NEW YORK STATE	Individual Pa For Payments on I	stimated Tax artners and S Behalf of Nonreside Fax and Metropolita	for Nonresiden Shareholders ant Individuals Only of an Commuter Transpor	
Due date (mark an)	(<i>in one box</i>): April 15, 2021	June 15, 2021	September 15, 2021	January 18, 2022 🗌
Legal name of partnership or New York S corporation			Employer identification number	Mark an X in the box if filer is an
Trade name of business if different from legal name above			Contact name	S corporation
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 email address	
You must complete schedules with th		-2658-MTA, whichever are	applicable (see instructions). Su	bmit all applicable
NYS estimated pe	rsonal income tax			
1 Total number of	f partners/shareholders fron	n all Form(s) IT-2658-NYS		
2 Total New York	source income	2	. 00	
3 Total estimated	d personal income tax paid fi	rom all Form(s) IT-2658-NY	′S 3	. 00
Estimated MCTMT	-			
4 Total number c	of partners from all Form(s) I	T-2658-MTA		
	ngs from self-employment al Metropolitan Commuter Transpor		. 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	Print designee's name		Designee's phone number	Personal identification number (PIN)
designee? (see instr.) Yes No	Email:		()	
Paid prepared	r must complete (see instr.)	Date	▼ Sig	n here 🔻
Preparer's signature		Preparer's NYTPRIN	Signature of general partner, me	
Firm's name <i>(or yours, i</i>	if self-employed)	Preparer's PTIN or SSN	—	
Address		Employer identification numb	er Date	Daytime phone number
		NYTPRIN excl. code	Email:	(
Email:				

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

