Department of Taxation and Finance

Fiduciary MeF Acceptance Testing for Tax Year 2015

TEST NUMBER: 1004

Forms Included: IT-205, IT-212, IT-217, IT-219, IT-223 and IT-225

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 004xx1004* is a calendar year, Simple type trust with 1 beneficiary. Resident status is full year NYC resident. The overpayment will be applied to next year's estimated tax.

*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: Lee Trevino
Phone: 518-452-0266
Sign Date: 03-03-2016
E-mail: solidfade@golfer.com

Revisions:

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)* Sam Snead Trust	Date entity created 08-01-1982
Name and title of fiduciary Harry Vardon	Identification number of estate or trust 004-32-1004
Address of fiduciary *(number and street or rural route)* 10 British Way	Decedent's social security number (SSN) *(see instr.)*
City, village, or post office: Utica — State: NY — ZIP code: 11530	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)* ____ 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	96,051.00
B	New York adjusted gross income from NYAGI worksheet, line 5 *(see instructions)*	B	63,187.00
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	63,187.00
2	New York modifications relating to amounts allocated to principal	2	.00
3	Balance *(line 1 and add or subtract line 2)*	3	63,187.00
4	Fiduciary's share of New York fiduciary adjustment *(from back page, Schedule C, column 5)*	4	.00
5	New York taxable income of fiduciary *(line 3 and add or subtract line 4)*	5	63,187.00
6	State tax on line 5 amount *(full-year resident estate and trust only)*	6	3,740.00
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	3,740.00
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	2,187.00
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	2,187.00
18	New York City accumulation distribution credit	18	.00
19	Subtract line 18 from line 17 *(if less than zero, leave blank)*	19	2,187.00
20	New York City separate tax on lump-sum distributions *(see instructions)*	20	.00
21	Add lines 19 and 20	21	2,187.00
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	.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	0.00
29	Total NYS, NYC, Yonkers taxes, and sales or use tax *(add lines 14 and 23 through 28; see instructions)*	29	.00
30	Estimated tax paid *(including payments made with Form IT-370-PF)*	30	8,000.00
31	Estimated tax payments allocated to beneficiaries *(from Form IT-205-T)*	31	.00
32	Subtract line 31 from line 30	32	8,000.00
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	672.00
	44 Dividends	44	31,892.00
	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	63,487.00
	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	96,051.00
Deductions	52 Interest	52	.00
	53 Taxes	53	309.00
	54 Fiduciary fees	54	13,392.00
	55 Charitable deduction	55	.00
	56 Attorney, accountant, and return preparer fees	56	1,200.00
	57 Other deductions *(itemize on an additional sheet)*	57	.00
	58 Income distribution deduction *(submit copy of federal Schedules K-1, Form 1041, for each beneficiary)*	58	17,663.00
	59 Estate tax deduction *(submit computation)*	59	.00
	60 Exemption (federal)	60	300.00
	61 Total *(add lines 52 through 60)*	61	32,864.00
	62 Federal taxable income of fiduciary *(subtract line 61 from line 51; enter here and on front page, line 1)*	62	63,187.00

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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	309.00
	65 Other *(from Form IT-225, line 9; see instructions)*			65	300.00
	66 Total additions *(add lines 63, 64, and 65)*			66	609.00
Subtractions	67 Interest income on US obligations included in federal income	67	.00		
	68 Other *(from Form IT-225, line 18; see instructions)*	68	925.00		
	69 Total subtractions *(add lines 67 and 68)*			69	925.00
	70 New York fiduciary adjustment *(difference between lines 66 and 69 to be entered as total of column 5 below)*			70	-316.00

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) Ben Hogan PO Box 655 Dover Plains, NY	☐	☒	004-04-6898	17,665.00	1.0000	-316.00
(b)	☐	☐		.00		.00
The total of Schedule C, column 5, should be the same as Schedule B, line 70 above. *(see instructions)*			Fiduciary	.00		.00
			Totals	17,665.00	100%	-316.00

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 Bobby Jones	PIN *(see instr.)* 60698
	E-mail: Bjones@legends.com	Phone: ( )555-747-2000	
Paid preparer must complete *(see instr.)*	Preparer's signature Willie Beamon	Preparer's NYTPRIN 10376543	NYTPRIN excl. code
	Preparer's printed name Willie Beamon	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: Lee Trevino

Date 03-03-2016 | Daytime phone number ( ) 518-452-2066

E-mail solidfade@golfer.com

Department of Taxation and Finance

Investment Credit

IT-212

NEW YORK STATE 2015

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

Name(s) as shown on return	Type of business	Identifying number as shown on return

Date you started your business in New York State	Location of the qualified property *(if more than one, submit a schedule)*	NAICS code *(see instructions)*
01-13-2006		

Part 1 – Computation of credit *(see Form IT-212-I,* Instructions for Form IT-212*)*

Individual or fiduciary	1	Credit from line 25, column F	1	88 .00
	2	Credit from line 25, column G	2	154 .00
Beneficiary	3	Share of investment tax credit from the estate or trust	3	.00
	4	Share of research and development credit from the estate or trust	4	.00
Partner		Partnership name:		
		Employer identification number		
	5	Partner's share of credit shown on Form IT-204-IP, line 49	5	.00
	6	Partner's share of credit shown on Form IT-204-IP, line 50	6	.00
S corporation shareholder		S corporation name:		
		Employer identification number		
	7	Shareholder's share of investment credit from the S corporation *(see instructions)*	7	.00
	8	Shareholder's share of research and development credit from the S corporation *(see instr.)*	8	.00
	9	Total *(add lines 1 through 8)*	9	242 .00

10	Fiduciaries: Enter credit allocated to beneficiaries	10	49 .00
11	Subtract line 10 from line 9	11	193 .00
12	Available carryover credit from last year's Form IT-212	12	34 .00
13	Investment credit *(add lines 11 and 12)*	13	227 .00
14	Total addback of credit from line 21 *(fiduciaries: see instructions)*	14	104 .00
15a	Total investment credit *(see instructions)*	15a	123 .00
15b	Net investment credit recapture *(see instructions)*	15b	.00

Part 2 – Summary of addback of credit on early dispositions *(see instructions)*

16	Individual's and partnership's addback of credit on early dispositions *(from line 31)*	16	.00
17	Beneficiary's share of addback of credit on early dispositions	17	.00
18	Partner's share of addback of credit on early dispositions	18	.00
19	S corporation shareholder's share of addback of credit on early dispositions	19	.00
20	Estate's or trust's addback of credits on early dispositions *(from line 31)*	20	130 .00
21	**Total** *(add lines 16 through 20)*	21	130 .00

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Part 3 – Investments in qualified property *(see instructions)*

A – Description of property *(list each asset and submit a schedule if needed)*	B – Principal use of property	C – Date acquired	D – Useful life in years	E – Investment credit base	F – Investment credit for manufacturing and production, retail enterprise, waste treatment, and pollution control property *(column E × 4% (.04))*	G – Investment credit for research and development property *(column E × 7% (.07))*
22 Barn	Farming	2/1/2008	7	1,200.00	48 .00	84 .00
Pasture	Golf	10/20/20	6	1,000 .00	40 .00	70 .00
				.00	.00	.00
				.00	.00	.00

23 Enter amount from Form IT-212-ATT, line 11	23	.00	
24 Enter amount from Form IT-212-ATT, line 19, column C	24	.00	
25 Total investment credit *(add amounts in columns F and G)*	25	88.00	154.00

Individuals: Enter the line 25, column F amount on line 1. Enter the line 25, column G amount on line 2.
Fiduciaries: Enter the line 25, column F amount on line 1 and on the *Total* line of Part 5, column C.
Enter the line 25, column G amount on line 2 and on the *Total* line of Part 5, column D.
Partnerships: See instructions.

Part 4 – Early dispositions of qualified property and addback of credit on early dispositions *(see instructions)*

A – Description of property *(list each asset and submit a schedule if needed)*	B – Date acquired	C – Date property ceased to qualify	D – Life *(months)*	E – Unused life *(months)*	F – Percentage *(E ÷ D)*	G – Total investment credit allowed *(see instructions)*	H – Addback of credit on early dispositions *(F × G)*
26						.00	.00
Car lot	8/2/2010	9/10/2012	24	12	.50	250 .00	125 .00
						.00	.00
						.00	.00

27 Enter amount from Form IT-212-ATT, line 12	27	.00
28 Total *(add lines 26 and 27, column H, and enter total here)*	28	125.00
29 Interest rate	29	.04
30 Multiply line 28 by line 29	30	5 .00
31 Total addback of credit on early dispositions *(add amounts on lines 28 and 30)*	31	130 .00

Fiduciaries: Enter the line 31 amount on line 20.
All others: Enter the line 31 amount on line 16.

Part 5 – Beneficiary's and fiduciary's share of investment credit and addback of credit on early dispositions

A – Beneficiary's name *(same as in Form IT-205, Schedule C)*	B – Identifying number	C – Share of investment credit for manufacturing and production, retail enterprise, waste treatment, and pollution control property	D – Share of investment credit for research and development property	E – Share of addback of credit on early dispositions
Total		88 .00	154 .00	130 .00
Ben Hogan (20%)	004046898	18.00	31 .00	26.00
		.00	.00	.00
		.00	.00	.00
Fiduciary		70.00	123.00	104.00

Part 6 – Application of credit and computation of refund and carryover *(see instructions)*

32a Total credit *(from line 15a)*	32a	123 .00
32b Tax due before credits	32b	3,746.00
33 Credits that you applied before this credit	33	0.00
34 Net tax *(subtract line 33 from line 32b)*	34	3,746.00
35 Amount of credit used for the current tax year	35	123.00
36 Amount of credit available for refund or carryover to next year *(subtract line 35 from line 32a)*	36	0.00
37 Amount of credit to be refunded	37	0 .00
38 Amount of credit available for carryover to next year *(subtract line 37 from line 36)*	38	0 .00
39 Unused expired tax credits *(see instructions)* Enter the earliest year *(yyyy)* of unused credit carryover included in the carryforward ...	39	0 .00
40 Amount of credit to be carried over to next year *(subtract line 39 from line 38)*	40	0 .00

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Department of Taxation and Finance

Claim for Farmers' School Tax Credit

IT-217

NEW YORK STATE 2015

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

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

Note: Before completing this form, complete Form IT-201 through line 33, Form IT-203 through line 32, or Form IT-205 through line B.

Part 1 – Eligibility *(see instructions)*

If you mark an ***X*** in a *No* box for item A, B, C, or D, **stop**; you do not qualify for this credit.

A Did you have qualified agricultural property for tax year 2015? *(see instr., Form IT-217-I)* ..... Yes ☒ No ☐

B Were eligible school district property taxes paid on that property during tax year 2015? *(see instructions)* ..... Yes ☒ No ☐

C Complete Worksheet A on page 3 of the instructions. Is the amount shown on line 6 of Worksheet A less than $300,000? ..... Yes ☒ No ☐

D Form IT-201 and Form IT-203 filers, complete Worksheet C on page 6 of the instructions. Form IT-205 filers, complete Worksheet D on page 9 of the instructions. Is the percentage shown on line 28 of Worksheet C or line 28 of Worksheet D at least 0.6667 (66.67%)? *(see instructions)* ..... Yes ☒ No ☐

E If you and one or more related persons *(see instructions)* each owned qualified agricultural property on March 1, 2015, mark an ***X*** here and see the instructions for Part 2, line 5 ..... ☐

F If all or part of your qualified agricultural property was converted to nonqualified use during tax year 2015, mark an ***X*** here *(see instructions)* ..... ☐

Part 2 – Computation of credit *(see instructions)*

1	**Individuals:** Enter the total acres of qualified agricultural property owned by you during tax year 2015 *(see instructions)*			1	
2	**Partners, S corporation shareholders, and beneficiaries of estates and trusts:** Enter the amount from Part 4, line 7, column A			2	
3	**Fiduciaries:** Enter fiduciary's share of qualified agricultural property from Part 5, column C			3	80
4	Add lines 1, 2, and 3			4	80
5	Enter total base acreage amount *(see instructions)*			5	100
6	Subtract line 5 from line 4 *(if zero or less, skip lines 7 and 8, enter 1.0000 (100%) on line 9, and continue on line 10)*			6	-20
7	Multiply line 6 by 50% (.5)			7	
8	Add lines 5 and 7			8	
9	Divide line 8 by line 4 and round the result to the fourth decimal place			9	1.0000
10	**Individuals:** Enter the eligible school taxes you paid during 2015 *(see instr.)*	10	.00		
11	**Partners, S corporation shareholders, and beneficiaries of estates and trusts:** Enter the amount from Part 4, line 7, column B	11	.00		
12	**Fiduciaries:** Enter fiduciary's share of eligible taxes from Part 5, column D	12	800 .00		
13	Add lines 10, 11, and 12			13	800 .00
14	Multiply line 13 by line 9			14	800 .00
15	Enter amount from Worksheet A, line 6, on page 3 of the instructions *(if line 15 amount is $200,000 or less, skip lines 16, 17, and 18, and enter the line 14 amount on line 19; see instr.)*	15	63,187 .00		
16	Enter the excess of line 15 over $200,000 *(cannot exceed $100,000)*	16	.00		
17	Divide line 16 by $100,000, and round the result to the fourth decimal place *(cannot exceed 1.0000 (100%))*			17	
18	Multiply line 14 by line 17			18	.00
19	Farmers' school tax credit *(subtract line 18 from line 14; see instructions)*			19	800 .00

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Part 3 – Partnership, S corporation, and estate or trust information *(see instructions)*

If you were a partner in a partnership, a shareholder of a New York S corporation, or the beneficiary of an estate or trust that **owned** qualified agricultural property during 2015, complete the following information for each partnership, S corporation, or estate or trust. For *Type* column, enter ***P*** for partnership, ***S*** for S corporation, or ***ET*** for estate or trust.

Name of entity	Type	Employer ID number	Location of property

Part 4 – Partner's, shareholder's, or beneficiary's share of qualified agricultural property and eligible taxes *(see instr.)*

			A – Acres of qualified agricultural property	B – Eligible taxes
Partner	1	Enter your share of acres of qualified agricultural property from your partnership		
	2	Enter your share of eligible taxes from your partnership		.00
S corporation shareholder	3	Enter your share of acres of qualified agricultural property from your S corporation		
	4	Enter your share of eligible taxes from your S corporation		.00
Beneficiary	5	Enter your share of acres of qualified agricultural property from the estate or trust		
	6	Enter your share of eligible taxes from the estate or trust		.00
	7	**Totals**		.00

Fiduciaries: Include the line 7, column A amount, on Part 5, column C, and include the line 7, column B amount, on Part 5, column D.
All others: Enter the line 7, column A amount, on Part 2, line 2, and enter the line 7, column B amount, on line 11.

Part 5 – Beneficiary's and fiduciary's share of acres of qualified agricultural property and eligible taxes *(see instr.)*

A – Beneficiary's name	B – Identifying number	C – Acres of qualified agricultural property *(see instructions)*	D – Eligible taxes *(see instructions)*	E – Acres of qualified agricultural property converted to nonqualified use *(see instructions)*
Totals		100	1,000.00	
Ben Hogan (20%)	004-04-6898	20	200.00	
			.00	
Fiduciary		80	800.00	

Part 6 – Credit recapture on qualified agricultural property converted to nonqualified use

(Complete this part only if you first claimed a credit for 2013 or 2014. See instructions.)

A – Total acres of qualified agricultural property converted to nonqualified use *(see instructions)*	B – Total acres of qualified agricultural property before conversion *(see instructions)*	C – Column A ÷ column B	D – Total credit claimed for 2013 and 2014 *(see instructions)*	E – Total amount of 2013 and 2014 credit to be recaptured *(column C × column D; see instr.)*
			.00	E .00

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Department of Taxation and Finance

Credit for New York City Unincorporated Business Tax

IT-219

NEW YORK STATE 2015

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)*

Part 1 – Partner *(see instructions)*

Name of partnership *(as shown on Form NYC-204)*	Partnership year end *(from Form NYC-204)*	Partnership EIN
JPG Partnership	12-31-2015	004017269

1	Enter the amount from Form NYC-204, line 25 *(see instr.)* ...	1	.00	
2	Enter the amount from Form NYC-204, line 22 *(see instr.)* ...	2	.00	
3	Add lines 1 and 2			3 .00
4	Enter your percentage of total distributive shares from Form NYC-204, Schedule C, column I. Enter amount as a decimal and round to the fourth decimal place *(for example, 17.5% = .1750)*			4
5	Multiply line 3 by line 4 *(if more than one business, see instructions)*			5 .00

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)*	6	.00

Part 3 – Beneficiary's share of unincorporated business taxes *(see instructions)*

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

7 550.00

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)*	8	692.00
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 63187.00		
10	If line 9 above is: – $42,000 or less, enter ***1.000*** (100%) – more than $42,000, but less than $142,000, complete Worksheet B *(on back)* – $142,000 or more, enter ***.230*** (23%)	10	0.8368
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 54. **Estates and trusts: Stop**; enter line 11 amount on Form IT-205, line 22	11	580.00

New York City full-year resident individuals

12	Amount from Form IT-201, line 49	12	.00
13	Amount from Form IT-201-ATT, line 32	13	.00
14	Amount from Form IT-201-ATT, line 33	14	.00
15	Add lines 12, 13, and 14	15	.00
16	Enter the **lesser** of line 11 or 15, and transfer the amount to Form IT-201-ATT, line 8	16	.00

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Worksheet A

1	Enter the amount from Form NYC-202, line 23, Form NYC-202EIN, 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 business. **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
2	Enter your taxable income from the front page, line 9	2 63187.00		
3	Base amount	3 $42,000.00		
4	Subtract line 3 from line 2	4 21187.00		
5	Divide line 4 by $100,000 and round to the third decimal place	5 0.212		
6	Multiply line 5 by .770		6	0.1632
7	Subtract line 6 from line 1. Transfer this decimal amount to the front page, line 10		7	0.8368

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%**	865 .00
Ben Hogan	004-04-6898	20%	173 .00
123 Main St New York, NY 11123			.00
			.00
Fiduciary			692 .00

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Department of Taxation and Finance

Innovation Hot Spot Deduction

Tax Law – Article 1, Section 38, and Article 22, Section 612(c)(39)

IT-223

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.
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 on back before completing.

A Innovation hot spot name	B Code	C Business participation number	D EIN of qualified entity located in the hot spot	E Tax year being claimed *(enter 1, 2, 3, 4, or 5)*	F Income or gain attributable to the hot spot
Golf Galaxy	A4D	0124	004123456	2	550.00
Gridiron	5L3	2271	004789321	1	375.00
					.00
					.00
					.00
					.00
					.00
					.00
					.00
					.00

- Total the amounts in column F that you received as the **qualified entity** located in a hot spot. Transfer this total to Form IT-225, line 10, *Total amount* column and enter subtraction modification *S-**216*** in the *Number* column.
- Total the amounts in column F that you received as a **partner or shareholder** of a qualified entity. Transfer this total to Form IT-225, line 14, *Total amount* column and enter subtraction modification *ES-**216*** in the *Number* column.

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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. Claiming any such benefit represents an irrevocable election.

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:
    - 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; 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 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, *Innovation Hot Spot Deduction*. 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 Form IT-225, *New York State Modifications.*

Column instructions

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

Column A – Enter the innovation hot spot name from your certificate.

Column B – Enter the hot spot identification code from your certificate.

Column C – Enter the business participation number from your certificate.

Column D – Enter the employer identification number (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.

Column E – Make **only one** entry (1, 2, 3, 4, or 5) to indicate which tax year you are claiming this deduction.

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

In addition to any record keeping requirement imposed by Empire State Development, a qualified entity that is located inside and outside a New York innovation hot spot must keep books and records to disclose, to the satisfaction of the Tax Department, the amount of items of income, gain, loss, and deduction attributable to operations at (or as part of) the innovation hot spot.

Department of Taxation and Finance

New York State Modifications

Attachment to Form IT-201, IT-203, IT-204, or IT-205

IT-225

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

Complete all parts that apply to you; see instructions (Form IT-225-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an ***X*** in the box identifying the return you are filing: IT-201 ☐ IT-203 ☐ IT-204 ☐ IT-205 ■

Schedule A – New York State additions *(enter whole dollars only)*

Part 1 – Individuals, partnerships, and estates or trusts

1 New York State additions

	Number	**A** - Total amount		**B** - NYS allocated amount	
1a	**A -** 1 0 2	300	00	300	00
1b	**A -**		00		00
1c	**A -**		00		00
1d	**A -**		00		00
1e	**A -**		00		00
1f	**A -**		00		00
1g	**A -**		00		00

2 Total *(add column **A**, lines 1a through 1g)*	**2**	300	00
3 Total of Schedule A, Part 1, column **A** amounts from additional Form(s) IT-225, if any	**3**		00
4 Add lines 2 and 3	**4**	300	00

Part 2 – Partners, shareholders, and beneficiaries

⚠ Form IT-201 filers: do not enter EA-103 or EA-113
Form IT-203 filers: do not enter EA-113
Form IT-205 filers: do not enter EA-113 or EA-201

5 New York State additions

	Number	**A** - Total amount		**B** - NYS allocated amount	
5a	**EA -**		00		00
5b	**EA -**		00		00
5c	**EA -**		00		00
5d	**EA -**		00		00
5e	**EA -**		00		00
5f	**EA -**		00		00
5g	**EA -**		00		00

6 Total *(add column **A**, lines 5a through 5g)*	**6**		00
7 Total of Schedule A, Part 2, column **A** amounts from additional Form(s) IT-225, if any	**7**		00
8 Add lines 6 and 7	**8**		00
9 **Total additions** *(add lines 4 and 8; see instructions)*	**9**	300	00

(continued)

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Schedule B – New York State subtractions *(enter whole dollars only)*

Part 1 – Individuals, partnerships, and estates or trusts

10 New York State subtractions

	Number	**A** - Total amount		**B** - NYS allocated amount	
10a	**S -** 2 1 6	925	00	925	00
10b	**S -**		00		00
10c	**S -**		00		00
10d	**S -**		00		00
10e	**S -**		00		00
10f	**S -**		00		00
10g	**S -**		00		00

11	Total *(add column **A**, lines 10a through 10g)*	**11**	925 00
12	Total of Schedule B, Part 1, column **A** amounts from additional Form(s) IT-225, if any	**12**	00
13	Add lines 11 and 12	**13**	925 00

Part 2 – Partners, shareholders, and beneficiaries

Form IT-201 filers: do not enter ES-103, ES-104, ES-106, ES-107, ES-125, or ES-217
Form IT-203 filers: do not enter ES-106, ES-107, ES-125, or ES-217
Form IT-205 filers: do not enter ES-125

14 New York State subtractions

	Number	**A** - Total amount		**B** - NYS allocated amount	
14a	**ES -**		00		00
14b	**ES -**		00		00
14c	**ES -**		00		00
14d	**ES -**		00		00
14e	**ES -**		00		00
14f	**ES -**		00		00
14g	**ES -**		00		00

15	Total *(add column **A**, lines 14a through 14g)*	**15**	00
16	Total of Schedule B, Part 2, column **A** amounts from additional Form(s) IT-225, if any	**16**	00
17	Add lines 15 and 16	**17**	00
18	**Total subtractions** *(add lines 13 and 17; see instructions)*	**18**	925 00

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