		artment of Taxation and Fina	_				IT-205		
		Income Tax F 013, through Dec. 31, 20			New Yor	k City • Yonkers 13 and ending			
	ecedent's estate		Date entity create						
	imple trust								
	omplex trust Name and title of fiduc		Identification number of estate or trust						
	ualified disability trust								
		umber and street or rural ro	ute)			Decedent's social secu	rity number (SSN) (see instr.)		
	rantor type trust								
	City, village, or post of	fice Sta	ite	ZIP code		Mark an X in the applicable box:			
Ва	ankruptcy estate-Ch. 11					Initial return	Final return		
	country:						f section 605(b)(3)(D)		
Ame	nded return	n		Number of		g special conditions your 2013 tax			
	nit explanation) (see instructions, Form IT-205			beneficiaries		e instructions)			
	A Total income (from back page, line 51) .					Α	.00		
	B New York adjusted gross income from					В	.00		
	C Amount from Form IT-205-A, Schedu	le 1, line 10, column a	a			C			
	1 Federal taxable income of fiduciary (f	rom back page, line 62)				1 .00			
	2 New York modifications relating to an	nounts allocated to pri	ncipal			2.00			
	3 Balance (line 1 and add or subtract line 2	?)							
	4 Fiduciary's share of New York fiducial	ry adjustment (from ba	ick page	e, Schedule C, column 5)	[
	5 New York taxable income of fiduciary	(line 3 and add or subtra	act line	4)		5 .0			
suc	6 State tax on line 5 amount (full-year re	sident estate and trust o	nly)			6			
ctic	7 New York State amount from Form IT	-230, Part 2, line 2 (re	esident	estate and trust only)		7	.00		
Inc	8 Add lines 6 and 7					8	.00		
instructions	9 Allocated New York State tax (from Fo					·			
ee i	• If you completed Form IT-230, Part	2, mark an X in this bo	ох 🗌	<u></u>		9	. 00		
တီ 1	0 Nonrefundable state credits (submit so					10	.00		
	1 Subtract line 10 from line 8 or line 9.	,				11	.00		
1	 12 State separate tax on lump-sum distributions and other addbacks					12	.00		
						13	.00		
	4 Total New York State tax (add lines 11,					14	.00		
	New York City resident tax on line 5 amoun		15a		.00				
	New York City part-year resident tax (see	· ,	15b		.00	Make check or i	money order		
	New York City amount from Form IT-230, Part 2		16		.00	payable to NY S	State Income		
	Add line 15a or 15b to line 16		17		.00	Tax; write the es			
	New York City accumulation distribution		18		.00	employer identif	ciary Income Tax		
	-		19		.00		Form IT-205-V and		
		Subtract line 18 from line 17 (if less than zero, leave blank) 19 .00 New York City separate tax on lump-sum distributions (see instructions) 20 .00					mail it with the payment and the		
	Add lines 19 and 20	. ,	21		.00				
	Vew York City - UBT credit (from Form IT-219) 21 .00					address in the i	istructions.		
	-					23	.00		
	 Subtract line 22 from line 21 (if less than zero, leave blank) New York City minimum income tax (see instructions) 								
							.00 .00		
	Yonkers resident income tax surcharge from Yonkers worksheet, line e (see instructions) Yonkers part-year resident tax (from Form IT-205-A-I, page 4, Worksheet C, line 14)								
	Yonkers nonresident fiduciary earnings		26 27	.00					
	Sales or use tax (see instructions on pag					28	.00		
							.00		
	Total NYS, NYC, Yonkers taxes, and sa			-		29 30	.00		
		nated tax paid (including payments made with Form IT-370-PF)					.00		
		imated tax payments allocated to beneficiaries <i>(from Form IT-205-T)</i>					.00		
			32	.00					
	Refundable credits <i>Identify:</i>					33	.00		
	New York State tax withheld					34	.00		
	New York City tax withheld					35	.00		
	Yonkers tax withheld					36	.00		
	Total (add lines 32 through 36)					37	.00		
	If line 37 is more than the total of lines 29 and 42				.00				
	Amount of line 38 to be refunded to yo				.00				
	Amount of line 38 to be credited to 2014		40		.00				
	If line 37 is less than the total of lines 29 and 42,	•	41		.00		5001130094		
42	Estimated tax penalty (will reduce line 38 or in	crease line 41; see instr.)	42		.00				

IT-205 (2013) (back)

	IT-205 (2013) (I Submit a copy of		Schedule K-1 (Form	n 1041) fo	or each b	enefic	iary.						
43 Interest income 43 4 40 44 40 45 40	Schedule A – E	Details o	f federal taxable inc	come of a	a fiducia	ry of a	a resident es	tate	or trust				
44 Dividends 44 Dividends 44 Dividends 44 Dividends 45 Dividends 45 Dividends 45 Dividends 46 Dividend 45 Dividends 46 Dividend 47 Rents, royshiles, patherships, other estates and trusts (subnit capy of 16 rents, royshiles, patherships, other estates and trusts (subnit capy of 16 rents, royshiles, patherships, other estates 46 Dividend 47 Rents, royshiles, patherships, other estates 47 Dividend 49 Dividend 49 Dividend 49 Dividend 40 Divi										13		00	
45 Business income (or loss) (submit cay of loberal Schedule C on CEZ Farm (140) 45 46 46 46 46 46 40 41 4													
46 0.00 47 Rests. Lysikis, partnersbigs, other estates and frusts (submit copy of device) 47 -0.00 48 Farm income (or Loss) (submit copy of device) 47 -0.00 -0.00 49 Ordinary gain (or loss) (submit copy of device) 49 -0.00 -0.00 49 Ordinary gain (or loss) (submit copy of device) 50 -0.00 -0.00 50 Other income (state realize of income) (state realize of inc													
			,										
A Farm income (to loss) (submit copy of federal Schedule F. Form 1040) 49 49 40 49 40 49 40		E 47											
A B Farm income (or loss) (submit coy of clears) Form 1040)		lnc								47		.00	
										48		.00	
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9 Estate tax deduction (submit computation) 59												.00	
9 Estate tax deduction (submit computation) 59		npa								58		.00	
60 Exemption (federal) 60 .00 61 Total (add lines 52 through 60) 61 .00 62 Federal taxble income of fluciary (subtract line 61 non line 51; enter here and on fort page, line 1) 62 .00 63 Interest income on state and local bonds other than New York (gross amount not included in federal income) 63 .00 64 .00 64 .00 65 .00 64 .00 66 Other (see instructions) .61 .00 67 Interest income on US obligations included in federal income 67 .00 68 Other (see inst) .00 .00 .00 69 Total additions (add lines 67 and 68) .00 .00 .00 69 Total additions (add lines 67 and 68) .00 .00 .00 70 New York fiduciary adjustment of a resident or a nonresident estate or trust or a part-year resident trust .00 .00 69 Total additions (add lines 67 and 68) .00 .00 .00 70 New York fiduciary adjustment of a resident or a nonresident estate or trust or a part-year resident trust .00 .00 .00 </td <td></td> <td>۵ ₅</td> <td>,</td> <td>,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>.00</td>		۵ ₅	,	,								.00	
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63 Interest income on state and local bonds other than New York (gross amount not included in federal income) 63 .00 64 1000me taxes deducted on federal fiduciary return (see instructions)		62	2 Federal taxable incom	ne of fiducia	ary (subtract	line 61 fi	om line 51; enter h	ere and	on front page, line 1)	62		.00	
64 Income taxes deducted on federal fiduciary return (see instructions)			÷ ÷						-		ear resident	trust	
Schedule C - Shares of New York fiduciary adjustment of a resident or a nonresident estate or trust or a part-year resident trust Submit additional sheets if necessary. 2 Name and address of each beneficiary is a nonresident of: State Check box if beneficiary is a nonresident of: State 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 00 0 00 0 00 0 00 0 00 0 00 0 00 16 Inter vivos trust, enter name and address of grantor:	63 Interest								,			.00	
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Name and address of each beneficiary. New York Yonkers of each beneficiary intel income (see instructions) New York Check box if beneficiary is a nonresident of: State 3 Amount 4 Percent adjustment a)										rusto	or a part-yea	ar resident trust	
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a)			,			kers	or each bener	iciary		-		fiduciary	
b) 00 000 in to total of Schedule C, column 5, should be the same as Schedule B, line 70 above. (see instructions) Fiduciary 00 000 Totals 00 100% 00 A If inter vivos trust, enter name and address of grantor:		neficiary is	a nonresident of:			_			3 Amour				
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A If inter vivos trust, enter name and address of grantor:	The total of Concour			5 Ochedule	B, IIIC 70 a	5010.	,						
3 If revocable trust which changed state or city residence during the year, enter the date of the change of residence (<i>see instr., page 2</i>): 2 Resident status – mark an X in all boxes that apply: (3) NYS full-year nonresident estate or trust (6) Yonkers full-year resident estate or trust (1) NYS full-year resident estate or trust (4) NYC full-year resident estate or trust (7) Yonkers part-year resident trust (2) NYS part-year resident trust (5) NYC part-year resident trust (8) Yonkers full-year nonresident estate or trust (7) Yonkers part-year resident trust (8) Yonkers full-year nonresident estate or trust (8) Yonkers full-year nonresident estate or trust (7) Yonkers full-year nonresident estate or trust (8) Yonkers full-year nonresident estate or trust (8) Yonkers full-year nonresident estate or trust (9) If an estate, indicate last known address of decedent	A If interviewer to	unt onter		roptor					I				
2 Resident status – mark an X in all boxes that apply: (3) NYS full-year nonresident estate or trust (1) NYS full-year resident estate or trust (2) NYS part-year resident trust (3) NYC 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 trust (7) Yonkers part-year resident trust (8) Yonkers full-year nonresident estate or trust (9) Yonkers full-year resident trust (9) Yonkers full-year nonresident estate or trust (1) Intra-party (9) Yonkers full-year nonresident estate or trust (1) Intra-party (1) Prind designee's name (1) Designee's phone number (1) Preparer's signature (1) Preparer's nonresident estate (1) <t< td=""><td></td><td></td><td></td><td></td><td>uring the v</td><td>ear er</td><td>ter the date of</td><td>the ch</td><td>nance of residence</td><td></td><td>instr nage 2)</td><td></td></t<>					uring the v	ear er	ter the date of	the ch	nance of residence		instr nage 2)		
(1) □ NYS full-year resident estate or trust (4) □ NYC full-year resident estate or trust (7) □ Yonkers part-year resident trust (2) □ NYS part-year resident trust (5) □ NYC part-year resident trust (7) □ Yonkers part-year resident trust (8) □ Yonkers part-year nonresident estate or trust (8) □ Yonkers part-year nonresident estate or trust (9) □ fan estate, indicate last known address of decedent									-				
If an estate, indicate last known address of decedent						-			• •		•		
Nonresident estate - indicate state of residency	(2) 🗌 NYS pa	art-year re	sident trust	(5)	🗌 NYC pa	art-year	resident trust		(8) 🗌 \	/onkers	s full-year nonr	esident estate or trust	
Submit a list of executors or trustees with their addresses and identification numbers (SSN or EIN). If a grantor trust, enter the identification number (SSN or EIN) of the individual reporting the income/loss Third-party designee? (see instr.) Print designee's name Designee's phone number () Personal identification number (PIN) Yes No E-mail: Preparer's signature Preparer's NYTPRIN Preparer's Signature Preparer's PTIN or SSN Address Employer identification number Preparer's PTIN or SSN Signature of fiduciary or officer representing fiduciary	D If an estate, inc	dicate last	known address of dece	edent									
G If a grantor trust, enter the identification number (SSN or EIN) of the individual reporting the income/loss Personal identification number (PIN) Third-party designee? (see instr.) Print designee's name Designee's phone number () Personal identification number (PIN) Yes No E-mail: Preparer's signature Preparer's NYTPRIN V Sign return here ▼ Paid preparer must complete (see instr.) Firm's name (or yours, if self-employed) Preparer's PTIN or SSN Signature of fiduciary or officer representing fiduciary Address Employer identification number Date Daytime phone number ()													
Third-party designee? (see instr.) Print designee's name Designee's phone number Personal identification number (PIN) Yes No E-mail: E-mail: Preparer's signature Preparer's NYTPRIN Sign return here ▼ Paid preparer must complete (see instr.) Firm's name (or yours, if self-employed) Preparer's PTIN or SSN Signature of fiduciary or officer representing fiduciary Address Employer identification number Date Daytime phone number ()							•						
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preparer must complete (see instr.) Firm's name (or yours, if self-employed) Preparer's PTIN or SSN Signature of fiduciary or officer representing fiduciary Address Employer identification number Date Daytime phone number	Yes No	E-ma	ail:										
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(see instr.) Employer identification number Date Daytime phone number () () ()	must complete	ust Firm's name (or yours, if self-employed) Preparer's PT			s PTIN c	N or SSN Signature of fiduciary or			officer representing fiduciary				
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Date: Self-employed? E-mail:	Address				Employer	identifica	ation number	Dat	e		() aytime phon	e number	
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