



Fiduciary Income Tax Return

New York State • City of New York • City of Yonkers

For Jan. 1 - Dec. 31, 1996, or fiscal year tax beginning

, 1996, ending , 19 .

Form header section with fields: Read the instructions before completing this return, Name of estate or trust, Name and title of fiduciary, Address of fiduciary, City, village or post office, State, ZIP code, Employer identification number, Date entity created, Decedent's social security number, Check applicable box: Initial return, Final return.

Form section: Amended return (attach explanation), Total distribution, Number of beneficiaries

Main table with 37 rows for tax calculations: A Total income, B New York adjusted gross income, C Amount from Form IT-205-A, Schedule 1, line 10, column (a), 1 Federal taxable income of fiduciary, 2 New York modifications relating to amounts allocated to principal, 3 Balance, 4 Fiduciary's share of New York fiduciary adjustment, 5 New York taxable income of fiduciary, 6 State tax on line 5 amount, 7 Amount from Form IT-230, Part II, line 2, 8 Add lines 6 and 7, 9 Allocated New York State tax, 10 State credits, 11 Subtract line 10 from line 8 or line 9, 12 State separate tax on lump-sum distributions and other add-backs, 13 State minimum income tax, 14 Total New York State tax, 15 City of New York resident tax on line 5 amount, 16 Amount from Form IT-230, Part II, line 2, 17 Add lines 15 and 16, 18 City of New York part-year resident tax, 19 City of New York nonresident fiduciary earnings tax, 20 City of New York minimum income tax, 21 City of New York separate tax on lump-sum distributions, 22 City of Yonkers resident income tax surcharge, 23 City of Yonkers part-year resident tax, 24 City of Yonkers nonresident fiduciary earnings tax, 25 Total New York State, city of New York and city of Yonkers tax, 26 Estimated tax paid, 27 Estimated tax payments allocated to beneficiaries, 28 Subtract line 27 from line 26, 29 New York State tax withheld, 30 City of New York tax withheld, 31 City of Yonkers tax withheld, 32 Total, 33 If line 32 is more than the total of lines 25 and 37, enter the overpayment, 34 Amount of line 33 to be refunded to you, 35 Amount of line 33 to be credited on 1997 estimated tax, 36 If line 32 is less than the total of lines 25 and 37, enter amount you owe, 37 Estimated tax penalty.

Form section: Paid Preparer's Use Only, Preparer's signature, Date, Mark "X" if self-employed, Firm's name, Preparer's social security number, Address, Employer identification number, Sign Here, Signature of fiduciary or officer representing fiduciary, Date, Daytime phone number (optional).

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.

| | | | | | |
|--|---|--------------------------|-----------|--|--|
| Income | 38 Interest income | 38 | | | |
| | 39 Dividends | 39 | | | |
| | 40 Business income (or loss) (attach copy of federal Schedule C or C-EZ, Form 1040) | 40 | | | |
| | 41 Capital gain (or loss) (attach copy of federal Schedule D, Form 1041) | 41 | | | |
| | 42 Rents, royalties, partnerships, other estates and trusts, etc. (attach copy of federal Schedule E, Form 1040) | 42 | | | |
| | 43 Farm income (or loss) (attach copy of federal Schedule F, Form 1040) | 43 | | | |
| | 44 Ordinary gain (or loss) (attach copy of federal Form 4797) | 44 | | | |
| | 45 Other income (state nature of income) | 45 | | | |
| | 46 Total income (add lines 38 through 45; enter here and on front page, item A) | 46 | | | |
| | Deductions | 47 Interest | 47 | | |
| 48 Taxes | | 48 | | | |
| 49 Fiduciary fees | | 49 | | | |
| 50 Charitable deduction | | 50 | | | |
| 51 Attorney, accountant, and return preparer fees | | 51 | | | |
| 52 Other deductions (itemize on an attached sheet) | | 52 | | | |
| 53 Total (add lines 47 through 52) | | 53 | | | |
| 54 Adjusted total income (or loss) (subtract line 53 from line 46) | | 54 | | | |
| 55 Income distribution deduction (attach copy of federal Schedules K-1, Form 1041) | | 55 | | | |
| 56 Estate tax deduction (attach computation) | | 56 | | | |
| 57 Exemption (federal) | 57 | | | | |
| 58 Total (add lines 55, 56 and 57) | 58 | | | | |
| 59 Federal taxable income of fiduciary (subtract line 58 from line 54; enter on front page, line 1) | 59 | | | | |

Schedule B — New York fiduciary adjustment of a resident or a nonresident estate or trust or a part-year resident trust

Additions:

| | | | |
|--|-----------|-----------|--|
| 60 Interest income on state and local bonds other than New York (gross amount not included in federal income) | 60 | | |
| 61 Income taxes deducted on federal fiduciary return (see instructions) | 61 | | |
| 62 Other (see instructions) | 62 | Identify: | |
| 63 Total additions (add lines 60, 61 and 62) | 63 | | |

Subtractions:

| | | | |
|---|-----------|-----------|---|
| 64 Interest income on United States obligations included in federal income | 64 | | |
| 65 Other (see instructions) | 65 | Identify: | |
| 66 Total subtractions (add lines 64 and 65) | 66 | (|) |
| 67 New York fiduciary adjustment – difference between lines 63 and 66 to be entered as total of column 5 below | 67 | | |

Schedule C — Shares of New York fiduciary adjustment of a resident or a nonresident estate or trust or a part-year resident trust

| (1) Name and address of each beneficiary. Check box if beneficiary is a nonresident of: | New York State | City of New York | City of Yonkers | (2) Identifying number of each beneficiary | Shares of federal distributable net income (see instructions) | | (5) Shares of New York fiduciary adjustment |
|---|--------------------------|--------------------------|--------------------------|--|---|-------------|---|
| | | | | | (3) Amount | (4) Percent | |
| (a) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| (b) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| The total of Schedule C, column 5, should be the same as line 67 above. (See instructions.) | | | | | Fiduciary | | |
| | | | | | Totals | | 100% |

- A. If inter vivos trust, enter name and address of grantor: _____
- B. If revocable trust which changed state or city residence during the year, enter the date of the change of residence (see inst., page 1): _____
- C. Resident status — check all boxes that apply:

| | | |
|--|--|---|
| <input type="checkbox"/> (1) NY State full-year resident estate or trust | <input type="checkbox"/> (4) City of NY full-year resident estate or trust | <input type="checkbox"/> (7) City of Yonkers full-year resident estate or trust |
| <input type="checkbox"/> (2) NY State part-year resident trust (attach Form IT-205-A) | <input type="checkbox"/> (5) City of NY part-year resident trust (attach Form IT-205-A) | <input type="checkbox"/> (8) City of Yonkers part-year resident trust (attach Form IT-205-A) |
| <input type="checkbox"/> (3) NY State full-year nonresident estate or trust (attach Form IT-205-A) | <input type="checkbox"/> (6) City of NY full-year nonresident estate or trust (attach NYC-206 if required) | <input type="checkbox"/> (9) City of Yonkers full-year nonresident estate or trust (attach Y-206 if required) |
- D. If an estate, indicate last address of decedent _____
- E. Nonresident estate - indicate state of residency _____
- F. Attach a list of executors and trustees with their addresses and social security numbers.