NEW CT-2658	Department of Taxation and Finance		av for	Page_1_of
	Report of Est			["ayeor
2018	Corporate Pa			
	For Payments on Be		·	-
Due date <i>(mark an X in one box)</i> : April 17, 2018	June 15, 2018 📃 🛛 S	September 17, 201	B Jan	uary 15, 2019 ation number (EIN)
Trade name of business if different from legal nan	Total number of partners from all Form(s) CT-2658 and CT-2658-ATT			
Address (number and street or rural route)		Total New York		
City, village, or post office State	ZIP code	source income	·····	•
	Contact phone number	Total estimated tax		
Contact name	all Form(s) CT-2658 and CT-2658-ATT			
Contact e-mail address	I			
Allegation of potimeted toy to comparate		TOGEO ATT if page		
Allocation of estimated tax to corporate Legal name of corporate partner	partners (attach ronn(s) of	-2058-ATT II NECE	ssary)	
		New York source i	ncome	Amount of
Business address (see instructions) City	State ZIP code			estimated tax paid
Contact name	Telephone number	-		
			. 00	. 00
Partner's EIN Per	centage of ownership	┨╸] * [] ■] • []
	. %			
Legal name of corporate partner	•			
		New York source i	ncome	Amount of
Business address (see instructions) City	State ZIP code		noomo	estimated tax paid
Contact name	Tolophono number	4		
Contact name	Telephone number		. 00	. 00
Partner's EIN Per	centage of ownership		•	· · · · · · · · · · · · · · · · · · ·
	0 (
Legal name of corporate partner	•%			
		New York source i	noomo	Amount of
Business address (see instructions) City	State ZIP code		ncome	estimated tax paid
	· · · · ·			
Contact name	Telephone number		. 00	. 00
Partner's EIN Per	centage of ownership	┨	•••	• • •
	•%			
		NY source income	page total	Estimated tax paid page total
	Page totals		. 00	. 00
▼ Paid preparer must complete (see instructions)	Date:	7	▼ Sian	here V
Preparer's signature	▼ Sign here ▼ Signature of general partner Signature of general partner			

• Paid preparer must complete (see instructions) •	Date:		11	▼ Si	gn here 🔻
Preparer's signature	Prepare	er's NYTPRIN	11	Signature of general partner	
► · · · · · · · · · · · · · · · · · · ·					
Firm's name (or yours, if self-employed)	 Prepare 	r's PTIN or SSN			
Address	• Employ	ar identification number	11		
Address		er identification number	łľ	Date	Daytime phone number
		NYTPRIN excl. code		E-mail:	
E-mail:			[]		

Legal name of Partnership				Employer identification number (EIN)			
Legal name of corporate partner							
Business address (see instructions)	City	State	ZIP code	New York source income	Amount of estimated tax paid		
Contact name		Telephone num	ber	. 00	.00		
Partner's EIN		Percentage of ownership					
		•	%				
Legal name of corporate partner							
Business address (see instructions)	City	State	ZIP code	New York source income	Amount of estimated tax paid		
Contact name		Telephone num	ber	. 00	.00		
Partner's EIN		Percentage of ownership		•	•		
			%				
Legal name of corporate partner							
Business address (see instructions)	City	State	ZIP code	New York source income	Amount of estimated tax paid		
Contact name		Telephone num	ber	. 00	.00		
Partner's EIN		Percentage of ownership					
		•	%				
Legal name of corporate partner							
Business address (see instructions)	City	State	ZIP code	New York source income	Amount of estimated tax paid		
Contact name		Telephone num	ber	. 00	.00		
Partner's EIN		Percentage of ownership		•			
			%				
Legal name of corporate partner							
Business address (see instructions)	City	State	ZIP code	New York source income	Amount of estimated tax paid		
Contact name		Telephone num	ber	. 00	.00		
Partner's EIN		Percentage of ownership					
			%				
				New York source income page total	Amount of estimated tax paid page total		
		Page tota	lls	. 00	. 00		