



Department of Taxation and Finance

**IT-2658**

# 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 18, 2016 ☐ June 15, 2016 ☐ September 15, 2016 ☐ January 17, 2017 ☐

Legal name of partnership or New York S corporation	Employer identification number	Mark an <b>X</b> 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:		

<b>▼ Paid preparer must complete (see instr.) ▼</b>	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 excl. code
E-mail:	

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

Make your check or money order payable in U.S. funds to: **Commissioner of Taxation and Finance**

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