

Fiduciary Income Tax Return

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



IT-205

For the full year Jan. 1, 2001, through Dec. 31, 2001, or fiscal tax year beginning

0 1 and ending



Print or type	Name of estate or trust		Date entity created
	Name and title of fiduciary		Employer identification number
	Address of fiduciary (number and street or rural route)		Decedent's social security number (see inst.)
	City, village or post office	State	ZIP code

Check applicable box:
 Initial return Final return
If you do not need forms mailed to you next year, check box

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Amended return (attach explanation)	<input type="checkbox"/> Income distribution deduction (see instructions)	Number of beneficiaries
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See Instructions	A Total income		A.		
	B New York adjusted gross income from NYAGI Worksheet, line 5		B.		
	C Amount from Form IT-205-A, Schedule 1, line 10, column (a)		C.		
	1 Federal taxable income of fiduciary		1.		
	2 New York modifications relating to amounts allocated to principal		2.		
	3 Balance (line 1 and add or subtract line 2)		3.		
	4 Fiduciary's share of New York fiduciary adjustment (from back page, Schedule C, column 5)		4.		
	5 New York taxable income of fiduciary (line 3 and add or subtract line 4)		5.		
	6 State tax on line 5 amount (full-year resident estate and trust only)		6.		
	7 New York State amount from Form IT-230, Part II, line 2 (resident estate and trust only)		7.		
	8 Add lines 6 and 7		8.		
	9 Allocated New York State tax (from Form IT-205-A, Schedule 1, line 13)		9.		
	• If you completed Form IT-230, Part II, check this box <input type="checkbox"/>		9.		
	10 State credits (attach schedule)		10.		
	11 Subtract line 10 from line 8 or line 9		11.		
	12 State separate tax on lump-sum distributions and other add-backs		12.		
	13 State minimum income tax		13.		
	14 Total New York State tax (add lines 11, 12, and 13)		14.		
	15a City of New York resident tax on line 5 amount (see instructions)	15a.			
	15b City of New York part-year resident tax (see instructions)	15b.			
	16 City of New York amount from Form IT-230, Part II, line 2 (see instructions)	16.			
	17 Add line 15a or 15b to line 16	17.			
	18 City of New York accumulation distribution credit	18.			
	19 Subtract line 18 from line 17 (if less than zero, leave blank)	19.			
	20 City of New York separate tax on lump-sum distributions (see instructions)	20.			
	21 Add lines 19 and 20	21.			
	22 City of New York - UBT credit (from Form IT-219)	22.			
	23 Subtract line 22 from line 21 (if less than zero, leave blank)	23.			
	24 City of New York minimum income tax (see instructions)	24.			
	25 City of Yonkers resident income tax surcharge from Yonkers worksheet, line o (see instructions)	25.			
	26 City of Yonkers part-year resident tax (from Form IT-205-A-I, page 4, Worksheet C, line 14)	26.			
	27 City of Yonkers nonresident fiduciary earnings tax (from Form Y-206)	27.			
	28 Total New York State, city of New York and city of Yonkers tax (add line 14 and lines 23 through 27)	28.			
	29 Estimated tax paid (including payments made with Form IT-370-PF)	29.			
	30 Estimated tax payments allocated to beneficiaries (from Form IT-205-T)	30.			
	31 Subtract line 30 from line 29	31.			
	32 Farmers' school tax credit (from Form IT-217, line 19; attach form)	32.			
	33 New York State tax withheld <u>Identify:</u>	33.			
	34 City of New York tax withheld	34.			
	35 City of Yonkers tax withheld	35.			
	36 Total (add lines 31 through 35)	36.			
37 If line 36 is more than the total of lines 28 and 41, enter the overpayment	37.				
38 Amount of line 37 to be refunded to you	38.				
39 Amount of line 37 to be credited to 2002 estimated tax	39.				
40 If line 36 is less than the total of lines 28 and 41, enter amount you owe	40.				
41 Estimated tax penalty (will reduce line 37 or increase line 40; see instructions)	41.				

See instructions on pages 13 through 15 for figuring city of New York and city of Yonkers taxes, credits, and tax surcharges.

Make check or money order payable to NY State Income Tax; write your employer identification number and 2001 Fiduciary Income Tax on it.

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	42 Interest income	42.		.	
	43 Dividends	43.		.	
	44 Business income (or loss) (attach copy of federal Schedule C or C-EZ, Form 1040)	44.		.	
	45 Capital gain (or loss) (attach copy of federal Schedule D, Form 1041)	45.		.	
	46 Rents, royalties, partnerships, other estates and trusts (attach copy of federal Schedule E, Form 1040)	46.		.	
	47 Farm income (or loss) (attach copy of federal Schedule F, Form 1040)	47.		.	
	48 Ordinary gain (or loss) (attach copy of federal Form 4797)	48.		.	
	49 Other income (state nature of income)	49.		.	
	50 Total income (add lines 42 through 49; enter here and on front page, item A) ...	50.		.	

Deductions	51 Interest	51.		.	
	52 Taxes	52.		.	
	53 Fiduciary fees	53.		.	
	54 Charitable deduction	54.		.	
	55 Attorney, accountant, and return preparer fees	55.		.	
	56 Other deductions (itemize on an attached sheet)	56.		.	
	57 Income distribution deduction (attach copy of federal Schedules K-1, Form 1041, for each beneficiary)	57.		.	
	58 Estate tax deduction (attach computation)	58.		.	
	59 Exemption (federal)	59.		.	
	60 Total (add lines 51 through 59)	60.		.	
61 Federal taxable income of fiduciary (subtract line 60 from line 50; enter on front page, line 1)	61.		.		

Mail your completed return to:
NYS INCOME TAX
FIDUCIARY RETURN UNIT
STATE PROCESSING CENTER
PO BOX 61000
ALBANY NY 12261-0001

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

Additions	62 Interest income on state and local bonds other than New York (gross amount not included in federal income) ...	62.		.	
	63 Income taxes deducted on federal fiduciary return (see instructions)	63.		.	
	64 Other (see instructions) Identify: _____ ...	64.		.	
	65 Total additions (add lines 62, 63, and 64)	65.		.	
	Subtractions	66 Interest income on United States obligations included in federal income	66.		.
67 Other (see inst.) Identify: _____ ...		67.		.	
68 Total subtractions (add lines 66 and 67)		68.		.	
69 New York fiduciary adjustment (difference between lines 65 and 68 to be entered as total of column 5 below)	69.		.		

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

Attach additional sheets if necessary.

(1) Name and address of each beneficiary. Check box if beneficiary is a nonresident of:	New York State	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"/>				
(b)	<input type="checkbox"/>	<input type="checkbox"/>				
The total of Schedule C, column 5, should be the same as Schedule B, line 69 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:

(1) <input type="checkbox"/> NYS full-year resident estate or trust	(4) <input type="checkbox"/> NYC full-year resident estate or trust	(7) <input type="checkbox"/> Yonkers part-year resident trust
(2) <input type="checkbox"/> NYS part-year resident trust	(5) <input type="checkbox"/> NYC part-year resident trust	(8) <input type="checkbox"/> Yonkers full-year nonresident estate or trust
(3) <input type="checkbox"/> NYS full-year nonresident estate or trust	(6) <input type="checkbox"/> Yonkers full-year resident estate or trust	
- D. If an estate, indicate last known address of decedent _____
- E. Nonresident estate - indicate state of residency _____
- F. Attach a list of executors or trustees with their addresses and social security numbers.

I authorize the Tax Department to discuss this return with the paid preparer listed below. (Mark the **Yes** or **No** box; see page 3.) Yes No

Paid preparer's use only	Preparer's signature	▼ Preparer's SSN or PTIN	Sign your return here	Signature of fiduciary or officer representing fiduciary	
	Firm's name (or yours, if self-employed)	• Employer identification number		Date	Daytime phone number (optional)
Address	Date	Mark "X" if self-employed <input type="checkbox"/>		()	