

For Jan. 1 - Dec. 31, 2014, or fiscal year beginning , 2014, and ending

Name of trust or estate <i>(as shown on federal Form SS-4)</i>		Employer identification number
Name and title of fiduciary		
Address of fiduciary <i>(number and street or rural route)</i>		
City, village, or post office	State	ZIP code

<b>1</b> Total amount of estimated taxes to be allocated to beneficiaries (enter here and on Form IT-205, line 31) ..	<b>1</b>	.00
---	----------	-----

**Allocation to beneficiaries** *(submit additional sheets if necessary; see instructions on back)*

A		B	C	D
Name and address of beneficiary		Beneficiary's identifying number(s)	Amount of estimated tax payment allocated to beneficiary	Proration percentage
			.00	
			.00	
			.00	
			.00	
			.00	
			.00	
			.00	
			.00	
			.00	
			.00	
			.00	
			.00	
			.00	
			.00	
			.00	
			.00	
			.00	
			.00	
2 Column C total (including amounts from additional sheet(s), if any)		2	.00	
The amount on line 2 must equal the amount on line 1 .....		2	.00	

**2** Column C total (including amounts from additional sheet(s), if any)

The amount on line 2 must equal the amount on line 1.....

<b>Sign here</b>	Signature of fiduciary or officer representing fiduciary	Date
----------------------	--	------



# Instructions

## Purpose of form

A trust or a decedent's estate (for its final tax year) may elect under Tax Law section 685(c)(6)(D) or (F), as applicable, to have any part of its estimated tax payments treated as made by a beneficiary or beneficiaries. The fiduciary must file Form IT-205-T to make the election. Once made, the election is irrevocable.

## How to file

Submit Form IT-205-T with Form IT-205, *Fiduciary Income Tax Return*, **only** if you are making the election with **Form IT-205**. Otherwise, file Form IT-205-T separately.

## When to file

Trusts must file Form IT-205-T on or before the 65th day after the close of the tax year for the section 685(c)(6)(D) election to be valid.

Estates must file Form IT-205-T on or before the 65th day after the close of the tax year in which the estate is terminated.

When the due date falls on a Saturday, Sunday, or legal holiday, you may file on the next business day.

## Where to file

Mail all returns to:

**STATE PROCESSING CENTER  
PO BOX 61000  
ALBANY NY 12261-0001**

**Private delivery services** – See Publication 55, *Designated Private Delivery Services*.

## Line instructions

**Line 1** – Enter the total amount of estimated tax payments made by the trust or decedent's estate that the fiduciary elects to treat as a payment made by the beneficiaries. This amount is treated as if paid or credited to the beneficiaries on the last day of the tax year of the trust or decedent's estate.

## Allocation to beneficiaries

### Column A – Name and address of beneficiary

Group the beneficiaries to whom you are allocating estimated tax payments into two categories. First, list all of the individual beneficiaries - those who have social security numbers. Second, list all of the other beneficiaries - those who have employer identification numbers.

### Column B – Beneficiary's identifying number(s)

Enter each beneficiary's social security number or employer identification number. For those beneficiaries who may file a joint return, you can help the New York State Tax Department credit the proper account by providing the social security number, if known, of the beneficiary's spouse. **However, this is an optional entry.**

### Column C – Amount of estimated tax payment allocated to beneficiary

For each beneficiary, enter the amount of estimated income tax payment credited to that beneficiary.

### Column D – Proration percentage

For each listed beneficiary, divide the amount shown in column C by the amount shown on line 1. Round the result to the fourth decimal place, and enter the result as a percentage.

**Additional sheets** – If you are allocating a payment of estimated taxes to more than 16 beneficiaries, list the additional beneficiaries on an additional Form IT-205-T or a separate sheet. Follow the format shown on the front of this form if you use a separate sheet (be sure to include your name and taxpayer identification number). If you use another Form IT-205-T, fill in the page box at the top right for each form used.

**Line 2** – Enter on line 2 the column C total, including the total from any separate sheet(s). If you use more than one sheet, include this total on the last page. This combined total must equal the amount entered on line 1.

## Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

## Need help?



Visit our Web site at **[www.tax.ny.gov](http://www.tax.ny.gov)**

- get information and manage your taxes online
- check for new online services and features



### Telephone assistance

Automated income tax refund status: (518) 457-5149

**Personal Income Tax** Information Center: (518) 457-5181

To order forms and publications: (518) 457-5431

**Text Telephone (TTY) Hotline** (for persons with hearing and speech disabilities using a TTY): (518) 485-5082

