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New York State Department of Taxation and Finance

IT-205-T

	Pay For Jan. 1 - Dec. 3'	Page of	_ 						
	Name of trust or estate				lentification number				
	Name and title of fiduciary								
	Address of fiduciary (number and street or rural route)								
	City, village or post office		State		ZIP code				
Total amount of es	stimated taxes to be allocated to ber	neficiaries (enter here and on Form	IT-205, line 30)	1					
Allocation to beneficiaries (attach additional sheets if necessary)									
A Name and address of beneficiary		B Beneficiary's identifying number	C Amount of estimated tax allocated to benefic						
	,	, , ,							

Instructions

Purpose of form

A trust or a decedent's estate (for its final tax year) may elect under section 685(c)(6)(D) or (F) of the Tax Law, as applicable, to have any part of its estimated tax payments treated as made by a beneficiary or beneficiaries. The fiduciary files Form IT-205-T to make the election. Once made, the election is irrevocable.

How to file

Attach Form IT-205-T to Form IT-205 **only** if you are making the election with **Form IT-205**, *Fiduciary Income Tax Return*. Otherwise, file Form IT-205-T separately.

When to file

Trusts must file Form IT-205-T on or before March 6, 2001, for the section 685(c)(6)(D) election to be valid.

Estates must file Form IT-205-T on or before the 65th day after the close of the tax year, upon termination of the estate.

Where to file

Mail all returns to: State Processing Center, PO Box 61000, Albany NY 12261-0001.

Private Delivery Services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return. However, if, at a later date, you need to establish the date you filed your return, you cannot use the date recorded by a private delivery service unless you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, Designated Private Delivery Services. See Need help? below for information on ordering forms and publications.) If you use any private delivery service, whether it is a designated service or not, address your return to: **State Processing Center, 431C Broadway, Albany NY 12204-4836**.

Specific instructions

Line 1 — Enter the total amount of estimated tax payments made by the trust or decedent's estate that the fiduciary elects to treat as a payment made by the beneficiaries. This amount is treated as if paid or credited to the beneficiaries on the last day of the tax year of the trust or decedent's estate.

Allocation to beneficiaries

Column A — Name and address of beneficiary

 Group the beneficiaries to whom you are allocating estimated tax payments into two categories. First, list all of the individual beneficiaries - those who have social security numbers. Second, list all of the other beneficiaries - those who have employer identification numbers.

Column B — Beneficiary's identifying number

— Enter each beneficiary's social security number or employer identification number. For those beneficiaries who may file a joint return, you can help the New York State Tax Department credit the proper account by providing the social security number, if known, of the beneficiary's spouse. However, this is an optional entry.

Column C — Amount of estimated tax payment to be allocated to beneficiary

 For each beneficiary enter the amount of estimated income tax payment credited to that beneficiary.

Column D — Proration percentage

 For each listed beneficiary, divide the amount shown in column C by the amount shown on line 1. Carry the result to four decimal places and enter the result as a percentage.

Additional sheets — If you are allocating a payment of estimated taxes to more than 19 beneficiaries, list the additional beneficiaries on an additional Form IT-205-T or an attached sheet. Follow the format shown on the front of this form if you use an attached sheet. If you use another Form IT-205-T, fill in the page box at the top for each form used.

Line 2 — Enter on line 2 the column C total, including the total from any attached sheet(s). If you use more than one sheet, include this total on the last page. This combined total must equal the amount entered on line 1.

Privacy notification

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 22, 26, 26-A, 26-B, 30, 30-A, and 30-B of the Tax Law; Article 2-E of the General City Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department uses this information primarily to determine and administer tax liabilities due the state and city of New York and the city of Yonkers. We also use this information for certain tax offset and exchange of tax information programs authorized by law, and for any other purpose authorized by law.

Information concerning quarterly wages paid to employees and identified by unique random identifying code numbers to preserve the privacy of the employees' names and social security numbers is provided to certain state agencies, for research purposes to evaluate the effectiveness of certain employment and training programs.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 338, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.



Meed help?

Tax information: 1 800 225-5829 Forms and publications: 1 800 462-8100

Refund status: Access our website or call 1 800 443-3200;

if electronically filed 1 800 353-0708; direct deposit refunds: 1 800 321-3213

From outside the U.S. and outside Canada: (518) 485-6800

Fax-on-demand forms: 1 800 748-3676 Internet access: http://www.tax.state.ny.us

Hearing and speech impaired (telecommunications device for the

deaf (TDD) callers only): 1 800 634-2110

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