2018 NEW YORK STATE	Department of Taxation and Finance Report of Est Individual Par For Payments on Be Personal Income Tax Mobility Tax (MCTM	imated Tax f rtners and S shalf of Nonreside x and Metropolita	hareholders	of
Due date (mark an X	(in one box): April 17, 2018	June 15, 2018	September 17, 2018	January 15, 2019
Legal name of partnership or New York S corporation			Employer identification numb	er Mark an X in the box if filer is an S corporation
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 of	office	State ZIP code	Contact e-mail address	
schedules with the	Forms IT-2658-NYS and IT-26 is return. rsonal income tax	658-MTA, whichever are a	applicable (see instructions)	. Submit all applicable
1 Total number o	of partners/shareholders from a	III Form(s) IT-2658-NYS	1	
2 Total New York	source income	2	. 00	
3 Total estimated	d personal income tax paid from	n all Form(s) IT-2658-NY	S 3	. 00
Estimated MCTMT	-			
4 Total number o	of partners from all Form(s) IT-2	2658-MTA	4	
	ngs from self-employment alloc Aetropolitan Commuter Transportati		. 00	
6 Total estimated	MCTMT paid from all Form(s)) IT-2658-MTA		. 00
Total payment				
7 Total payment	(add lines 3 and 6)			. 00
Third-party designee? (see instr.)	Print designee's name		Designee's phone number	Personal identification number (PIN)
Yes 🗌 No 🗌	E-mail:			
▼ Paid prepare	r must complete (see instr.) v	Date	▼	Sign here v
Preparer's signature		Preparer's NYTPRIN	Signature of general partne	r, member, or authorized person
Firm's name (or yours, i	if self-employed)	Preparer's PTIN or SSN		
Address		Employer identification numbe	r Date	Daytime phone number ()
E-mail:		excl. code	E-mail:	
			1	

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

