## Department of Taxation and Finance

## Estimated Tax Penalties for Partnerships and New York S Corporations

(For underpayment or nonpayment of estimated tax including metropolitan commuter transportation mobility tax (MCTMT) required to be paid on behalf of partners and shareholders who are corporations or nonresident individuals)

For calendar year 2019 or fiscal year beginning $\square$ and ending $\square$
(See instructions, Form IT-2659-I, for assistance)

|  | Legal name |  |  | Employer identification number |
| :---: | :---: | :---: | :---: | :---: |
|  | Trade name of business if different from legal name above |  |  |  |
|  | Address (number and street or rural route) |  |  |  |
|  | City, village, or post office | State | ZIP code |  |

Type of entity (mark an $\boldsymbol{X}$ in the applicable box): $\square$ Partnership $\square$ S corporation
Complete Schedules A through D on pages 2, 3, and 4, as applicable, to compute your penalty.

Staple check or money order here.

Pay amount shown on page 4, line 52. Include only the line 52 amount in your check or money order, and make payable in U.S. funds to: Commissioner of Taxation and Finance

File Form IT-2659 by the later of April 15, 2020, or the due date of the partnership or $S$ corporation tax return for the year (determined with regard to any extension of time to file).

Do not attach or file Form IT-2659 with any other form.

| $\boldsymbol{\nabla}$ Paid preparer must complete (see instr.) $\boldsymbol{\nabla}$ | Date |  |
| :--- | :--- | :--- | :--- |
| Preparer's signature | Preparer's NYTPRIN |  |
| Firm's name (or yours, if self-employed) | Preparer's PTIN or SSN |  |
| Address | Employer identification number |  |
|  |  | NYTPRIN <br> excl. code |
| Email: |  |  |


| Sign your return here |  |
| :--- | :--- |
| Signature of general partner or member, elected officer, or <br> authorized person |  |
| Date | $\left.\begin{array}{c}\text { Daytime phone number } \\ ( \end{array}\right)$ |
| Email: |  |

Mail this form and payment to: NYS TAX DEPARTMENT - IT-2659
PO BOX 15179
ALBANY NY 12212-5179

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Schedule A - Computation of estimated tax underpayment (if any). All filers must complete this part. Only include partners and shareholders who are subject to estimated tax paid on their behalf by the partnership or New York S corporation (see instructions).

## Current year




(continued)

Schedule D - Failure to pay estimated tax on behalf of partners or shareholders who are corporations or nonresident individuals. Only include partners and shareholders who are subject to estimated tax paid on their behalf by the partnership or New York S corporation (see instructions). If you are listing more than six partners or shareholders, attach additional sheet(s) using the same six-column format as in the chart below. Include all column F totals from additional sheets on the line provided.

| A <br> Name of partner/shareholder | B Identifying number (EIN/SSN) | C NYS Number of quarters (1-4) estimated tax was not paid | D <br> MCTMT <br> Number of quarters (1-4) estimated tax was not paid | E <br> Total of columns C and $D$ ( $C+D$ ) |  | $\begin{gathered} \mathrm{F} \\ \text { Column } \mathrm{E} \times \$ 50 \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Column F total from attached sheet(s) (if any) ................................................................................................. |  |  |  |  |  |  |
| 50 Penalty (total of column F). |  |  |  | - | 50 | . 00 |
| Penalty (from line 34) ... |  |  |  |  | 51 | . 00 |
| 52 Total penalty (add lines 49, 50, and 51, as applicable; enter here and in Payment enclosed box on the front page) ........ |  |  |  |  | 52 | . 00 |

