



NEW YORK STATE CITY OF NEW YORK CITY OF YONKERS

FIDUCIARY INCOME TAX RETURN

IT-205

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE For Jan 1 — Dec 31, 1987 or fiscal tax year beginning ,1987, ending ,19 --

Attach packet label or print below Employer identification number Name of estate or trust Name and title of fiduciary Address of fiduciary (number and street or rural route) City, village or post office State ZIP code

Date trust created or, if estate, date of decedent's death: If estate was closed, or trust terminated, enter date:

Table with 37 rows for tax computation. Includes columns for line number, description, and amounts. Rows include Federal taxable income, New York exemption, state taxes, and total tax.

Sign Your Return, Paid Preparer's Use Only. Includes fields for signature, date, social security number, and firm information.

Attach a copy of federal Schedule K-1 (Form 1041) for each beneficiary.

Schedule A - Details of federal taxable income of a fiduciary of a resident estate or trust. Enter items as reported for federal tax purposes or attach federal Form 1041.

Table with columns for INCOME (lines 1-9), DEDUCTIONS (lines 10-19), and Federal taxable income of fiduciary (lines 20-21). Includes categories like Dividends, Interest Income, and Charitable deduction.

Schedule B - New York fiduciary adjustment of a resident estate or trust or a nonresident estate or trust with a resident beneficiary

Table for Schedule B additions and subtractions. Includes lines 22-25 for additions and 26-29 for subtractions, such as interest on state bonds and interest on US obligations.

Schedule C - Shares of New York fiduciary adjustment of a resident estate or trust or a nonresident estate or trust having any resident beneficiaries

Table for Schedule C with columns for beneficiary name, identifying number, shares of federal distributable net income (Amount and Percent), and shares of New York fiduciary adjustment.

- A. Check whether: Estate, Simple trust, Complex trust. If trust, check: Testamentary, Inter vivos.
B. If inter vivos trust, enter name and address of grantor.
C. If revocable trust which changed state or city residence during the year, enter the date of the change of residence.
D. Resident status - check all boxes that apply: (1) NY State resident estate or trust, (2) NY State nonresident estate or trust, (3) City of NY full-year resident estate or trust, (4) City of NY part-year resident estate or trust, (5) City of NY nonresident estate or trust, (6) City of Yonkers full-year resident estate or trust, (7) City of Yonkers part-year resident estate or trust, (8) City of Yonkers nonresident estate or trust.
E. Was a New York State fiduciary return filed for 1985? 1986? If "No," state reason.
F. Does the estate or trust have an interest in real property located in New York State?
G. Has there been an acquisition of a controlling interest in the estate or trust during the tax year?