Department of Taxation and Finance

Fiduciary MeF Acceptance Testing for Tax Year 2015

TEST NUMBER: 1003

Forms Included: IT-205, IT-135, IT-241, IT-249, IT-256 and IT-2105.9

Test Notes: Lines 10 – 40 of the IT-205 are not complete. You must calculate these based on the forms included in the test that you support.

Return specific information: Entity ID 004xx1003* is a calendar year, Complex type trust with 1 beneficiary. Any overpayment will be refunded to a personal checking account with #10743 and a routing # 011001742.

*Software vendors will be provided with a two-digit sequence to replace "xx" in the ID field. Vendors will be notified by e-mail.

Self-filer information: If your software only supports "self-filed" returns, omit the paid-preparer information shown on the IT-205 and use the following self-filer information:

Fiduciary: Fred Couples
Phone: 518-869-4848
Sign Date: 03-08-2016
E-mail: freddysmooth@yahoo.com

Revisions:

11/30/15 – Updated tax due to $1,514 to reflect 2015 rates. Updated total tax due before credits on IT-249 and IT-256

Department of Taxation and Finance

Fiducary Income Tax Return

New York State • New York City • Yonkers

IT-205

2015

For the full year Jan. 1, 2015, through Dec. 31, 2015, or fiscal year beginning 01/01/15 15 and ending 12/31/2015

Type of entity from Form 1041:

- ☐ Decedent's estate
- ☐ Simple trust
- ☒ Complex trust
- ☐ Qualified disability trust
- ☐ ESBT (S portion only)
- ☐ Grantor type trust
- ☐ Bankruptcy estate-Ch. 7
- ☐ Bankruptcy estate-Ch. 11
- ☐ Pooled income fund

Amended return *(submit explanation)* ☐

Name of estate or trust *(as shown on federal Form SS-4)*: Golf World Trust	Date entity created: 07-31-2010
Name and title of fiduciary: Gary Player	Identification number of estate or trust: 004-XX-1003
Address of fiduciary *(number and street or rural route)*: 52 Birdie Ct	Decedent's social security number (SSN) *(see instr.)*
City, village, or post office: New York; State: NY; ZIP code: 10165	Mark an ***X*** in the applicable box: Initial return ☐ Final return ☐
Country:	☐ Trust meets conditions of section 605(b)(3)(D)

Income distribution deduction *(see instructions, Form IT-205-I)* 25,749

Number of beneficiaries 1

Qualifying special conditions for filing your 2015 tax return *(see instructions)* ☐ ☐

See instructions

A	Total income *(from back page, line 51)*	A	58,136.00
B	New York adjusted gross income from NYAGI worksheet, line 5 *(see instructions)*	B	30,837.00
C	Amount from Form IT-205-A, Schedule 1, line 10, column a	C	.00
1	Federal taxable income of fiduciary *(from back page, line 62)*	1	28,637.00
2	New York modifications relating to amounts allocated to principal	2	.00
3	Balance *(line 1 and add or subtract line 2)*	3	28,637.00
4	Fiduciary's share of New York fiduciary adjustment *(from back page, Schedule C, column 5)*	4	28.00
5	New York taxable income of fiduciary *(line 3 and add or subtract line 4)*	5	28,665.00
6	State tax on line 5 amount *(full-year resident estate and trust only)*	6	1,514.00
7	New York State amount from Form IT-230, Part 2, line 2 *(resident estate and trust only)*	7	.00
8	Add lines 6 and 7	8	1,514.00
9	Allocated New York State tax *(from Form IT-205-A, Schedule 1, line 13)* • If you completed Form IT-230, Part 2, mark an ***X*** in this box ☐	9	.00
10	Nonrefundable state credits *(submit schedule)*	10	.00
11	Subtract line 10 from line 8 or line 9	11	.00
12	State separate tax on lump-sum distributions and other addbacks	12	.00
13	This line intentionally left blank	13	
14	Total New York State tax *(add lines 11 and 12; see instructions)*	14	.00

15a	New York City resident tax on line 5 amount *(see instructions)*	15a	940.00
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)*	16	.00
17	Add line 15a **or** 15b to line 16	17	940.00
18	New York City accumulation distribution credit	18	.00
19	Subtract line 18 from line 17 *(if less than zero, leave blank)*	19	940.00
20	New York City separate tax on lump-sum distributions *(see instructions)*	20	.00
21	Add lines 19 and 20	21	940.00
22	Other New York City credits *(see instructions)*	22	.00

Make check or money order payable to ***NY State Income Tax***; write the estate or trust's employer identification number and ***2015 Fiduciary Income Tax*** on it; complete Form IT-205-V and mail it with the payment and the completed return to the appropriate address in the instructions.

23	Subtract line 22 from line 21 *(if less than zero, leave blank)*	23	940.00
24	This line intentionally left blank	24	
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, 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)*	28	1,169.00
29	Total NYS, NYC, Yonkers taxes, and sales or use tax *(add lines 14 and 23 through 28; see instructions)*	29	2,454.00
30	Estimated tax paid *(including payments made with Form IT-370-PF)*	30	1,181.00
31	Estimated tax payments allocated to beneficiaries *(from Form IT-205-T)*	31	.00
32	Subtract line 31 from line 30	32	1,181.00
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	.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
40	Amount of line 38 to be credited to 2016 estimated tax	40	.00
41	If line 37 is less than the total of lines 29 and 42, enter **amount you owe**	41	.00
42	Estimated tax penalty *(will reduce line 38 or increase line 41; see instr.)*	42	.00

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 Submit a copy of federal Schedule K-1 (Form 1041) for each beneficiary.

Schedule A – Details of federal taxable income of a fiduciary of a resident estate or trust

Enter items as reported for federal tax purposes or submit federal Form 1041.

Income	43 Interest income	43	7,135.00
	44 Dividends	44	22,881.00
	45 Business income (or loss) *(submit copy of federal Schedule C or C-EZ, Form 1040)*	45	.00
	46 Capital gain (or loss) *(submit copy of federal Schedule D, Form 1041)*	46	28,120.00
	47 Rents, royalties, partnerships, other estates & trusts *(submit copy of fed Sch E, Form 1040)*	47	.00
	48 Farm income (or loss) *(submit copy of federal Schedule F, Form 1040)*	48	.00
	49 Ordinary gain (or loss) *(submit copy of federal Form 4797)*	49	.00
	50 Other income *(state nature of income)*	50	.00
	51 Total income *(add lines 43 through 50; enter here and on front page, line A)*	51	58,136.00
Deductions	52 Interest	52	98.00
	53 Taxes	53	1,181.00
	54 Fiduciary fees	54	.00
	55 Charitable deduction	55	.00
	56 Attorney, accountant, and return preparer fees	56	1,450.00
	57 Other deductions *(itemize on an additional sheet)*	57	921.00
	58 Income distribution deduction *(submit copy of federal Schedules K-1, Form 1041, for each beneficiary)*	58	25,749.00
	59 Estate tax deduction *(submit computation)*	59	.00
	60 Exemption (federal)	60	100.00
	61 Total *(add lines 52 through 60)*	61	29,499.00
	62 Federal taxable income of fiduciary *(subtract line 61 from line 51; enter here and on front page, line 1)*	62	28,637.00

Schedule B – New York fiduciary adjustment of a resident or a nonresident estate or trust or a part-year resident trust

Additions	63 Interest income on state and local bonds other than New York *(gross amount not included in federal income)*			63	.00
	64 Income taxes deducted on federal fiduciary return *(see instructions)*			64	1,181.00
	65 Other *(from Form IT-225, line 9; see instructions)*			65	.00
	66 Total additions *(add lines 63, 64, and 65)*			66	1,181.00
Subtractions	67 Interest income on US obligations included in federal income	67	.00		
	68 Other *(from Form IT-225, line 18; see instructions)*	68	.00		
	69 Total subtractions *(add lines 67 and 68)*			69	.00
	70 New York fiduciary adjustment *(difference between lines 66 and 69 to be entered as total of column 5 below)*			70	1,181.00

Schedule C – Shares of New York fiduciary adjustment of a resident or a nonresident estate or trust or a part-year resident trust

Submit additional sheets if necessary.

1 Name and address of each beneficiary. Check box if beneficiary is a **nonresident** of:	New York State	Yonkers	2 Identifying number of each beneficiary	Shares of federal distributable net income *(see instructions)* 3 Amount	4 Percent	5 Shares of New York fiduciary adjustment
(a) Jack Nicklaus 18 Par Circle New York, N	☐	☒	004-06-3500	25,749.00	0.9766	1,153.00
(b)	☐	☐		.00		.00
The total of Schedule C, column 5, should be the same as Schedule B, line 70 above. *(see instructions)*			Fiduciary	617.00	0.0234	28.00
			Totals	26,366.00	100%	1,181.00

A If inter vivos trust, enter name and address of grantor: _____

B If revocable trust which changed state or city residence during the year, enter the date of the change of residence *(see instructions)*: _____

C Resident status – mark an ***X*** in all boxes that apply:

- **(1)** ☒ NYS full-year resident estate or trust
- **(2)** ☐ NYS part-year resident trust
- **(3)** ☐ NYS full-year nonresident estate or trust
- **(4)** ☒ NYC full-year resident estate or trust
- **(5)** ☐ NYC part-year resident trust
- **(6)** ☐ Yonkers full-year resident estate or trust
- **(7)** ☐ Yonkers part-year resident trust
- **(8)** ☐ Yonkers full-year nonresident estate or trust

D If an estate, indicate last known address of decedent _____

E Nonresident estate - indicate state of residency _____

F Submit a list of executors or trustees with their addresses and identification numbers (SSN or EIN).

G If a grantor trust, enter the identification number (SSN or EIN) of the individual reporting the income/loss .....

H Has the estate or trust (or an entity of which the estate or trust is an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government,* or *Defrauding the Government* (NYS Penal Law Article 200 or 496, or section 195.20)?..... Yes ☐ No ☐

Third-party designee? *(see instr.)*	Yes ☒ No ☐	Print designee's name Arnold Palmer	PIN *(see instr.)* 60960
	E-mail: Arnie@golf.com	Phone: ( )	
Paid preparer must complete *(see instr.)*	Preparer's signature WIllie Beamon	Preparer's NYTPRIN 10376543	NYTPRIN excl. code
	Preparer's printed name	Preparer's PTIN or SSN P00485567	Date 03/15/2016
Firm's name *(or yours, if self-employed)* Miami Sharks		Firm's EIN 004991000	
Preparer's address 13 Ocean Blvd Miami, FL 13848			

▼ Sign return here ▼

Signature of fiduciary or officer representing fiduciary Fred Couples

Date 03-08-2016 | Daytime phone number ( ) 518-869-4848

E-mail freddysmooth@yahoo.com

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Department of Taxation and Finance

Sales and Use Tax Report for Purchases of Items and Services Costing $25,000 or More

IT-135

NEW YORK STATE 2015

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
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
04-02-2015	Car	Roger Federer 1 Swiss Ct Albany, NY 12205	300 Tennis Ct Albany, NY 12203	10000.00	.00	800.00
01-28-2015	TV	Rory McIlroy 2 Golf Blvd New York, NY 11078	4 Par Circle Albany, NY 12206	7500.00	.00	369.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00

1 Enter the total sales or use tax due on purchases not listed above	**1**	.00
2 Total sales or use tax (*total the column G amounts; this must equal the sales or use tax reported on your return*)	**2**	1169.00

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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.

Department of Taxation and Finance

Claim for Clean Heating Fuel Credit

Tax Law – Section 606(mm)

IT-241

Fiscal-year filers enter tax period:
beginning _____ and ending _____

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

Name(s) as shown on return	Identifying number as shown on return

Part 1 – Individual (including sole proprietor), partnership, and estate or trust *(see instructions)*

A Purchase date	B Gallons of bioheat eligible for credit	C Percentage of biodiesel per gallon of bioheat *(enter as a decimal, not to exceed .20)*	D Multiply column B by column C
11-11-2011	25000	.05	1250.00
03-28-2007	11000	.15	1650.00

1 Total of column D amounts from additional sheet(s), if any	**1**	.00
2 Clean heating fuel credit *(add the column D amounts, including any amount on line 1; see instructions)*	**2**	2900.00

Fiduciary: Include the line 2 amount on the *Total* line of Part 4, column C.
All others: Enter the line 2 amount on line 7.

Part 2 – Partnership, New York 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 clean heating fuel 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	Type	Employer identification number

Part 3 – Partner's, shareholder's, or beneficiary's share of credit

Partner	**3**	Enter your share of the credit from your partnership *(see instructions)*	**3**	.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 **fiduciary's** Form IT-241, Part 4, column C	**5**	.00
	6	**Total** *(add lines 3, 4, and 5)*	**6**	.00

Fiduciary: Include the line 6 amount on the *Total* line of Part 4, column C.
All others: Enter the line 6 amount on line 8.

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Part 4 – Beneficiary's and fiduciary's share of credit *(see instructions)*

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of clean heating fuel credit
Total *(fiduciaries, enter the amount from line 2 plus the amount from line 6)*		2900.00
Jack Nicklaus (25%)	004-06-3500	725.00
		.00
Fiduciary		2175.00

Part 5 – Computation of clean heating fuel credit *(see instructions)*

Individual and partnership	**7**	Enter the amount, or your share of the amount, from line 2	**7**	.00
Partner, S corporation shareholder, beneficiary	**8**	Enter the amount from line 6	**8**	.00
Fiduciary	**9**	Enter the amount from Part 4, *Fiduciary* line, column C	**9**	2175.00
	10	Total clean heating fuel credit *(add lines 7, 8, and 9; see instructions)*	**10**	2175.00

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Department of Taxation and Finance

Claim for Long-Term Care Insurance Credit

Tax Law - Section 606(aa)

IT-249

Name(s) as shown on return	Identifying number as shown on return

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

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

1	Qualified long-term care insurance premiums paid for the current tax year *(see instructions)*	1	3,500.00
2	Credit rate (20%)	2	.20
3	Credit for qualified long-term care insurance *(multiply line 1 by line 2)*	3	700.00

Fiduciaries: Include the amount from line 3 in the *Total* line of Schedule D, column C.
All others: Enter the amount from line 3 on Schedule E, line 8.

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 long-term care insurance 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	Type	Employer ID number

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

Partner	4	Enter your share of the credit from your partnership	4	.00
S corporation shareholder	5	Enter your share of the credit from your S corporation	5	.00
Beneficiary	6	Enter your share of the credit from the **fiduciary's** Form IT-249, Schedule D, column C	6	.00
	7	**Totals** *(add lines 4, 5, and 6)*	7	.00

Fiduciaries: Include the amount from line 7 in the *Total* line of Schedule D, column C.
All others: Enter the amount from line 7 on Schedule E, line 9.

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

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of qualified long-term care insurance credit
Total *(enter the amount from Schedule A, line 3, plus the amount from Schedule C, line 7)*		700.00
Jack Nicklaus (25%)	004-06-3500	175.00
		.00
Fiduciary		525.00

(continued on back)

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Schedule E – Computation of credit available for the current year

Individuals and partnerships	**8**	Enter the amount from Schedule A, line 3	**8**	.00
Partners, S corporation shareholders, beneficiaries	**9**	Enter the amount from Schedule C, line 7	**9**	.00
Fiduciaries	**10**	Enter the amount from Schedule D, *Fiduciary* line, column C	**10**	525.00
	11	**Total credit available for the current year** *(add lines 8, 9, and 10)*	**11**	525.00

Full-year NYS resident individuals, estates, and trusts: Complete Schedule F and Schedule H.
Nonresident and part-year resident individuals, estates, and trusts: Complete Schedule G and Schedule H.
Partnerships: Enter the line 11 amount on Form IT-204, line 145.

Schedule F – Full-Year New York State residents computation of total credit

12	Enter the amount from line 11	**12**	525.00
13	Enter the carryover credit from last year's Form IT-249	**13**	25.00
14	Total credit *(add lines 12 and 13; complete Schedule H)*	**14**	550.00

Schedule G – New York State nonresidents and part-year residents computation of total credit

15	Enter the amount from line 11	**15**	.00
16	Income percentage from this year's Form IT-203, line 45, or Form IT-205-A, line 12 *(if the income percentage is more than 100% (1.0000), enter 1.0000)*	**16**	
17	Nonresident and part-year resident credit *(multiply line 15 by line 16)*	**17**	.00
18	Enter the carryover credit from last year's Form IT-249	**18**	.00
19	Total credit *(add lines 17 and 18; complete Schedule H)*	**19**	.00

Schedule H – Computation of credit used and carried over

20	Tax due before credits *(see instructions)*	**20**	1,514.00
21	Credits applied against the tax before this credit *(see instructions)*	**21**	.00
22	Net tax *(subtract line 21 from line 20)*	**22**	1,514.00
23	Credit used for the current tax year *(see instructions)*	**23**	550.00
24	Amount of credit available for carryover to next year. **Full-year residents:** Subtract line 23 from line 14. **Nonresidents and part-year residents:** Subtract line 23 from line 19	**24**	0.00

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Department of Taxation and Finance

Claim for Special Additional Mortgage Recording Tax Credit

Tax Law – Article 22, Section 606(f)

IT-256

Fiscal year filers enter tax period: beginning _____ ending _____

Name(s) as shown on your return	Taxpayer identification number

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

Part 1 – Individuals, including sole proprietors, partnerships, and fiduciaries *(see instructions, Form IT-256-I)*

A Enter the total number of properties included on this claim ..... **A** 3

Use a separate line for each property. If you need more lines, submit additional Form(s) IT-256, and enter the total from all additional forms on line 1 *(see instructions)*.

A Location of property	B Date mortgage recorded	C Amount of mortgage	D Amount of special additional mortgage recording tax paid
100 Central Ave Albany, NY 12110	08-10-1980	80,000 .00	200 .00
2468 Pangburn Rd Rome, NY 10683	06-30-2013	568,428 .00	135 .00
45 Shaker Run Colonie, NY 12205	11-01-2012	150,000 .00	410 .00
		.00	.00
		.00	.00

1 Total of the column D amounts from additional Form(s) IT-256 and/or spreadsheets, if any ..... **1** .00

2 Total special additional mortgage recording tax paid during current tax year that qualifies for the credit *(add column D amounts; include the amount from line 1)* **2** 745.00

Fiduciaries: Include the line 2 amount in the *Total* line of Part 4, column C, on the back.
All others: Enter the line 2 amount on line 6.

Part 2 – Partnership and estate or trust information *(see instructions)*

If you were a partner in a partnership or a beneficiary of an estate or trust and received a share of the special additional mortgage recording tax credit from that entity, complete the following information for each partnership or estate or trust. For *Type*, enter ***P*** for partnership or ***ET*** for estate or trust.

Name	Type	Employer identification number

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Part 3 – Partner's or beneficiary's share of credit

Partner	3	Enter your share of the credit from your partnership *(see instructions)*	3	.00
Beneficiary	4	Enter your share of the credit from the estate or trust	4	.00
	5	**Total** *(add lines 3 and 4)*	5	.00

Fiduciaries (that are also partners or beneficiaries of other entities): Include the line 5 amount in the *Total* line of Part 4, column C.
All others: Enter the line 5 amount on Part 5, line 7.

Part 4 – Beneficiary's and fiduciary's share of credit

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of special additional mortgage recording tax
Total *(fiduciaries, enter the amount from Part 1, line 2, **plus** the amount from Part 3, line 5)*		745 .00
Jack Nicklaus (25%)	004-06-3500	186 .00
		.00
Fiduciary		559 .00

Part 5 – Computation of special additional mortgage recording tax credit available for the current tax year

Individuals (including sole proprietors) and partnerships	6	Enter the amount from Part 1, line 2	6	.00
Partners and beneficiaries	7	Enter the amount from Part 3, line 5 *(fiduciaries, do not make an entry on this line)*	7	.00
Fiduciaries	8	Enter the amount from Part 4, *Fiduciary* line, column C	8	559.00
	9	Credit for the current tax year *(add lines 6, 7, and 8; partnerships see instructions)*	9	559.00
	10	Enter any unused special additional mortgage recording tax credit from preceding period(s) *(see instructions)*	10	60.00
	11	Total credit available for the current tax year *(add lines 9 and 10)*	11	619.00

Part 6 – Computation of credit used and carried forward or refunded

12	Tax due before credits *(see instructions)*	12	1,514.00
13	Credits applied against the tax before this credit *(see instructions)*	13	550.00
14	Net tax *(subtract line 13 from line 12)*	14	964.00
15	Credit used for the current tax year *(enter the amount from line 11 or line 14, whichever is less; see instructions)*	15	619.00
16	Unused credit *(subtract line 15 from line 11)*	16	0.00
17	Amount available for refund *(enter the amount from line 9 or line 16, whichever is less)*	17	0.00
18	Amount of credit from line 17 you want refunded *(see instructions)*	18	0.00
19	Amount of credit you want to carry forward *(subtract line 18 from line 16)*	19	0.00

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Department of Taxation and Finance

Underpayment of Estimated Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers • MCTMT

IT-2105.9

NEW YORK STATE 2015

Name(s) as shown on return	Identification number *(SSN or EIN)*

Part 1 – All filers must complete this part *(see instructions,* Form IT-2105.9-I, *for assistance)*

1	Total tax from your 2015 return before withholding and estimated tax payments *(**caution:** see instructions)*			1	2459.00
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		
7a	Property tax freeze credit *(see instructions)*	7a	.00		
7b	Family tax relief credit *(from Form IT-201, line 63a)*	7b	.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		
9a	NY City enhanced real property tax credit *(from Form IT-201, line 70a)*	9a	.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
12	Current year tax *(subtract line 11 from line 1)*			12	2459.00
13	Multiply line 12 by 90% (.90)	13	2213.00		
14	Income taxes withheld *(from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)*			14	.00
15	Subtract line 14 from line 12. If the result is less than $300, **do not** complete the rest of this form *(see instructions)*			15	2459.00
16	Enter your 2014 tax *(**caution:** see instructions)*			16	.00
17	Enter the **smaller** of line 13 or line 16			17	2213.00

Part 2 – Short method for computing the penalty –

Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete *Part 3 – Regular method.*

18	Enter the amount from line 14 above	18	.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 owe the penalty)*			21	.00
22	Multiply line 21 by .05000 and enter the result			22	.00
23	If the amount on line 21 was paid **on or after** April 15, 2016, enter ***0***. If the amount on line 21 was paid **before** April 15, 2016, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2016 × .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.			24	.00

Part 3 – Regular method – Schedule A – Computing your underpayment *(Schedule B is on the back)*

Payment due dates		A 4/15/15	B 6/15/15	C 9/15/15	D 1/15/16
25 Required installments. Enter ¼ of line 17 in each column. *(If you used the annualized income installment method, see instructions.)*	25	553.00	553.00	553.00	554.00
26 Estimated tax paid and tax withheld *(see instructions)*	26	1181.00	.00	.00	.00
Complete lines 27 through 29, one column at a time, starting in column A. 27 Overpayment or underpayment from prior period	27		628.00	75.00	-478.00
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	1181.00	628.00	75.00	-478.00
29 Underpayment *(subtract line 28 from line 25)* **or** overpayment *(subtract line 25 from line 28; see instructions)*	29	628.00	75.00	-478.00	-1032.00

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Part 3 – Regular method – Schedule B – Computing the penalty

Payment due dates		A 4/15/15	B 6/15/15	C 9/15/15	D 1/15/16
30 Amount of underpayment *(from line 29)*	**30**	.00	.00	478.00	1032.00
First installment (April 15 - June 15, 2015)					
31 April 15 - June 15 = (61 ÷ 365) × 7.5% = .01253 **- or -** April 15 - _____ = (÷ 365) × 7.5% = .	**31**				
32 Multiply line 30, column A by line 31	**32**	.00			
Second installment (June 15 - September 15, 2015)					
33 June 15 - September 15 = (92 ÷ 365) × 7.5% = .01890 **- or -** June 15 - _____ = (÷ 365) × 7.5% = .	**33**				
34 Multiply line 30, column B by line 33	**34**		.00		
Third installment (September 15, 2015 - January 15, 2016)					
35 September 15 - December 31 = (107 ÷ 365) × 7.5% = .02198 January 1 - January 15 = (15 ÷ 366) × 7.5% = .00306 .02504 **Total** **- or -** September 15 - _____ = (÷ 365) × 7.5% = . January 1 - _____ = (÷ 366) × 7.5% = . . **Total**	**35**			0.04393	
36 Multiply line 30, column C by line 35	**36**			21.00	
Fourth installment (January 15 - April 15, 2016)					
37 January 15 - April 15 = (91 ÷ 366) × 7.5% = .01864 **- or -** January 15 - _____ = (÷ 366) × 7.5% = .	**37**				0.01841
38 Multiply line 30, column D by line 37	**38**				19.00
39 **Penalty.** Add lines 32, 34, 36, and 38. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42	**39**				40.00

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Submit this form with your New York State return.