



Reconciliation of Estimated Income Tax Account

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|---|-------|----------|------------------------------------|--|--|
| Name as shown on Form IT-201, Form IT-203, or Form IT-205 | | | Identification number (SSN or EIN) | | |
| Mailing address (number and street or rural route) | | | Spouse's SSN | | |
| City, village, or post office | State | ZIP code | Your fax number for reply () | | |

| | | | |
|---|-----------|--|--|
| 1 Enter the amount in your estimated tax account as shown on your account statement, Form IT-2105-S..... | 1. | | |
| 2 Credit from previous year .. | | | |
| 3 Payment | | | |
| 4 Payment | | | |
| 5 Payment | | | |
| 6 Payment | | | |
| 7 Add lines 2 through 6 (enter here and see instructions) | 7. | | |

| Date | Deposit serial number | Credit card confirmation number | Amount |
|------|-----------------------|---------------------------------|--------|
| | S | | |
| | S | | |
| | S | | |
| | S | | |

IT-2105.1 (2002) (back)

Instructions

You can check your balance and reconcile your estimated tax account by accessing our Web site at www.tax.state.ny.us and clicking on the *Electronic Services* tab.

Use this form **only** if your records disagree with the amount on Form IT-2105-S, *Statement of Estimated Income Tax Account*, that you received with your estimated tax packet, Form IT-2105. You may fax or mail your completed form to the Account Reconciliation Unit as follows.

Fax to: (518) 457-2249 or **mail to:** NYS Tax Department, Estimated Tax Unit, Building 8, Room 200, W A Harriman Campus, Albany, NY 12227.

Be sure to include the deposit serial number or credit card confirmation number for each payment to allow for proper crediting. Be advised that your account will include all payments made before the date indicated on your Form IT-2105-S.

Enter the name and social security number(s) as they will appear on your 2002 Form IT-201, *Resident Income Tax Return*, or Form IT-203, *Nonresident and Part-Year Resident Income Tax Return*. Provide both social security numbers if you are married filing jointly or married filing separately.

If you are filing Form IT-205, *Fiduciary Income Tax Return*, enter the name and employer identification number of the estate or trust as it will appear on the 2002 return.

Line instructions

Line 2 — Enter the amount of your previous income tax overpayment that was credited to your current estimated tax account, as finally determined. If there was an adjustment to your previous tax return, the amount requested may differ from the amount actually credited. You should have received a notice of adjusted credit to advise you of the proper amount.

Lines 3 through 6 — Enter the date, deposit serial number or credit card confirmation number and amount of each payment you made. The *deposit serial number* is a seven-digit number preceded by the letter S, and it appears on the face of your canceled check or money order. If you paid by money order, contact the issuing agent for this information. The *confirmation number* is a seven-digit number, and it was provided to you at the time you made your credit card payment. If you do not have your confirmation number, please contact your credit card service provider (Official Payments Corporation, at 1 877 754-4413, Link2Gov Corporation, at 1 866 829-9459 or Phone Charge, Inc., at 1 877 737-6918) for this information.

Line 7 — If line 7 is the **same** as line 1, your records agree with ours; claim the line 1 amount as estimated tax paid on Form IT-201, line 67, Form IT-203, line 60, or Form IT-205, line 29. If line 7 is **different** from line 1, fax or mail this completed form **immediately** as instructed above. We will review our records and reply to you in time for you to file your return, provided we receive your Form IT-2105.1 by April 1.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

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 Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.