Department of Taxation and Finance

Fiduciary MeF Acceptance Testing for Tax Year 2015

TEST NUMBER: 1002A, 1002B, 1002C, 1002D, 1002E and 1002F

Forms Included: IT-205

Test Notes:

Return specific information: These scenarios are to confirm your software will accommodate the different address situations covered in Publication 90 (page 4). The address included on the first IT-205 (1002A) contains more than 30 characters and should be split correctly between the 2 address fields. The address included on the second IT-205 (1002B) has exactly 30 characters. The address on the third IT-205 (1002C) contains an "in care of" address and should be split correctly between the 2 address fields. The address included on the fourth IT-205 (1002D) contains less than 30 characters, but should be split correctly between the two NYS address fields. The fifth scenario is a Canadian address. The sixth is a foreign (non-Canadian) address. Please refer to Publication 90 for the correct formatting of these addresses.

*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: Added foreign address scenarios (11/19/15)

Department of Taxation and Finance

Fiduciary 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

Name of estate or trust *(as shown on federal Form SS-4)* HALL OF FAME GRANTOR TRUST	Date entity created 01-24-1978
Name and title of fiduciary JOE DIMAGGIO, TRUSTEE	Identification number of estate or trust 004-XX-1002
Address of fiduciary *(number and street or rural route)* 4575 ALBANY SHAKER ROAD WEST SUITE 47	Decedent's social security number (SSN) *(see instr.)*
City, village, or post office: COOPERSTOWN State: NY ZIP code: 13326-1355	Mark an ***X*** in the applicable box: Initial return ☐ Final return ☐
Country:	☐ Trust meets conditions of section 605(b)(3)(D)

Amended return *(submit explanation)* ☐

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

Number of beneficiaries

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

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 ☐	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

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	.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:*	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	.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	.00
	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

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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	.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.

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)	☐	☐		.00		.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	.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:

(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 ..... See cover sheet for list of ID #s

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 BABE RUTH	PIN *(see instr.)* 03031
	E-mail: THEBABE@YAHOO.COM	Phone: ( )518-452-0303	
Paid preparer must complete *(see instr.)*	Preparer's signature LOU GEHRIG	Preparer's NYTPRIN 004-04-0503	NYTPRIN excl. code
	Preparer's printed name	Preparer's PTIN or SSN 004-05-0403	Date 03-01-2016
Firm's name *(or yours, if self-employed)* MURDERER'S ROW		Firm's EIN	
Preparer's address 4 YANKEE BLVD NEW YORK, NY 10003			

▼ Sign return here ▼

Signature of fiduciary or officer representing fiduciary JOE DIMAGGIO

Date 03-03-2016 | Daytime phone number ( ) 518-869-0505

E-mail JoltinJoe@yahoo.com

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)* HALL OF FAME GRANTOR TRUST	Date entity created 01-24-1978
Name and title of fiduciary JOE DIMAGGIO, TRUSTEE	Identification number of estate or trust 004-XX-1002
Address of fiduciary *(number and street or rural route)* 2015 WASHINGTON AVENUE SUITE 3	Decedent's social security number (SSN) *(see instr.)*
City, village, or post office: COOPERSTOWN State: NY ZIP code: 13326-1355	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 ☐ Qualifying special conditions for filing your 2015 tax return *(see instructions)* ☐ ☐

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 ☐	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
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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.

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Income	43 Interest income	43	.00
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	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	.00
	53 Taxes	53	.00
	54 Fiduciary fees	54	.00
	55 Charitable deduction	55	.00
	56 Attorney, accountant, and return preparer fees	56	.00
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	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

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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.

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(a)	☐	☐		.00		.00
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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: _____

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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 ..... See cover sheet for list of ID #s

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 BABE RUTH	PIN *(see instr.)* 03031
	E-mail: THEBABE@YAHOO.COM	Phone: ( )518-452-0303	
Paid preparer must complete *(see instr.)*	Preparer's signature LOU GEHRIG	Preparer's NYTPRIN 004-04-0503	NYTPRIN excl. code
	Preparer's printed name	Preparer's PTIN or SSN 004-05-0403	Date 03-01-2016
Firm's name *(or yours, if self-employed)* MURDERER'S ROW		Firm's EIN	
Preparer's address 4 YANKEE BLVD NEW YORK, NY 10003			

▼ **Sign return here** ▼

Signature of fiduciary or officer representing fiduciary JOE DIMAGGIO

Date 03-03-2016 | Daytime phone number ( ) 518-869-0505

E-mail JoltinJoe@yahoo.com

Department of Taxation and Finance

Fiducary Income Tax Return

New York State • New York City • Yonkers

IT-205

2015

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Name and title of fiduciary JOE DIMAGGIO, TRUSTEE	Identification number of estate or trust 004-XX-1002
Address of fiduciary *(number and street or rural route)* C/O WHITEY FORD, 500 OSBORNE ROAD SUITE 24	Decedent's social security number (SSN) *(see instr.)*
City, village, or post office: COOPERSTOWN · State: NY · ZIP code: 13326-1355	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 ☐ Qualifying special conditions for filing your 2015 tax return *(see instructions)* ☐ ☐

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	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	.00
	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.

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)	☐	☐		.00		.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	.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:

(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 ..... See cover sheet for list of ID #s

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 BABE RUTH	PIN *(see instr.)* 03031
	E-mail: THEBABE@YAHOO.COM	Phone: ( )518-452-0303	
Paid preparer must complete *(see instr.)*	Preparer's signature LOU GEHRIG	Preparer's NYTPRIN 004-04-0503	NYTPRIN excl. code
	Preparer's printed name	Preparer's PTIN or SSN 004-05-0403	Date 03-01-2016
Firm's name *(or yours, if self-employed)* MURDERER'S ROW		Firm's EIN	
Preparer's address 4 YANKEE BLVD NEW YORK, NY 10003			

▼ **Sign return here** ▼

Signature of fiduciary or officer representing fiduciary JOE DIMAGGIO

Date 03-03-2016 | Daytime phone number ( ) 518-869-0505

E-mail JoltinJoe@yahoo.com

Department of Taxation and Finance

Fiducary Income Tax Return

New York State • New York City • Yonkers

IT-205

NEW YORK STATE 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

Name of estate or trust *(as shown on federal Form SS-4)* HALL OF FAME GRANTOR TRUST	Date entity created 01-24-1978
Name and title of fiduciary JOE DIMAGGIO, TRUSTEE	Identification number of estate or trust 004-XX-1002
Address of fiduciary *(number and street or rural route)* 2015 OAK STREET APT 1B	Decedent's social security number (SSN) *(see instr.)*
City, village, or post office: COOPERSTOWN State: NY ZIP code: 13326-1355	Mark an ***X*** in the applicable box: Initial return ☐ Final return ☐
Country:	☐ Trust meets conditions of section 605(b)(3)(D)

Amended return *(submit explanation)* ☐

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

Number of beneficiaries

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

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 ☐	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

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	.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:*	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

205001150099

 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.

205002150099

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	.00
	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.

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)	☐	☐		.00		.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	.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:

(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 ..... See cover sheet for list of ID #s

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 BABE RUTH	PIN *(see instr.)* 03031
	E-mail: THEBABE@YAHOO.COM	Phone: ( )518-452-0303	
Paid preparer must complete *(see instr.)*	Preparer's signature LOU GEHRIG	Preparer's NYTPRIN 004-04-0503	NYTPRIN excl. code
	Preparer's printed name	Preparer's PTIN or SSN 004-05-0403	Date 03-01-2016
Firm's name *(or yours, if self-employed)* MURDERER'S ROW		Firm's EIN	
Preparer's address 4 YANKEE BLVD NEW YORK, NY 10003			

▼ **Sign return here** ▼

Signature of fiduciary or officer representing fiduciary JOE DIMAGGIO

Date 03-03-2016 | Daytime phone number ( ) 518-869-0505

E-mail JoltinJoe@yahoo.com

Department of Taxation and Finance

Fiduciary Income Tax Return

New York State • New York City • Yonkers

IT-205

NEW YORK STATE 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

Name of estate or trust *(as shown on federal Form SS-4)* HALL OF FAME GRANTOR TRUST	Date entity created 01-24-1978
Name and title of fiduciary JOE DIMAGGIO, TRUSTEE	Identification number of estate or trust 004-XX-1002
Address of fiduciary *(number and street or rural route)* 690 RUE SHERBROOKE	Decedent's social security number (SSN) *(see instr.)*
City, village, or post office: Montreal · State: QC · ZIP code: HCA 1E9	Mark an ***X*** in the applicable box: Initial return ☐ Final return ☐
Country: CA	☐ Trust meets conditions of section 605(b)(3)(D)

Amended return *(submit explanation)* ☐ Income distribution deduction *(see instructions, Form IT-205-I)* ____ Number of beneficiaries ____ Qualifying special conditions for filing your 2015 tax return *(see instructions)* ____ ____

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 ☐	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

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	.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:*	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

205001150099

 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.

205002150099

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	.00
	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.

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)	☐	☐		.00		.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	.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:

(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 ..... See cover sheet for list of ID #s

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 BABE RUTH	PIN *(see instr.)* 03031
	E-mail: THEBABE@YAHOO.COM	Phone: ( )518-452-0303	
Paid preparer must complete *(see instr.)*	Preparer's signature LOU GEHRIG	Preparer's NYTPRIN 004-04-0503	NYTPRIN excl. code
	Preparer's printed name	Preparer's PTIN or SSN 004-05-0403	Date 03-01-2016
Firm's name *(or yours, if self-employed)* MURDERER'S ROW		Firm's EIN	
Preparer's address 4 YANKEE BLVD NEW YORK, NY 10003			

▼ **Sign return here** ▼

Signature of fiduciary or officer representing fiduciary JOE DIMAGGIO

Date 03-03-2016 | Daytime phone number ( ) 518-869-0505

E-mail JoltinJoe@yahoo.com

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

Name of estate or trust *(as shown on federal Form SS-4)* HALL OF FAME GRANTOR TRUST	Date entity created 01-24-1978
Name and title of fiduciary JOE DIMAGGIO, TRUSTEE	Identification number of estate or trust 004-XX-1002
Address of fiduciary *(number and street or rural route)* 664 RUE DE LA VERRERIE	Decedent's social security number (SSN) *(see instr.)*
City, village, or post office: Paris State: 750004 ZIP code:	Mark an ***X*** in the applicable box: Initial return ☐ Final return ☐
Country: FR	☐ Trust meets conditions of section 605(b)(3)(D)

Amended return *(submit explanation)* ☐

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

Number of beneficiaries

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

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 ☐	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

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	.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:*	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.

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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	.00
	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.

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)	☐	☐		.00		.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	.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:

(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 ..... See cover sheet for list of ID #s

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 BABE RUTH	PIN *(see instr.)* 03031
	E-mail: THEBABE@YAHOO.COM	Phone: ( )518-452-0303	
Paid preparer must complete *(see instr.)*	Preparer's signature LOU GEHRIG	Preparer's NYTPRIN 004-04-0503	NYTPRIN excl. code
	Preparer's printed name	Preparer's PTIN or SSN 004-05-0403	Date 03-01-2016
Firm's name *(or yours, if self-employed)* MURDERER'S ROW		Firm's EIN	
Preparer's address 4 YANKEE BLVD NEW YORK, NY 10003			

▼ **Sign return here** ▼

Signature of fiduciary or officer representing fiduciary JOE DIMAGGIO

Date 03-03-2016 | Daytime phone number ( ) 518-869-0505

E-mail JoltinJoe@yahoo.com