



Report of Estimated Tax for Nonresident Individual Partners and Shareholders

For Payments on Behalf of Nonresident Individuals Only of Personal Income Tax and Metropolitan Commuter Transportation Mobility Tax (MCTMT)

Due date (mark an X in one box): April 15, 2015 ☐ June 15, 2015 ☐ September 15, 2015 ☐ January 15, 2016 ☐

Legal name of partnership or New York S corporation	Employer identification number	Mark an X in the box if filer is an S corporation..... <input type="checkbox"/>
Trade name of business if different from legal name above	Contact name	
Address (number and street or rural route; see instructions, Form IT-2658-I)	Contact phone number ()	
City, village, or post office State ZIP code	Contact e-mail address	

You must complete Forms IT-2658-NYS and IT-2658-MTA, whichever are applicable (see instructions). **Submit all applicable schedules with this return.**

NYS estimated personal income tax

- 1 Total number of partners/shareholders from all Form(s) IT-2658-NYS 1
- 2 Total New York source income 2 . 00
- 3 Total estimated personal income tax paid from all Form(s) IT-2658-NYS 3 . 00

Estimated MCTMT

- 4 Total number of partners from all Form(s) IT-2658-MTA 4
- 5 Total net earnings from self-employment allocated to the MCTD (metropolitan commuter transportation district) .. 5 . 00
- 6 Total estimated MCTMT paid from all Form(s) IT-2658-MTA 6 . 00

Total payment

- 7 Total payment (add lines 3 and 6) 7 . 00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete (see instr.) ▼	Date
Preparer's signature	Preparer's NYTPRIN
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN
Address	Employer identification number
	Mark an X if self-employed <input type="checkbox"/>
E-mail:	

▼ Sign here ▼	
Signature of general partner, member, or authorized person	
Date	Daytime phone number ()
E-mail:	

Make your check or money order payable to: **Commissioner of Taxation and Finance**

Mail this form to: NYS ESTIMATED INCOME TAX
PROCESSING CENTER
PO BOX 4123
BINGHAMTON NY 13902-4123

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