



Fiduciary Income Tax Return

Type of entity from Form 1041:

2015

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

- 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

Name of estate or trust (as shown on federal Form SS-4)		Date entity created
Name and title of fiduciary		Identification number of estate or trust
Address of fiduciary (number and street or rural route)		Decedent's social security number (SSN) (see instr.)
City, village, or post office	State	ZIP code
Country:		Mark an X in the applicable box: Initial return <input type="checkbox"/> Final return <input type="checkbox"/>
<input type="checkbox"/> Trust meets conditions of section 605(b)(3)(D)		
Amended return (submit explanation) <input type="checkbox"/>	Income distribution deduction (see instructions, Form IT-205-I) <input type="text"/>	Number of beneficiaries <input type="text"/>
		Qualifying special conditions for filing your 2015 tax return (see instructions) <input type="text"/>

	A Total income (from back page, line 51)	A	.00
	B New York adjusted gross income from NYAGI worksheet, line 5 (see instructions)	B	.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	.00
	2 New York modifications relating to amounts allocated to principal	2	.00
	3 Balance (line 1 and add or subtract line 2)	3	.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	.00
	6 State tax on line 5 amount (full-year resident estate and trust only)	6	.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	.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 <input type="checkbox"/>	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	.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	.00
	18 New York City accumulation distribution credit	18	.00
	19 Subtract line 18 from line 17 (if less than zero, leave blank)	19	.00
	20 New York City separate tax on lump-sum distributions (see instructions)	20	.00
	21 Add lines 19 and 20	21	.00
	22 Other New York City credits (see instructions)	22	.00
	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	.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	.00
	31 Estimated tax payments allocated to beneficiaries (from Form IT-205-T)	31	.00
	32 Subtract line 31 from line 30	32	.00
	33 Refundable credits Identify: <input type="text"/>	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 <input type="text"/>	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 <input type="text"/>	41	.00
	42 Estimated tax penalty (will reduce line 38 or increase line 41; see instr.) <input type="text"/>	42	.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.

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	.00
	44	Dividends	44	.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	.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	.00
	Deductions	52	Interest	52
53		Taxes	53	.00
54		Fiduciary fees	54	.00
55		Charitable deduction	55	.00
56		Attorney, accountant, and return preparer fees	56	.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	.00
59		Estate tax deduction (submit computation)	59	.00
60		Exemption (federal)	60	.00
61		Total (add lines 52 through 60)	61	.00
62	Federal taxable income of fiduciary (subtract line 61 from line 51; enter here and on front page, line 1)	62	.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	.00
	65	Other (from Form IT-225, line 9; see instructions)	65	.00
	66	Total additions (add lines 63, 64, and 65)	66	.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	.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.			2 Identifying number of each beneficiary	Shares of federal distributable net income (see instructions)		5 Shares of New York fiduciary adjustment
1 Name and address of each beneficiary. Check box if beneficiary is a nonresident of:	New York State	Yonkers		3 Amount	4 Percent	
	(a)	<input type="checkbox"/>	<input type="checkbox"/>		.00	
(b)	<input type="checkbox"/>	<input type="checkbox"/>		.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	.00	100%	.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: (3) NYS full-year nonresident estate or trust (6) Yonkers full-year resident estate or trust
 (1) NYS full-year resident estate or trust (4) NYC full-year resident estate or trust (7) Yonkers part-year resident trust
 (2) NYS part-year resident trust (5) NYC 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 <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name		PIN (see instr.)		▼ Sign return here ▼	
	E-mail:		Phone: ()		Signature of fiduciary or officer representing fiduciary		
Paid preparer must complete (see instr.)	Preparer's signature		Preparer's NYTPRIN		NYTPRIN excl. code		Date
	Preparer's printed name		Preparer's PTIN or SSN		Date		
Firm's name (or yours, if self-employed)			Firm's EIN			E-mail	
Preparer's address							

22222		a Employee's social security number		OMB No. 1545-0008					
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld				
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld				
			5 Medicare wages and tips		6 Medicare tax withheld				
			7 Social security tips		8 Allocated tips				
d Control number			9		10 Dependent care benefits				
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	12a C o d e		
						13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b C o d e
						14 Other	12c C o d e	12d C o d e	
f Employee's address and ZIP code									
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
-----		-----	-----	-----	-----	-----			

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

2015

Department of the Treasury—Internal Revenue Service

3232

 VOID CORRECTED

OMB No. 1545-0238

2015**Form W-2G****Certain
Gambling
Winnings**For Privacy Act and
Paperwork Reduction
Act
Notice, see the **2015
General
Instructions for
Certain Information
Returns.****File with Form 1096****Copy A
For Internal Revenue
Service Center**

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code		1 Gross winnings \$	2 Date won
		3 Type of wager	4 Federal income tax withheld \$
		5 Transaction	6 Race
		7 Winnings from identical wagers \$	8 Cashier
PAYER'S federal identification number	PAYER'S telephone number	9 Winner's taxpayer identification no. \$	10 Window
WINNER'S name		11 First I.D.	12 Second I.D.
Street address (including apt. no.)		13 State/Payer's state identification no.	14 State winnings \$
City or town, province or state, country, and ZIP or foreign postal code		15 State income tax withheld \$	16 Local winnings \$
		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.

Signature ►

Date ►

Form **W-2G**

Cat. No. 10138V

www.irs.gov/w2g

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page – Do Not Cut or Separate Forms on This Page

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 Gross distribution		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
		\$		2015					
		2a Taxable amount					Form 1099-R		
				\$					
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		Copy 1 For State, City, or Local Tax Department			
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld					
		\$		\$					
RECIPIENT'S name		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities					
		\$		\$					
Street address (including apt. no.)		7 Distribution code(s)		8 Other					
				IRA/SEP/SIMPLE <input type="checkbox"/> \$ %					
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution %		9b Total employee contributions					
				\$					
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 State tax withheld		13 State/Payer's state no.		14 State distribution	
\$				\$				\$	
Account number (see instructions)		15 Local tax withheld		16 Name of locality		17 Local distribution			
		\$				\$			
		\$				\$			