualified disability trust		321124							
E	SBT (S portion only)	Decedent's social secu	rrity number (SSN) (see instr.)							
G	rantor type trust	111 SPRING ST	Cto		71					
Шва	ankruptcy estate-Ch. 7	City, village, or post office	Sta			P code 3901		Mark an X in the		
	ankruptcy estate-Ch. 11		0		00] T urret u	Initial return 🗙	Final return	
L Po	ooled income fund	Country:					-	ng special conditions o	f section 605(b)(3)(D)	
	nded return	Income distribution deduction (see instructions, Form IT-205-I)	19,290		Number of	1	for filing	your 2013 tax		
<u> </u>	hit explanation)	om back page, line 51)			beneficiaries		- i	see instructions)	20,245 .00	
		ted gross income from N						B	577.00	
		orm IT-205-A, Schedule						C	.00	
		income of fiduciary (fron						1	-300.00	
		ications relating to amou					F	2	.00	
		nd add or subtract line 2).	-	-				3	-300.00	
		e of New York fiduciary						4	.00	
								5	-300.00	
suo	6 State tax on line	5 amount (full-year resid	ent estate and trust o	only)	<i>,</i>			6	.00	
Stio	7 New York State	amount from Form IT-23	30, Part 2, line 2 (re	esident	estate and trust	only)		7	.00	
iruc	8 Add lines 6 and	7					Г	8	.00	
nst	9 Allocated New Y	ork State tax (from Form	IT-205-A, Schedule	1, line 1	13)		_	·		
e i	 If you complete 	ed Form IT-230, Part 2,	mark an X in this b	ox 🗌				9	.00	
<i>ა</i> 1	0 Nonrefundable s	state credits (submit sche	dule)					10	.00	
1	1 Subtract line 10	le income of fiduciary (lin 5 amount (full-year resid amount from Form IT-23 7 York State tax (from Form ed Form IT-230, Part 2, n state credits (submit sche from line 8 or line 9 ax on lump-sum distribut income tax State tax (add lines 11, 12 ent tax on line 5 amount (s -vear resident tax (see in						11	.00	
1	2 State separate t	ax on lump-sum distribu	tions and other ad	dbacks	S			12	.00	
1	3 State minimum i	income tax					····· _	13	.00	
1	4 Total New York	State tax (add lines 11, 12	, and 13; see instruc	tions)				14	.00	
15a	New York City reside	ent tax on line 5 amount (s	see instructions)	15a			.00	Make check or	manayardar	
		,						payable to NY S		
	•	t from Form IT-230, Part 2, li	,	16			.00	Tax; write the e	state or trust's	
		b to line 16 umulation distribution cr		17 18			.00	employer identi	fication number ciary Income Tax	
		om line 17 <i>(if less than ze</i>		19			.00 .00	on it; complete	Form IT-205-V and	
		te tax on lump-sum distribut		20			.00	mail it with the p	payment and the	
		20		21			.00	completed retur address in the i	n to the appropriate	
		BT credit (from Form IT-21		22			.00			
		om line 21 <i>(if less than ze</i>						23	.00	
		imum income tax (see in						24	.00	
		ncome tax surcharge fro						25	.00	
		resident tax (from Form I						26	.00	
27	Yonkers nonreside	ent fiduciary earnings tax	(from Form Y-206).					27	.00	
28	Sales or use tax ((see instructions on page 2	2)				[28	.00	
		onkers taxes, and sales			-		· · -	29	.00	
		(including payments made					_	30	.00	
		ments allocated to bene			,		_	31	.00	
		om line 30						32	.00	
	Refundable credits							33	.00	
		x withheld						34	.00	
		withheld						35	.00	
		eld						36	.00	
		hrough 36)						37	.00	
		the total of lines 29 and 42, e					.00			
		to be refunded to you . to be credited to 2014 e		39 40			.00			
		to be credited to 2014 e		40			.00			
7.1	If line 37 is lass than the	ne total of lines 20 and 12 on	ter amount you owo	11			00	20	5001130000	
		ne total of lines 29 and 42, en ty <i>(will reduce line 38 or incre</i>	-	41 42			.00 .00	20 	5001130099	

	$\frac{1}{1}$ (bac)		ral 9	Schedule K-1 (Form	1041) fc	or each	henef	iciar	V						
				federal taxable inc	,					sta	te or	trust			
ouncaulo	En	ter	iten	ns as reported for fe	deral tax	purpos	ses or	sub	mit federa	F	orm 1	041.			
			43	Interest income									43		910.00
			-	Dividends									44		568.00
				Business income (o									45		.00
		e		Capital gain (or los	, ,							,	46		14,686 .00
		Income		Rents, royalties, pa											,
		nco	-1	federal Schedule E									47		4,081 .00
		-	18	Farm income (or lo		,							48		.00
				Ordinary gain (or lo									49		.00
66			4 5		, ,				,				50		.00
Sõ III			50	Total income (add li			/						51		20,245 .00
213			52	Interest		-							52		646 .00
205002130099			53	Taxes									53		.00
206			54	Fiduciary fees									54		.00
			55	Charitable deduction									55		.00
		6		Attorney, accounta									56		.00
		ons	57	-		-							57		309_00
		Deductions	-	Income distribution					,		•••••		51		000 .00
		np	30			•		-					58		19,290.00
		ď	59	Schedules K-1, Fo Estate tax deduction									59		
			59 60		,								60		.00 300 .00
			61	Total (add lines 52 tl	,								61		20,545 .00
			-	Federal taxable incom	-	,							62		-300.00
Schodule	B – Nov			fiduciary adjustme										ar rasidant	
				state and local bonds								-	63		
				ducted on federal fi								,	64		<u> </u>
itip 65 (ions) Identify: SEE IN			66 1113	uucu	0/15/				65		39.00
P 66				add lines 63, 64, and 6									66		39.00
				n US obligations inclu				67				117 _00	00		00.00
68 (Other (see in			-				68				.00			
60 trad		,		s (add lines 67 and 68	8)		_] ··· [69		117 .00
ans 70 N				y adjustment (differenc	,								70		-78.00
				New York fiduciary										r a part-ve	
				additional sheets if neo					Identifying nu			Shares of fe			5 Shares of
					•				of each bene			net income			New York
 Name ar Check bit 				eneficiary. nonresident of:	New Yo State		onkers				-	3 Amour	nt	4 Percent	 fiduciary adjustment
	NSTRUC					-						• /	.00		00
(b)			110		— H		H-						.00		.00
	Schedule C	col	umn	5, should be the same as	Schedule i	B line 70		Fic	luciary				.00		.00
	ochedule o,	001	unn	(see instructions)	Concoure	D, 1110 70	above.		tals			19	290.00		-78.00
				, , ,				110				10,	200.00	10070	-70.00
				ame and address of gr									<i>,</i> ,		
				anged state or city res								-			
				X in all boxes that app		_	-								ident estate or trust
• • —	NYS part-y			lent estate or trust					ident estate sident trust		rtrust			part-year res	esident estate or trust
									Sident trust			(0) []	UIKEIS	iuii-yeai noni	
	,			nown address of dece											
				ate state of residency or trustees with their a		and ider	otificati	ion n	umbors (SS)			
				e identification number											
-														Dama	an a l'islam (ifina d'an
	I-party ? (see instr.)	P	rint c	lesignee's name					Design	nee′	's phon	e number			onal identification number (PIN)
_		-							()					
Yes 🔟	No	E	-mai												
Paid	Prepare	er's s	signa	ture		Prep	oarer's	NYTF	RIN] [▼	Sign r	eturn here	▼
prepare must complet	Firm's r	am	e (or	yours, if self-employed)		Prepare	r's PTI	V or S	SN	┨╽	Signatu	ure of fiduciary or	officer r	epresenting fid	luciary
(see instr				, ,											
Address						Employe	er identi	ficatio	n number	[Date		T	Daytime phon	e number
					Date:		Col	f.omr	loyed?	┨┠	E-mail:			()	
1					Dale:		Sel	i-emp		11	∟-mail.				



207001130099

New York State Department of Taxation and Finance

Fiduciary Allocation Submit with Form IT-205

For the full year January 1, 2013, through December 31, 2013 or fiscal year beginning

13 and ending

T-205-A

Name of estate or trust (as shown on federal Form SS-4)	Identification number of estate or trust
SIMPLY FAKE TRUST	004321124
Complete this form as follows:	

Resident estate or trust with any nonresident beneficiaries

If any of the income distributable to the nonresident beneficiaries is derived from New York State sources, complete Schedules 4, 2, and 3, in that order. Then complete any of Schedules 5, 6, 7, and 8 that apply, as described below.

However, do not complete Form IT-205-A if none of the income distributable to the nonresident beneficiaries is derived from New York State sources, even if other income is distributable to those beneficiaries. In this case, include a statement with Form IT-205, Fiduciary Income Tax Return, to the effect that the distributable income of the nonresident beneficiaries consists only of income that is not taxable to nonresident individuals.

Nonresident estate or trust and part-year resident trust

Complete Schedules 4, 2, 3, and 1, in that order. Then complete any of Schedules 5, 6, 7, and 8 that apply, as follows:

Schedules 5, 6, 7, and 8 referred to above are to be completed under the following circumstances:

Schedule 5 - If the estate or trust carries on business both in and out of New York State but does not maintain books and records from which the New York income of the business can be determined.

Schedule 6 - If the estate or trust claims a deduction for New York charitable contributions.

Schedules 7 and 8 - If the estate or trust has gains or losses from the sale or disposition of New York property.

Instructions for completing the various schedules of this form can be found in Form IT-205-A-I, Instructions for Form IT-205-A.

Sch	nedule 1 – Computation of New York tax of a nonresident estate or trust or part-year resident trust		a Total federal amount	b Amount from New York City resident period
1	Adjusted total income (or loss) (from line 30, column a; see instructions)	1	.00	.00
2	Income distribution deduction (from federal Form 1041, Schedule B, line 15; submit copy of each			
	federal Schedule K-1 (Form 1041))	2	.00	.00
3	Estate tax deduction (submit computation)	3	.00	.00
4	Exemption (federal)	4	.00	.00
5	Total (add lines 2 through 4)	5	.00	.00
6	Federal taxable income of fiduciary (subtract line 5 from line 1; enter column a			
	amount on Form IT-205, front page, line 1)	6	.00	.00
7	New York modifications relating to amounts allocated to principal (see instructions)	7	.00	.00
8	Balance (line 6 and add or subtract line 7)	8	.00	.00
9	Fiduciary's share of New York fiduciary adjustment (from Form IT-205, Schedule C, column 5)	9	.00	.00
10	New York taxable income of fiduciary (line 8 and add or subtract line 9; see instructions)	10	.00	.00
11	New York State base tax on line 10 amount (see instructions)	11	.00	
12	Income percentage - income percentage may be greater than 100% (see instructions)	12		
13	Allocated New York State tax (multiply line 11 by the decimal on line 12; enter here and			
	on Form IT-205, line 9)	13	.00	

Schedule 2 – Fiduciary's and beneficiary's share of income from New York State sources (see instructions)

Beneficiary - same as on Form IT-205.	Shares of federal dist net income (see inst		3 Shares of income	4 Shares of	Enter the amount from Schedule 4, line 38, column a, on Schedule 2 at the <i>Totals</i> line of column 1. Enter
Schedule C	1 Amount	2 Percentage	from New York sources	fiduciary adjustment	the amount from Schedule 4, line 38, column b, on Schedule 2 at the <i>Totals</i> line of column 3. Enter the amount from Form IT-205, line 70 on Schedule 2, at
a SEE INSTRUCTIONS	19,290.00	100	208.00	-78_00	the Totals line of column 4. Enter the fiduciary's share
b	.00		. 00	.00	of fiduciary adjustment on Form IT-205-A-I, page 3, New York State income percentage worksheet, line e.
Fiduciary	. 00		.00	. 00	If the fiduciary adjustment is a positive amount, it must be added to income; if it is a negative amount, it must
Totals	19,290.00	100%	216.00	-78_00	be subtracted from income.
Schodulo 2 No	oprosident beneficiary's	share of inco	amo doduction and tax	proforance items from	Now York State cources (and instructiona)

Schedule 3 – Nonresident beneficiary's share of income, deduction, and tax preference items from New York State sources (see instructions)

Beneficiary - same as on Form IT-205, Schedule C	1 Dividends from New York sources			4 Other taxable income from New York sources	5 Other deductions from New York sources	6 Federal amount of tax preference items from New York sources and applicable New York modifications
a	.00	.00	. 00	. 00	(see instructions:	(see instructions:
b	.00	.00	.00	.00	submit schedule)	submit schedule)

Nonresident beneficiaries must report items of income and deduction stated on Schedule 3 on lines 1 through 18 of their New York State returns as items derived from or connected with New York State sources.

Page 2 of 4 IT-205-A (2013)

	Schedule 4 – Details of federal distributable net income and amounts from New York State sources (see instructions)											
		es 14 through 30, column a are similar to entries ederal Form 1041, page 1.		a – Federal amount	b – Amount of column a from New York sources	 c – Amount of column a for New York City resident period 	 d – Amount of column a for Yonkers resident period 					
	14	14 Interest income 14		910.00	.00	.00	.00					
	15	Dividends	15	568.00	.00	.00	00					
	16	Business income (or loss) (submit copy of federal										
		Schedule C or C-EZ, Form 1040)	16	00	.00	.00	.00					
	17	Capital gain (or loss) (submit copy of federal										
		Schedule D, Form 1041)	17	14686_00	26_00	.00	.00					
ne	18	Rents, royalties, partnerships, other estates and trusts,										
Income		etc. (submit copy of federal Schedule E, Form 1040)	18	4081.00	206_00	.00	.00					
	19	Farm income (or loss) (submit copy of federal										
		Schedule F, Form 1040)	19	.00	.00	.00	.00					
	20	Ordinary gain (or loss) (submit federal Form 4797)	20	.00	.00	.00	.00					
	21	Other income (state nature of income)	21	.00	.00	.00	.00					
	22	Total income (add lines 14 through 21; enter column a										
		amount on Form IT-205, front page, item A)	22	20245_00		.00	.00					
	23	Interest	23	646_00	24.00	.00						
	24	Taxes	24	.00	.00	.00						
suc	25	Fiduciary fees	25	.00	.00	.00						
cţi	26	Charitable deduction	26		.00	.00						
Deductions	27	Attorney's, accountant's, and return preparer's fees	27	.00	.00	.00						
De	28	Other deductions (submit schedule; see instructions)	28	309.00	.00	.00						
	29	Total (add lines 23 through 28)	29	955_00								
	30	Adjusted total income (or loss) (subtract line 29 from line 22)	30	19290_00	208_00	.00						

Lines 31 through 38, column a, are similar to entries on federal Form 1041, Schedule B.

31	Adjusted tax-exempt interest	31	.00	00	.00	
32	Net gain shown on Schedule 7, line 75, column 1					
	(if net loss, enter 0)	32	14686.00	34_00	.00	
33	Enter the sum of lines 52 and 55 from Schedule 6	33	.00	.00	.00	
34	Short-term capital gain included on Schedule 6, line 47	34	.00	.00	.00	
35	If amount on line 17 above is a capital loss, enter					
	amount here (as a positive figure)	35	.00	00	00	
36	Total (add lines 30 through 35)	36	33976 <u>.</u> 00	242_00	.00	
37	If amount on line 17 above is a capital gain, enter					
	that amount here	37	14686_00	26_00	.00	
38	Distributable net income (subtract line 37 from					
	line 36) - Enter column a amount as total of					
	Schedule 2, column 1 and enter column b					
	amount on Schedule 2, column 3, Totals line	38	19290 ₀₀	216_00	00	

Schedule 5 – Formula basis allocation of business income. Complete if business is carried on both in and out of New York State (submit list giving locations and descriptions of all places, both in and out of New York State, where you carry on business).

				1	2			
		Items used as factors		Totals - in and out of New York State	New York State amounts		3	
		Property percentage (see instructions)					Percent	
660	39	Real property owned	39	.00	_C		column 2	
207002130099	40	Real property rented from others 40		.00	.00		is of column 1	
021	41	Tangible personal property owned	41	.00		.00		
	42	Property percentage (add lines 39, 40, and 41; see instructions)	42	.00		.00	%	
Ň	43	Payroll percentage (see instructions)	43	.00		.00	%	
	44	Gross income percentage (see instructions)	44	.00		.00	%	
	45	Total of percentages (add lines 42, 43, and 44, column 3)	45	%				
	46	Business allocation percentage (divide total percentage on line	entages if less than 3)	46	%			

Schedule 6 – Computation of New York charitable deduction

47	Amounts paid or permanently set aside for New York charitable purposes from gross in	come	e (see instructions)	47	.00
48	Tax-exempt income from sources outside New York State allocable				
	to New York charitable contribution	48	.00		
	(Complete lines 49 through 52 below only if gain on line 74, column 2,				
	exceeds loss on line 73, column 2.)				
49	Long-term capital gain included on line 47	49	.00		
50	Enter gain from line 74, column 2, minus loss from line 73, column 2	50	. 00		
51	Enter gain from line 74, column 3, minus loss from line 73, column 3	51	.00		
52	Enter the amount from line 49, 50, or 51, whichever is less	52	.00		
53	Add lines 48 and 52			53	.00
54	Balance (subtract line 53 from line 47)			54	.00
55	Capital gains for the tax year allocated to corpus and paid or permanently set aside for l	New `	York charitable purposes	55	.00
56	Add lines 54 and 55	56	.00		
57	Section 1202 exclusion allocable to capital gains paid or permanently set aside for New	k charitable purposes	57	.00	
58	Total (subtract line 57 from line 56)			58	.00

Schedule 7 – Capital gains and losses from sales or exchanges of New York capital assets (see instructions concerning tangible

Part 1 - Short-term capital gains and losses - assets of New York property held one year or less

	a Kind of property and description (if necessary, submit statement of descriptive details not shown below)	b Date acquired <i>(mm-dd-yyyy)</i>	c Date sold <i>(mm-dd-yyyy)</i>	d Gross sales price	e Federal cost or other basis, plus expense of sale		f Gain (or loss) (d minus e)
59		00.					. 00
				.00		.00	. 00
				.00		.00	. 00
60	Short-term capital gain (or loss) from installr	nent sales and lik	e-kind exchange	s of New York proper	ty	60	.00
61	Net short-term gain (or loss) from New York other estates or trusts	,				61	-8 _00
62	Net gain (or loss) (combine lines 59 through 61,					62	-8 .00
63	Short-term capital loss carryover (submit com	putation)				63	.00
64	Net short-term gain (or loss) (combine lines 62	and 63; enter here	and on line 73 belo	ow)		64	-8 .00

Part 2 - Long-term capital gains and losses - assets of New York property held more than one year

65		.00					
				.00		.00	.00
				.00		.00	.00
66	Long-term capital gain (or loss) from install	ment sales and lik	e-kind exchanges	s of New York proper	ty	66	.00
67	Net long-term gain (or loss) from New York						
	other estates or trusts		67	34 <u>.</u> 00			
68	Capital gain distributions					68	.00
69	Enter gain, if any, from Schedule 8, line 81.					69	.00
70	Net gain (or loss) (combine lines 65 through 69)				70	34.00
71	Long-term capital loss carryover from 2012		71	.00			
72	Net long-term gain (or loss) (combine lines 70	72	34 .00				

Part 3 – Summary of Parts 1 and 2

			1 – Beneficiaries	2 – Fiduciary	3 – Total
73	Net short-term gain (or loss) from line 64, column f, above	73	.00	-8.00	-8 .00
74	Net long-term gain (or loss) from line 72, column f, above	74	34 .00	.00	34.00
75	Total net gain (or loss) (line 73 and add or subtract line 74)	75	34.00	-8.00	26.00
	aten an Oshadula 4 line 47 saluman hi tha mat main sharrow an li			75 1 0 1 '	11 1 1 1

Enter on Schedule 4, line 17, column b, the net gain shown on line 75, column 3, above. If line 75, column 3, above is a net loss, see instructions.



and intangible personal property carried as business assets)

Page 4 of 4 IT-205-A (2013)

Schedule 8 – Supplemental schedule of gains and losses from New York property (see instructions)

Part 1 – Sales or exchanges of New York property used in a trade or business and involuntary conversions from other than casualty and theft – property held more than one year

Submit a copy of federal Form 4684 to report involuntary conversions of New York property from casualty and theft.

	1,2			,	1	1 ,	,	
	a Kind of property (if necessary, submit statement of descriptive details not shown below)	b Date acquired <i>(mm-dd-yyyy)</i>	c Date sold <i>(mm-dd-yyyy)</i>	d Gross sales price	e Federal depreciation allowed (or allowable) since acquisition	f Federal cost or other basis, plus improvements and expense of sale	g Loss (f minus the sum of d and e)	h Gain (d plus e minus f)
76				.00	. 00	.00	.00	.00
				.00	.00	.00	.00	.00
				.00	.00	.00	.00	.00
				.00	.00	.00	.00	.00
				. 00	.00	.00	.00	. 00
				. 00	.00	.00	.00	. 00
				. 00	.00	. 00	.00	. 00
77	Gain, if any, from federal Form 4	684, line 39				77		.00
78	Section 1231 gain from installme	ent sales from feo	leral Form 6252,	line 26 or 37				.00
79	Gain, if any, from federal Form 4		. 00					
80	Add line 76, column g amounts,	and lines 76 thro	ugh 79, column h	amounts		80	(.00)	.00
81	Combine columns g and h of line	e 80. Enter gain (or loss) here, and	l on appropriate l	ine as follows:		81	_ 00

a) If line 81 is a gain, enter the gain as a long-term capital gain on Schedule 7, line 69.

b) If line 81 is zero or a loss, enter that amount on line 83.

Part 2 – Ordinary gains and losses from New York property

	a Kind of property (if necessary, submit statement of descriptive details not shown below)	b Date acquired (mm-dd-yyyy)	c Date sold (<i>mm-dd-yyyy</i>)	d Gross sales price	e Federal depreciation allowed (or allowable) since acquisition	f Federal cost other basis, p improvemen and expense sale	olus its	g Loss (f minus the sum of d and e)	h Gain (d plus e minus f)
82	Ordinary gains and losses not in	cluded on lines 8	3 through 87 (inc	lude property held c	ne year or less)				
	.00. 00.						.00	. 00	. 00
				.00	.00		.00	. 00	_ 00
				.00	.00		.00	. 00	_ 00
				.00	.00		.00		_ 00
				.00	. 00		.00	.00	. 00
83	Loss, if any, from line 81						83	. 00	
84	Gain, if any, from federal Form 4	797, line 31					84		.00
85	Net gain (or loss) from federal F	orm 4684, lines 3	1 and 38(a)				85	. 00	.00
86	Ordinary gain from installment s	ales from federal	Form 6252, line	25 or line 36, or b	oth		86		.00
87	Recapture of section 179 deduc	tion					87		.00
88	Add lines 82, 83, and 85, column	n g amounts, and	line 82 and lines	84 through 87, c	olumn h amounts	;	88	(.00)	_ 00
89	Combine columns g and h of line	e 88. Enter gain (or loss) here and	on Schedule 4, li	ne 20. column b				.00





New York State Department of Taxation and Finance

New York State Resident Trust Nontaxable Certification IT-205-C

Tax Law – Article 22, Section 605(b)(3)(D)

To be filed with Form IT-205 when a trust	meets th	e conditions of Ta	ax Law section 605(b)(3)(D);	-
Name of trust	LY FAK	E TRUST		Employer identification number (EIN) 004321124
Mark an X for all that apply:				
1 All of the trustees are domiciled in a state	other that	an New York State		
2 The entire corpus of the trust, including re (it is the Tax Department's position that carried on in the state are not located in	intangibl	es located in the st	ate but that are not employed	in a business
3 All income and gains of the trust are deriv as if the trust were a nonresident trust (
Trustee identifying information (Submit additional sheets if necessary. Follow th	ne same fo	ormat and include the		
Trustee name JOHN JOHNSON			Identifying number (SSN or EIN)	Mark an X in the box if trustee is a nonresident:
Mailing address (number and street or rural route) 111 SPRING ST		Apartment number	666555444	X
City, village or post office STANFORD	State CT	ZIP code 06901		
Trustee name	-		Identifying number (SSN or EIN)	Mark an X in the box if trustee is a nonresident:
Mailing address (number and street or rural route)		Apartment number	_	
City, village or post office	State	ZIP code		
Trustee name			Identifying number (SSN or EIN)	Mark an X in the box if trustee is a nonresident:
Mailing address (number and street or rural route)		Apartment number	-	
City, village or post office	State	ZIP code		
Trustee name	<u> </u>		Identifying number (SSN or EIN)	Mark an X in the box if trustee is a nonresident:
Mailing address (number and street or rural route)		Apartment number	-	
City, village or post office	State	ZIP code		

Signature of fiduciary or officer representing fiduciary	Printed name of person signing	Date



004321125 Special instructions

IT-205 Line F Executor and trustee information

Name – UNINCORP NYC

Address-2001 EAST 2ND ST BROOKLYN NY 11223

SSN-004321140

Return is balance due with Electronic fund withdrawal

Please populate the following fields

<rtnHeader > <ABA_NMBR claimed="011001742"/> <BANK_ACCT_NMBR claimed="10743"/> <ACCT_TYPE_CD claimed="1"/> <ELC_AUTH_EFCTV_DT claimed="2014-04-15"/> <PYMT_AMT claimed="2618"/> <ACH_IND claimed="1"/> <RFND_OWE_IND claimed="2"/> <BAL_DUE_AMT claimed="2618"/> <IAT_IND claimed="2"/> <BNK_ACCT_ACH_IND claimed="1"/> <PAPER_CHK_RFND_IND claimed="2"/> <DIR_DEP_IND claimed="2"/> </rtnHeader>

Type	of entity 2013	New York State Department of Taxation and Fir Fiduciary Income Tax		rn New Yorl	k State •	New Yo	ork Ci	ity • Yonkers	IT-	·205			
	Form 1041:	For the full year Jan. 1, 2013, through Dec. 31, 20		scal year beginning	9		_	and ending	,				
D	ecedent's estate	Name of estate or trust (as shown on federal For NYC UNINCORPORATED BUSINESST.		ST			Dat	te entity creat	ed 12-2007				
	imple trust	Name and title of fiduciary	AATINO	51			Ida			o or truct			
	omplex trust	UNINCORP BUSTAX TRUSTEE					Identification number of estate or tru 004321125						
	ualified disability trust	Address of fiduciary (number and street or rural r	oute)				Dec			N) (see instr.)			
	SBT (S portion only)	2001 EAST 2ND ST	oute)				Decedent's social security number (SSN) (see instr						
	rantor type trust		ate	ZIP	code		Ma	rk an X in the	applicable b	DOX:			
	ankruptcy estate-Ch. 7 ankruptcy estate-Ch. 11	BROOKLYN N	Y	112	223			ial return	Final r				
	poled income fund	Country:				Trust		s conditions of					
	nded return	Income distribution deduction		Number of		Qualifyi	ng sp	ecial conditions					
	nit explanation)	(see instructions, Form IT-205-I)		beneficiaries	1			2013 tax tructions)					
	A Total income (fro	m back page, line 51)					Α		249	,195 . 00			
		ed gross income from NYAGI worksheet,					В		249	,095 <u>.</u> 00			
		rm IT-205-A, Schedule 1, line 10, column					С			.00			
		income of fiduciary (from back page, line 62,					1		143	3,323 <u>.</u> 00			
		cations relating to amounts allocated to p	-				2		1.10	.00			
	,	nd add or subtract line 2)				-	3			3,323 <u>.</u> 00			
		e of New York fiduciary adjustment (from b				- F	4 5			,000 <u>.</u> 00			
S		e income of fiduciary (line 3 and add or subt					5 6			0,323 .00 3,321 .00			
lior		5 amount (full-year resident estate and trust amount from Form IT-230, Part 2, line 2 (r					0 7		10				
nct		7					8			.00 .00			
See instructions		ork State tax (from Form IT-205-A, Schedule				L	0			:00			
eir		ed Form IT-230, Part 2, mark an X in this t		<u> </u>			9			.00			
se 1		state credits (submit schedule)				- F	10			.00			
		from line 8 or line 9					11		13	,321 .00			
1		ax on lump-sum distributions and other ac					12			.00			
		ncome tax					13			.00			
1	4 Total New York S	State tax (add lines 11, 12, and 13; see instruc	ctions)				14		13	,321 .00			
15a	New York City reside	ent tax on line 5 amount (see instructions)	15a		7,1	90.00							
15b	New York City part-	-year resident tax (see instructions)	15b			.00		ke check or					
16	New York City amount	from Form IT-230, Part 2, line 2 (see instructions)	16			.00	рау Та	/able to NY x ; write the e	state incon	ne sťs			
		b to line 16	17		7,1	90.00	employer identification number						
	-	umulation distribution credit	18			. 00	and 2013 Fiduciary Income Tax on it; complete Form IT-205-V and						
		om line 17 (if less than zero, leave blank)	19		7,1	90.00		il it with the					
		te tax on lump-sum distributions (see instructions)	20		7.4	.00	cor	npleted retu	rn to the app	oropriate			
		0 3T credit (from Form IT-219)				90.00 01.00	ado	dress in the i	nstructions.				
	•	om line 21 (if less than zero, leave blank)					23		/	,989 .00			
		imum income tax (see instructions)					23			.00			
		ncome tax surcharge from Yonkers worksh					25			.00 .00			
		resident tax (from Form IT-205-A-I, page 4, V		•	,	F	26			.00			
		nt fiduciary earnings tax (from Form Y-206)				H	27			.00			
28	Sales or use tax (see instructions on page 22)					28		2	2,308 .00			
29	Total NYS, NYC, Y	onkers taxes, and sales or use tax (add lin	es 14 an	d 23 through 28; s	ee instruc	tions)	29		20	0,618.00			
30	Estimated tax paid	(including payments made with Form IT-370-F	PF)			[30		18	3,000.00			
31	Estimated tax payr	ments allocated to beneficiaries (from Form	n IT-205-	T)			31			.00			
		om line 30				<u></u>	32		18	3,000 .00			
	Refundable credits						33			.00			
		withheld					34			.00			
		withheld					35			.00			
		2ld					36			.00			
		hrough 36)					37		18	3,000.00			
		the total of lines 29 and 42, enter the overpayment				.00							
		to be refunded to you to be credited to 2014 estimated tax				<u>.00</u>							
		to be credited to 2014 estimated tax			26	<u>00.</u> 18.00		00	5001130099	2			
		y (will reduce line 38 or increase line 41; see instr.)			2,0	.00			5001150098				
74	Loundida tax pondit					.00							

203001130099	

Submit a cop		Schedule K-1 (Form	1041) fo	or each	benef	iciary.							
	- Details of	federal taxable inc	ome of a	a fiduci	iary of	f a resid	lent es	tate or	trust				
	Enter ite	ms as reported for fe	deral tax	(purpos	ses or	submit	federal	Form 1	041.				
	43	Interest income								43			21.00
	44	Dividends								44			.00
	45	Business income (or loss) (s	submit co	opy of f	ederal So	hedule	C or C-E	Z, Form 1040)	45			.00
	ළ 46	Capital gain (or los	s) (subm	it copy o	f feder	al Sched	ule D, F	orm 104	1)	46		26	6,954 <u>.</u> 00
	946 900 47	Rents, royalties, pa	artnershi	ps, othe	er esta	ites and	trusts	(submit d	copy of				
		federal Schedule I	-							47		-1	7,780 .00
	48	Farm income (or lo	oss) (subr	nit copy	of fede	eral Sche	dule F, I	Form 104	40)	48			. 00
	49	5 5 5 6 6	, ,				,			49			. 00
	50									50			. 00
130	51			-					-	51		249	9,195 .00
205002130099	52									52			.00
5056	53									53		5	7,000 .00
	54	· · · · , · · · ·								54			.00
	55									55		48	8,772.00
	su 56	···· · · · · · · · · · · · · · · · · ·								56			.00
	56 Deductions					,				57			.00
	58 7	Income distribution								50			
	å _{- a}	Schedules K-1, Fo								58			.00
	- 59		•		,					59			.00 100 <u>.</u> 00
	60									60		10	
	61 62	Total <i>(add lines 52 t</i> Federal taxable incom	-	,						61 62			5,872 <u>.00</u> 3,323 <u>.</u> 00
Schodulo B		fiduciary adjustme									ar resident		5,525 .00
		n state and local bonds							-	63		liusi	00
		educted on federal fi							,	64		5	00 <u>.</u> 7,000 00
65 Othe		tions) Identify:	uuciary i	etunn (s		li uctions)				65		0	
66 Tota		add lines 63, 64, and 6	5)							66		5	00 . 00,7
		n US obligations inclu				67			.00	00		5	7,000.00
	er (see inst.)					68			.00				
69 Tota	· · · -	ns (add lines 67 and 68	3)							69			.00
70 New		ry adjustment (differend	,							70		5	7,000.00
		New York fiduciar									a part-yea		
		t additional sheets if neo					ifying nu		Shares of fe				res of
							ch benef		net income			New	York
 Name and a Check box if 		nonresident of:	New Ye State		onkers				3 Amour	nt	4 Percent	fiduc adjus	stment
(a)	,									.00)		.00
(b)										.00			.00
	edule C, columr	5, should be the same as	Schedule	B, line 70	above.	Fiducia	у			.00)	57	7,000 .00
		(see instructions)				Totals				.00	100%	5	7,000 .00
Δ If inter vives	trust ontor r	ame and address of g	antor N	YC UNI	NCOF	RP 2001	EAST	2 ND S	T BROOKLYI	N NY 1	1223		
		hanged state or city res											
		n X in all boxes that app	_			r nonresi			-		full-year resi		e or trust
		dent estate or trust				ar resider					part-year res		
(2) NYS	s part-year res	sident trust	(5)		part-ye	ar reside	nt trust				full-year nonre		
D If an estate.	indicate last	known address of dece	edent										
E Nonresiden	t estate - indio	cate state of residency								_			
F Submit a lis	t of executors	or trustees with their a	ddresses	and ide	ntificati	ion numb	ers (SS	N or EIN).				
G If a grantor	trust, enter th	e identification number	(SSN or I	∃IN) of th	he indiv	vidual rep	orting t	he incom	ne/loss				
Third-par	ty Print	designee's name					Design	ee's phor	e number			nal identific	
designee? (se	e instr.)						()			n	umber (PIN	1)
Yes 🔲 No	E-ma	il:											
	Preparer's sign	ature		Pre	parer's l	NYTPRIN			▼	Sign re	eturn here	▼	
preparer must	Firm's name (o	r yours, if self-employed)		Prepara	r'e DTIN	l or SSN		Signat	ure of fiduciary or				
complete (see instr.)		yours, in sen-employed)		- iepaie		101 0011							
Address				Employe	er identif	fication nur	nber	Date			Daytime phone	e number	
			Doto		0	Fomilieur		Emoil			()		
			Date:		Self	f-employed	· 🗌	E-mail:					



New York State Department of Taxation and Finance Sales and Use Tax Report for Purchases of Items and Services Costing \$25,000 or More

Submit this form with Form IT-201, IT-203, IT-205, ST-140, or ST-141. (See instructions on back.)

Name as shown on income tax return or sales and use tax return	Social security or employer identification number
ESTATE OF SALESTAX PAYEE	004321125
Spouse's name as shown on income tax return, if applicable	Spouse's social security number

Complete columns A through G for each item or service costing \$25,000 or more (excluding shipping and handling) on which you owe sales or use tax.

A Date item or service was delivered/brought into New York	B Description of item or service purchased	C Seller's name and address	D Delivery address and address of use (if different from delivery address)	E Purchase price	F Tax paid to another taxing jurisdiction, if any	G Tax due to NYS
03/03/2013	WINDOWS DOORS& SIDING	INTRNL INSULATION BRANT AVE NW CANTON OH44708 INTLINSULATION@NY.PR.COM	50 CHESTNUT ST ROCHESTER NY 14604 441 AMES ST ROCHESTER NY 14611	26000	.00	2308
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	-00
1 Enter the tota	al sales or use ta	ax due on purchases not li	sted above			.00
2 Total sales of	r use tax (total the	e column G amounts; this mu	st equal the sales or use tax rep	ported on your return)	2	2308.00



Instructions

Purpose of Form IT-135

You must complete and submit this form if:

- the sales or use tax reported on your income tax return (Form IT-201, IT-203, or IT-205), is \$1,700 or more, or
- the sales or use tax reported on your individual purchaser's annual or periodic report of sales and use tax (Form ST-140 or ST-141) is for one or more items or services costing \$25,000 or more each, excluding any charges for shipping and handling.

For information on sales and use taxes and who may report and pay these taxes on their income tax return or sales and use tax return, see the instructions for Form IT-201, IT-203, or IT-205. Also see TB-ST-913, *Use Tax for Individuals (including Estates and Trusts)*.

Specific instructions

Name(s) and social security number(s) (SSN) or employer identification number (EIN)

Enter your name and SSN, or the EIN, exactly as they appear on your income tax or sales and use tax return with which you are submitting this form. Enter your spouse's name and SSN, if applicable.

You must complete columns A through G for each item or service costing \$25,000 or more, excluding any charges for shipping and handling, on which you owe sales or use tax.

Column C – Seller's name and address

Enter the name and address of the seller from which you purchased the item or service. If you purchased the item or service over the Internet, also include the Internet address of the seller in this column.

Column D – Delivery address and address of use

Enter the address to which the item or service was delivered **and** the location of use, if different from the delivery address.

Column E – Purchase price

Enter the purchase price from Worksheet 2, column A, or Worksheet 3, column A, of Form ST-140 or ST-141. For more information about computing the purchase price subject to sales or use tax, see the instructions for Form ST-140 or ST-141.

Column F – Tax paid to another taxing jurisdiction

Enter the amount of tax paid, if any, to another taxing jurisdiction from Worksheet 2, column D, or Worksheet 3, column D, of Form ST-140 or ST-141. For more information, see the instructions for Form ST-140 or ST-141.

Line 1 – Enter the total sales or use tax due for all other items or services costing less than \$25,000 each.

Line 2 – Total the column G amounts. This amount must match the sales or use tax amount reported on your income tax return or sales and use tax return.

Submit this form with your Form IT-201, IT-203, IT-205, ST-140, or ST-141. If you need more space, use additional sheets that have the **same format and information** as the chart on the front page of this form. Be sure to include your name(s) or the name of the estate or trust (as shown on your income tax or sales and use tax return) and SSN(s) or EIN(s) on all additional sheets.





New York State Department of Taxation and Finance Credit for New York City Unincorporated Business Tax

Submit Form IT-219 with your return, Form IT-201, Form IT-203, or Form IT-205

	•
Name(s) as shown on return	Taxpayer identification number (SSN or EIN)
	004321125
Part 1 – Partner (see instructions)	
Name of partnership (as shown on Form NYC-204) Partnership year end (from Form NYC-204)	Partnership EIN
UNINCORPORATED EQUITIES LLC 12/31/2013	004321141
1 Enter the amount from Form NYC-204, line 25 (see instr.) 1 19140	.00
2 Enter the amount from Form NYC-204, line 22 (see instr.) 2	.00
3 Add lines 1 and 2	
4 Enter your percentage of total distributive shares from Form NYC-204, Schedule C, column	n 4.
Enter amount as a decimal and round to the fourth decimal place (for example, 17.5% = .175	
5 Multiply line 3 by line 4 (if more than one business, see instructions)	
Part 2 – Individual	
6 Resident individual: Enter the amount from Form NYC-202, line 23, or Form NYC-202S, line 8 (′see instr.)
Part-year resident individual: Enter the amount from Worksheet A, line 5 (on back)	
	LL
Part 3 – Beneficiary's share of unincorporated business taxes (see instruct	ctions)
·	-
7 Beneficiary – Enter your share of New York City unincorporated business taxes imposed on the estate or trust (see instructions)	
Name of estate or trust Employer identification number	
	7
Part 4 – Computation of credit	
8 Fiduciaries: Enter the amount from Schedule A, Fiduciary line, column D (on back; see instr	
All others: Add lines 5, 6, and 7 (partners, see instructions)	
9 Enter your taxable income from:	
Full-year NYC resident individuals – Form IT-201, line 37	
Part-year NYC resident individuals – Form IT-360.1, line 47	
Full-year NYC resident estates or trusts – Form IT-205, line 5	
Part-year NYC resident trusts – Form IT-205-A, line 10, col. (b) 9 200323	3 .00
10 If line 9 above is:	
– \$42,000 or less, enter <i>1.000</i> (100%)	
- more than \$42,000, but less than \$142,000, complete Worksheet B (on back)	
– \$142,000 or more, enter .230 (23%)	
11 Multiply line 8 by line 10. New York City resident individuals - Continue on line 12 below	
NYC part-year resident individuals: Stop; enter line 11 amount on Form IT-360.1, line 5	
Estates and trusts: Stop; enter line 11 amount on Form IT-205, line 22	
New York City full-year resident individuals	
12 Amount from Form IT-201, line 49	
13 Amount from Form IT-201-ATT, line 32	
14 Amount from Form IT-201-ATT, line 33	
15 Add lines 12, 13, and 14	
16 Enter the lesser of line 11 or 15, and transfer the amount to Form IT-201-ATT, line 8	



	Worksheet A			
1	Enter the amount from Form NYC-202, line 23, or Form NYC-202S, line 8		1	.00
2	Individuals: Enter the amount from Form IT-360.1, line 6, column B			
	Trusts: Enter the amount from Form IT-205-A, Schedule 4, line 16, column C			
	(see instructions)	2	. 00	
3	Individuals: Enter the amount from Form IT-360.1, line 6, column A			
	Trusts: Enter the amount from Form IT-205-A, Schedule 4, line 16, column A			
	(see instructions)	3	. 00	
4	Divide line 2 by line 3 and round the result to the fourth decimal place		4	
5	Multiply line 1 by line 4. This is the part-year resident tax imposed on the unincorporated bu	siness.		
	Estates and trusts: Include this amount (below) in Schedule A, Totals line, column D.			
	All others: Transfer this amount to line 6 on the front page		5	.00

— Worksheet B —

1	Base percentage 100%			1_	1.000
	Enter your taxable income from the front page, line 9				
	Base amount				
4	Subtract line 3 from line 2	4 _	.00		
5	Divide line 4 by \$100,000 and round to the third decimal place	5 _			
6	Multiply line 5 by .770			6 _	
7	Subtract line 6 from line 1. Transfer this decimal amount to the front page, line 10			7 _	

Schedule A (for estates and trusts only) Fiduciary's and beneficiary's share of New York City unincorporated business tax

A Name and address of beneficiary	B Beneficiary's identifying number	C Allocation percentage	D Beneficiary's eligible unincorporated business taxes
Totals		100%	9570 <u>.00</u>
			.00
			.00
			.00
Fiduciary			9570 _{.00}



Turne	of entity 2013	New York State Department of Taxation and Fin Fiduciary Income Tax		In New York	State • New Y	ork City	y • Yonkers	IT-205
	Form 1041:	For the full year Jan. 1, 2013, through Dec. 31, 20)13, or fi			_	and ending	
	ecedent's estate	Name of estate or trust (as shown on federal For	m SS-4)			Date	entity creat	
×s	imple trust					lalara		0-2004
С	omplex trust	Name and title of fiduciary JOSEPH NOOKI, TRUSTEE				Ident		ber of estate or trust 321126
μq	ualified disability trust		ou (fo)			Dooor		
E	SBT (S portion only)	Address of fiduciary (number and street or rural rule) 2805 AVENUE N	oute)			Deced	ients social secu	rity number (SSN) (see instr.)
	rantor type trust		ate	ZIP co	de	Mort	con Vintha	appliachte have
	ankruptcy estate-Ch. 7	BROOKLYN 112		NY	uc		l return	applicable box: Final return
	ankruptcy estate-Ch. 11	Country:			Truet			f section 605(b)(3)(D)
	ooled income fund						conditions of	
	nded return nit explanation)	Income distribution deduction (see instructions, Form IT-205-I)		Number of beneficiaries	for filin	g your 20 (see instru	013 tax	
	· · · —	om back page, line 51)				A		10,986 .00
		ted gross income from NYAGI worksheet,				B		-24,857_00
	-	orm IT-205-A, Schedule 1, line 10, column				С		.00
		income of fiduciary (from back page, line 62)				1		-24,857.00
		ications relating to amounts allocated to pr				2		_ 00
	3 Balance (line 1 a	nd add or subtract line 2)				3		-24,857 . 00
	4 Fiduciary's share	e of New York fiduciary adjustment (from ba	ack pag	ie, Schedule C, colui	mn 5)	4		.00
	5 New York taxabl	le income of fiduciary (line 3 and add or subt	ract line	9 4)		5		-24,857 .00
suc	6 State tax on line	5 amount (full-year resident estate and trust	only)			6		. 00
ctio	7 New York State	amount from Form IT-230, Part 2, line 2 (r	esident	estate and trust only	()	7		. 00
ee instruction		7				8		.00
ins		ork State tax (from Form IT-205-A, Schedule						
		ed Form IT-230, Part 2, mark an X in this b				9		.00
σ ₁		state credits (submit schedule)				10		. 00
		from line 8 or line 9				11		.00
	-	ax on lump-sum distributions and other ad				12		.00
		income tax				13		293_00
		State tax (add lines 11, 12, and 13; see instruc	<u> </u>			14		293 .00
		ent tax on line 5 amount (see instructions)			.00	Mak	e check or i	noney order
	• •	-year resident tax (see instructions) t from Form IT-230, Part 2, line 2 (see instructions)	15b 16		.00	paya	able to NY S	State Income
		b to line 16	17		.00 .00			state or trust's
		umulation distribution credit	18		.00 .00			ication number ciary Income Tax
		om line 17 (if less than zero, leave blank)	19		.00	on it	; complete l	Form IT-205-V and
		te tax on lump-sum distributions (see instructions)	20		.00			ayment and the
		20			.00		pleted retur ress in the il	n to the appropriate
		BT credit (from Form IT-219)			.00	uuu		
		om line 21 (if less than zero, leave blank)				23		.00
24	New York City min	imum income tax (see instructions)				24		139.00
		ncome tax surcharge from Yonkers worksh				25		.00
26	Yonkers part-year	resident tax (from Form IT-205-A-I, page 4, W	/orkshee	et C, line 14)		26		.00
27	Yonkers nonreside	ent fiduciary earnings tax (from Form Y-206)				27		.00
		(see instructions on page 22)				28		.00
		onkers taxes, and sales or use tax (add lin		-		29		432.00
		(including payments made with Form IT-370-F				30		. 00
		ments allocated to beneficiaries (from Form		,		31		.00
		om line 30				32		.00
	Refundable credits					33		.00
		x withheld				34		.00
		withheld				35		.00
						36 37		.00
		hrough 36) the total of lines 29 and 42, enter the overpayment				31		.00
		to be refunded to you			.00 .00	1		
		to be credited to 2014 estimated tax			.00	1		
		ne total of lines 29 and 42, enter amount you owe	40		432_00	1	20	5001130099
		ty (will reduce line 38 or increase line 41; see instr.)			.00	1		
			L					

1099

		eral Schedule K-1 (Form				-						
Schedule	A – Details Enter	s of federal taxable ind items as reported for fe	come of a ederal tax	a fiduci	i ary o ses or	f a reside submit fe	nt es deral	tate or Form 1	trust 041.			
		43 Interest income								43		.00
		44 Dividends								44		.00
		45 Business income (45		.00
	e	46 Capital gain (or los	, ,						,	46		.00
	- Income	47 Rents, royalties, p								· · · · ·		
	lnc	federal Schedule	-							47		10,986.00
		48 Farm income (or lo	-	'						48		.00
		49 Ordinary gain (or I							-	49		.00
660		50 Other income (stat			/					50		.00
130		51 Total income (add	lines 43 th	rough 50); ente	r here and	on fror	nt page,	line A)	51		10,986 .00
205002130099		52 Interest								52		.00
505C		53 Taxes								53		.00
		54 Fiduciary fees								54		.00
		55 Charitable deduct								55		. 00
	suc	56 Attorney, accounta			-							.00
	Deductions	57 Other deductions				,				57		35,543 <u>.</u> 00
	np	58 Income distributio		•		-				58		
	De	Schedules K-1, Fe 59 Estate tax deducti										.00 .00
		60 Exemption (federa								60		300_00
		61 Total (add lines 52 a	,							61		35,843.00
		62 Federal taxable incom	-	,						62		-24,857 .00
Schedule	B – New Y	ork fiduciary adjustm								-	ar resident	
		e on state and local bonds							-	63		.00
64 II		s deducted on federal f							,	64		.00
ip 65 (tructions) Identify:				,				65		.00
ĕ 66 ⊺	Total additio	ns (add lines 63, 64, and 6	65)							66		. 00
Subtractions Additions 4 69 99 99 99 99 99 99 90 90 90 90 90 90 90	nterest incon	ne on US obligations inclu	uded in fea	deral inc	ome	67			.00			
68 G	Other (see inst.)	Identify:				68			.00			
1 69 T		tions (add lines 67 and 6	,							69		.00
		iciary adjustment (differen								70		.00
Schedule		s of New York fiduciar		ment of	r a res							
	St	bmit additional sheets if ne	cessary.			2 Identify of each			Shares of fe net income			5 Shares of New York
		ach beneficiary. r is a nonresident of:		ork Yo	onkers				3 Amour	nt .	4 Percent	fiduciary
(a)	ox il beneliciary	is a nonresident of:	State	•	Π				J Amou	.00		adjustment
(b)			— <u> </u>		H					.00		_00_ _00_
	Schedule C. co	umn 5, should be the same as	s Schedule	B. line 70		Fiduciary				.00	1	.00
		(see instructions)		_,		Totals				.00		.00
Λ If inter	ives trust and	er name and address of g	rantar			1				100	-1	
		er name and address of g		urina the	vear	enter the d	te of t	the chan	ae of residence	e (see ir	nstr., nade 2)	
		rk an X in all boxes that ap	_	_ •					-	•		dent estate or trust
		resident estate or trust			-	r resident					part-year res	
(2) 🗌 🛚	VYS part-yea	resident trust	(5)	NYC p	part-ye	ar resident	trust		(8) 🗌 Y	'onkers	full-year nonr	esident estate or trust
D If an esta	ate, indicate l	ast known address of dec	edent									
		ndicate state of residency										
		tors or trustees with their a					•					
G If a gran	itor trust, ente	r the identification number	r (SSN or E	EIN) of th	he indiv	vidual repo	ting th	ne incom	e/loss			
	-party F ? (see instr.)	rint designee's name				[[esigne	e's phon)	e number			nal identification umber (PIN)
Yes 🗖	No 🔲 🛛 🗉	-mail:										
Paid	Preparer's	signature		Prep	parer's l	NYTPRIN			▼	Sign r	eturn here	▼
prepare must complet	Firm's nam	e (or yours, if self-employed)		Prenare	r's PTIN	l or SSN		Signatu	ure of fiduciary or	officer re	epresenting fid	uciary
complet	·)						- 1	1				
(see instr.	.,											
(see instr. Address	.,			Employe	er identif	ication numb	er	Date			Daytime phon	e number
(see instr.			Date:	Employe		ication numb	er	Date E-mail:			Daytime phon ()	e number



New York State Department of Taxation and Finance

Minimum Income Tax



lame(s) as shown on return	Your so	cial security number	Employer identification number (estate or trust on
MINIMUMINCOMETAX ESTATE			004321126
arried persons filing separate New York State returns must	file separ	ate Forms IT-220.	
ubmit with Form IT-201, IT-203, or IT-205.			
orm you Form IT-201, resident – complete only	y Columi	B below.	
re filing:			
nark an X in Form IT-203 , nonresident and part-ye	ar reside	nt – complete Columns A a	nd B below.
v			
Form IT-205 , estate or trust (resident or	nonreside	ent) and part-year resident trus	t – complete Columns A and B below
Enter tax preference items from federal Form 6251 or from	m	Column A	Column B
ederal Form 1041, Schedule I (submit copy, if filed), even if y		Total amount	New York amount
lo not have to file federal Form 6251 or Form 1041.			
Interest from specified private activity bonds exempt		Whole dollars only	Whole dollars only
from federal tax	1	.00	1
Depletion	2	.00	2
Depreciation (pre-1987)	3	.00	3
 Intangible drilling costs Qualified small business stock (excluded under section 1202) 	4 5	.00	4 .0 5 .0
Total federal tax preference items (add lines 1 through 5)	6	.00	5 .0 6 .0
New York addition for restoration of net operating loss	U	•00	0
deduction (see instructions)	7	9887 .00	7 9887.0
3 Total (add lines 6 and 7)	8	9887.00	8 9887 c
Portion of line 3 relating to accelerated cost recovery deduction (see instructions)	9		
Portion of tax preference items relating to an S corporation <i>(see instructions)</i>	10	.00	10
 Portion of tax preference items relating to an S corporation (see instructions) Itemized deduction adjustment (see instructions) 			10
 Portion of tax preference items relating to an S corporation (see instructions)	10 11	.00	10 .cc 11 .cc
 Portion of tax preference items relating to an S corporation (see instructions)	10 11 12	.00 .00	10 .0 11 .0 12 .0
 Portion of tax preference items relating to an S corporation (see instructions) Itemized deduction adjustment (see instructions) Interest from specified private activity bonds exempt from federal tax entered on line 1 Depletion entered on line 2 	10 11 12 13	.00 .00 .00	10 .0 11 .0 12 .0 13 .0
 Portion of tax preference items relating to an S corporation (see instructions)	10 11 12 13 14	.00 .00	10 .0 11 .0 12 .0 13 .0 14 .0
 Portion of tax preference items relating to an S corporation (see instructions)	10 11 12 13 14 15	.00 .00 .00 .00 .00 .00 .00 .00	10 .0 11 .0 12 .0 13 .0 14 .0 15 .9887 16 .5000
 Portion of tax preference items relating to an S corporation (see instructions)	10 11 12 13 14 15	.00 .00 .00 .00 .00 .00 .00	10 .0 11 .0 12 .0 13 .0 14 .0 15 .0 16 .000
 Portion of tax preference items relating to an S corporation (see instructions)	10 11 12 13 14 15 uctions)	.00 .00 .00 .00 .00 .00 .00 .00	10
 Portion of tax preference items relating to an S corporation (see instructions)	10 11 12 13 14 15 uctions) ave blank)	.00 .00 .00 .00 .00 .00 .00 .00	10
 Portion of tax preference items relating to an S corporation (see instructions)	10 11 12 13 14 15 uctions) ave blank)	.00 .00 .00 .00 .00 .00 .00 .00	10
 Portion of tax preference items relating to an S corporation (see instructions)	10 11 12 13 14 15 uctions) ave blank)	.00 .00 .00 .00 .00 .00 .00 .00	10
 Portion of tax preference items relating to an S corporation (see instructions)	10 11 12 13 14 15 uctions) ave blank) structions)	.00 .00 .00 .00 .00 .00 9887 .00	10
 Portion of tax preference items relating to an S corporation (see instructions)	10 11 12 13 14 15 uctions) ave blank) structions) of line 21	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	10
 Portion of tax preference items relating to an S corporation (see instructions)	10 11 12 13 14 15 uctions) ave blank) structions) of line 21 ; see instructions	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	10
 Portion of tax preference items relating to an S corporation (see instructions)	10 11 12 13 14 15 uctions) ave blank) structions) of line 21 ; see instru % (.0285)	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	10



Special instructions for 004321127

	Tom				
Beneficiary Name	Excelsior	John Excelsior	Chris Excelsior		
	16 reddy		4 Sand Creek		
Beneficiary street address	lane	6 Garfield Ave	Blvd		
Beneficiary city address	Loudonville	Albany	Albany		
Beneficiary state address	NY	NY	NY		
Beneficiary Zip code	12216	12205	12205		
NYS nonresident indicator					
Yonkers nonresident indicator	Х	Х	Х		
Beneficiary SSN#	004321142	004321143	004321144		
Federal distributable Net					
income amount	16000	1000	1000		
Federal distributable Net					
income Percent	80	5	5		
NY fiduciary adjustment	16000	1250	1250		

IT-205 LN F

LIST OF EXECUTORS AND TRUSTEES

JOSEPH EXCELSIOR 23 CENTRAL BLVD SANDCREEK BLVD ALBANY NY 12205

Also request refund to be direct deposited for this scenario. Following fields are required

<rtnHeader > <ABA_NMBR claimed="011001742"/> <BANK_ACCT_NMBR claimed="10743"/> <ACCT_TYPE_CD claimed="1"/> <ACH_IND claimed="1"/> <RFND_OWE_IND claimed="2"/> <IAT_IND claimed="2"/> <BNK_ACCT_ACH_IND claimed="1"/> <PAPER_CHK_RFND_IND claimed="2"/> <DIR_DEP_IND claimed="1"/> </rtnHeader>

-	2013	New York State Departmer			Jrn New York Stat	e • New Yo	ork City • Yonk	ers IT-205
	or entity	For the full year Jan. 1, 2013, t	hrough Dec. 31, 20	13, or fi			13 and en	
D	ecedent's estate	Name of estate or trust (as s		n SS-4)			Date entity c	
S	imple trust	EXCELSIOR JOBS TRU	51					2-15-1998
×c	omplex trust	Name and title of fiduciary						number of estate or trust
Q	ualified disability trust	JOSEPH EXCELSIO						04321127
E	SBT (S portion only)	Address of fiduciary (number 123 CENTRAL AVE	r and street or rural ro	ute)			Decedent's social	security number (SSN) (see instr.)
G	rantor type trust	City, village, or post office	Sta	to	ZIP code		Markan Min	the same Paralala have
	ankruptcy estate-Ch. 7	ALBANY	N		12205		Initial return	the applicable box:
	ankruptcy estate-Ch. 11				12200	Truct		Final return
L P	poled income fund	Country:				Qualify	ing special conditi	()())
	nded return nit explanation)	Income distribution deduction (see instructions, Form IT-205-I)	7500		Number of beneficiaries 3	for filing	g your 2013 tax (see instructions)	
		m back page, line 51)			Denenciaries		A	15000.00
		ed gross income from NY				1	B	9900.00
		rm IT-205-A, Schedule 1,					C	.00
		income of fiduciary (from b				l l	1	-100_00
		cations relating to amount				1	2	.00
		nd add or subtract line 2)				1	3	-100.00
	4 Fiduciary's share	e of New York fiduciary ad	justment (from ba	nck pag	e, Schedule C, column	5)	4	2500_00
	5 New York taxabl	e income of fiduciary (line	3 and add or subtr	act line	9 4)		5	2400.00
suc	6 State tax on line	5 amount (full-year residen	t estate and trust o	only)			6	96.00
ctio	7 New York State	amount from Form IT-230	, Part 2, line 2 (re	esident	estate and trust only)		7	.00
tru	8 Add lines 6 and	7					8	96.00
See instruction		ork State tax (from Form I7		_	<u> </u>	г		
ee		ed Form IT-230, Part 2, ma				1	9	.00
က 1		state credits (submit schedu	,			1	10	.00
		from line 8 or line 9				ł	11	96.00
		ax on lump-sum distributio				1	12	.00
		ncome tax				ŀ	13	.00
		State tax (add lines 11, 12, a					14	96 .00
	•	ent tax on line 5 amount (see	,	15a 15b		.00	Make check	or money order
		-year resident tax <i>(see inst</i> t from Form IT-230, Part 2, line		150		. 00	payable to I	IY State Income
	-	b to line 16		17		.00 .00		e estate or trust's
		umulation distribution cred		18		.00		entification number duciary Income Tax
	·	om line 17 (if less than zero,		19		.00	on it; comple	ete Form IT-205-V and
		te tax on lump-sum distributior	,	20		.00		ne payment and the
		0		21		.00		eturn to the appropriate ne instructions.
		3T credit (from Form IT-219)		22		.00		
		om line 21 (if less than zero,					23	.00
24	New York City mini	imum income tax (see inst	ructions)				24	.00
25	Yonkers resident in	ncome tax surcharge from	Yonkers worksh	eet, lir	ne e (see instructions)		25	.00
		resident tax (from Form IT-2					26	.00
		nt fiduciary earnings tax (27	.00
		(see instructions on page 22)				r i i i i i i i i i i i i i i i i i i i	28	.00
		onkers taxes, and sales o	•		•	· · ·	29	96.00
		(including payments made w				r i i i i i i i i i i i i i i i i i i i	30	50.00
		ments allocated to benefic				r i i i i i i i i i i i i i i i i i i i	31	.00
		m line 30	IT-607 C				32	50.00
	Refundable credits						33 34	718.00
		< withheld withheld					35	.00 .00
		eld					36	.00
		hrough 36)					37	768.00
		the total of lines 29 and 42, enter				672_00		100100
		to be refunded to you				672_00		
		to be credited to 2014 esti		40		.00		
		ne total of lines 29 and 42, enter		41		.00		205001130099
		y (will reduce line 38 or increas	-	42		.00		

	130099	

Submit a cop		eral	Schedule K-1 (Form	1041) fc	or each	benef	ficiar	y.								
Schedule A	– Detail	s of	federal taxable inc	ome of a	a fiduci	iary o	far sub	esident e	sta al F	ate or	trust					
	Linto		Interest income									43			.00	
		-	Dividends									44			15000.00	
												45			.00	
	đ				oss) (submit copy of federal Schedule C or C-EZ, Form 1040) (submit copy of federal Schedule D, Form 1041)							46			.00	
	Income	40	Rents, royalties, pa									40			:00	
	DCC	- 1	federal Schedule E	-								47			.00	
	_		Farm income (or lo		,							48			.00	
				, ,							,	49			.00	
66		50						,				50				
		51	Total income (add li			/						51			.00 15000 .00	
213		52	Interest									52			.00	
200		53	Taxes									53			.00	
50		54	Fiduciary fees									54			.00	
		55	Charitable deduction									55			7500.00	
	c,		Attorney, accounta									56			.00	
	loi	57	-		-							57			.00	
	Deductions	58	Income distribution					,								
	edi		Schedules K-1, Fo				-					58			7500.00	
	Ó	59	Estate tax deduction									59			.00	
		60		,								60			100.00	
		61	Total (add lines 52 tl									61			15100.00	
		62	Federal taxable incom	-	,							62			-100_00	
Schedule B	– New Y	′ork	fiduciary adjustme	nt of a r	esiden	t or a	nor	resident	es	tate o	r trust or a p	art-ye	ar resident	: tru		
			state and local bonds									63			25000 .00	
<u> </u>			ducted on federal fi								,	64			_ 00	
11 65 Oth			ions) Identify:					,				65			.00	
			add lines 63, 64, and 6	5)								66	25000.00			
			n US obligations inclu				67				.00					
5 68 Othe	er (see inst.		-			٦	68				.00					
69 Tota	al subtra	ction	s (add lines 67 and 68	3)								69			.00	
TS 70 New	/ York fid	uciar	y adjustment (differenc	e between	lines 66	and 69	to be	e entered as	tota	al of co	lumn 5 below)	70			25000.00	
			New York fiduciary									rust o	r a part-yea	ar re	esident trust	
	S	ubmit	additional sheets if neo	essary.				Identifying n of each bene			Shares of fe net income			5	Shares of New York	
1 Name and a				New Yo		onkers		of each being	51101	iai y		•		-	fiduciary	
		y is a	nonresident of:	State	9		_				3 Amour		4 Percent	adjustment		
(a) See instru	lctions	J		<u> </u>		<u> </u>	_					.0		–	.00	
(b)			E 1 11 4		D I: 70	<u> </u>						0.		–	.00	
The total of Sche	edule C, co	lumn	5, should be the same as	Schedule	B, line 70	above.		duciary				0.000		–	2500.00	
			(see instructions)				10	tals			20	0.000	0 100%		25000.00	
			ame and address of gr													
			nanged state or city res		-						-					
			X in all boxes that app	· · · -							· / —				t estate or trust	
· · —			lent estate or trust					sident estat		or trust			s part-year re			
(2) 🗌 NYS							arre	sident trus	ι		(0)	onkers	ruii-year nonr	esia	ent estate or trust	
			nown address of dece	dent												
E Nonresiden	t estate -	indic	ate state of residency or trustees with their a	ddrococo	and ide	ntificat		umbara (Ci			See instructi	ons				
			e identification number													
<u> </u>							viuua									
Third-pa	-	Print c	lesignee's name					Desig	nee	e's phor	ne number				identification per (PIN)	
designee? (se		- moi						()							
		E-mai												_		
Paid preparer	Preparer's	signa	ture		Prep	parer's	NYTF	PRIN					return here			
preparer must complete	Firm's nam	ne (or	yours, if self-employed)		Prepare	r's PTI	N or S	SN		Signat	ure of fiduciary or	officer r	epresenting fid	ucia	ry	
(see instr.)		•	/													
Address					Employe	er identi	ficatio	n number		Date			Daytime phon (518)		mber 153-2445	
				Date:	1	Sel	f-emn	loyed?		E-mail	EXCELSIOR	@ATS	· · ·			
1				Salo.		001	. Junh					0,000				



Claim for Excelsior Jobs Program Tax Credit

IT-607

Tax Law - Sections 31 and 606(qq)

		Calendar-	year fi	lers, mark an X in the box:
		Other filers enter tax po	-	
		beginning		and ending
Submit this form with Form IT-201, You must also submit a copy of the)3, IT-204, or IT-205. ficate(s) of tax credit issued by Empire State Development (ESD).	
Name(s) as shown on return EXCELSIOR JOB TRUST				ifying number as shown on return 321127
A Year of eligibility (enter a number	from	1 to 10; see instructions)		A 1
Schedule A – Credit compo	ner	Its (see instructions)		
Part 1 – Excelsior jobs tax cre	dit e	component (see instructions)		
Individual (including sole				
proprietor), partnership, fiduciary		Enter your excelsior jobs tax credit component	1	.00
Partner	2	Enter your share of the excelsior jobs tax credit component from your partnership(s)	2	118.00
S corporation	3	Enter your share of the excelsior jobs tax credit	2	110.00
shareholder		component from your S corporation(s)	3	.00
Beneficiary	4			
Denencialy	<u> </u>	component from the estate(s) or trust(s)	4	.00
	5			110
		(add lines 1 through 4; see instructions)	5	118.00
Part 2 – Excelsior investment	tax	credit component (see instructions)		
Individual (including sole				
proprietor), partnership, fiduciary	-	Enter your excelsior investment tax credit component	6	.00
Partner	7	Enter your share of the excelsior investment tax credit component from your partnership(s)	7	100.00
		component nom your partnersnip(s)		100.00
S cornoration	0	Enter your share of the excelsion investment tax credit		
S corporation shareholder	8	Enter your share of the excelsior investment tax credit component from your S corporation(s)		.00
shareholder	8	component from your S corporation(s)	8	.00
		component from your S corporation(s)		
shareholder	9	component from your S corporation(s) Enter your share of the excelsior investment tax credit component from the estate(s) or trust(s) Total excelsior investment tax credit component	8	.00
shareholder	9	component from your S corporation(s) Enter your share of the excelsior investment tax credit component from the estate(s) or trust(s)	8	.00 .00 100.00
shareholder Beneficiary	9 10	component from your S corporation(s) Enter your share of the excelsior investment tax credit component from the estate(s) or trust(s) Total excelsior investment tax credit component (add lines 6 through 9; see instructions)	8	.00
shareholder Beneficiary Part 3 – Excelsior research ar	9 10	 component from your S corporation(s) Enter your share of the excelsior investment tax credit component from the estate(s) or trust(s) Total excelsior investment tax credit component (add lines 6 through 9; see instructions) evelopment tax credit component (see instructions) 	8	.00
shareholder Beneficiary	9 10 10 11	 component from your S corporation(s) Enter your share of the excelsior investment tax credit component from the estate(s) or trust(s) Total excelsior investment tax credit component (add lines 6 through 9; see instructions) evelopment tax credit component (see instructions) 	8	.00 100.00
shareholder Beneficiary Part 3 – Excelsior research ar Individual (including sole	9 10 nd de	 component from your S corporation(s) Enter your share of the excelsior investment tax credit component from the estate(s) or trust(s) Total excelsior investment tax credit component (add lines 6 through 9; see instructions) evelopment tax credit component (see instructions) Enter your excelsior research and development tax credit component tax	8 9 10 11	.00 100.00
shareholder Beneficiary Part 3 – Excelsior research ar Individual (including sole proprietor), partnership, fiduciary Partner	9 10 11 11 12	 component from your S corporation(s) Enter your share of the excelsior investment tax credit component from the estate(s) or trust(s) Total excelsior investment tax credit component (add lines 6 through 9; see instructions) evelopment tax credit component (see instructions) Enter your excelsior research and development tax credit component from your partnership(s) 	8 9 10	.00 100.00
shareholder Beneficiary Part 3 – Excelsior research ar Individual (including sole proprietor), partnership, fiduciary	9 10 nd de	component from your S corporation(s) Enter your share of the excelsior investment tax credit component from the estate(s) or trust(s) Total excelsior investment tax credit component (add lines 6 through 9; see instructions) evelopment tax credit component (see instructions) Enter your excelsior research and development tax credit component from your partnership(s) Enter your share of the excelsior research and development tax credit component from your partnership(s) Enter your share of the excelsior research and development tax credit component from your partnership(s)	8 9 10 11 11	.00 100.00 .00 200.00
shareholder Beneficiary Part 3 – Excelsior research ar Individual (including sole proprietor), partnership, fiduciary Partner S corporation shareholder	9 10 11 11 12 13	 component from your S corporation(s) Enter your share of the excelsior investment tax credit component from the estate(s) or trust(s) Total excelsior investment tax credit component (add lines 6 through 9; see instructions) evelopment tax credit component (see instructions) Enter your excelsior research and development tax credit component tax credit component from your partnership(s) Enter your share of the excelsior research and development tax credit component from your partnership(s) 	8 9 10 11	.00 100.00 .00 200.00
shareholder Beneficiary Part 3 – Excelsior research ar Individual (including sole proprietor), partnership, fiduciary Partner S corporation	9 10 11 11 12	 component from your S corporation(s) Enter your share of the excelsior investment tax credit component from the estate(s) or trust(s) Total excelsior investment tax credit component (add lines 6 through 9; see instructions) evelopment tax credit component (see instructions) Enter your excelsior research and development tax credit component tax credit component from your partnership(s) Enter your share of the excelsior research and development tax credit component from your partnership(s) 	8 9 10 11 11	.00 100.00 .00 200.00
shareholder Beneficiary Part 3 – Excelsior research ar Individual (including sole proprietor), partnership, fiduciary Partner S corporation shareholder	9 10 11 11 12 13	 component from your S corporation(s) Enter your share of the excelsior investment tax credit component from the estate(s) or trust(s) Total excelsior investment tax credit component (add lines 6 through 9; see instructions) evelopment tax credit component (see instructions) Enter your excelsior research and development tax credit component tax credit component from your partnership(s) Enter your share of the excelsior research and development tax credit component from your partnership(s) Enter your share of the excelsior research and development tax credit component from your partnership(s) Enter your share of the excelsior research and development tax credit component from your S corporation(s) Enter your share of the excelsior research and development tax credit component from your S corporation(s) 	8 9 10 11 11 12 13	.00



Individual (including sole							
proprietor), partnership, fiduciary	16	Enter your excelsior real property tax credit component	16	.00			
Partner	17						
		component from your partnership(s)	17	300.00			
S corporation		Enter your share of the excelsior real property tax credit					
shareholder		component from your S corporation(s)	18	.00			
Beneficiary	19	Enter your share of the excelsior real property tax credit					
Beneficialy		component from the estate(s) or trust(s)	19	.00			
	20	Total excelsior real property tax credit component					
		(add lines 16 through 19; see instructions)	20	300.00			
21 Excelsior jobs program tax cred	dit <i>(a</i>	dd lines 5, 10, 15, and 20)	21	-00			

Part 4 – Excelsior real property tax credit component (see instructions)

21 Excelsior jobs program tax credit (add lines 5, 10, 15, and 20) ...

Fiduciaries: Complete Schedule C.

Individuals (including sole proprietors), partners, S corporation shareholders, and beneficiaries: Enter the line 21 amount on line 22.

Schedule B – Partnership, S corporation, estate, and trust information (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the excelsior jobs program tax credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name	Туре	Employer ID number
EXCELSIOR LLC	Р	004321145

Schedule C – Beneficiary's and fiduciary's share of credit components and recapture of credit (see instr.)

A Beneficiary's name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of excelsior jobs tax credit component	D Share of excelsior investment tax credit component	E Share of excelsior research and development tax credit component	F Share of excelsior real property tax credit component	G Share of recapture of credit
Total		118 <u>.</u> 00	100 <u>_</u> 00	200.00	300 _{.00}	. 00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
Fiduciary		118 _00	100_00	200.00	300.00	.00

Schedule D – Computation of credit (see instructions)

Individuals (including sole proprietors), partners, S corporation shareholders,				
beneficiaries	22	Enter the amount from line 21	22	-
	23	Enter the amount from Schedule C, <i>Fiduciary</i> line, column C	23	118_00
Fiduciaries	24	Enter the amount from Schedule C, <i>Fiduciary</i> line, column D	24	100.00
Fluuciaries	25	Enter the amount from Schedule C, <i>Fiduciary</i> line, column E	25	200_00
	26	Enter the amount from Schedule C, <i>Fiduciary</i> line, column F	26	300.00
	27	Total excelsior jobs program tax credit		
		(add lines 22 through 26; see instructions)	27	718 .00



Schedule E – Summary of recapture of credit (see instructions)

28	Individual's and partnership's recapture of credit	28	.00
29	Beneficiary's share of recapture of credit (see instructions)	29	.00
30	Partner's share of recapture of credit (see instructions)	30	.00
31	S corporation shareholder's share of recapture of credit (see instructions)	31	.00
32	Fiduciaries: enter your share of amount from Schedule C, Fiduciary line, column G	32	.00
33	Total (add lines 28 through 32)	33	.00

Individuals (including sole proprietors), partners, S corporation shareholders, and beneficiaries: Enter the line 33 amount and code 607 on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.
 Fiduciaries: Include the line 33 amount on Form IT-205, line 12.

Partnerships: Enter the line 33 amount and code 607 on Form IT-204, line 148.



THIS IS THE EXCELSIOR JOBS PROGRAMTAX CREDIT CERTIFICATE IT-607

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE

SPECIAL INSTRUCTIONS: 004321128

IT-205 LN 65: OTHER ADDITIONS LIST

A-18- 217085

A-22- -2493

UBT TAX FROM PARTNERSHIP-13376

SPEC.ADDL MORT RECORD TAX BASIS-3

IT-205 LN68: OTHER SUBTRACTIONS LIST

S-4 CERTAIN INVESTMENT INCOME -35

S-29 IRC SECTION 168(K) DEPRECIATION-506294

STATE TAX REFUND-9208

WAGE AND SALARY EXPENSES-8

	(DOTO)	New York State Department of Taxation and Fin		Irn New York State •	New Yo	rk City • Yonke	rs IT-205
Type		e full year Jan. 1, 2013, through Dec. 31, 20			New IO	13 and end	
	Nam	e of estate or trust (as shown on federal For				Date entity cre	0
	ecedent's estate mple trust	OWNFIELD REDEVELOPMENT	EST	ATE		07/01/1992	
	omplex trust	e and title of fiduciary				Identification n	umber of estate or trust
	ualified disability trust	ARTIN BROWNFIELD TRUSTEE	-			004321128	
	SBT (S portion only) Addr	ress of fiduciary (number and street or rural re	,			Decedent's social s	ecurity number (SSN) (see instr.)
	rantor type trust	BROWNFIELD LLP 135 WEST	50TI	H ST			
	City,	3., 1	ate	ZIP code		Mark an X in t	he applicable box:
	ankruptcy estate-Ch. 11	W YORK N	IY	10020		Initial return	Final return
	could income fund	ntry:			Trust r	meets conditions	s of section 605(b)(3)(D)
Ame	nded return	ne distribution deduction		Number of		ng special condition your 2013 tax	
		nstructions, Form IT-205-I)	0	beneficiaries		see instructions)	
	A Total income (from bac	ck page, line 51)				Α	-3840783 .00
	B New York adjusted gr	oss income from NYAGI worksheet, I	ine 5 ((see instructions on page 10) [В	-4010541.00
	C Amount from Form IT	-205-A, Schedule 1, line 10, column	a			С	0.00
	1 Federal taxable incon	ne of fiduciary (from back page, line 62)				1	-5017497 .00
	2 New York modification	ns relating to amounts allocated to pr	incipa	Ι		2	.00
	3 Balance (line 1 and add		3	-5017497.00			
	4 Fiduciary's share of N		4	-160158 <u>.</u> 00			
	5 New York taxable inco	ome of fiduciary (line 3 and add or subti	ract line	e 4)		5	-5177655.00
suo		nount (full-year resident estate and trust of				6	0.00
tio		Int from Form IT-230, Part 2, line 2 (re	• ·			7	.00
ruc		· · · · · · · · · · · · · · · · · · ·				8	.00
instructions		State tax (from Form IT-205-A, Schedule			L	- 1	
e.		rm IT-230, Part 2, mark an X in this b	_		Г	9	.00
See 1		credits (submit schedule)				10	.00
		line 8 or line 9				11	.00
		lump-sum distributions and other ad			H	12	150_00
	-	ne tax				13	.00
		tax (add lines 11, 12, and 13; see instruc			-	14	150 .00
		x on line 5 amount (see instructions)	T T		.00	••	
	•	resident tax (see instructions)	15b		.00	Make check of	or money order
		Form IT-230, Part 2, line 2 (see instructions)	16		.00	payable to N	Y State Income
		ine 16	17		.00		estate or trust's
		ation distribution credit	18		.00		ntification number Iuciary Income Tax
	-	e 17 (if less than zero, leave blank)	19		.00		e Form IT-205-V and
		on lump-sum distributions (see instructions)	20			mail it with the	e payment and the
					.00		turn to the appropriate
		edit (from Form IT-219)			.00	address in the	e instructions.
		e 21 (if less than zero, leave blank)			.00	22	00
						23	.00
		n income tax (see instructions)				24	.00
		e tax surcharge from Yonkers worksh				25	.00
		ent tax (from Form IT-205-A-I, page 4, W				26	.00
		uciary earnings tax (from Form Y-206)				27	.00
		nstructions on page 22)				28	.00
		rs taxes, and sales or use tax (add line				29	150.00
		uding payments made with Form IT-370-P			-	30	.00
		s allocated to beneficiaries (from Form		,		31	•00
32	Subtract line 31 from lin	ie 30			······	32	.00
		ntify: BROWNFIELD REDVELOPMENT TAX CRE				33	1208.00
		held				34	.00
		eld				35	.00
						36	.00
		h 36)				37	1208.00
		al of lines 29 and 42, enter the overpayment			58 <u>.</u> 00		
		refunded to you	39	105	58 .00		
40	Amount of line 38 to be	credited to 2014 estimated tax	40		.00		
41	If line 37 is less than the tota	I of lines 29 and 42, enter amount you owe	41		.00		205001130099
42	Estimated tax penalty (will	reduce line 38 or increase line 41; see instr.)	42		.00		



Submit a con		eral	Schedule K-1 (Form	1041) fc	or each b	benefi	ciary.							
			federal taxable inc	,				est	ate or	trust				
eenedale / (Enter	r iter	ns as reported for fe	deral tax	purpos	es or s	submit fede	ral	Form 1	1041.				
		43	Interest income								43			.00
			Dividends								44			.00
		45	Business income (c	or loss) <i>(</i> s	submit co	py of fe	ederal Schedu	le C	C or C-E	Z, Form 1040)	45			.00
	e	46	Capital gain (or los	s) (submi	it copy of	federa	l Schedule D	, Fo	orm 104	41)	46			13440234 _00
	Income	47	Rents, royalties, pa	artnership	os, othe	r estat	es and trus	s (:	submit	copy of				
	lne		federal Schedule E	E, Form 10	040)						47			-19792128.00
=		48	Farm income (or lo	ss) (subr	nit copy o	of feder	ral Schedule	F, F	orm 10	40)	48			.00 702 .00
		49	Ordinary gain (or lo	oss) (subi	mit copy	of fede	ral Form 479	7)			49			
660		50									50			1393099 .00
130			Total income (add li		-						51			-3840783.00
002		52									52			.00
205		53	Taxes								53			.00
		54	Fiduciary fees								54			<u>.00</u>
	(0	55	Charitable deduction								55 56			.00 9500 .00
	ons	57	Attorney, accounta Other deductions (57			200932 .00
	Deduction	58	Income distribution				,				57			200002 .00
	npe	50	Schedules K-1, Fo		•						58			.00
	ă	59	Estate tax deduction								59			.00
		60		•	•						60			100_00
		61	Total (add lines 52 th	-							61			1176714.00
		62	Federal taxable incom	0	,						62			-5017497.00
Schedule B	– New Y	′ork	fiduciary adjustme	ent of a r	esident	toral	nonresiden	t e	state o	or trust or a p	art-y	ear resident	tru	st
ද 63 Inter	est incom	ne or	state and local bonds	other tha	n New Yo	ork <i>(gro</i>	oss amount not	inclu	uded in t	federal income)	63			139963 .00
su 63 Inter 64 Inco 65 Othe 66 Tota	me taxe	es de	educted on federal fie	duciary r	eturn (se	ee instr	ructions)			<u></u>	64			.00
명 65 Othe	er (see ins	struct	tions) Identify: SEE SPE	CIAL INSTR	UCTIONS						65			232957 .00
			add lines 63, 64, and 6	,							66	372920.00		
			n US obligations inclue		leral inco		67			17533 .00	-			
ਦ 68 Othe	, ,		entify: SEE SPECIAL INSTR				68			515545 .00				
69 Tota			IS (add lines 67 and 68	,							69			533078.00
			y adjustment (difference								70			-160158 .00
Schedule C			New York fiduciary		nent or	ares								
	Si	ubmit	additional sheets if nec	essary.			2 Identifying of each be			Shares of fe net income			5	Shares of New York
1 Name and ad			peneficiary. nonresident of:	New Yo State		nkers				3 Amour	nt	4 Percent		fiduciary
(a)	Denenciary	y 15 a	nomesident of.							0 / 11100				adjustment .00
(b)											.(.00
	edule C. co	lumn	5, should be the same as	Schedule I	B. line 70 ;	above.	Fiduciary				.(-160158 _00
			(see instructions)		_,		Totals)0 100%		-160158 .00
A If into a vive of			, ,											
			ame and address of gr nanged state or city res		iring the	vear e	nter the date	of t	he chai	nge of residence		instr nade 2).		
			X in all boxes that app		0					0	•	10,	-	t estate or trust
			dent estate or trust				r resident esta					s part-year res		
(2) 🗆 NYS	part-yea	r res	ident trust	(5)	□ NYC p	art-yea	ar resident tru	st						ent estate or trust
D If an estate,	indicate	last k	known address of dece	dent										
E Nonresiden	t estate -	indic	ate state of residency											
			or trustees with their a				,			,				
G If a grantor	trust, ente	er the	e identification number	(SSN or E	EIN) of th	e indiv	idual reportin	g th	e incon	ne/loss	····· L			
Third-par	-9	Print o	designee's name				Desi	gne	e's pho	ne number				
designee? (se	e instr.)						())				umb	er (PIN)
Yes 🗌 No		E-mai	1:											
	Preparer's	signa	ature		Prep	arer's N	IYTPRIN			V	Sign	return here	•	
preparer muşt		no /-	vouro if calf ameters "		Dran	'o DTIN'	or CON		Signat	ture of fiduciary or				Ty I
complete (see instr.)	rinn's nam	ie (or	yours, if self-employed)		Preparer	SPIIN	NI 2211			-		-		
Address					Employe	r identifio	cation number	1	Date			Daytime phone	e nur	mber
										1.		()		
				Date:		Self-	employed?		E-mai	I:				

IT-611.1



New York State Department of Taxation and Finance

Claim for Brownfield Redevelopment Tax Credit

For Qualified Sites Accepted into the Brownfield Cleanup Program on or After June 23, 2008
--

	Color	der voor filore, merk en Vin the heve
Calendar-year filers, mark an <i>X</i> in the box:		
	beginning	and ending
File a separate Form IT-611.1 for each Certificate of Co your personal income tax return, Form IT-201, IT-203, I	ompletion (COC) with	
Name(s) as shown on return		Identifying number as shown on return
BROWNFIELD REDEVEOPMENT ESTATE		004321128
A Did the Department of Environmental Conservation Cleanup Program on or after June 23, 2008?		
If Yes, complete Form IT-611.1 to claim the brownf prior to June 23, 2008, do not complete this form <i>Redevelopment Tax Credit, for Qualified Sites A</i> <i>June 23, 2008,</i> to claim the brownfield redevelop	m; instead use Form IT-611, Claim for Br ccepted into the Brownfield Cleanup Pro	ownfield
Schedule A – Brownfield site identifying in	nformation (see instructions, Form IT-	611.1-I, for assistance)
 B Enter the date of execution of the Brownfield Clear for which you are claiming the credit (<i>mm-dd-yyyy</i>) C Enter the following information as listed on the CO 	/)	B 12-23-2009
Site name	Site lo	cation
Site name COLONIE MALL	Site lo Municipality ALBANY	cation County ALBANY
	Municipality	County ALBANY
COLONIE MALL	Municipality ALBANY	County ALBANY
COLONIE MALL DEC region	Municipality ALBANY Division of Environmental Remediation (DER D123455 red pursuant to the transfer or sale of the e sale or transfer documentation with this by the DEC located within	County ALBANY s) site number Date COC was issued 05/19/2009 form D
COLONIE MALL DEC region REGION4 D If applicable, enter the date the COC was transferr qualified site (mm-dd-yyyy). Submit a copy of the E Is the qualified site for which the COC was issued	Municipality ALBANY Division of Environmental Remediation (DER D123455 red pursuant to the transfer or sale of the e sale or transfer documentation with this by the DEC located within	County ALBANY t) site number Date COC was issued 05/19/2009 form D
 COLONIE MALL DEC region REGION4 D If applicable, enter the date the COC was transferr qualified site (<i>mm-dd-yyyy</i>). Submit a copy of the E Is the qualified site for which the COC was issued an environmental zone (EN-Zone)? 	Municipality ALBANY Division of Environmental Remediation (DER D123455 red pursuant to the transfer or sale of the e sale or transfer documentation with this by the DEC located within d within an EN-Zone	County ALBANY ALBANY Date COC was issued 05/19/2009 05/19/2009 form D E Yes Mo Image: state st

I Are there multiple taxpayers listed on the COC claiming a credit for the qualified site? I Yes No X



Schedule B – Credit components (see instructions)
----------------------------------	-------------------

Part 1 – Site pr	ера	ration credit component (see instructions)		
		(see instructions)	B ate costs paid or incurred m-dd-yyyy; see instr.)	C Costs
				.00
				.00
				.00
1 Total of colur	nn C	amounts from additional list(s), if any	1	.00
		nounts (include any amount from line 1)		.00
		ntage (see instructions)		.00
Partner	5	Enter your share of the site preparation credit component from you partnership(s)		100 .00
S corporation shareholder	6	Enter your share of the site preparation credit component from you S corporation(s)	ur	.00
Beneficiary	7	Enter your share of the site preparation credit component from the estate(s) or trust(s)		.00
	8	Total site preparation credit component (add lines 4 through 7; see in	structions) 8	100.00

Part 2 – On-sit	e gr	oundwater remediation credit component (see instructions)			
		Α	В		С
	Description of groundwater remediation costs (see instructions)			d or instr.)	Costs
					.00
					.00
					.00
			ſ		
		amounts from additional list(s), if any			.00
10 Add column	C an	nounts (include any amount $[fr \bar{p} m]$ line 9)		10	.00
11 Applicable p	ercei	ntage (see instructions)		11 9	6
12 On-site grou	Indwa	ater remediation credit component (multiply line 10 by line 11)		12	.00
	13	Enter your share of the on-site groundwater remediation credit corr	nponent		
Partner		from your partnership(s)		13	908_00
S corporation	14			I	
shareholder		from your S corporation(s)		14	.00
D	15				
Beneficiary		from the estate(s) or trust(s)		15	.00
	16	Total on-site groundwater remediation credit component			
		(add lines 12 through 15; see instructions)		16	908.00



Part 3 – Tangible property credit component

	•			
A Description of qualified tangible property (list each item separately; see instructions)	B Principal use (see instructions)	C Date placed in service (mm-dd-yyyy)	D Life (years; see instr.)	E Cost or other basis (see instructions)
				.00
				.00
				.00
17 Total of column F amounts from addition	nol list(s) if any		47	00
17 Total of column E amounts from addition				.00
18 Add column E amounts (include any amo	ount from line 17)			.00
19 Applicable percentage (see instructions)			19	%
20a Tentative tangible property credit comp	onent (see instructions)		20a	.00

2 0a	Teritative tangible property credit component (see instructions)	2 0a	-00
20b	Tangible property component limitation for the qualified site (see instructions)	20b	.00
20c	Tangible property component for use in the current tax year for the qualified site (see instructions)	20c	.00
20d	Tangible property credit component (see instructions)	20d	.00

Partner	21	Enter your share of the tangible property credit component from your		200
		partnership(s)	21	200_00
S corporation	22	Enter your share of the tangible property credit component from your		
shareholder		S corporation(s)	22	.00
Demoficience	23	Enter your share of the tangible property credit component from the		
Beneficiary		estate(s) or trust(s)	23	.00
	24		24	200.00
25 Brownfield re	edev	elopment tax credit (add lines 8, 16, and 24)	25	.00
		nplete Schedule D.		

Individuals: Enter the line 25 amount on line 26.

Schedule C – Partnership, S corporation, estate, and trust information (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the brownfield redevelopment tax credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter *P* for partnership, *S* for S corporation, or *ET* for estate or trust.

Name	Туре	Employer ID number
EXCELSIOR INC	Р	004321146

Schedule D – Beneficiary's and fiduciary's share of credit components and recapture of credit (see instr.)

A	В	С	D	E	F
Beneficiary's name (same as on Form IT-205, Schedule C)	Identifying number	Share of site preparation credit component	Share of tangible property credit component	Share of on-site groundwater remediation credit component	Share of recapture of credit
Total		100 .00	908.00	200.00	150.00
		.00	. 00	.00	.00
		.00	.00	.00	.00
Fiduciary		100.00	908_00	200_00	150.00



Schedule E – Cor	mputation o	of credit			
Individuals	26	Enter the amount from line 25	26	.00	
	27a	Enter the amount from Schedule D, Fiduciary line, column C	27a	100.00	
Fiduciaries	27b	Enter the amount from Schedule D, <i>Fiduciary</i> line, column D	27b	908.00	
	27c	Enter the amount from Schedule D, Fiduciary line, column E	27c	200.00	
28 Total brownfield redevelopment tax credit					
		(add lines 26 through 27c; see instructions)	28	1208.00	

Schedule F – Recapture of credit (see instructions)

Tangible property that ceases to be in qualified use

A Description of property	B Date property was placed in service (mm-dd-yyyy)	C Date property ceased to qualify (mm-dd-yyyy)	D Life (months)	E Unused life (months)	F Percentage (E ÷ D)	G Tangible property credit component previously allowed	H Recaptured tangible property credit component (F × G)
					0.00%	.00	.00
					0.00%	.00	.00
					0.00%	.00	.00

29	Total of column H amounts from additional list(s), if any	29	.00
30	Total recapture of credit for tangible property credit component		
	(add column H amounts; include any amount on line 29)	30	.00

Recapture if COC is revoked

31	Net tangible property credit component previously allowed (see instructions)	31	50_00
32	Site preparation credit component previously allowed (see instructions)	32	50_00
33	On-site groundwater remediation credit component previously allowed (see instructions)	33	50.00
34	Total recapture of brownfield redevelopment tax credit (add lines 30 through 33)	34	150_00

Individuals and partnerships: Enter the line 34 amount on line 35. Fiduciaries: Include the line 34 amount on the *Total* line of Schedule D, column F.

Schedule G – Summary of recapture of credit (see instructions)

35	Individual's and partnership's recapture of credit (from line 34)	35	.00
36	Beneficiary's share of recapture of credit (see instructions)	36	.00
37	Partner's share of recapture of credit (see instructions)	37	.00
38	S corporation shareholder's share of recapture of credit (see instructions)	38	.00
39	Fiduciaries: enter your share of amount from Schedule D, <i>Fiduciary</i> line, column F	39	150 .00
40	Total (add lines 35 through 39)	40	150.00

Individuals: Enter the line 40 amount and code **170** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19. Fiduciaries: Include the line 40 amount on Form IT-205, line 12. Partnerships: Enter the line 40 amount and code **170** on Form IT-204, line 148.

170004130099

THIS IS THE Certificate Of completion for Brownfield Redevelopment Tax credit

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE

Special instructions

004321129

IT-205 SCH C Beneficiary information

Name & address of	Non resident		ID#	SHARE		SHARE OF NY
each beneficiary	of			OF FDNI		FID
						ADJUSTMENT
		City of				
	NYS	Yonkers		AMOUNT	PERCENT	
VALERIE SMITH						
6 GARFIELD AVE						
ALBANY NY 12205		Х	004321147	18500	50	1261
BENNY ART						
3344 SARATOGA						
BLVD SYRACUSE NY						
13221		Х	004321148	18500	50	1260

Please populate the following fields for direct deposit of refund.

<rtnHeader > <ABA_NMBR claimed="011001742"/> <BANK_ACCT_NMBR claimed="10743"/> <ACCT_TYPE_CD claimed="1"/> <ACH_IND claimed="1"/> <RFND_OWE_IND claimed="1"/> <IAT_IND claimed="2"/> <BNK_ACCT_ACH_IND claimed="1"/> <PAPER_CHK_RFND_IND claimed="2"/> <DIR_DEP_IND claimed="1"/> </rtnHeader>

Prevent with Terrer The Click of the Click		Ethora 1	New York State Departm				rk Stato e	Now Yo	rk City e Vonkou	s IT-205
Descent version Barrie of state or trust (pro storm or blead Plans 35-9) Date entry credit Date entry credit Of 1-01-2001 Strupt trust MALCEONLSWITH VE VEHICLE RECHARGING TRUST Identifications (DATE) Odd321129 Doadled states trust MALCEONLSWITH, EXECUTOR Identifications (DATE) Odd321129 Doadled states trust MALCEONLSWITH, EXECUTOR Identifications (DATE) Odd321129 Doadled states trust MALCEONLSWITH, EXECUTOR Intel states (Trust) Intel states (Trust) Destering states (Trust) Intel states (Trust) Intel states (Trust) Intel states (Trust) Intel states (Trust) Destering states (Trust) Intel states (Trust) Intel states (Trust) Intel states (Trust) Intel states (Trust) Present states (Trust) Intel states (Trust) Intel states (Trust) Intel states (Trust) Intel states (Trust) Present states (Trust) Intel states (Trust) Intel states (Trust) Intel states (Trust) Intel states (Trust) Present states (Trust) Intel states (Trust) Intel states (Trust) Intel states (Trust) Intel states (Trust) Prestrat states (Trust) Intel states (Trus		of entity						New TO		
Simple rula Difference Output Output <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td>0</td></t<>									-	0
Comparison Mark and title of fickulary Identifications Odd 321129 Control Address of fickulary number of setter or unit oution Docket is address of your the control of the contr			ALTERNATIVE VEHIC	LE RECHARGING	G TRU	ST			01	-01-2001
Deside deality and Beta to provide the set of the set									Identification nu	umber of estate or trust
LEBST (Spenton only) Address of Iduciary (number and street or numinosite) Decker's additional street or numinosite Decker's additional street or numinosite Exercise street of the street of the street or numinosite City, village, or post office State Network and the street of the street or numinosite Initial additional discretional street or numinosite Berketsy exites A.7 Network additional discretional street or numinosite Total income from back page, line 51 Initial numinosite of section 305(b)(3)(D) A Total income from back page, line 51 Initial nume from back page, line 51									00	4321129
Oran Work Redit City village, or post office Strite ZiP order Mark and Yin the applicable box Berkingty estate 0.1 City village, or post office NY 10023 Amended return (admit estatement) Construction Construction Construction A Total income (rom back page, line 51) Box (with response) Box (with response) Box (with response) Box (with response) B New York adjusted grasses income from NYAGU worksheet, line 5 (see instructions on page to) B (36,000,00) B (36,000,00) 2 New York modifications relating to amounts allocated to principal 2 .000 3 Balance on inter 5 and the come of fiducary (mo and or subtact line 2) 3 36,000,000 4 Fiduciary's share of New York fiduciary (mo and or subtact line 2) 5 36,000,000 5 New York State amount from Form IT-230, Part 2, line 2 (resident estate and rust only) 7 .000 9 Add lines 6 and 7 .000 10 5 36,000,000 9 Allocated New York State tax (mom Farm IT-230, Part 2, line 2 (resident estate and rust only) 7 .000 9 Add lines 6 and 7 .000 10 5 .000,000 11 Subtract In 40 More				ber and street or rural ro	oute)				Decedent's social se	ecurity number (SSN) (see instr.)
BestAppress City, village, or post office State ZIP code Mark art, in the applicable toox initial return Final return Proved noore bind Country: True meets counting a special conditions of section 605(b)(3)(b) A Total income (non back page, line 51) 8821 Dumber of this y accurate to this provide and the section of 605(b)(3)(b) A Total income (non back page, line 51) 8821 Dumber of this y accurate to the section of 605(b)(3)(b) A Total income (non back page, line 51) Bott of this y accurate to the section of 605(b)(3)(b) B (accurate to the section of 605(b)(3)(b) A Total income (non back page, line 51) Bott of thicks y (non back page, line 51) B (accurate to the section of 605(b)(3)(b) B New York nodifications relating to amounts allocated to principal 2 0.00 3 Balance (line 1 and add or subtract line 2) 1 3 6 1.097.00 S New York Rodifications relating to amounts allocated to principal 2 0.00 5 S 5 <td></td>										
Betwork Description Description <thdescription< th=""> <thdescription< th=""> <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<></thdescription<></thdescription<>										
C Hold Hold Fund Incred distribution delation Mumber of the provide conditions Description A Total Income (from back tage), fine 5 1) B New York adjusted gross income from NYAGI worksheet, line 5 (see instructions on page 10) B A 36,000,00 B New York adjusted gross income from NYAGI worksheet, line 5 (see instructions on page 10) B 36,000,00 C 0,000 1 Federal taxable income of fiduciary (from back page, line 62) 1 36,000,00 2 0,000 3 86,000,00 3 86,000,000 4 0,000 4 0,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 7 1,007,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 5 3 86,000,000 5 3 86,0	В	ankruptcy estate-Ch. 11	NEW YORK	N	Y	10	0029	1		
Amended return [] worme statebutto accord [] worme statebutto accord [] worme statebutto accord [] worme statebutto accord [] worme statebutto [] worme statebutto	P	ooled income fund	Country:							
A Total income (from back page, line 51) Income (from back page, line 51) Income (from back page, line 51) A B 36.000_00 B B 36.000_00 C A Out A Distribution Distribution <thdistribution< th=""> Distribution <</thdistribution<>				0004			4			s Constantino de la constant
B New York adjusted gröss income from NYAGI worksheet, line 5 (see instructions on page 10) B 36,000.00 C Amount from Form IT-205-A. Schedule 1, line 10, column a C .00 1 Federal taxable income of fluciary (from back page, line 62) 1 36,000.00 2 .00 3 36,000.00 4 .000 3 36,000.00 5 New York taxable income of fluciary (from back page, Schedule C, column 5) 4 .000 5 New York taxable income of fluciary (from 3 back page, Schedule C, column 5) 4 .000 6 1.997.00 8 Add lines 6 and 7 .00 8 8 Add lines 6 fand 7 .00 8 .00 .00 6 1.997.00 .00		· · · ·	· [·]			1	I	<u> </u>	-	27 000 00
C										
1 Federal taxable income of fiduciary (<i>irom back page</i> , <i>line 62</i>) 1 36.000.00 2 New York modifications relating to anounts allocated to principal 2 .000 3 Balance (<i>line 1 and add or subtract line 2</i>) .00 3 36.000.00 4 .00 .00 3 36.000.00 6 1.997.00 5 New York State amount (<i>ulty-par resident estate and trust only</i>) 6 1.997.00 7 New York State amount from Form IT-230, Part 2, line 2 (<i>resident estate and trust only</i>) 7 .00 9 Allocated New York State tax <i>from Form TF205-A</i> , Schedule 1, line 13 10 .00 1 Nonrefundable state credits (<i>submit schedule</i>) 10 .000 10 Nonrefundable state credits (<i>submit schedule</i>) 11 .000 11 Subtract line 10 form line 8 or line 9 .11 .000 12 .000 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00										
2									-	
3 Balance (line 1 and add or subtract line 2) 3 36,000.00 4 Fiduciary's share of New York flduciary adjustment (from beck page, Schedule C, column 5) 4 .00 5 New York taxable income of (flduciary adjustment (from beck page, Schedule C, column 5) 5 36,000.00 6 1,1997.00 7 New York State amount (form Form IT-230, Part 2, line 2 (resident estate and rust only) 7 .000 8 1,1997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 10 5,000.00 10 5,000.00 10 5,000.00 11 5,000.00 12 3,00 12 3,00 12 3,00 12 3,00 12 3,00 12 3,00 12 3,00 12 1,00 1,00 <td></td>										
4 .00 5 New York taxable income of fluciary (line 3 and add or subtract line 4) 5 36.000.00 6 State and unter sound (luti-year scient estate and drust only) 6 11 .00 8 Add lines 6 and 7 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 8 1,997.00 9 0.00 10 0.00 10 0.00 10 0.00 10 0.00 11 .000 12 300.00 12 300.00 12 300.00 12 300.00 12 300.00 14 300.00 14 300.00 14 300.00 14 300.00 14 300.00 14 300.00 14 300.00 14 300.00 14 300.00 15 New York City searce tax on lines 5 and ta			-	-	-					
S New York taxable income of flduciary (line 3 and add or subtract line 4)		(,					-	4	
6 State tax on line 5 amount (<i>full-year resident estate and trust only</i>) 6 1.997.00 7 New York State amount from Form IT-230, Part 2, line 2 (resident estate and trust only) 7 0.00 8 Add lines 6 and 7 9 0.00 9 Allocated New York State tax (from Form IT-206-A, Schedule 1, line 13) 9 0.00 10 Nonrefundable state credits (submit schedule) 10 5000.00 11 Subtract line 10 from line 8 or line 9 11 0.00 12 State minimum income tax 12 3000.00 13 State minimum income tax (see instructions) 15a 1.00.00 14 Otal New York State tax (add lines 11, 12, and 13; see instructions) 14 300.00 15 New York City resident tax (see instructions) 15b .000 Pake check or money order payable to XY State laccome 16 New York City anount from Form T-230, Part 2, line 2 (see instructions) 17 1.203.00 11 .000 19 Nubra City anount from Form T-230, Part 2, line 2 (see instructions) 12 .000 12 .001 .000 .001		•	-	-					5	36,000.00
11 Subtract line 10 from line 8 or line 9 11 0.00 12 State separate tax on lump-sum distributions and other addbacks 12 300.00 13 State minimum income tax 13 .00 14 Total New York State tax (add lines 11, 12, and 13, see instructions) 14 300.00 15 New York City resident tax on lump-sum distributions can other addbacks 14 300.00 15 New York City resident tax on lone 6 amount (see instructions) 15a 1.203.00 16 New York City anount from Form IT-230, Part 2, line 2 (see instructions) 15a .00 17 Add line 15a or 15b to line 16 17 1.203.00 18 .00 18 .00 20 .00 21 1.203.00 21 Add line 19 and 20 .00 21 1.203.00 23 Subtract line 17 (if less than zero, leave blank) 12 .00 24 .00 23 .00 24 .00 25 .00 23 .00 24 .00 26 .00 23 .00 24 .00 <tr< td=""><td>suo</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>6</td><td>1,997_00</td></tr<>	suo								6	1,997_00
11 Subtract line 10 from line 8 or line 9 11 0.00 12 State separate tax on lump-sum distributions and other addbacks 12 300.00 13 State minimum income tax 13 .00 14 Total New York State tax (add lines 11, 12, and 13, see instructions) 14 300.00 15 New York City resident tax on lump-sum distributions can other addbacks 14 300.00 15 New York City resident tax on lone 6 amount (see instructions) 15a 1.203.00 16 New York City anount from Form IT-230, Part 2, line 2 (see instructions) 15a .00 17 Add line 15a or 15b to line 16 17 1.203.00 18 .00 18 .00 20 .00 21 1.203.00 21 Add line 19 and 20 .00 21 1.203.00 23 Subtract line 17 (if less than zero, leave blank) 12 .00 24 .00 23 .00 24 .00 25 .00 23 .00 24 .00 26 .00 23 .00 24 .00 <tr< td=""><td>ctic</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>7</td><td>.00</td></tr<>	ctic								7	.00
11 Subtract line 10 from line 8 or line 9 11 0.00 12 State separate tax on lump-sum distributions and other addbacks 12 300.00 13 State minimum income tax 13 .00 14 Total New York State tax (add lines 11, 12, and 13, see instructions) 14 300.00 15 New York City resident tax on lump-sum distributions can other addbacks 14 300.00 15 New York City resident tax on lone 6 amount (see instructions) 15a 1.203.00 16 New York City anount from Form IT-230, Part 2, line 2 (see instructions) 15a .00 17 Add line 15a or 15b to line 16 17 1.203.00 18 .00 18 .00 20 .00 21 1.203.00 21 Add line 19 and 20 .00 21 1.203.00 23 Subtract line 17 (if less than zero, leave blank) 12 .00 24 .00 23 .00 24 .00 25 .00 23 .00 24 .00 26 .00 23 .00 24 .00 <tr< td=""><td>tru</td><td>8 Add lines 6 and</td><td>7</td><td></td><td></td><td></td><td></td><td></td><td>8</td><td>1,997.00</td></tr<>	tru	8 Add lines 6 and	7						8	1,997 . 00
11 Subtract line 10 from line 8 or line 9 11 0.00 12 State separate tax on lump-sum distributions and other addbacks 12 300.00 13 State minimum income tax 13 .00 14 Total New York State tax (add lines 11, 12, and 13, see instructions) 14 300.00 15 New York City resident tax on lump-sum distributions can other addbacks 14 300.00 15 New York City resident tax on lone 6 amount (see instructions) 15a 1.203.00 16 New York City anount from Form IT-230, Part 2, line 2 (see instructions) 15a .00 17 Add line 15a or 15b to line 16 17 1.203.00 18 .00 18 .00 20 .00 21 1.203.00 21 Add line 19 and 20 .00 21 1.203.00 23 Subtract line 17 (if less than zero, leave blank) 12 .00 24 .00 23 .00 24 .00 25 .00 23 .00 24 .00 26 .00 23 .00 24 .00 <tr< td=""><td>ins</td><td>9 Allocated New Y</td><td>ork State tax (from Form</td><td>IT-205-A, Schedule</td><td>1, line</td><td>13)</td><td></td><td>_</td><td></td><td></td></tr<>	ins	9 Allocated New Y	ork State tax (from Form	IT-205-A, Schedule	1, line	13)		_		
11 Subtract line 10 from line 8 or line 9 11 0.00 12 State separate tax on lump-sum distributions and other addbacks 12 300.00 13 State minimum income tax 13 .00 14 Total New York State tax (add lines 11, 12, and 13, see instructions) 14 300.00 15 New York City resident tax on lump-sum distributions can other addbacks 14 300.00 15 New York City resident tax on lone 6 amount (see instructions) 15a 1.203.00 16 New York City anount from Form IT-230, Part 2, line 2 (see instructions) 15a .00 17 Add line 15a or 15b to line 16 17 1.203.00 18 .00 18 .00 20 .00 21 1.203.00 21 Add line 19 and 20 .00 21 1.203.00 23 Subtract line 17 (if less than zero, leave blank) 12 .00 24 .00 23 .00 24 .00 25 .00 23 .00 24 .00 26 .00 23 .00 24 .00 <tr< td=""><td>ee</td><td> If you complete </td><td>ed Form IT-230, Part 2,</td><td>mark an X in this b</td><td>ox [</td><td></td><td></td><td> </td><td>9</td><td>.00</td></tr<>	ee	 If you complete 	ed Form IT-230, Part 2,	mark an X in this b	ox [9	.00
12 State separate tax on lump-sum distributions and other addbacks 12 300.00 13 0.00 14 Total New York State tax (add lines 11, 12, and 13; see instructions) 14 300.00 15 New York City part-year resident tax (see instructions) 15 1.203.00 15 New York City part-year resident tax (see instructions) 15 0.00 16 0.00 7.4dd line 15 aor 15b to line 16 0.00 17 Add line 15 aor 15b to line 16 17 1,203.00 18 0.00 18 0.00 20 New York City accumulation distribution credit 18 0.00 21 1,203.00 12 1,203.00 21 1,203.00 19 1,203.00 21 1,203.00 0.00 0.00 23 Subtract line 21 (if less than zero, leave blank) 21 1,203.00 23 Ubtract line 22 from line 17 (if less than zero, leave blank) 23 1,203.00 24 .00 24 .00 25 .00 25 .00 26 .00 25 .00 <	σ ₁	0 Nonrefundable s	state credits (submit sche	dule)					-	5000.00
13 State minimum income tax 13 .00 14 Total New York City state tax (add lines 11, 12, and 13; see instructions) 14 300.00 15a New York City saretime tax on line 5 amount (see instructions) 15a .1203.00 15b New York City anount from Form IT-230, Part 2, line 2 (see instructions) 15b .000 17 Add line 15a or 15b to line 16 .001 Tr .1,203.00 18 New York City anount from Form IT-230, Part 2, line 2 (see instructions) 17 .1,203.00 18 New York City ascentration of stirbution credit 18 .001 .001 20 New York City separate tax on lump-sum distributions (see instructions) 19 .1,203.00 .001 21 Add lines 19 and 20 .001 .001 .001 .001 .001 23 New York City nump-sum distributions (see instructions) .22 .001										
14 Total New York State tax (add lines 11, 12, and 13; see instructions) 14 300.00 15a 1,203.00 Make check or money order payable to NY State Income payable to NY State Income 15b New York City part-year resident tax (see instructions) 15b 0.00 17 Add line 15a or 15b to line 16 0.00 18 0.00 17 1,203.00 19 New York City accumulation distribution credit 18 0.00 10 New York City accumulation distributions (see instructions) 19 1,203.00 11 1,203.00 0.00 11 0.013 Fiduciary Income Tax 12 New York City accumulation distribution s (see instructions) 0 0.00 0.00 12 New York City accumulation distributions (see instructions) 20 0.00 0.00 21 1,203.00 0.00 21 1,203.00 24 0.00 23 1,203.00 24 0.00 23 1,203.00 24 0.00 24 0.00 24 0.00 25 0.00 25 0.00 25 0.00 27		=						-		300_00
15a New York City resident tax on line 5 amount (see instructions) 15b 1,203.00 15b New York City part-year resident tax (see instructions) 15b 0,00 16 New York City part-year resident tax (see instructions) 16 0,00 17 1.203.00 16 0,00 18 New York City accumulation distribution credit 17 1.203.00 19 1.203.00 18 0,00 19 1.203.00 0,00 19 1.203.00 20 New York City separate tax on lump-sum distributions (see instructions) 20 0,00 21 1.203.00 21 1.203.00 24 New York City - UBT credit (from Form IT-219) 22 000 23 Subtract line 21 (if less than zero, leave blank) 23 1,203.00 24 New York City minimum income tax (see instructions) 24 0,00 25 Yonkers resident faduciary earnings tax (from Form IT-205-A-I, page 4, Worksheet C, line 14) 26 00 27 Onder Sales or use tax (see instructions) 28 00 28 00 28 Otal NYS, NYC, Yonkers taxes, and sales or use ta										
15b New York City part-year resident tax (see instructions) 15b .00 16 New York City amount from Form IT-230, Part 2, line 2 (see instructions) 17 1,203.00 17 Add line 15a or 15b to line 16 17 1,203.00 18 0.00 17 1,203.00 19 1,203.00 19 1,203.00 20 .00 00 mail it with the payment and the complete Form IT-205-V and mail it with the payment and the completed return to the appropriate address in the instructions. 19 1,203.00 21 Add lines 19 and 20 12 .00 22 .00 23 Subtract line 21 (<i>if less than zero, leave blank</i>). 22 .00 24 .00 25 Yonkers resident income tax surcharge from Works worksheet, line e (see instructions). 25 .00 24 .00 25 Yonkers resident fax (from Form IT-205-A-I, page 4, Worksheet C, line 14) 26 .00 27 27 Nokers nonresident fiduciary earnings tax (from Form IT-370-PF) 30 2500.00 28 .00 28 .00 29 .1,503.00 28 .00 29 .1,503.00 28 .00					1				14	300_00
Now York City and If or Goldent for Form IT-230, Part 2, line 2 (see instructions) Now York City accumulation distribution credit Now York City accumulation distributions (see instructions) Now York City minimum inc		-					1,2		Make check o	r monev order
17 Add line 15a or 15b to line 16 17 1,203.00 18 New York City accumulation distribution credit 18 0.00 19 1,203.00 19 1,203.00 20 New York City separate tax on lump-sum distributions (see instructions) 20 0 21 1,203.00 0 0 22 00 21 1,203.00 23 Subtract line 21 (from Form IT-219) 22 00 24 New York City - UBT credit (from Form IT-219) 22 00 25 Subtract line 22 from line 21 (fl less than zero, leave blank) 23 1,203.00 24 New York City minimum income tax (see instructions) 24 0.00 25 Onkers part-year resident income tax surcharge from Yonkers worksheet, line e (see instructions) 25 00 25 00 27 00 28 00 28 00 27 00 28 00 29 1,503.00 29 1,503.00 29 101 17.70-PF) 30 2500.00 32 2500.00 30 2500.00 32 <			-						payable to N	State Income
18 New York City accumulation distribution credit 18							12			
19Subtract line 18 from line 17 (if less than zero, leave blank)191,203.00on it; complete Form IT-205-V and mail it with the payment and the completed return to the appropriate address in the instructions.20New York City separate tax on lump-sum distributions (see instructions)2000it with the payment and the completed return to the appropriate address in the instructions.21Add lines 19 and 201,203.00211,203.00it with the payment and the completed return to the appropriate address in the instructions.23Subtract line 21 (if less than zero, leave blank)231,203.00240024002400240025Yonkers part-year resident income tax (see instructions)25002626002700260027002700270028Sales or use tax (see instructions on page 22)280029Total NYS, NYC, Yonkers taxes, and sales or use tax (add lines 14 and 23 through 28; see instructions)291,503.0030Estimated tax payments allocated to beneficiaries (from Form IT-205-T)310033Subtract line 31 from line 30322500.0034New York City tax withheld34003500372500.0036739997.0039997.0039997.0039997.0039997.0039997.0039997.0039997.003999							.,_			
20 New York City separate tax on lump-sum distributions (see instructions) 20 on 21 Add lines 19 and 20 1,203.00 21 1,203.00 22 on 23 Subtract line 21 (from Form IT-219)					-		1.2		on it; complete	e Form IT-205-V and
21Add lines 19 and 20211,203.00address in the instructions.22New York City - UBT credit (from Form IT-219)22							,			
22 New York City - UBT credit (from Form IT-219) 22 .00 23 Subtract line 21 from line 21 (if less than zero, leave blank) 23 1,203.00 24 New York City minimum income tax (see instructions) 24 .00 25 Yonkers resident income tax surcharge from Yonkers worksheet, line e (see instructions) 25 .00 26 Yonkers part-year resident tax (from Form IT-205-A-I, page 4, Worksheet C, line 14) 26 .00 27 Yonkers nonresident fiduciary earnings tax (from Form Y-206) 27 .00 28 Sales or use tax (see instructions on page 22) 28 .00 29 Total NYS, NYC, Yonkers taxes, and sales or use tax (add lines 14 and 23 through 28; see instructions) 29 1,503.00 30 Estimated tax paid (including payments made with Form IT-205-T) 30 2500.00 31 .00 32 2500.00 33 .00 32 Subtract line 31 from line 30			-		21		1,2			
24 New York City minimum income tax (see instructions) 24 .00 25 Yonkers resident income tax surcharge from Yonkers worksheet, line e (see instructions) 25 .00 26 Yonkers part-year resident tax (from Form IT-205-A-I, page 4, Worksheet C, line 14) 26 .00 27 Yonkers nonresident fiduciary earnings tax (from Form Y-206) 27 .00 28 Sales or use tax (see instructions on page 22) 28 .00 29 Total NYS, NYC, Yonkers taxes, and sales or use tax (add lines 14 and 23 through 28; see instructions) 29 1,503.00 30 Estimated tax paid (including payments made with Form IT-370-PF) 30 .2500.00 31 .00 .00 .00 .00 32 Subtract line 31 from line 30 .00 .00 .00 33 Refundable credits Identify: .00 .00 34 New York State tax withheld .00 .00 .00 35 New York City tax withheld .00 .00 .00 36 Yonkers tax (add lines 29 and 42, enter the overpayment subset at	22	New York City - Ul	BT credit (from Form IT-21	9)	22			.00		
25 Yonkers resident income tax surcharge from Yonkers worksheet, line e (see instructions)									23	1,203.00
26 Yonkers part-year resident tax (from Form IT-205-A-I, page 4, Worksheet C, line 14) 26 .00 27 Yonkers nonresident fiduciary earnings tax (from Form Y-206) 27 .00 28 Sales or use tax (see instructions on page 22) 28 .00 29 Total NYS, NYC, Yonkers taxes, and sales or use tax (add lines 14 and 23 through 28; see instructions) 29 1,503.00 30 Estimated tax paid (including payments made with Form IT-370-PF) 30 2500.00 31 .00 2500.00 31 21 32 Subtract line 31 from line 30 32 2500.00 33 Refundable credits Identify: 33 .00 34 New York State tax withheld 35 .00 35 New York City tax withheld 36 .00 36 Yonkers tax withheld .00 .00 38 997.00 .00 .00 .00 39 .007.00 .00 .00 .00 40 .000 .00 .00 .00	24	New York City min	imum income tax (see in	structions)						.00
27 Yonkers nonresident fiduciary earnings tax (from Form Y-206) 27 .00 28 Sales or use tax (see instructions on page 22) 28 .00 29 Total NYS, NYC, Yonkers taxes, and sales or use tax (add lines 14 and 23 through 28; see instructions) 29 1,503.00 30 Estimated tax paid (including payments made with Form IT-370-PF) 30 2500.00 31 .00 2500.00 32 Subtract line 31 from line 30 32 2500.00 33 Refundable credits Identify: 33 .00 34 New York State tax withheld			-							.00
28Sales or use tax (see instructions on page 22)28.0029Total NYS, NYC, Yonkers taxes, and sales or use tax (add lines 14 and 23 through 28; see instructions)291,503.0030Estimated tax paid (including payments made with Form IT-370-PF)302500.0031Estimated tax payments allocated to beneficiaries (from Form IT-205-T)31.0032Subtract line 31 from line 30322500.0033Refundable creditsIdentify:33.0034New York State tax withheld34.0035New York City tax withheld35.0036Yonkers tax withheld36.0037Total (add lines 32 through 36)372500.0038If line 37 is more than the total of lines 29 and 42, enter the overpayment38997.0039Mount of line 38 to be credited to 2014 estimated tax.00.0040Amount of line 37 is less than the total of lines 29 and 42, enter amount you owe.00.0041If line 37 is less than the total of lines 29 and 42, enter amount you owe.00.00									-	.00
29 Total NYS, NYC, Yonkers taxes, and sales or use tax (add lines 14 and 23 through 28; see instructions) 29 1,503.00 30 Estimated tax paid (including payments made with Form IT-370-PF) 30 2500.00 31 Estimated tax payments allocated to beneficiaries (from Form IT-205-T) 31 .00 32 Subtract line 31 from line 30 32 2500.00 33 Refundable credits Identify: 33 .00 34 New York State tax withheld 34 .00 35 New York City tax withheld 35 .00 36 Yonkers tax withheld 36 .00 37 Total (add lines 32 through 36) 37 2500.00 38 If line 37 is more than the total of lines 29 and 42, enter the overpayment 38 997.00 39 997.00 39 997.00 40 .00 .00 205001130099			· ·							
30 Estimated tax paid (including payments made with Form IT-370-PF) 30 2500.00 31 Estimated tax payments allocated to beneficiaries (from Form IT-205-T) 31 .00 32 Subtract line 31 from line 30 32 2500.00 33 Refundable credits Identify: 33 .00 34 New York State tax withheld 34 .00 35 New York City tax withheld 35 .00 36 Yonkers tax withheld 36 .00 37 Total (add lines 32 through 36) 37 2500.00 38 997.00 39 .00 .00 40 .00 .00 .00 .00 41 If line 37 is less than the total of lines 29 and 42, enter amount you owe 41 .00 .00								-		
31 Estimated tax payments allocated to beneficiaries (from Form IT-205-T) 31 .00 32 Subtract line 31 from line 30 32 2500.00 33 Refundable credits Identify: 33 .00 34 New York State tax withheld 34 .00 35 New York City tax withheld 35 .00 36 Yonkers tax withheld 36 .00 37 Total (add lines 32 through 36) 37 2500.00 38 997.00 39 997.00 40 .00 .00 205001130099						-				
32 Subtract line 31 from line 30 32 2500.00 33 Refundable credits Identify: 33 .00 34 New York State tax withheld 34 .00 35 New York City tax withheld 35 .00 36 Yonkers tax withheld 36 .00 37 Total (add lines 32 through 36) 37 2500.00 38 11 11 11 11 11 11 11 11 11 11 100 205001130099								H		
33 Refundable credits Identify: 33 .00 34 New York State tax withheld 34 .00 35 New York City tax withheld 35 .00 36 Yonkers tax withheld 36 .00 37 Total (add lines 32 through 36) 37 2500.00 38 If line 37 is more than the total of lines 29 and 42, enter the overpayment 38 997.00 39 Amount of line 38 to be credited to 2014 estimated tax 40 .00 40 .00 .00 205001130099						,		-		
34 New York State tax withheld 34 .00 35 New York City tax withheld 35 .00 36 Yonkers tax withheld 36 .00 37 Total (add lines 32 through 36) 37 2500.00 38 If line 37 is more than the total of lines 29 and 42, enter the overpayment 38 997.00 39 Amount of line 38 to be credited to 2014 estimated tax 40 .00 40 .00 .00 205001130099										
35 New York City tax withheld 35 .00 36 Yonkers tax withheld 36 .00 37 Total (add lines 32 through 36) 37 2500.00 38 If line 37 is more than the total of lines 29 and 42, enter the overpayment 38 997 .00 39 Amount of line 38 to be credited to 2014 estimated tax 40 .00 41 If line 37 is less than the total of lines 29 and 42, enter amount you owe 41 .00								F		
36 Yonkers tax withheld 36 .00 37 Total (add lines 32 through 36) 37 2500.00 38 If line 37 is more than the total of lines 29 and 42, enter the overpayment 38 997.00 39 Amount of line 38 to be refunded to you 39 997.00 40 Amount of line 38 to be credited to 2014 estimated tax .00 205001130099 41 If line 37 is less than the total of lines 29 and 42, enter amount you owe 41 .00									-	
37 Total (add lines 32 through 36)										
38If line 37 is more than the total of lines 29 and 42, enter the overpayment38997.0039Amount of line 38 to be refunded to you39997.0040Amount of line 38 to be credited to 2014 estimated tax40.0041If line 37 is less than the total of lines 29 and 42, enter amount you owe41.00										
39 Amount of line 38 to be refunded to you 39 997.00 40 Amount of line 38 to be credited to 2014 estimated tax 40 .00 41 If line 37 is less than the total of lines 29 and 42, enter amount you owe 41 .00 205001130099										
40 Amount of line 38 to be credited to 2014 estimated tax 40 .00 41 If line 37 is less than the total of lines 29 and 42, enter amount you owe 41 .00										
								.00		
42 Estimated tax penalty (will reduce line 38 or increase line 41; see instr.) 42 .00				-	41			.00		205001130099
	42	Estimated tax penal	ty (will reduce line 38 or incre	ase line 41; see instr.)	42			.00		

IT-205 (2013) (back)

	CODV of fed	eral	Schedule K-1 (Form	1041) fc	r each	hene	ficia	۲V						
			federal taxable inc	,					tate	or trust				
ochedule	Ente	r iter	ns as reported for fe	ederal tax	purpos	ses o	r sub	mit federal	For	rm 1041.				
		43	Interest income								. 43			.00
		-	Dividends											.00
													12,000.00	
	q		Capital gain (or los	, ,						,				20,000 .00
		47	Rents, royalties, pa								•			
			federal Schedule E								47			5,000 .00
			Farm income (or lo	-	'									.00
			Ordinary gain (or lo											.00
205002130099			Other income (state											.00
300		51	Total income (add l											37,000 .00
021		52	Interest								. 52			.00
250		53	Taxes								. 53			.00
5		54	Fiduciary fees								. 54			.00
		55	Charitable deduction	on							55			.00
	, second	2 56	Attorney, accounta	ant, and r	eturn pr	repar	er fe	es			56			.00
	Ded reficience	57	Other deductions ((itemize or	n an add	litiona	l she	ət)			57			.00
	č	58	Income distribution	n deducti	on <i>(subi</i>	mit co	py of	federal						
	hel	2	Schedules K-1, Fo	orm 1041,	for each	bene	ficiar	y)			58			900.00
	-	[•] 59	Estate tax deduction	on (submi	t compu	tation)				. 59			.00
		60	Exemption (federa	ıl)							. 60			100_00
		61	Total (add lines 52 ti	-	·									1,000 .00
			Federal taxable incom								62			36,000 .00
			fiduciary adjustme									ear re	sident	
<u> </u>			state and local bonds							,				630 .00
<u>i</u> 64 ∣			educted on federal fi		eturn (s	ee ins	struct	ions)			64			1,041 .00
pp 65 (ions) Identify: A-1 170								65			1,700 .00
			add lines 63, 64, and 6								. 66			3,371.00
			n US obligations inclu	ded in fec	leral inco	ome				670_00	-			
) 86 gci			entify: S-35 180				68			180 _0(050
1 69			S (add lines 67 and 68											850.00
			y adjustment (difference New York fiduciary									<u> </u>	ort voo	2,521 .00
Schedule					nent of	are								
	S	ubmit	additional sheets if neo	cessary.			2	Identifying num of each benef						5 Shares of New York
	nd address of e			New Yo		onkers			ioidi y	, 3 Amou	•	-	Percent	fiduciary
0 0	OX If beneficiar		nonresident of:	State	•	_	_			3 AMO			0%	adjustment
. ,		316		<u>H</u>		<u></u>	_						0%	.00
(b)	Sahadula C. ar	lump	5, should be the same as		D line 70			duciary					0%	.00
		Jumn		Scriedule	5, III e 70	above		tals		37	,000 <u>-</u>		100%	.00 2,521 .00
			(see instructions)					lais		51	,000	00	100%	2,521.00
	,		ame and address of gr											
			nanged state or city res							-				
			X in all boxes that app		_	-								dent estate or trust
• • —	NYS full-year		dent estate or trust					sident estate esident trust	or tr	• •		•		ident trust esident estate or trust
										(0)	TUTKET	S full-ye		
	,		known address of dece ate state of residency											
			or trustees with their a		and ider	otifica	tion r	umbers (SS	N or	EINI)				
			e identification number					,		,				
-													Daraa	nol identification
	I-party ? (see instr.)	-rint (designee's name					Designe	ee's p	phone number				nal identification umber (PIN)
								()				-	
Yes 🔟	No 🗙	E-mai	I											
Paid	Preparer's	signa	iture		Prep	parer's	NYT	PRIN		•	Sign	returr	n here	▼
prepare must complet	Firm's nar	ne (or	yours, if self-employed)		Prepare	r's PTI	N or S	SN	Si	ignature of fiduciary of	or office	repres	enting fidu	uciary
(see instr	r.)		,									_		
Address					Employe	er ident	ificatio	on number	Da	ate		Dayti	me phone	e number
				Detri			16			mail:		()	
				Date:		Se	eit-emp	oloyed?	LE-	-mail:				



New York State Department of Taxation and Finance Innovation Hot Spot Deduction

Tax Law - Section 38, 612(c)(39)

Name(s) as shown on return ESTATE OF HOT SPOT INNOVATION Identifying number as shown on return 004321129

IT-223

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Complete the information below if you are a qualified entity located in a hot spot, are a member, partner, or shareholder of a qualified entity, or both. See the instructions before completing.

A Innovation hot spot name	B Code	C Business	D EIN of qualified entity	E Tax year	F Income or gain
innovation not spot name		participation number	located in the hot spot	being claimed (enter 1, 2, 3, 4, or 5)	attributable to the hot spot
SUNY CAFE SHOP	456	4321	004321149	1	180 _00
					.00
					.00
					.00
					.00
					.00
					.00
					.00
					.00
					.00
					.00
Amount of income or gain attributat	ole to the ho	t spot from addi	tional sheet(s), if any		.00
1 Total amount of income or gain at	tributable to	innovation hot	spots (add column F amounts	s) 1	180 _{.00}

Enter the amount from line 1 on Form IT-201, line 31; Form IT-203, line 29; Form IT-204, line 109; or Form IT-205, line 68.



Instructions

General information

Qualified entities in innovation hot spots are eligible for the tax benefits listed below for five tax years beginning with the year the entity became a tenant in or part of an innovation hot spot:

- Qualified entities taxable under Article 9-A located completely within the hot spot are liable only for the fixed dollar minimum tax.
- Qualified entities located inside and outside the hot spot, and corporate partners of qualified entities, are allowed a deduction for the amount of income or gain attributable to operations in the hot spot.
- Individuals who are sole proprietors of a qualified entity, or are partners in a partnership, limited liability company (LLC) members, or shareholders of a New York S corporation, that is a qualified entity, are allowed a deduction for the amount of income or gain attributable to operations at the hot spot.
- Qualified entities are also eligible for a credit or refund of sales and use tax imposed on the retail sale of tangible personal property or services.

Taxpayers claiming the above tax benefits are not eligible for any other New York State exemptions, deductions, credits, or refunds to the extent the exemption, deduction, credit, or refund is attributable to the business operations in the innovation hot spot.

Qualified entity means a business enterprise that is:

- · in the formative stages of development, and
- · located in New York State, and
- certified by a New York State innovation hot spot as being approved to locate in, or be part of, a virtual incubation program operated by that innovation hot spot, and
- either A or B below:
 - A. any corporation, except a corporation which:
 - has over 50% of the number of shares of stock entitling the holders thereof to vote for the election of directors or trustees is owned or controlled, either directly or indirectly, by a taxpayer subject to tax under Tax Law Article 9, sections 183, 184, or 185; Article 9-A; Article 32; or Article 33; or
 - is substantially similar in operation and in ownership to a business entity (or entities) taxable or previously taxable under Tax Law Article 9, sections 183, 184, 185, or former section 186; Article 9-A; Article 32; Article 33; former Article 23; or would have been subject to tax under Article 23 (as it was in effect on January 1, 1980); or the income (or losses) of which is (or was) includable under Article 22.
 - B. a sole proprietorship, partnership, limited partnership, LLC, or New York S corporation that is not substantially similar in operation and in ownership to a business entity (or entities) taxable, or previously taxable, under Tax Law Article 9, sections 183, 184, 185, or former section 186; Article 9-A; Article 32; Article 33; former Article 23; or would have been subject to tax under Article 23 (as it was in effect on January 1, 1980); or the income (or losses) of which is (or was) includable under Article 22.

For more information about the New York Innovation Hot Spot Program, visit *www.esd.ny.gov*.



Who must file

Submit one Form IT-223 with your return. Complete Form IT-223 if you are an individual, a beneficiary or fiduciary of an estate or trust, a partner in a partnership, or a shareholder of an S corporation, and you are a qualified entity or a member, partner, or shareholder of a qualified entity, or both. Include information for all of the entities from which you are receiving income or gain attributable to an innovation hot spot.

A partnership must submit Form IT-223 with Form IT-204, *Partnership Return*, showing the total income or gain attributable to the hot spot and provide the partners with their share of the income or gain attributable to the hot spot.

An S corporation does not file Form IT-223; it must file Form CT-223. If you are a shareholder of an S corporation, obtain your share of the S corporation's income attributable to the hot spot from the S corporation, and follow the instructions on this form for claiming your modification on your personal income tax return.

Specific instructions

See the instructions for your tax return for the *Privacy notification* or if you need help contacting the Tax Department.

Code – Enter the hot spot ID code from your certificate.

Business participation number – Enter the business participation number from your certificate.

Employer identification number (EIN) of business certified in the hot spot – Enter the EIN of the business certified in the hot spot. If you are receiving the income from another entity (partnership, New York S corporation, estate or trust) enter the EIN of the qualified entity certified in the hot spot.

Tax year being claimed – Make **only one** entry (1, 2, 3, 4, or 5) to indicate which tax year you are claiming.

Income or gain attributable to the hot spot – Enter the amount of income or gain attributable to the hot spot that was included in your federal adjusted gross income.



Alternative Fuels and Electric Vehicle Recharging Property Credit Tax Law - Article 22, Section 606(p)

IT-637



	-		D	F	-					
Schedule A – Individuals (Schedule A – Individuals (including sole proprietors), partnerships, estates, and trusts (see instructions)									
ESTATE OF HOT SPOT INNO	OVATION	FUEL	CHARGING	004	321129					
Name(s) as shown on return		Туре с	f business (if applicable)	Iden	tifying number as shown on return					
		· · · · · · · · · · · · · · · · · · ·	,							

A	В	С	D	E	F
Location of vehicle	Total cost of vehicle	Number of	(Column B ÷ column C)	Enter the lesse	Column C × column E
refueling or recharging	refueling or	pumps or	× 50% (.5)	of column D or \$5,000	
property	recharging property (see instructions)	recharging stations		\$5,000	
		Stations			
NEWYORK CITY NY	20,000	1	20,000	F 000	E 000
	20,000_00		20,000 <u>_00</u>	5,000	5,000_00
	.00		.00	-	.00
	.00		.00	-	.00
	.00		.00	_	.00
	.00		.00	-	.00
	.00		.00	-	.00
	.00		.00	-	.00
	.00		.00		.00
	.00		.00	_	.00
			100	•	
	.00		.00		.00
1 Total of column F amount		-637 if any			1 .00
		-			
2 Add column F amounts, ir	iciualing any amount from li	ne i			2 5,000.00

Fiduciaries: Include the line 2 amount in the *Total* line of Schedule D, column C. **All others:** Enter the line 2 amount on line 7.

Schedule B – Partnership, S corporation, estate, and trust information (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the credit from that entity, complete the following information for each partnership, New York S corporation, estate or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name of entity	Туре	Employer identification number
VEHICLE RECHARGING INC	Р	004321150



Schedule C – Partner's, shareholder's, or beneficiary's share of credit (see instructions)							
Partner	3	Enter your share of the credit from your partnership (see instructions)	3	5000.00			
S corporation shareholder	4	Enter your share of the credit from your S corporation (see instructions)	4	.00			
Beneficiary	5	Enter your share of the credit from the estate's or trust's Form IT-637, Schedule D, column C (see instructions)	5	.00			
	6	Total (add lines 3, 4, and 5)	6	5000.00			

Fiduciaries: Include the line 6 amount in the *Total* line of Schedule D, column C. **All others:** Transfer the line 6 amount to line 8.

Schedule D – Beneficiary's and fiduciary's share of credit and recapture of credit (see instructions)

A Beneficiary's name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of credit	D Share of recapture of credit
Total		5,000.00	300 .00
		.00	.00
		.00	.00
Fiduciary		5,000_00	300.00

Schedule E – Computation of credit

Individuals and partnerships	7	Enter the amount from line 2	7	.00
Partners, S corporation shareholders, beneficiaries	8	Enter the total from line 6	8	.00
Fiduciaries	9	Enter the amount from Schedule D, Fiduciary line, column C	9	5,000_00
	10	Enter the carryover credit from last year's Form IT-637		
		(leave blank, not applicable for this tax year)	10	
	11	Total credit (add lines 7 through 10)	11	5,000.00

Partnerships: Enter the line 11 amount and code **637** on Form IT-204, line 147. **All others:** Complete Schedule G.

Schedule F - Recapture of credit (see instructions)

A Tax year credit allowed	B Total recovery period	C Years in service prior to recapture year	D Recapture years (column B - column C)	E Recapture percentage (column D ÷ column B)	F Original crea allowed	dit	G Credit recapture (column F × column E)
		.00	.00				
				.00			
						.00	.00
12 Total of colu	mn G amounts f	rom additional For	m(s) IT-637, if any			12	.00
13 Recaptured	credit (add colum	n G amounts, includ	ing any amount from	line 12)		13	.00
14 Partner in a	partnership, sha	reholder of an S c	orporation, or bene	eficiary of an estate	or trust,		
enter you	r share of the rec	apture of the cred	it (see instructions)			14	300_00
15 Total recapt	ured credit <i>(add li</i>	ines 13 and 14; see	below for instructions	;)		15	300.00

Individuals: Enter the line 15 amount and code 637 on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.
Partnerships: Enter the line 15 amount and code 637 on Form IT-204, line 148.
Fiduciaries: Include the line 15 amount on the *Total* line of Schedule D, column D. Transfer the amount from the *Fiduciary* line, column D to Form IT-205, line 12.

Schedule G – Application of credit and computation of carryover

16	Tax due before credits (see instructions)	16	1,997.00
	Tax credits claimed before this credit (see instructions)	17	.00
18	Subtract line 17 from line 16	18	1,997.00
19	Credit used for the current tax year (enter the amount from line 11 or line 18, whichever is less; see instr.)	19	1,997.00
20	Amount of credit available for carryover to next year (subtract line 19 from line 11)	20	3,103.00



Special instructions for Test 004321130

IT-205 Line 33 computation

Claim for Brownfield Redevelopment Tax Credit _____ 908

Claim for Remediated Brownfield Credit for Real Property Taxes

17687

_____16779

T	2013	New York State Department of Taxatio			rn New York S	State • N	lew Yo	rk City	/•Yonkers	IT-205
	e or entity	For the full year Jan. 1, 2013, through De	ec. 31, 201	3, or fis				_	and ending	
	Decedent's estate	Name of estate or trust (as shown on fe						Date	entity creat	
	Simple trust	ESTATE OF REMEDIATED BRO	VVINFIEL	DCRI	EDH					1/2001
X	Complex trust	Name and title of fiduciary JOSEPH BROWNFIELD, TR		:				Ident		ber of estate or trust 321130
	Qualified disability trust	Address of fiduciary (number and street						Doood		rity number (SSN) (see instr.)
	ESBT (S portion only)	115 S 94 ST	or rurai rol	ne)				Deceu	enii s social secu	
	Grantor type trust	City, village, or post office	Stat	e	ZIP co	de		Mark	an X in the	applicable box:
	Bankruptcy estate-Ch. 7	NEW YORK	NY		10029				I return	Final return
	Bankruptcy estate-Ch. 11	ed income fund Country:								f section 605(b)(3)(D)
		ed return Income distribution deduction Qualify							ial conditions	
	mit explanation)		921		beneficiaries	1	for filing return (s			
	A Total income (fro	m back page, line 51)						Α	,	35000.00
		ed gross income from NYAGI work						В		20102_00
	C Amount from Fo	rm IT-205-A, Schedule 1, line 10, c	olumn a					С		.00
	1 Federal taxable	income of fiduciary (from back page,	line 62).					1		19900.00
	2 New York modifi	cations relating to amounts allocate	ed to prir	ncipal				2		202.00
	1	nd add or subtract line 2)						3		20102.00
	•	e of New York fiduciary adjustment						4		.00
S		e income of fiduciary (line 3 and add						5		20102.00
Ű		5 amount (full-year resident estate an						6		973.00
lcti		amount from Form IT-230, Part 2, I						7		.00
stru		7					····· [8		973.00
See instructions		ork State tax (from Form IT-205-A, So					Г	-		
)ee		ed Form IT-230, Part 2, mark an X						9		.00
0)		state credits (submit schedule)					-	10		.00
		from line 8 or line 9						11		973 .00 400 .00
		ax on lump-sum distributions and c						12 13		
		ncome tax State tax (add lines 11, 12, and 13; se						14		.00 1,373 .00
		ent tax on line 5 amount (see instruction					5.00	14		1,070 .00
	•	-year resident tax (see instructions)	·	15b		00	.00	Mak	e check or	noney order
		from Form IT-230, Part 2, line 2 (see insti	F	16			.00	paya	ble to NY S	State Income
	•	b to line 16	· · · ·	17		63	5.00			state or trust's fication number
		umulation distribution credit	H	18			.00			cation number
	· · · · · ·	om line 17 <i>(if less than zero, leave bla</i>	E E E E E E E E E E E E E E E E E E E	19		63	5.00			Form IT-205-V and
		te tax on lump-sum distributions (see instr	·	20			.00			ayment and the
		0	· F	21		63	5.00			n to the appropriate
22	2 New York City - UE	BT credit (from Form IT-219)		22			.00			
23	Subtract line 22 fro	om line 21 (if less than zero, leave bla	 nk)					23		635.00
24	New York City min	imum income tax (see instructions)						24		.00
		ncome tax surcharge from Yonkers			•	,		25		.00
		resident tax (from Form IT-205-A-I, pa	-					26		.00
		nt fiduciary earnings tax (from Form						27		.00
		see instructions on page 22)					_	28		0.00
		onkers taxes, and sales or use tax			-			29		2,008.00
		(including payments made with Form						30		•00
		ments allocated to beneficiaries (fro					_	31		.00
		om line 30						32		.00
	Refundable credits	•						33		17687.00
		withheld withheld						34 35		.00
		eld						35 36		.00
								30		.00 17687.00
		hrough 36) the total of lines 29 and 42, enter the overp	1	38		15,67		51		17007.00
		to be refunded to you		39		1000				
		to be credited to 2014 estimated ta	1	40			9.00			
		ne total of lines 29 and 42, enter amount y		41		-,	.00		20	5001130099
		y (will reduce line 38 or increase line 41; s	1	42			.00			
			· 1							



IT-205 (2013) (back)

	of federal	Schedule K-1 (Form											
Schedule A -	Details of Enter ite	federal taxable income ms as reported for fe	come of a	a fiduci (purpos	ary o	ofar rsub	resident es omit federa	state I Forr	or trust n 1041.				
	43	Interest income								43			.00
	44	Dividends								44			20000.00
	45	Business income (or loss) <i>(s</i>	submit co	py of	fedei	al Schedule	C or (C-EZ, Form 1040)	45			.00
	ළ 46	Capital gain (or los	s) (subm	it copy of	f fedei	ral So	chedule D. F	Form 1		46			20000_00
		Rents, royalties, pa								·			
	lnc	federal Schedule I								47			-5000_00
		Farm income (or lo		,						48			.00
		Ordinary gain (or lo								49			. 00
66		Other income (state	, ,				,			50			.00
300	51				/					51			35000.00
213	52			-						52			.00
200	53									53			.00
50	54									54			2000_00
	55	•											.00
	_												1555 .00
	G 57	Other deductions		-									2524 .00
		Income distribution					,			51			2021:00
	n pé	Schedules K-1, Fo								58			8921_00
	ے ت												.00
	60		•	,									100_00
	61	• •	,							61			15100.00
	-	Total <i>(add lines 52 t.</i> Federal taxable incom								62			19900.00
Schodulo B -		fiduciary adjustme									oar ros	idont	
		n state and local bonds							-	63		sident	512 .00
		educted on federal fi							,				
64 Incol				etum (s	ee ins	struct	ions)			64			.00 1024 <u>.</u> 00
0		tions) Identify: A-1 10								65			
		add lines 63, 64, and 6								66			1536.00
		on US obligations inclu entify: s-1 256				67 68			00_ 00_ 256 00	-			
68 Other			0)							69			256.00
69 Total		ns (add lines 67 and 68	,							70			1280.00
		ry adjustment (differend f New York fiduciar									orana	art_voa	
ochedule o -		it additional sheets if neo			are								
1 Name and ad			New Yo	ork Yo	nkers	2	Identifying nu of each bene		Shares of fe net income				5 Shares of New York fiduciary
		a nonresident of:	State						3 Amou	nt	4 P	Percent	adjustment
(a)										.(00 0)%	.00
(b)										.(00 00)%	.00
The total of Sche	dule C, colum	n 5, should be the same as	Schedule	B, line 70	above	. Fi	duciary			_(00 00)%	.00
		(see instructions)				Тс	otals			.(00 10	00%	1,280 .00
	truct optor	name and address of g	rontor										
		hanged state or city res		iring the	vear	onto	r the date of	the c	hange of residenc	ممر) م	instr n	ana 2).	
		n X in all boxes that app	_										dent estate or trust
		dent estate or trust					sident estate						sident trust
(2) NYS							esident trust						esident estate or trust
		known address of dece									-		
,		cate state of residency											
		s or trustees with their a		and ider	ntificat	tion r	umbers (SS	SN or E	EIN).				
		e identification number							,	L			
Third-part	y Print	designee's name	<u> </u>	,					hone number				nal identification umber (PIN)
designee? (see Yes 🔲 No		il:					()					
		atura		D	orer'-	NIVT				0			
Paid F preparer	reparer's sign	aule		Prep	arer's	INTH	TAIN				return		
preparer must complete	irm's name (o	r yours, if self-employed)		Prepare	r's PTI	N or S	SSN	Sig	nature of fiduciary or	r officer	represei	nting fidi	uciary
(see instr.)											Devid	o e t	a number
Address				Employe	r identi	ificatio	on number	Dat	te) (ie prone)	e number
			Date:	1	Se	lf-emr	oloyed?	E-n	nail:			,	
						21	.,						

IT-611



New York State Department of Taxation and Finance Claim for Brownfield Redevelopment Tax Credit

For Qualified Sites Accepted into the Brownfield Cleanup Program Prior to June 23, 20	08
Tax Law – Sections 21 and 606(dd)	

	Calen	dar-year filers, mark an X in the box:
	Other filers enter ta	ax period:
	beginning	and ending
File a separate Form IT-611 for each Certificate of Com your personal income tax return, Form IT-201, IT-203, I	,	
Name(s) as shown on return		Identifying number as shown on return
ESTATE OF REMEDIATED BROWNFIELD CREDIT		004321130
A Did the Department of Environmental Conservation Cleanup Program prior to June 23, 2008?		
If Yes, complete Form IT-611 to claim the brownfiel on or after June 23, 2008, do not complete this Redevelopment Tax Credit, for Qualified Sites Ac June 23, 2008, to claim the brownfield redevelop	form; instead use Form IT-611.1, Claim f ccepted into the Brownfield Cleanup Prog	or Brownfield
Schedule A – Brownfield site identifying ir	nformation (see instructions, Form IT-	611-I, for assistance)
B Enter the date of execution of the Brownfield Clear	nup Aareement (BCA) for the brownfield s	site
for which you are claiming the credit (mm-dd-yyyy		
C Enter the following information as listed on the CO	C issued by DEC for the qualified site; su	ubmit a copy of the COC.
Site name	Site lo	cation

Sile name	Site location						
BLDG 8 AT BRONX CAMPUS	Municipality						
	BRONX	BRONX					
DEC region	Division of Environmental Remediation (DEF	R) site number	Date COC was issued				
REGION 2	D123456		05/19/2007				

D	If applicable, enter the date the COC was transferred pursuant to the transfer or sale of the qualified site (<i>mm-dd-yyyy</i>). Submit a copy of the sale or transfer documentation with this form	D	
E	Is the qualified site for which the COC was issued by the DEC located within		Yes X No
F	If Yes, enter the percent of the qualified site located within an EN-Zone	F	100.00 %



Schedule B –	Cro	edit components (see instructions)			
Part 1 – Site pr	ера	ration credit component (see instructions)			
		A Description of site preparation costs (see instructions)	B Date costs paid or incurred (mm-dd-yyyy; see instr.)	C Costs	
		SITE PREP COST	03/13/2008	556.00	.00
					.00 .00
1 Total of colur	nn C	amounts from additional list(s), if any			556 .00
		nounts (include any amount from line 1)			556.00
3 Applicable p	ercei	ntage rate (from Applicable percentage table in the instructions)		18%	
4 Site preparat	tion (credit component (multiply line 2 by line 3)			100.00
Partner	5	Enter your share of the site preparation credit component from partnership(s)			.00
S corporation shareholder	6	Enter your share of the site preparation credit component from S corporation(s)	your		.00
Beneficiary	7	Enter your share of the site preparation credit component from estate(s) or trust(s)			.00
	8	Total site preparation credit component (add lines 4 through 7; see			100_00

Part 2 – Tangik	ole p	roperty credit compone	ent (see instructions)			
		ed tangible property arately; see instr.)	B Principal use (see instructions)	C Date placed in service (mm-dd-yyyy)	D Life (years; see instr.)	E Cost or other basis (see instructions)
						.00
						.00
						.00
	- -		t(a) if any			
		amounts from additional lis				.00
10 Add column	E arr	nounts (include any amount fro	om line 9)		10	.00
11 Applicable p	ercer	ntage rate (from Applicable per	rcentage table in the instr	ructions)	11	%
12 Tangible pro	perty	credit component (multiply li	ine 10 by line 11)		12	.00
Partner	13	Enter your share of the tan				
		partnership(s)			13	608.00_00
S corporation	14	Enter your share of the tan	gible property credit co	omponent from your		
shareholder		S corporation(s)			14	.00
Popoficiany	15	Enter your share of the tan	gible property credit co	omponent from the		
Beneficiary		estate(s) or trust(s)			15	.00
	16	Total tangible property crea	dit component (add lines	: 12 through 15; see instruct	ions) 16	608.00 .00



		А	В		С	
		Description of groundwater remediation costs (see instructions)	Date costs pai incurred (mm-dd-yyyy; see		Costs	
					556.00	
7 Total of colu	ımn C	amounts from additional list(s), if any		17		
		nounts (include any amount from line 17)				
		ntage rate (from Applicable percentage table in the instructions)			%	
0 On-site grou		ater remediation credit component (multiply line 18 by line 19)	dit component	20		
0 On-site grou Partner	indwa	ater remediation credit component <i>(multiply line 18 by line 19)</i> Enter your share of the on-site groundwater remediation cred from your partnership(s)	dit component			
0 On-site grou Partner S corporation	Indwa	 ater remediation credit component (multiply line 18 by line 19) Enter your share of the on-site groundwater remediation credit from your partnership(s) Enter your share of the on-site groundwater remediation credit 	dit component dit component	20		
0 On-site grou Partner Corporation Chareholder	indwa	 Enter your share of the on-site groundwater remediation credit from your partnership(s) Enter your share of the on-site groundwater remediation credit from your share of the on-site groundwater remediation credit from your S corporation(s) Enter your share of the on-site groundwater remediation credit from your share of the on-site groundwater remediation credit from your share of the on-site groundwater remediation credit from your share of the on-site groundwater remediation credit from your share of the on-site groundwater remediation credit from your share of the on-site groundwater remediation credit from your share of the on-site groundwater remediation credit from your share of the on-site groundwater remediation credit from your share of the on-site groundwater remediation credit from your share of the on-site groundwater remediation credit from your share of the on-site groundwater remediation credit from your share of the on-site groundwater remediation credit from your share of the on-site groundwater remediation credit from your share of the on-site groundwater remediation credit from your share of the on-site groundwater remediation credit from your share of the on-site groundwater remediation credit from your share of the on-site groundwater remediation credit from your share of the on-site groundwater from your share of the your share of	dit component dit component dit component dit component	20	200.00	
0 On-site grou Partner S corporation shareholder	1ndwa 21 22	 Enter remediation credit component (multiply line 18 by line 19) Enter your share of the on-site groundwater remediation credit from your partnership(s) Enter your share of the on-site groundwater remediation credit from your S corporation(s) 	dit component dit component dit component dit component	20 21 22	200.00	
	21 22 23	 ater remediation credit component (multiply line 18 by line 19) Enter your share of the on-site groundwater remediation credit from your partnership(s) Enter your share of the on-site groundwater remediation credit from your S corporation(s) Enter your share of the on-site groundwater remediation credit from your S corporation(s) Enter your share of the on-site groundwater remediation credit from your S corporation(s) 	dit component dit component dit component	20 21 22	200.00	

Individuals: Enter the line 25 amount on line 26.

Schedule C – Partnership, S corporation, estate, and trust information (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the brownfield redevelopment tax credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter *P* for partnership, *S* for S corporation, or *ET* for estate or trust.

Туре	Employer ID number
Р	004321151

Schedule D – Beneficiary's and fiduciary's share of credit components and recapture of credit (see instr.)

A	В	С		D		E		F	
Beneficiary's name (same as on Form IT-205, Schedule C)	Identifying number	Share of site preparation credit component		Share of tangible property credit component		Share of on-site groundwater remediation credit component		Share of recapture of credit	
Total		100	.00	608	.00	200	.00	150	.00
			.00		.00		.00		.00
			.00		.00		.00		.00
Fiduciary		100	.00	608	.00	200	.00	150	.00



Schedule E – Cor	mputation o	of credit			
Individuals	26	Enter the amount from line 25	26		.00
	27a	Enter the amount from Schedule D, Fiduciary line, column C	27a	100.00	.00
Fiduciaries	27b	Enter the amount from Schedule D, Fiduciary line, column D	27b	608.00	.00
	27c	Enter the amount from Schedule D, <i>Fiduciary</i> line, column E	27c	200.00	.00
	28	Total brownfield redevelopment tax credit			
		(add lines 26 through 27c; see instructions)	28	908	. 00

Schedule F – Recapture of credit (see instructions)

Tangible property that ceases to be in qualified use (see instructions)

A Description of property	B Date property was placed in service (mm-dd-yyyy)	C Date property ceased to qualify (mm-dd-yyyy)	D Life (months)	E Unused life (months)	F Percentage (E ÷ D)	G Tangible property credit component previously allowed	H Recaptured tangible property credit component (F × G)
						.00	.00
					0.00%	.00	.00
					0.00%	.00	.00

29	Total of column H amounts from additional list(s), if any	29	.00
30	Total recapture of credit for tangible property credit component		
	(add column H amounts; include any amount on line 29)	30	.00

Recapture if COC is revoked

31	Net tangible property credit component previously allowed (see instructions)	31	50.00 .00
32	Site preparation credit component previously allowed (see instructions)	32	50.00 .00
33	On-site groundwater remediation credit component previously allowed (see instructions)	33	50.00.00
34	Total recapture of brownfield redevelopment tax credit (add lines 30 through 33)	34	150.00 .00

Individuals and partnerships: Enter the line 34 amount on line 35. **Fiduciaries:** Include the line 34 amount on the *Total* line of Schedule D, column F.

Schedule G – Summary of recapture of credit (see instructions)

35	Individual's and partnership's recapture of credit (from line 34)	35	.00
36	Beneficiary's share of recapture of credit (see instructions)	36	.00
37	Partner's share of recapture of credit (see instructions)	37	.00
38	S corporation shareholder's share of recapture of credit (see instructions)	38	.00
39	Fiduciaries: enter your share of amount from Schedule D, Fiduciary line, column F	39	150.00 .00
40	Total (add lines 35 through 39)	40	150.00.00

Individuals: Enter the line 40 amount and code **171** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19. Fiduciaries: Include the line 40 amount on Form IT-205, line 12.

Partnerships: Enter the line 40 amount and code 171 on Form IT-204, line 148.





New York State Department of Taxation and Finance

Claim for Remediated Brownfield Credit for Real Property Taxes

IT-612

Гах	law	- Sections	22	and	606	(ee)
ал	Law	- Sections		anu	000	ee

Calendar-year filers, mark an X i	n the	box:
Other filers enter tax period:		

1

beginning

od: and ending

File a separate Form IT-612 for (each Certificate	of Completion	(COC) with
your personal income tax return,	, Form IT-201, IT	T-203, IT-204, c	or IT-205.

Name(s) as shown on return ESTATE OF REMEDIATED BROWNFIELD CREDIT

Identifying number as shown on return
004321130

Schedule A – Brownfield site identifying information (see instructions, Form IT-612-I, for assistance)

Α	Enter the date of execution of the Brownfield Cleanup Agreement (BCA) for the brownfield site	
	for which you are claiming the credit (mm-dd-yyyy) A	12/23/2006

B Enter the following information as listed on the COC issued by the Department of Environmental Conservation (DEC) for the qualified site. **Submit a copy of the COC**.

Site name	Site lo	ocation			
Gateway INC	Municipality BRONX	County	BRONX		
DEC region	Division of Environmental Remediation (DEF	R) site number	Date COC was issued		
REGION 2	D123456		05/19/2010		
C If applicable, enter the date the COC was transferred pursuant to the transfer or sale of the					
qualified site. Submit a copy of the sale or trans	sfer documentation with this form	C	;		
D Is the qualified site for which the COC was issued	D Is the qualified site for which the COC was issued by the DEC located entirely within				
an environmental zone (EN-Zone)? No 🗵					
E Mark an X in the box if you received notification from the Department of State that the					
qualified site is located in a Brownfield Opportun	ity Area	E			

Schedule B – Computation of average number of full-time employees employed by a developer and any lessees at the qualified site

Current tax year	March 31	June 30	September 30	December 31	Total
Number of full-time employees					

1 Average number of full-time employees (if less than 25, no credit is allowed; see instructions)

Employment number factor table

Average number of full-time employees shown on line 1	Factor							
At least 25, but less than 50	.25							
At least 50, but less than 75	.50							
At least 75, but less than 100	.75							
At least 100	1.00							

Schedule C – Individuals (including sole proprietors), partnerships, and fiduciaries

2	Employment number factor (see instructions)	2	
	Eligible real property taxes (see instructions)	3	.00
4	Enter .25 (if the qualified site is located entirely within an EN-Zone, enter 1.00)	4	
5	Remediated brownfield credit for real property taxes (multiply line 2 x line 3 x line 4)	5	.00
6	Recapture of remediated brownfield credit for real property taxes (see instructions)	6	.00
7	Net recapture of remediated brownfield credit for real property taxes (see instructions)	7	.00
8	Remediated brownfield credit for real property taxes after recapture (subtract line 6 from line 5;		
	continue with line 9)	8	.00
9	Credit limitation. Multiply line 1 by \$10,000 and enter the result	9	.00
10	Remediated brownfield credit for real property taxes claimed (enter the lesser of line 8 or line 9)	10	-00

Individuals and partnerships: Enter the line 10 amount on line 15. **Fiduciaries:** Include the line 10 amount on the *Total* line of Schedule F, column C.



Schedule D – Partnership, S corporation, estate, and trust information (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the remediated brownfield credit for real property taxes from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name	Туре	Employer ID number
REMEDIATED INC	Р	144455566

Schedule E – Partner's, shareholder's, or beneficiary's share of credit (see instructions)

Partner	11	Enter your share of the credit from your partnership	11	16779 <u>.</u> 00
S corporation				
shareholder	12	Enter your share of the credit from your S corporation	12	.00
Beneficiary	13	Enter your share of the credit from the estate or trust	13	.00
	14	Total (add lines 11, 12, and 13)	14	16779.00

Fiduciaries: Include the line 14 amount in the *Total* line of Schedule F, column C. **All others:** Enter the line 14 amount on line 16.

A	В	С	D
Beneficiary's name (same as on Form IT-205, Schedule C)	Identifying number	Share of remediated brownfield credit for real property taxes	Share of recapture of credit
Total (for column C, enter the line 10 amount plus the line 14 amount)		16779 _{.00}	250 .0
		.00	.0
		.00	.0
Fiduciary		16779 .00	250.0

Schedule G – Computation of credit (see instructions)											
Individuals and partnerships	15		.00								
Partners, S corporation											
shareholders, beneficiaries	16	Enter the amount from line 14	16		.00						
Fiduciaries	17	Enter the amount from Schedule F, column C, Fiduciary line	17	16779	.00						
	18	16779	.00								

Schedule H – Summary of recapture credit (see instructions)

19	Individual's and partnership's recapture of credit (see instructions)	19	.00
20	Beneficiary's share of recapture of credit (see instructions)	20	.00
21	Partner's share of recapture of credit (see instructions)	21	.00
22	S corporation shareholder's share of recapture of credit (see instructions)	22	.00
23	Fiduciaries: enter your share of amount from Schedule F, column D, Fiduciary line	23	250 .00
24	Total (see instructions)	24	250.00 _00

Individuals: Enter the line 24 amount and code **172** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19. **Fiduciaries:** Include the line 24 amount on Form IT-205, line 12.

Partnerships: Enter the line 24 amount and code 172 on Form IT-204, line 148.



THIS IS THE BROWN FIELD REDEVELOPMENT TAX CREDIT CERTIFICATE OF COMPLETION IT-611

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE

THIS IS THE REMEDIATED BROWN FIELD CREDIT FORREAL PROPERTY TAXES CERTIFICATE OF COMPLETION IT-612

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE

004-32-1131

SPECIAL INSTRUCTIONS

Populate the following fields for ACH payment

ACH_IND-1 RFND_OWE_IND-2 ELC_AUTH_EFCTV_DT: 04-10-2014 PYMT_AMT: \$13323 BAL_DUE_AMT\$13323 ABA_NMBR: 011001742 BANK_ACCT_NMBR: 10743 ACCT_TYPE_CD: 1 BNK_ACCT_ACH_IND:1

_	2013	New York State Department of T Fiduciary Incor			Irn New York State	• New Yo	ork Ci	ity • Yonkers	IT	-205	
	of entity	For the full year Jan. 1, 2013, through						and ending			
XD	ecedent's estate	Name of estate or trust (as shown		n SS-4)			Dat	te entity creat			
	mple trust	ESTATE OF WITHHOLDING	IRUSI						15-2005		
	omplex trust	Name and title of fiduciary PETER PARKER TRUS		Ide	ntification nun	nber of estat 321131	e or trust				
	ualified disability trust	Address of fiduciary (number and		v (fa)			Doo	edent's social secu		NI) (and instri)	
	SBT (S portion only)		Deci	euerni S Social Seci	unty number (33	(see insi.)					
	rantor type trust	123 FICUCIARY DR APT City, village, or post office	Sta	ate	ZIP code		Ma	rk an X in the	annlicable	hox.	
	ankruptcy estate-Ch. 7	ALBANY	N'		12261			ial return	Final r		
	ankruptcy estate-Ch. 11	Country:				Trust		s conditions c			
	nded return	Income distribution deduction			Number of	Qualify	ng spe	ecial conditions			
	nit explanation)	(see instructions, Form IT-205-I)			beneficiaries 5			2013 tax tructions)	A6		
	A Total income (fro	m back page, line 51)					Α		175	5,324 . 00	
		ed gross income from NYAGI				· · ·	В		159	9,741 .00	
		rm IT-205-A, Schedule 1, line					С			. 00	
		income of fiduciary (from back				- F	1		149	9,724 .00	
		cations relating to amounts all	•	•			2			.00	
		nd add or subtract line 2)				F	3		149	9,724 .00	
	-	e of New York fiduciary adjustr				F	4 5		1.40	19 <u>.00</u> 9.743.00	
S		e income of fiduciary (line 3 an				F	5 6			9,743.00 9,958.00	
tior		5 amount <i>(full-year resident est</i> amount from Form IT-230, Par		- /		E E E	7				
nci		7				F	8			.00 .00	
		ork State tax (from Form IT-205				[•			100	
eir		ed Form IT-230, Part 2, mark a			,	[9			.00	
မီ 1		state credits (submit schedule)				F	10			.00	
		from line 8 or line 9					11				
1	2 State separate ta	ax on lump-sum distributions a	and other ad	dbacks	3	[12	.0			
		ncome tax				F	13			.00	
1	4 Total New York S	State tax (add lines 11, 12, and 1	3; see instruc	tions)			14		ç	,958 .00	
	•	ent tax on line 5 amount (see insti	,	15a	5	345.00	N 4 -				
		year resident tax (see instruction		15b		.00		ike check or yable to NY (
		from Form IT-230, Part 2, line 2 (se		16		.00	Ta	x ; write the e	state or tru	sť's	
		b to line 16		17	5	345.00		ployer identi			
	· · · · · · · · · · · · · · · · ·	umulation distribution credit		18 19	F	.00		d 2013 Fidue it; complete			
		om line 17 <i>(if less than zero, leav</i> te tax on lump-sum distributions <i>(se</i>	,	20	5	345.00 .00	ma	il it with the	payment an	d the	
		0		21	5	345.00		mpleted retui dress in the i			
		BT credit (from Form IT-219)		22		.00	aut		IISTI UCTIONS		
		om line 21 (if less than zero, leav					23		Ę	5,345 .00	
24	New York City mini	imum income tax (see instruction	ons)				24			.00	
25	Yonkers resident in	ncome tax surcharge from Yon	kers worksh	eet, lin	e e (see instructions)		25			. 00	
		resident tax (from Form IT-205-A				H	26			. 00	
L		nt fiduciary earnings tax (from					27			.00	
		see instructions on page 22)				- F	28			.00	
		onkers taxes, and sales or us	•		•	· · ·	29			5,303.00	
	-	(including payments made with F				F	30			1,000.00	
		nents allocated to beneficiarie om line 30				- F	31 32		,	00 . 00. 000, I	
	Refundable credits						32 33				
		withheld					34			00. 00.088	
		withheld					35			100.00	
	•	ld					36			.00	
		hrough 36)					37			1,980.00	
		he total of lines 29 and 42, enter the				.00	I				
		to be refunded to you				.00					
40	Amount of line 38 t	to be credited to 2014 estimate	ed tax	40		.00					
		e total of lines 29 and 42, enter amo	-	41	13	323.00			500113009		
42	Estimated tax penalt	y (will reduce line 38 or increase line	41; see instr.)	42		.00					



IT-205 (2013) (back)

IT-205 (2013) Submit a conv	· /	Schedule K-1 (Forn	n 1041) fa	or each	hene	ficia	rv.							
		f federal taxable in						state or	trust					
	Enter ite	ems as reported for f	ederal tax	<pre>c purpos</pre>	ses oi	r sub	mit federal	Form 1	041.					
	4	3 Interest income								43		141,000.00		
		4 Dividends								44		25,000.00		
		5 Business income (, ,						. ,	45		-719.00		
	e 4	6 Capital gain (or lo							46		3,085_00			
 46 Capital gain (or loss) (submit copy of federal Schedule D, Form 1041)										47		6,500.00		
	Image: Second state of the second s										0,500			
												.00 458 .00		
66	 49 Ordinary gain (or loss) (submit copy of federal Form 4797) 50 Other income (state nature of income)											.00		
												175,324 .00		
213		2 Interest		-						51 52		.00		
200	5									53		.00		
20	5	Fiduciary fees								54		10,000 .00		
	5	•								55		10,000.00		
	S 2	6 Attorney, account	ant, and r	eturn p	repare	er fe	es			56		5,000 .00		
	ē 5	7 Other deductions	•				,			57		.00		
	Deductions	8 Income distributio	n deducti	on (sub	mit co	py of	federal							
	Dec	Schedules K-1, F								58		.00		
	⁻ 5	Estate tax deduct								59		.00		
		D Exemption (federa	-							60		600.00		
		 Total (add lines 52 Federal taxable incon 	-	,						61 62		25,600.00		
Schedule B -		k fiduciary adjustm									ar resident	149,724 .00		
		on state and local bond							-	63	a resident	.00		
		leducted on federal f							,	64		.00		
65 Other		ctions) Identify: A-11-6		010111 (0						65	686 .00			
66 Total		(add lines 63, 64, and								66	686.00			
		on US obligations inclu				67			.00					
5 68 Other	(see inst.)	lentify: S-3-512				68			512 .00					
69 Total		ns (add lines 67 and 6	,							69		512.00		
		ry adjustment (differen								70		174 .00		
Schedule C –		of New York fiduciar		ment of	t a re	side	nt or a noi	nreside	nt estate or t	rust or	a part-yea	ar resident trust		
	Subn	it additional sheets if ne	cessary.				Identifying nu of each benef		Shares of fe net income			5 Shares of New York		
		beneficiary.		ork Yo	onkers			liolary	3 Amour		4 Percent	fiduciary		
	eneticiary is	a nonresident of:	State	9					3 Amour			adjustment		
(a) (b)			<u>H</u>		H					00 <u>.</u> 00		.00 .00		
	lule C. colum	n 5, should be the same a	s Schedule	B. line 70		. Fi	duciary			.00		19.00		
		(see instructions)		_,			otals			.00		174.00		
	truct optor	name and address of g	rontor						1					
		changed state or city re		urina the	vear.	ente	r the date of	the char	nge of residence	e (see in	str., page 2);	•		
		an X in all boxes that ap	_	-			nresident es		-			ident estate or trust		
· /	•	ident estate or trust					sident estate	or trust			part-year res			
(2) 🗌 NYS							esident trust		(8) 🗌 Y	′onkers f	ull-year nonr	esident estate or trust		
		known address of dec		2 LOST	WAY	ALE	BANY NY 1	2227						
		icate state of residency												
		s or trustees with their												
		ne identification numbe	1 (3314 01 1			Ividua								
Third-party	, ,	designee's name					Design	ee's phor	ne number			onal identification umber (PIN)		
designee? (see		oile					()				、 <i>,</i>		
Yes 🔲 No														
	reparer's sig	nature		Pre	parer's	NYTE	PRIN				eturn here			
preparer must complete	irm's name (or yours, if self-employed)		Prepare	er's PTI	N or S	SSN	Signat	ure of fiduciary or	officer re	presenting fid	uciary		
(see instr.)		,									Doutim	e number		
Address				Employe	er identi	ificatio	on number	Date			Daytime phon (518)	e number 301-0559		
			Date:	1	Se	lf-emp	oloyed?	E-mail	FIDUCIARY	@BATS	S.COM			

		ECTED		_			
PAYER'S name, street address, city o or foreign postal code, and telephone		P, 1 Unemplo	yment compensation	OMB N	lo. 1545-0120		• • • •
NEW YORK STATE DEPARTME UNEMPLOYMENT INSURANCE PO BOX 621	NT OF LABOR		local income tax credits, or offsets	- 20	013		Certain Government Payments
ALBANY NY 12240-0001		\$		Form	1099-G		
PAYER'S federal identification number 270293117	RECIPIENT'S identification number 004-32-1131	3 Box 2 an	nount is for tax year	4 Fede \$	eral income tax v	withheld	Copy 1
		5 RTAA pa	ayments	6 Taxa \$	able grants		For State Tax Department
Street address (including apt. no.)		7 Agricultu \$	ure payments	8 Check if box 2 is trade or business income			
123 FIDUCIARY DR APT 125 City or town, province or state, country and ZIP or foreign postal code			gain				
ALBANY NY 12261		10a State	10b State identificati	ion no. 1	1 State income ta	x withheld	
Account number (see instructions)		NY	27029311	7	§ §100		
Form 1099-G	www.irs.gov/form1099	g				reasury - Ir	nternal Revenue Service

		CT	ED				_	
PAYER'S name, street address, country, and ZIP or foreign posta		1	Gross distribut	ion	ON	1B No. 1545-0119		Distributions From ensions, Annuities,
NORT			2500			2013		Retirement or Profit-Sharing
		2a	Taxable amour	nt	1 4			Plans, IRAs,
PO BOX 621			2500		 F	orm 1099-R		Insurance Contracts, etc.
ALBANY NY	12240-0001 +	2b	Taxable amour not determined		-	Total distributio	n 🗙	Copy D For Payer
PAYER'S federal identification number	RECIPIENT'S identification number	3	Capital gain (in in box 2a)	cluded	4	Federal income withheld	tax	
363046064	004-32-1131	\$			\$			
RECIPIENT'S name ESTATE OF WITHHOLDING T		5	Employee contr /Designated Ro contributions of insurance prem	r r	6	Net unrealized appreciation in employer's sec		For Privacy Act and Paperwork Reduction Act
		\$			\$		1	Notice, see the
Street address (including apt. no).)	7	Distribution code(s)	IRA/ SEP/	8	Other		2013 General Instructions for
23 FIDUCIARY DR APT 12	25		7		\$		%	Certain
City or town, province or state, con ALBANY NY 12261	untry, and ZIP or foreign postal code	9a		of total 00 %	9b \$	Total employee con	tributions	Returns.
10 Amount allocable to IRR	11 1st year of desig. Roth contrib.	12	State tax withhe	əld		State/Payer's s		14 State distribution
within 5 years		\$	100		<u> </u>	IY 363040	5064	\$ 2500
\$		\$						\$
Account number (see instructions)		15	Local tax withhe	eld	16	Name of localit	У	17 Local distribution
		15			 			\$
		\$						\$

Form **1099-R**

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

22222	a Employee's social security number 004321131	OMB No. 154	5-0008								
b Employer identification number			1 Wages, tips, other compensation 2 Federal income tax withheld								
				2000)		200				
c Employer's name, address, and	ZIP code		3 So	cial security wages	4 Social see	curity tax	< withheld				
MUSI											
MUSIC ROW			5 Me	dicare wages and tips	6 Medicare	tax with	held				
1273 CENTRAL AVE											
ALBANY NY 12216			7 So	cial security tips	8 Allocated	tips					
d Control number			9		10 Depende	nt care b	oenefits				
e Employee's first name and initia	I Last name	Suff.	11 No	11 Nonqualified plans 12a							
ESTATE OFWITHHOLDI	NG TRUST				o d e						
			13 Stat emp	utory Retirement Third-party ployee plan sick pay	12b						
			14 Oth		12c						
			-								
			414-	H-686	e 12d						
	123 FIDUCIARY DR APT	125									
f Employee's address and ZIP co	ALBANY NY 12216				e						
15 State Employer's state ID nur	1	17 State incon		18 Local wages, tips, etc.	19 Local income	tav	20 Locality name				
NY 631234561		600	ie lax		19 Local Income	100	-				
051254501	2000	000		2000		100	NYC				
	Form W-2 Wage and Tax 2013 Department of the Treasury-Internal Revenue Service										

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

	ED		
PAYER'S name, street address, city or town, province or state, country, ZIP	1 Gross winnings	2 Date won	OMB No. 1545-0238
or foreign postal code	\$ 1000	02/20/2013	2013
	3 Type of wager	4 Federal income tax withheld	
NYSL	LOTTO	\$	Form W-2G
NYS LOTTERY DIVISION	5 Transaction	6 Race	
510 SMITH ST SCHENECTADY NY 12305			Certain
SCHENECTADT NT 12305	7 Winnings from identical wagers	8 Cashier	Gambling
	\$		Winnings
Federal identification number Telephone number	9 Winner's taxpayer identification no.	10 Window	
004321152 518-456-7890	004321131		
WINNER'S name			
ESTATE OF WITHHOLDING TRUST	11 First I.D.	12 Second I.D.	
	13 State/Payer's state identification no.	14 State winnings	Copy 1
Street address (including apt. no.)	NY		For State, City,
123 FIDUCIARY DR APT 125		\$	or Local Tax
City or town, province or state, country, and ZIP or foreign postal code	15 State income tax withheld	16 Local winnings	Department
ALBANY NY 12261			
	\$ 80	\$	
	17 Local income tax withheld	18 Name of locality	
	\$		

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments. Date 🕨

Signature

Form W-2G

www.irs.gov/w2g

Department of the Treasury - Internal Revenue Service