NEW YORK STATE
CITY OF NEW YORK
CITY OF YONKERS

1987

New York State Department of Taxation and Finance

UNDERPAYMENT OF ESTIMATED INCOME TAX BY INDIVIDUALS

IT-2105.9

For 1987 or other tax year beginning_____, 1987, ending_____, 19_____.

Name(s) as shown on return	Your social security number

Part I — Figuring your underpayment

1 Total tax from your 1987 return, before withholding and estimated tax payments *(see instructions)* **1**

2 Multiply line 1 by 80% (.80) **2**

3 Income taxes withheld from lines 73, 74 and 75 of Form IT-201 or from lines 63, 64 and 65 of Form IT-203 .... **3**

4 Subtract line 3 from line 1. If the result is less than $100, do not complete rest of form *(see instructions)* **4**

5 Enter your 1986 tax *(see instructions)* **5**

6 Enter the smaller of line 2 or line 5 .... **6**

Complete lines 7 through 13 in one column before completing the next column.

Payment Due Dates

		(a) April 15, 1987	(b) June 15, 1987	(c) Sept. 15, 1987	(d) Jan. 15, 1988
7 Divide line 6 by four (4) and enter the result in each column	7				
8 Annualized income installment *(Complete this line only if you completed the worksheet. See instructions)*	8				
9 Enter line 7 or line 8 *(see instructions)*	9				
10 Estimated tax paid and tax withheld *(see instructions)*	10				
11 Overpayment or (underpayment) from prior period	11				
12 If line 11 is an overpayment, add lines 10 and 11; if line 11 is an (underpayment), subtract line 11 from line 10	12				
13 (Underpayment) (subtract line 12 from line 9) OR Overpayment (subtract line 9 from line 12)	13				

Part II — Figuring the penalty

14 Amount of underpayment *(from line 13)*	14				
15 Date of payment or next payment due date, whichever is earlier	15				
16 Number of days from due date of installment to date on line 15 *(see instructions)*	16a / 16b				
17 Additional charge on the amount on line 14 for the number of days on line 16a or line 16b *(see instructions) (add lines 17a and 17b)*	17a / 17b / 17c				

18 Total penalty *(add amounts on line 17c, columns (a) through (d))* **18**

Attach this form to the back of your New York State return.

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