



New York State Department of Taxation and Finance

Fiduciary MeF Acceptance Testing System for Tax Year 2014

TEST NUMBER: 2112

Forms Included: IT-205

Test Notes: Grantor type trust.

Return specific information: Entity ID 004xx2112* is a calendar year, 100% Grantor type trust with multiple grantors. The trust was created 2-03-2004.

Grantor ID numbers: 004322105, 004322106, 004322107, 004322108. You must include all grantor ID's. NYS accepts multiple grantor ID's.

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 fiduciary information:

Fiduciary: John Deacon
Phone: 518-867-5309
Sign Date: 3-20-2015
E-mail: Deaconjohn@oliveflowers.com

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

Revisions: 12/3/14 Updated paid-preparer and self-filer information on IT-205. Updated self-filer information on cover sheet.

Address any questions via e-mail to NYSFIDMEF@tax.ny.gov

Fiduciary MeF publications and forms are available at: http://www.tax.ny.gov/pit/efile/efd_mef_publications_2014.htm

Current Schema and State Spreadsheet available at: http://www.tax.ny.gov/bus/efile/swd_fiduciary.htm

Fiduciary Income Tax Return

New York State • New York City • Yonkers

IT-205

Type of entity from Form 1041:



For the full year Jan. 1, 2014, through Dec. 31, 2014, or fiscal year beginning 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)

Income distribution deduction (see instructions, Form IT-205-I) <input type="text"/>	Number of beneficiaries <input type="text"/>	Qualifying special conditions for filing your 2014 tax return (see instructions) <input type="text"/>
--	--	---

See instructions

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 .....	.00
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

Make check or money order payable to **NY State Income Tax**; write the estate or trust's employer identification number and **2014 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 .....	.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, 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	38 .....	.00
39 Amount of line 38 to be refunded to you	39 .....	.00
40 Amount of line 38 to be credited to 2015 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

205001140099



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	.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 and trusts (submit copy of federal Schedule 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
	52 Interest	52	.00
Deductions	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		.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) <input type="checkbox"/> NYS full-year nonresident estate or trust	(6) <input type="checkbox"/> Yonkers full-year resident estate or trust
(1) <input type="checkbox"/> NYS full-year resident estate or trust	(4) <input type="checkbox"/> NYC full-year resident estate or trust
(2) <input type="checkbox"/> NYS part-year resident trust	(5) <input type="checkbox"/> NYC part-year resident trust
	(7) <input type="checkbox"/> Yonkers part-year resident trust
	(8) <input type="checkbox"/> 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 _____

Third-party designee? (see instr.)	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
Yes <input type="checkbox"/> No <input type="checkbox"/>	E-mail:		

Paid preparer must complete (see instr.)	Preparer's signature	Preparer's NYTPRN	▼ Sign return here ▼	
	Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	Signature of fiduciary or officer representing fiduciary	
	Address	Employer identification number	Date	Daytime phone number ()
	Date:	Self-employed? <input type="checkbox"/>	E-mail:	