NEW YORK STATE 2019

Department of Taxation and Finance

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)

IT-2658

Due date *(mark an X in one box)*: April 15, 2019 ☐   June 17, 2019 ☐   September 16, 2019 ☐   January 15, 2020 ☐

Legal name of partnership or New York S corporation	Employer identification number	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 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.)*	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
Yes ☐ No ☐	E-mail:		

▼ **Paid preparer must complete** *(see instr.)* ▼	Date	▼ **Sign here** ▼	
Preparer's signature	Preparer's NYTPRIN	Signature of general partner, member, or authorized person	
Firm's name *(or yours, if self-employed)*	Preparer's PTIN or SSN		
Address	Employer identification number	Date	Daytime phone number ( )
	NYTPRIN excl. code	E-mail:	
E-mail:			

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

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