

Underpayment of Estimated Income Tax By Individuals and Fiduciaries New York State • City of New York • City of Yonkers

For Jan. 1 - Dec. 31, 1989, or fiscal year beginning

, 1989, ending

, 19

Name(s) as shown on return					Identifying number					
Pa	rt I — Figuring your underpay	me	nt							
1	1 Total tax from your 1989 return before withholding and estimated tax payments (see instructions)						1			
2	Multiply line 1 by 90% (.90)									
	Income taxes withheld from Form IT-201, lines 72, 73 and 74; Form IT-203, lines 70, 71 and 72; or Form IT-205, lines 29, 30 and 31									
4	Subtract line 3 from line 1. If the result is less than \$100, do not complete the rest of this form (see instructions)									
5	Enter your 1988 tax (see instructions)						5			
6	Enter the smaller of line 2 or line 5 If line 3 is equal to or more than line 6						6_			
Complete lines 8 through 13, one column at a time, starting in column A.			A April 15, 1989	В			C September 15, 1989		D January 15, 1990	
7	Divide line 6 by four (4) and enter			,			ĺ			
	the result in each column	7							ļ	
8	Annualized income installments									
	(Complete this line only if you completed the									
	worksheet. See instructions and attach copy									
0	of worksheet.)	8								
9	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	12								
12	line 10									
ıJ	or overpayment (subtract line 9 from									

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

Payment Due Dates

Part II - Figuring the Penalty		A		В		С		D		
			April 15, 1989		June 15,	June 15, 1989		September 15, 1989		990
	Amount of underpayment (from line 13)	14								
	Period 1 — 8.5%									
(April 15, 1989 - August 31, 1989)										
15 (Computation starting date for this period	15	April 15, 198	9	June 15, 1	1989				
16 I	Number of days from the date on line									
-	15 to the date the amount on line 14									
,	was paid, or to August 31, 1989,									
١	whichever is earlier	16								
17	No. of days on line 16 $_{ imes}$ 8.5% $ imes$ underpayment									
_	365 on line 14									
(see instructions)	17								
Rate	Period 2 — 10%									
(Sept	tember 1, 1989 - September 30, 1989)									
18 (Computation starting date for this period	18	August 31, 19	89	August 31,	1989	September 15,	1989		
19	Number of days from the date on line		-							
	18 to the date the amount on line 14									
	was paid, or to September 30, 1989,									
	whichever is earlier	19								
	No. of days on line 19 $_{ imes}$ 10% $ imes$ underpayment		·							
-	365 on line 14									
(see instructions)	20								
Rate Period 3 — 9%										
	ober 1, 1989 - December 31, 1989)									
•	Computation starting date for this period	21	September 30.	1989	September 3	0. 1989	September 30.	1989		
	Number of days from the date on line									
	21 to the date the amount on line 14									
	was paid, or to December 31, 1989,									
	whichever is earlier	22								
	No. of days on line 22 $_{ imes}9\%$ $ imes$ underpayment							<u> </u>		
20	II 4.4									
,	365 On line 14 (see instructions)	23								
,	Period 4 — 9%	20								
	uary 1, 1990 - April 15, 1990)									
	Computation starting date for this period	24	December 31	1090	December 3	1 1090	December 31	1090	January 15,	1000
	Number of days from the date on line	24	December 31,	1303	Pecellinei 3	1, 1303	December 31,	1303	January 15,	1990
	24 to the date the amount on line 14									
	was paid, or to April 15, 1990, whichever	1								
	s earlier	25						T		T
26 !	No. of days on line 25 ×9% × underpayment									
	365 on line 14									
,	(see instructions)	26			L		, Inc. 2.2.	<u> </u>	***************************************	
	Penalty (Add all amounts on lines 17, 20, 23 and 26 in all columns and enter the total.) Form IT-201 filers									
	enter the amount from line 27 in the space provided on Form IT-201, line 81, and check the box on that									
	ine. Form IT-203 filers, enter the amount			-	=					
(check the box on that line							. 27	1	