



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)

1 Total number of partners/shareholders from all Form(s) IT-2658-NYS	Due date (mark an X in one box): April 15, 2024	June 17, 2024	September 16, 2024 Janu	uary 15, 2025	
Trade name of business if different from legal name above Address (number and street or rural route; see instructions, Form IT-2658-I) City, village, or post office State ZiP code Contact phone number () Contact phone number ()	Legal name of partnership or New York S corporation		Employer identification number	box if filer is an	
City, village, or post office State ZIP code Contact email 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	Trade name of business if different from legal name above		Contact name		
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	Address (number and street or rural route; see instructions, Form IT-2658-I)		Contact phone number ()		
NYS estimated personal income tax 1 Total number of partners/shareholders from all Form(s) IT-2658-NYS	City, village, or post office	tate ZIP code	Contact email address		
1 Total number of partners/shareholders from all Form(s) IT-2658-NYS	You must complete Forms IT-2658-NYS and IT-265 schedules with this return.	58-MTA, whichever are	applicable (see instructions). Submit a	all applicable	
2 Total New York source income 2 .00 3 Total estimated personal income tax paid from all Form(s) IT-2658-NYS	NYS estimated personal income tax				
3 Total estimated personal income tax paid from all Form(s) IT-2658-NYS	1 Total number of partners/shareholders from all Form(s) IT-2658-NYS 1				
Estimated MCTMT 4 Total number of partners from all Form(s) IT-2658-MTA	2 Total New York source income	2	. 00		
4 Total number of partners from all Form(s) IT-2658-MTA	3 Total estimated personal income tax paid from all Form(s) IT-2658-NYS				
5 Total net earnings from self-employment allocated to the MCTD (Metropolitan Commuter Transportation District) 6 Total estimated MCTMT paid from all Form(s) IT-2658-MTA	Estimated MCTMT				
the MCTD (Metropolitan Commuter Transportation District) 5 .00 6 Total estimated MCTMT paid from all Form(s) IT-2658-MTA	4 Total number of partners from all Form(s) IT-2658-MTA				
Total payment (add lines 3 and 6)	i i i i i i i i i i i i i i i i i i i				
Third-party designee? (see instr.) Yes	6 Total estimated MCTMT paid from all Form(s) IT-2658-MTA				
Third-party designee? (see instr.) Yes No Designee's phone number () Email: Personal identification number (PIN) Personal identification number (PIN) Personal identification number (PIN) Sign here Signature of general partner, member, or authorized person Preparer's PTIN or SSN Address Employer identification number NYTPRIN excl. code Daytime phone number Email:	Total payment				
designee? (see instr.) Yes No Email: Paid preparer must complete (see instr.) ▼ 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 NYTPRIN excl. code Email:	7 Total payment (add lines 3 and 6)				
Yes No	1 ma party				
Preparer's signature Preparer's NYTPRIN Firm's name (or yours, if self-employed) Address Employer identification number NYTPRIN excl. code Daytime phone number Email:	_				
Firm's name (or yours, if self-employed) Address Employer identification number NYTPRIN excl. code Email:	▼ Paid preparer must complete (see instr.) ▼	Date	▼ Sign here	• ▼	
Address Employer identification number NYTPRIN excl. code Employer identification number Date Daytime phone number () Email:	Preparer's signature Preparer's NYTPRIN		Signature of general partner, member, or	authorized person	
NYTPRIN excl. code Email:	Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN			
excl. code Email:	Address		Date Daytime	phone number	
	Fmail:		Email:	,	

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

Mail this form to: NYS ESTIMATED INCOME TAX

PROCESSING CENTER PO BOX 4123

BINGHAMTON NY 13902-4123

