Department of Taxation and Finance

Fiduciary MeF Acceptance Testing for Tax Year 2015

TEST NUMBER: 1006

Forms Included: IT-205, IT-205-A, IT-205-C, IT-205-J, IT-182 and IT-225

Test Notes:

Return specific information: Entity ID 004xx1006* is a calendar year, non-resident Complex trust with 1 beneficiary. Any overpayment should 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: Boggs Davis
Phone: 518-459-1176
Sign Date: 03-03-2016
E-mail: brothers@shawshank.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)* Red's Estate	Date entity created 06/24/2008
Name and title of fiduciary Andrew Dufresne	Identification number of estate or trust 004-XX-1006
Address of fiduciary *(number and street or rural route)* 60 Shawshank Rd	Decedent's social security number (SSN) *(see instr.)*
City, village, or post office: Boston · State: MA · ZIP code: 23488	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)* 706 | 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	26,533.00
B	New York adjusted gross income from NYAGI worksheet, line 5 *(see instructions)*	B	24,262.00
C	Amount from Form IT-205-A, Schedule 1, line 10, column a	C	19,510.00
1	Federal taxable income of fiduciary *(from back page, line 62)*	1	19,510.00
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	0.00
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	.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	300.00
31	Estimated tax payments allocated to beneficiaries *(from Form IT-205-T)*	31	.00
32	Subtract line 31 from line 30	32	300.00
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	300.00

38	If line 37 is more than the total of lines 29 and 42, enter the overpayment	38	300.00
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	300.00
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	650.00
	65 Other *(from Form IT-225, line 9; see instructions)*			65	.00
	66 Total additions *(add lines 63, 64, and 65)*			66	650.00
Subtractions	67 Interest income on US obligations included in federal income	67	.00		
	68 Other *(from Form IT-225, line 18; see instructions)*	68	33.00		
	69 Total subtractions *(add lines 67 and 68)*			69	33.00
	70 New York fiduciary adjustment *(difference between lines 66 and 69 to be entered as total of column 5 below)*			70	617.00

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) Tony Montana 1 Scarface Circle Tampa, F	☒	☒	004-11-9898	706.00	1.0000	617.00
(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	706.00	100%	617.00

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	PIN *(see instr.)*
	E-mail:	Phone: ( )	
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: Boggs Davis

Date: 03-03-2016

Daytime phone number: ( ) 518-459-1176

E-mail: brothers@shawshank.com

Department of Taxation and Finance

Fiduciary Allocation

IT-205-A

Submit with Form IT-205

NEW YORK STATE 2015

For the full year January 1, 2015, through December 31, 2015 or fiscal year beginning 01/01/15 **15** and ending 12/31/15

Name of estate or trust *(as shown on federal Form SS-4)*	Identification number of estate or trust

2070011500099

Complete this form as follows:

– **Resident estate or trust with any nonresident beneficiaries**
If any of the income distributable to the nonresident beneficiaries is derived from New York State sources, complete Schedules 4, 2, and 3, in that order. Then complete any of Schedules 5, 6, 7, and 8 that apply, as described below.

However, do not complete Form IT-205-A if none of the income distributable to the nonresident beneficiaries is derived from New York State sources, even if other income is distributable to those beneficiaries. In this case, include a statement with Form IT-205, *Fiduciary Income Tax Return*, to the effect that the distributable income of the nonresident beneficiaries consists only of income that is not taxable to nonresident individuals.

– **Nonresident estate or trust and part-year resident trust**
Complete Schedules 4, 2, 3, and 1, in that order. Then complete any of Schedules 5, 6, 7, and 8 that apply, as follows:

Schedules 5, 6, 7, and 8 referred to above are to be completed under the following circumstances:

Schedule 5 – If the estate or trust carries on business both in and out of New York State but does not maintain books and records from which the New York income of the business can be determined.
Schedule 6 – If the estate or trust claims a deduction for New York charitable contributions.
Schedules 7 and 8 – If the estate or trust has gains or losses from the sale or disposition of New York property.

Instructions for completing the various schedules of this form can be found in Form IT-205-A-I, *Instructions for Form IT-205-A*.

Schedule 1 – Computation of New York tax of a nonresident estate or trust or part-year resident trust

			a Total federal amount	b Amount from New York City resident period
1	Adjusted total income (or loss) *(from line 30, column a; see instructions)*	1	20,316.00	.00
2	Income distribution deduction *(from federal Form 1041, Schedule B, line 15; submit copy of each federal Schedule K-1 (Form 1041))*	2	706.00	.00
3	Estate tax deduction *(submit computation)*	3	.00	.00
4	Exemption (federal)	4	100.00	.00
5	Total *(add lines 2 through 4)*	5	806.00	.00
6	Federal taxable income of fiduciary *(subtract line 5 from line 1; enter column a amount on Form IT-205, front page, line 1)*	6	19,510.00	.00
7	New York modifications relating to amounts allocated to principal *(see instructions)*	7	.00	.00
8	Balance *(line 6 and add or subtract line 7)*	8	19,510.00	.00
9	Fiduciary's share of New York fiduciary adjustment *(from Form IT-205, Schedule C, column 5)*	9	.00	.00
10	New York taxable income of fiduciary *(line 8 and add or subtract line 9; see instructions)*	10	19,510.00	.00
11	New York State base tax on line 10 amount *(see instructions)*	11	936.00	
12	Income percentage - income percentage may be greater than 100% *(see instructions)*	12		
13	Allocated New York State tax *(multiply line 11 by the decimal on line 12; enter here and on Form IT-205, line 9)*	13	.00	

Schedule 2 – Fiduciary's and beneficiary's share of income from New York State sources *(see instructions)*

Beneficiary - same as on Form IT-205, Schedule C	Shares of federal distributable net income *(see instructions)* 1 Amount	2 Percentage	3 Shares of income from New York sources	4 Shares of fiduciary adjustment
a Tony Montana	706.00	1.00	7,143.00	617.00
b	.00		.00	.00
Fiduciary	.00		-1.00	.00
Totals	706.00	100%	7,142.00	617.00

Enter the amount from Schedule 4, line 38, column a, on Schedule 2 at the *Totals* line of column 1. Enter the amount from Schedule 4, line 38, column b, on Schedule 2 at the *Totals* line of column 3. Enter the amount from Form IT-205, line 70 on Schedule 2, at the *Totals* line of column 4. Enter the fiduciary's share of fiduciary adjustment on Form IT-205-A-I, page 3, *New York State income percentage* worksheet, line e. If the fiduciary adjustment is a positive amount, it must be added to income; if it is a negative amount, it must be subtracted from income.

Schedule 3 – Nonresident beneficiary's share of income and deduction from New York State sources *(see instructions)*

Beneficiary - same as on Form IT-205, Schedule C	1 Dividends from New York sources	2 Short-term capital gain from New York property	3 Long-term capital gain from New York property	4 Other taxable income from New York sources	5 Other deductions from New York sources
a Tony Montana	.00	.00	.00	9,176.00	*(see instructions; submit schedule)*
b	.00	.00	.00	.00	

2,034.00

Nonresident beneficiaries must report items of income and deduction stated on Schedule 3 on lines 1 through 18 of their New York State returns as items derived from or connected with New York State sources.

Schedule 4 – Details of federal distributable net income and amounts from New York State sources *(see instructions)*

	Lines 14 through 30, column a are similar to entries on federal Form 1041, page 1.		a – Federal amount	b – Amount of column a from New York sources	c – Amount of column a for New York City resident period	d – Amount of column a for Yonkers resident period
Income	**14** Interest income	**14**	11,113 .00	6,350 .00	.00	.00
	15 Dividends	**15**	1,383 .00	.00	.00	.00
	16 Business income (or loss) *(submit copy of federal Schedule C or C-EZ, Form 1040)*	**16**	.00	.00	.00	.00
	17 Capital gain (or loss) *(submit copy of federal Schedule D, Form 1041)*	**17**	19,610 .00	-2,416 .00	.00	.00
	18 Rents, royalties, partnerships, other estates and trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	**18**	-8,419 .00	2,826 .00	.00	.00
	19 Farm income (or loss) *(submit copy of federal Schedule F, Form 1040)*	**19**	.00	.00	.00	.00
	20 Ordinary gain (or loss) *(submit federal Form 4797)*	**20**	.00	.00	.00	.00
	21 Other income *(state nature of income)*	**21**	2,846 .00	.00	.00	.00
	22 Total income *(add lines 14 through 21; enter column a amount on Form IT-205, front page, item A)*	**22**	26,533 .00	6,760 .00	.00	.00
Deductions	**23** Interest	**23**	19 .00	5 .00	.00	
	24 Taxes	**24**	650 .00	615 .00	.00	
	25 Fiduciary fees	**25**	.00	.00	.00	
	26 Charitable deduction	**26**	.00	.00	.00	
	27 Attorney's, accountant's, and return preparer's fees	**27**	850 .00	217 .00	.00	
	28 Other deductions *(submit schedule; see instructions)*	**28**	4,698 .00	1,197 .00	.00	
	29 Total *(add lines 23 through 28)*	**29**	6,217 .00	2,034 .00	.00	
	30 Adjusted total income (or loss) *(subtract line **29** from line **22**)*	**30**	20,316 .00	4,726 .00	.00	

Lines 31 through 38, column a, are similar to entries on federal Form 1041, Schedule B.

31	Adjusted tax-exempt interest	**31**	.00	.00	.00	
32	Net gain shown on Schedule 7, line 75, column 1 *(if net loss, enter **0**)*	**32**	.00	.00	.00	
33	Enter the sum of lines 52 and 55 from Schedule 6	**33**	.00	.00	.00	
34	Short-term capital gain included on Schedule 6, line 47	**34**	.00	.00	.00	
35	If amount on line 17 above is a capital loss, enter amount here *(as a positive figure)*	**35**	.00	2,416 .00	.00	
36	Total *(add lines **30** through **35**)*	**36**	20,316 .00	7,142 .00	.00	
37	If amount on line 17 above is a capital gain, enter that amount here	**37**	19,610 .00	.00	.00	
38	Distributable net income *(subtract line 37 from line 36)* - Enter column a amount as total of Schedule 2, column 1 and enter column b amount on Schedule 2, column 3, *Totals* line	**38**	706 .00	7,142 .00	.00	

Schedule 5 – Formula basis allocation of business income. Complete if business is carried on both in and out of New York State

(submit list giving locations and descriptions of all places, both in and out of New York State, where you carry on business).

	Items used as factors		1 Totals - in and out of New York State	2 New York State amounts	3 Percent column 2 is of column 1
	Property percentage *(see instructions)*				
39	Real property owned	**39**	.00	.00	
40	Real property rented from others	**40**	.00	.00	
41	Tangible personal property owned	**41**	.00	.00	
42	Property percentage *(add lines 39, 40, and 41; see instructions)*	**42**	.00	.00	%
43	Payroll percentage *(see instructions)*	**43**	.00	.00	%
44	Gross income percentage *(see instructions)*	**44**	.00	.00	%
45	Total of percentages *(add lines 42, 43, and 44, column 3)*			**45**	%
46	**Business allocation percentage** *(divide total percentage on line 45 by 3 or by actual number of percentages if less than 3)*			**46**	%

To determine the amounts from New York State sources in Schedule 4, column b, apply the percentage on line 46 in the manner shown below to each item of income or deduction that is both reported in Schedule 4, column a, and required to be allocated.

From line number _____ $ _____ .00 × _____ % = $ _____ .00

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Schedule 6 – Computation of New York charitable deduction

47	Amounts paid or permanently set aside for New York charitable purposes from gross income *(see instructions)*			47	.00
48	Tax-exempt income from sources outside New York State allocable to New York charitable contribution	48	.00		
49	Lines 49 through 53 intentionally left blank				
50					
51					
52					
53				53	
54	Balance *(subtract line 48 from line 47)*			54	.00
55	Capital gains for the tax year allocated to corpus and paid or permanently set aside for New York charitable purposes			55	.00
56	Add lines 54 and 55			56	.00
57	Section 1202 exclusion allocable to capital gains paid or permanently set aside for New York charitable purposes			57	.00
58	Total *(subtract line 57 from line 56)*			58	.00

Schedule 7 – Capital gains and losses from sales or exchanges of New York capital assets *(see instructions concerning tangible and intangible personal property carried as business assets)*

Part 1 – Short-term capital gains and losses – assets of New York property held one year or less

	a Kind of property and description *(if necessary, submit statement of descriptive details not shown below)*	b Date acquired *(mm-dd-yyyy)*	c Date sold *(mm-dd-yyyy)*	d Gross sales price	e Federal cost or other basis, plus expense of sale	f Gain (or loss) *(d minus e)*
59				.00	.00	.00
				.00	.00	.00
				.00	.00	.00

60	Short-term capital gain (or loss) from installment sales and like-kind exchanges of New York property	60	.00
61	Net short-term gain (or loss) from New York property derived from partnerships, S corporations, and other estates or trusts	61	0 .00
62	Net gain (or loss) *(combine lines 59 through 61)*	62	.00
63	Short-term capital loss carryover *(submit computation)*	63	.00
64	Net short-term gain (or loss) *(combine lines 62 and 63; enter here and on line 73 below)*	64	.00

Part 2 – Long-term capital gains and losses – assets of New York property held more than one year

65			.00	.00	.00
			.00	.00	.00
			.00	.00	.00

66	Long-term capital gain (or loss) from installment sales and like-kind exchanges of New York property	66	.00
67	Net long-term gain (or loss) from New York property derived from partnerships, S corporations, and other estates or trusts	67	-2,416 .00
68	Capital gain distributions	68	.00
69	Enter gain, if any, from Schedule 8, line 81	69	.00
70	Net gain (or loss) *(combine lines 65 through 69)*	70	-2,416 .00
71	Long-term capital loss carryover from 2014 *(submit computation)*	71	.00
72	Net long-term gain (or loss) *(combine lines 70 and 71; enter here and on line 74 below)*	72	-2,416 .00

Part 3 – Summary of Parts 1 and 2

			1 – Beneficiaries	2 – Fiduciary	3 – Total
73	Net short-term gain (or loss) from line 64, column f, above	73	.00	.00	.00
74	Net long-term gain (or loss) from line 72, column f, above	74	.00	-2,416 .00	-2,416 .00
75	Total net gain (or loss) *(line 73 and add or subtract line 74)*	75	.00	-2,416 .00	-2,416 .00

Enter on Schedule 4, line 17, column b, the net gain shown on line 75, column 3, above. If line 75, column 3, above is a net loss, see instructions.

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Schedule 8 – Supplemental schedule of gains and losses from New York property *(see instructions)*

Part 1 – Sales or exchanges of New York property used in a trade or business and involuntary conversions from other than casualty and theft – property held more than one year

Submit a copy of federal Form 4684 to report involuntary conversions of New York property from casualty and theft.

a Kind of property *(if necessary, submit statement of descriptive details not shown below)*	b Date acquired *(mm-dd-yyyy)*	c Date sold *(mm-dd-yyyy)*	d Gross sales price	e Federal depreciation allowed (or allowable) since acquisition	f Federal cost or other basis, plus improvements and expense of sale	g Loss *(f minus the sum of d and e)*	h Gain *(d plus e minus f)*
76			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00

77	Gain, if any, from federal Form 4684, line 39	**77**		.00
78	Section 1231 gain from installment sales from federal Form 6252, line 26 or 37	**78**		.00
78a	Section 1231 gain (or loss) from like-kind exchanges from federal Form 8824	**78a**	(.00)	.00
79	Gain, if any, from federal Form 4797, line 32, from other than casualty or theft	**79**		.00
80	Add line 76, column g amounts, and lines 76 through 79, column h amounts	**80**	(.00)	.00
81	Combine columns g and h of line 80. Enter gain (or loss) here, and on appropriate line as follows:	**81**		.00

a) If line 81 is a gain, enter the gain as a long-term capital gain on Schedule 7, line 69.

b) If line 81 is zero or a loss, enter that amount on line 83.

Part 2 – Ordinary gains and losses from New York property

a Kind of property *(if necessary, submit statement of descriptive details not shown below)*	b Date acquired *(mm-dd-yyyy)*	c Date sold *(mm-dd-yyyy)*	d Gross sales price	e Federal depreciation allowed (or allowable) since acquisition	f Federal cost or other basis, plus improvements and expense of sale	g Loss *(f minus the sum of d and e)*	h Gain *(d plus e minus f)*
82 Ordinary gains and losses not included on lines 83 through 87 *(include property held one year or less)*							
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00

83	Loss, if any, from line 81	**83**	.00	
84	Gain, if any, from federal Form 4797, line 31	**84**		.00
85	Net gain (or loss) from federal Form 4684, lines 31 and 38(a)	**85**	.00	.00
86	Ordinary gain from installment sales from federal Form 6252, line 25 or line 36, or both	**86**		.00
86a	Ordinary gain (or loss) from like-kind exchanges from federal Form 8824	**86a**	(.00)	.00
87	Recapture of section 179 deduction	**87**		.00
88	Add lines 82, 83, and 85, column g amounts, and line 82 and lines 84 through 87, column h amounts	**88**	(.00)	.00
89	Combine columns g and h of line 88. Enter gain (or loss) here and on Schedule 4, line 20, column b	**89**		.00

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Department of Taxation and Finance

New York State Resident Trust Nontaxable Certification

Tax Law – Article 22, Sections 605(b)(3)(D) and 658(f)(2)

IT-205-C

To be filed with Form IT-205 when a trust meets the conditions of Tax Law section 605(b)(3)(D); see instructions (Form IT-205-I)

Name of trust	Employer identification number (EIN)

Mark an ***X*** for all that apply:

1 All of the trustees are domiciled in a state other than New York State ..... **1** ☒

2 The entire corpus of the trust, including real and tangible personal property, is located outside of New York State (it is the Tax Department's position that intangibles located in the state but that are not employed in a business carried on in the state are not located in the state for purposes of this rule) ..... **2** ☐

3 All income and gains of the trust are derived from, or connected with, sources outside of New York State, determined as if the trust were a nonresident trust *(see instructions)* ..... **3** ☐

A Is the trust an incomplete gift non-grantor trust? *(mark an **X** in one box; see instructions)* ..... Yes ☐ No ☒

B Did the trust make an accumulation distribution to a New York State resident beneficiary? (*mark an **X** in one box; see instructions)* Yes ■ No ☐

Trustee identifying information

(Submit additional sheets if necessary. Follow the same format and include the name and EIN of the trust on each sheet.)

Trustee name			Identifying number (SSN or EIN)	Mark an ***X*** in the box if trustee is a nonresident:
Andrew Dufresne			004-88-7755	☒
Mailing address *(number and street or PO Box)*		Apartment number		
60 Shawshank Dr				
City, village, or post office	State	ZIP code		
Boston	MA	23488		
Trustee name			Identifying number (SSN or EIN)	Mark an ***X*** in the box if trustee is a nonresident:
				☐
Mailing address *(number and street or PO Box)*		Apartment number		
City, village, or post office	State	ZIP code		
Trustee name			Identifying number (SSN or EIN)	Mark an ***X*** in the box if trustee is a nonresident:
				☐
Mailing address *(number and street or PO Box)*		Apartment number		
City, village, or post office	State	ZIP code		
Trustee name			Identifying number (SSN or EIN)	Mark an ***X*** in the box if trustee is a nonresident:
				☐
Mailing address *(number and street or PO Box)*		Apartment number		
City, village, or post office	State	ZIP code		

Signature of fiduciary or officer representing fiduciary	Printed name of person signing	Date

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Department of Taxation and Finance

New York State Accumulation Distribution for Exempt Resident Trusts

Schedule J - Attachment to Form IT-205

Tax Law – Section 658(f)

IT-205-J

Submit with Forms IT-205 and IT-205-C if the trust meets the conditions of Tax Law section 658(f); see Form IT-205-J-I, *Instructions for Form IT-205-J*.

Name of trust	Employer identification number (EIN)

Part 1 – Accumulation distribution

				Whole dollars only
1	Other amounts paid, credited, or otherwise required to be distributed *(from federal Form 1041, Schedule B, line 10)*		1	1,006
2	Distributable net income *(from federal Form 1041, Schedule B, line 7)*	2 706		
3	Income required to be distributed currently *(from federal Form 1041, Schedule B, line 9)*	3 706		
4	Subtract line 3 from line 2; if zero or less, enter ***0***		4	0
5	Accumulation distribution; subtract line 4 from line 1		5	300

Part 2 – Ordinary income accumulation distribution *(Enter the applicable throwback years below; see instructions)*

Note: If the distribution is thrown back to more than 5 years (starting with the earliest applicable tax year beginning after 1968), attach additional schedules. (If the trust was a simple trust, see Internal Revenue Code (IRC) Treasury Regulations section 1.665(e)-1A(b).)

			Throwback year ending 12-31-2014	Throwback year ending	Throwback year ending	Throwback year ending	Throwback year ending
6	Distributable net income *(see instructions)*	6	800				
7	Distributions *(see instructions)*	7	400				
8	Subtract line 7 from line 6	8	400				
9	Enter the amount from line 28 or line 34, as applicable	9	83				
10	Undistributed net income *(subtract line 9 from line 8)*	10	317				
11	Enter the amount of prior accumulation distributions thrown back to any of these years	11	100				
12	Subtract line 11 from line 10	12	217				
13	Allocate the amount on line 5 to the earliest applicable year first. Do not allocate an amount greater than line 12 for the same year *(see instructions)*	13	190				
14	Divide line 13 by line 10 and multiply result by the amount on line 9	14	50				
15	Add lines 13 and 14	15	240				
16	Federal tax exempt interest included on line 13 *(see instructions)*	16	40				
17	Subtract line 16 from line 15	17	200				

(continued)

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		Throwback year ending 12-31-2014	Throwback year ending	Throwback year ending	Throwback year ending	Throwback year ending
18 New York addition modifications ...	**18**	0				
19 New York subtraction modifications	**19**	0				
20 Add lines 17 and 18, then subtract line 19	**20**	200				

If the throwback year(s) is a tax year that the trust was subject to New York State tax, or a tax year starting before January 1, 2014, there is no New York State modification required for that year. Do not complete Part 4 for that year.

If the throwback year(s) is a tax year prior to when the beneficiary first became a resident of New York State, a tax year before the beneficiary was born or reached age 21, or the income was already included in the beneficiary's gross income, do not complete Part 4 for that beneficiary for that year.

Part 3 – Federal taxes imposed on undistributed net income *(Enter the applicable throwback years below; see instructions.)*

Note: If more than 5 throwback years are involved, attach additional schedules. If the trust received an accumulation distribution from another trust, see IRC Treasury Regulations section 1.665(d)-1A.

If the trust elected the federal alternative tax on capital gains (repealed for tax years beginning after 1978), skip lines 21 through 28 and complete lines 29 through 34.

		Throwback year ending 12-31-2014	Throwback year ending	Throwback year ending	Throwback year ending	Throwback year ending
21 Regular federal tax	**21**	450				
22 Trust's share of net short term gain	**22**	300				
23 Trust's share of net long term gain	**23**	250				
24 Add lines 22 and 23	**24**	550				
25 Federal taxable income	**25**	675				
26 Divide line 24 by line 25; round to four decimal places but do not enter more than 1.....	**26**	0.8148				
27 Multiply line 21 by the amount on line 26	**27**	367				
28 Federal tax on undistributed net income. Subtract line 27 from line 21. Enter here and on line 9 ...	**28**	83				

(continued)

Do not complete lines 29 through 34 unless the trust elected the alternative tax on long term capital gain.

		Throwback year ending _____	Throwback year ending _____	Throwback year ending _____	Throwback year ending _____	Throwback year ending _____
29 Federal tax on income other than long term capital gain	**29**					
30 Trust's share of net short term gain	**30**					
31 Trust's share of taxable income less section 1202 deduction	**31**					
32 Divide line 30 by line 31; round to four decimal places but do not enter more than 1	**32**					
33 Multiply line 29 by the amount on line 32	**33**					
34 Federal tax on undistributed net income. Subtract line 33 from line 29. Enter here and on line 9	**34**					

Part 4 – Allocation to beneficiary

Beneficiary's name	Identifying number
Tony Montana	004-11-9898
Beneficiary's address *(number and street or rural route)*	
1 Scarface Circle	
City, state, ZIP code	
Tampa, FL 10036	

		A Beneficiary's share of line 13	**B** Beneficiary's share of line 14	**C** Beneficiary's share of line 16	**D** Beneficiary's share of line 18	**E** Beneficiary's share of line 19
35 Throwback year 2014	**35**	100	30	20	0	0
36 Throwback year _____	**36**					
37 Throwback year _____	**37**					
38 Throwback year _____	**38**					
39 Throwback year _____	**39**					
40 **Total.** Add lines 35 through 39	**40**	100	30	20	0	0

41 Amount of current distribution that is considered distributed in earlier tax years *(from line 40, column A)*	**41**	100
42 Federal taxes imposed on the trust on the amount from line 41 *(from line 40, column B)*	**42**	30
43 Add lines 41 and 42	**43**	130
44 Federal tax exempt interest included in the amount from line 41 *(from line 40, column C)*	**44**	20
45 Subtract line 44 from line 43	**45**	110
46 New York additions *(from line 40, column D)*	**46**	0
47 Add lines 45 and 46	**47**	110
48 New York subtractions *(from line 40, column E)*	**48**	0
49 New York accumulation distribution modification *(subtract line 48 from line 47; if line 48 is greater than line 47, enter **0**)*	**49**	110

Beneficiary: Enter the line 49 amount on Form IT-225 as addition modification A-***116***. If you received separate Schedule J Part 4s from multiple trusts, enter the sum of line 49 from all schedules. However, no addition modification is required to be made on Form IT-225 by the beneficiary if the trust is an incomplete gift non-grantor trust.

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Department of Taxation and Finance

Passive Activity Loss Limitations

For Nonresidents and Part-Year Residents

IT-182

NEW YORK STATE 2015

Submit with your Form IT-203 or IT-205.

Name as shown on return	Identifying number as shown on return

See the instructions on page 4, before completing this form.

Part I – Passive activity loss

Rental real estate activities with active participation

1a	Activities with net income from Worksheet 1, column (a)	**1a**	.00		
1b	Activities with net loss from Worksheet 1, column (b)	**1b**	.00		
1c	Prior years unallowed losses from Worksheet 1, column (c) *(see instructions)*	**1c**	.00		
1d	Add lines 1a, 1b, and 1c			**1d**	.00

Commercial revitalization deductions from rental real estate activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)	**2a**	.00		
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	**2b**	.00		
2c	Add lines 2a and 2b			**2c**	.00

All other passive activities

3a	Activities with net income from Worksheet 3, column (a)	**3a**	1250.00		
3b	Activities with net loss from Worksheet 3, column (b)	**3b**	-2475.00		
3c	Prior years unallowed losses from Worksheet 3, column (c) *(see instructions)*	**3c**	.00		
3d	Add lines 3a, 3b, and 3c			**3d**	-1225.00

4 Add lines 1d, 2c, and 3d. **Note:** If this line is zero or more, stop here and submit this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used. **4** -1225.00

If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part IV, line 15.

Caution: If married filing separately, filing status ③, and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II – Special allowance for rental real estate activities with active participation

Note: Enter all numbers in Part II as positive amounts (greater than zero). See instructions.

5	Enter the smaller of the loss on line 1d or the loss on line 4			**5**	.00
6	Enter 150,000 *(if married filing separately, see instructions)*	**6**	.00		
7	Enter federal modified adjusted gross income, but not less than zero *(see instr.)*	**7**	.00		
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, and leave line 10 blank. Otherwise, go to line 8.				
8	Subtract line 7 from line 6	**8**	.00		
9	Multiply line 8 by 50% (.5). Do not enter more than 25,000. *(If married filing separately, filing status ③, see instr.)*			**9**	.00
10	Enter the smaller of line 5 or line 9			**10**	.00

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III – Special allowance for commercial revitalization deductions from rental real estate activities

Note: Enter all numbers in Part III as positive amounts (greater than zero). See instructions.

11	Enter 25,000 reduced by the amount, if any, on line 10. *(If married filing separately, filing status ③, see instr.)*	**11**	.00
12	Enter the loss from line 4	**12**	.00
13	Subtract line 10 from line 12	**13**	.00
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	**14**	.00

Part IV – Total losses allowed

15	Add the income, if any, from lines 1a and 3a and enter the total	**15**	1250.00
16	**Total losses allowed from all passive activities for this year.** *(Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your return.)*	**16**	1250.00

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Caution: *File this form and its worksheets with your tax return. Keep a copy for your records.*

Worksheet 1 – For Form IT-182, lines 1a, 1b, and 1c *(see instructions)*

Name of activity/property description and address	Date of acquisition	Date of sale	Current year (a) Net income *(line 1a)*	Current year (b) Net loss *(line 1b)*	Prior years (c) Unallowed loss *(line 1c)*	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
Totals. Enter on Form IT-182, lines 1a, 1b, and 1c			.00	.00	.00		

Worksheet 2 – For Form IT-182, lines 2a and 2b *(see instructions)*

Name of activity/property description and address	(a) Current year deductions *(line 2a)*	(b) Prior years' unallowed deductions *(line 2b)*	(c) Overall loss
	.00	.00	.00
	.00	.00	.00
	.00	.00	.00
	.00	.00	.00
Totals. Enter on Form IT-182, lines 2a and 2b.....	.00	.00	

Worksheet 3 – For Form IT-182, lines 3a, 3b, and 3c *(see instructions)*

Name of activity/property description and address	Date of acquisition	Date of sale	Current year (a) Net income *(line 3a)*	Current year (b) Net loss *(line 3b)*	Prior years (c) Unallowed loss *(line 3c)*	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
Machine Purchase	08-02-1980	11-30-2015	1250.00	.00	.00	1250.00	.00
Tractor Sale	03-28-2007	09-13-2015	.00	2475.00	.00	.00	2475.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
Totals. Enter on Form IT-182, lines 3a, 3b, and 3c			1250.00	2475.00	.00		

Worksheet 4 – Use this worksheet if an amount is shown on Form IT-182, line 10 or 14 *(see instructions)*

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Special Allowance	(d) Subtract column (c) from column (a)
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
Totals		.00	**1.00**	.00	.00

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Worksheet 5 – Allocation of unallowed losses *(see instructions)*

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
Tractor Sale	Schedule E	2475.00	1.00	2000.00
		.00		.00
		.00		.00
		.00		.00
Totals		2475.00	**1.00**	2000.00

Worksheet 6 – Allowed losses *(see instructions)*

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Tractor Sale	Schedule E	2475.00	2000.00	475.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
Totals		2475.00	2000.00	475.00

Worksheet 7 – Activities with losses reported on two or more different forms or schedules *(see instructions)*

Name of activity/property description and address:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on *(see instructions)*: _____					
1a Net loss plus prior year unallowed loss from form or schedule	.00				
1b Net income from form or schedule	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank		.00		.00	.00
Form or schedule and line number to be reported on *(see instructions)*: _____					
1a Net loss plus prior year unallowed loss from form or schedule	.00				
1b Net income from form or schedule	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank.....		.00		.00	.00
Form or schedule and line number to be reported on *(see instructions)*: _____					
1a Net loss plus prior year unallowed loss from form or schedule	.00				
1b Net income from form or schedule	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank.....		.00		.00	.00
Totals		.00	**1.00**	.00	.00

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Instructions

General instructions

New York State Tax Law conforms to the passive activity loss rules for federal purposes. However, any deduction for a passive activity loss (PAL) for a nonresident or part-year resident must be recomputed to determine the amount that is allowed if the federal adjusted gross income took into account only items of income, gain, loss, or deduction derived from or connected with New York sources.

Purpose of form

Nonresident or part-year resident individuals, estates or trusts must file Form IT-182, *Passive Activity Loss Limitations,* to report the amount of allowed passive activity losses from New York sources for the current tax year.

It is possible, because of the above rules, for a nonresident to have a PAL for New York State without having a PAL for federal purposes, or to have a New York State PAL that is larger or smaller than the corresponding federal PAL. A nonresident or part-year resident individual, estate or trust claiming a PAL for New York State purposes but not for federal income tax purposes must file Form IT-203, *Nonresident and Part-Year Resident Income Tax Return*, or Form IT-205, *Fiduciary Income Tax Return*, to report the carryover of any PAL derived from or connected with New York sources.

If you were a **part-year resident**, you must recalculate your PAL limitations as if separate federal returns were filed for your resident and nonresident periods using only those items of income, gain, loss, or deduction attributable to each period. For the resident period, compute the New York PAL using only those items of income, gain, loss, and deduction that would have been reported if a separate federal return was filed for the period of New York State residence. For the nonresident period, compute the New York PAL using only those items of income and loss derived from or connected with New York sources.

Generally, losses from passive activities are subject to other limitations, such as basis and at-risk limitations, before they are subject to the passive loss limitations. Once a loss becomes allowable under these other limitations, you must determine whether the loss is limited under the passive loss rules. See the instructions for federal Form 6198*, At-Risk Limitations*, and federal Publication 925, *Passive Activity and At-Risk Rules*, for details on the at-risk rules.

Specific instructions

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

Before completing Form IT-182, compute your federal PAL limitation using federal Form 8582, *Passive Activity Loss Limitations,* and the federal worksheets attached to Form 8582. Then complete Form IT-182 and the New York worksheets attached to Form IT-182 using only those activities included on federal Form 8582 derived from or connected with New York sources. Part-year residents see *General instructions* above.

If you were not required to file federal Form 8582 due to one of the exceptions described in the instructions for federal Form 8582, complete the federal worksheets attached to Form 8582 as if you were required to file the federal form. Then complete Form IT-182 using only those activities derived from or connected with New York sources.

Part I – Passive activity loss

Use Part I to combine the net income and net loss from all New York passive activities to determine if you have a PAL from New York sources for this year.

Enter the amounts on lines 1a through 4 using Worksheets 1, 2, and 3 on page 2.

Worksheets 1, 2, and 3. Enter the name of the activity or the description and address of the property. Enter the acquisition date and the sale date in Worksheets 1 and 3, if applicable, of rental real estate activity in the columns indicated. See the instructions for federal Form 8582 for specific line instructions and examples for completing the worksheets. Complete the worksheets using only those items of income, gain, loss, or deduction derived from or connected with New York sources.

Part II – Special allowance for rental real estate activities with active participation

Use Part II to compute the maximum amount of rental loss allowed for New York purposes if you have a net loss from a rental real estate activity with active participation. Enter all numbers in Part II as positive amounts (greater than zero).

See the instructions for federal Form 8582 for specific line instructions and examples.

Line 6 – Married persons filing separate returns who lived apart from their spouses at all times during the year must enter $75,000 on line 6 instead of $150,000. Married persons filing separate returns who lived with their spouses at any time during the year are not eligible for the special allowance. Leave line 10 blank and go to line 15.

Line 7 – See the instructions for federal Form 8582 to compute your federal modified adjusted gross income. Enter on line 7 your modified adjusted gross income using only those amounts derived from or connected with New York sources.

Line 9 – Do not enter more than $12,500 on line 9 if you are married filing a separate return and you and your spouse lived apart at all times during the year. Married persons filing separate returns who lived with their spouses at any time during the year are not eligible for the special allowance. Leave line 10 blank and go to line 15.

Part III – Special allowance for commercial revitalization deductions from rental real estate activities

Use Part III to compute the maximum amount of commercial revitalization deductions allowed if you have a commercial revitalization deduction (CRD) from a rental real estate activity within New York State. For more information about the CRD, see the instructions for federal Form 8582, or section 1400I of the Internal Revenue Code.

Enter all numbers in Part III as positive amounts (greater than zero).

Line 11 – If you are married filing a separate return and you and your spouse lived apart at all times during the year, enter $12,500 (reduced by the amount, if any, on line 10). Married persons filing separate returns who lived with their spouses at any time during the year are not eligible for the special allowance. Leave line 14 blank and go to line 15.

Part IV – Total losses allowed

Use Part IV to compute the amount of the PAL from New York sources (as determined in Part I) allowed for this year.

Line 16 – Use the worksheets provided with this form and the instructions for Part IV of federal Form 8582, Worksheet 1 through Worksheet 7, to calculate the unallowed loss from New York sources to be carried forward and the allowed loss from New York sources of each activity. Report the amounts allowed in the *New York State amount* column of Form IT-203 or on Form IT-205-A, *Fiduciary Allocation*.

Complete the worksheets provided with this form, using only those items of income or loss derived from or connected with New York sources. (Also see Part IV of the instructions for federal Form 8582.)

How to report allowed losses – See *How To Report Allowed Losses* in the instructions for federal Form 8582. Follow the instructions and use Worksheet 6 and Worksheet 7 to identify the amount of allowed losses from each activity from New York sources. Report the recomputed amounts of the New York allowed loss for each activity in the *New York State amount* column of Form IT-203 or on Form IT-205-A on the same line on which the loss was reported for federal purposes.

Submit Form IT-182 with your Form IT-203 or Form IT-205.

Retention of records – Keep a copy of Form IT-182 and the worksheets used to calculate the amounts reported on Form IT-203 or on Form IT-205-A for three years after the sale or disposition of all activities included on the form.

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 -**		00		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**		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**		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**		00

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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 -** 1 0 7	33	00	33	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**	33	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**	33	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**	33	00

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