

# Fiduciary Income Tax Return

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



# IT-205

**Type of entity:**

- Decedent's estate
- Simple trust
- Complex trust
- Qualified disability trust
- ESBT (S portion only)
- Grantor type trust
- Bankruptcy estate-Ch. 7
- Bankruptcy estate-Ch. 11
- Pooled income fund

For the full year Jan. 1, 2004, through Dec. 31, 2004, or fiscal tax year beginning

**0 4** and ending

|                      |  |  |
|----------------------|--|--|
| <b>Print or type</b> | 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 | Mark an <b>X</b> in the applicable box:<br>Initial return <input type="checkbox"/> Final return <input type="checkbox"/> |

|  |   |                         |
|--|---|-------------------------|
| <input type="checkbox"/> Amended return (attach explanation) ▶ | Income distribution deduction (see instructions, Form IT-205-1) | Number of beneficiaries |
|--|---|-------------------------|

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|-------------------------|---|--|
| <b>See instructions</b> | <b>A</b> Total income (from back page, line 51) .....<br><b>B</b> New York adjusted gross income from NYAGI worksheet, line 5 .....<br><b>C</b> Amount from Form IT-205-A, Schedule 1, line 10, column a .....<br><b>1</b> Federal taxable income of fiduciary (from back page, line 62) ....<br><b>2</b> New York modifications relating to amounts allocated to principal .....<br><b>3</b> Balance (line 1 and add or subtract line 2) .....<br><b>4</b> Fiduciary's share of New York fiduciary adjustment (from back page, Schedule C, column 5) .....<br><b>5</b> New York taxable income of fiduciary (line 3 and add or subtract line 4) .....<br><b>6</b> State tax on line 5 amount (full-year resident estate and trust only) .....<br><b>7</b> New York State amount from Form IT-230, Part II, line 2 (resident estate and trust only) .....<br><b>8</b> Add lines 6 and 7 .....<br><b>9</b> Allocated New York State tax (from Form IT-205-A, Schedule 1, line 13)<br>• If you completed Form IT-230, Part II, mark an <b>X</b> in this box <input type="checkbox"/> .....<br><b>10</b> Nonrefundable state credits (attach schedule) .....<br><b>11</b> Subtract line 10 from line 8 or line 9 .....<br><b>12</b> State separate tax on lump-sum distributions and other addbacks .....<br><b>13</b> State minimum income tax .....<br><b>14</b> Total New York State tax (add lines 11, 12, and 13; see instructions) .....<br><b>15a</b> City of New York resident tax on line 5 amount (see instructions) .....<br><b>15b</b> City of New York part-year resident tax (see instructions) .....<br><b>16</b> City of New York amount from Form IT-230, Part II, line 2 (see instructions) ...<br><b>17</b> Add line 15a or 15b to line 16 .....<br><b>18</b> City of New York accumulation distribution credit .....<br><b>19</b> Subtract line 18 from line 17 (if less than zero, leave blank) .....<br><b>20</b> City of New York separate tax on lump-sum distributions (see instructions) ...<br><b>21</b> Add lines 19 and 20 .....<br><b>22</b> City of New York - UBT credit (from Form IT-219) .....<br><b>23</b> Subtract line 22 from line 21 (if less than zero, leave blank) .....<br><b>24</b> City of New York minimum income tax (see instructions) .....<br><b>25</b> City of Yonkers resident income tax surcharge from Yonkers worksheet, line o (see instructions) .....<br><b>26</b> City of Yonkers part-year resident tax (from Form IT-205-A-I, page 4, Worksheet C, line 14) .....<br><b>27</b> City of Yonkers nonresident fiduciary earnings tax (from Form Y-206) .....<br><b>28</b> Sales or use tax (see instructions starting on page 18) .....<br><b>29</b> Total New York State, city of New York, city of Yonkers, and use tax (add lines 14 and 23 through 28; see instructions) ...<br><b>30</b> Estimated tax paid (including payments made with Form IT-370-PF) .....<br><b>31</b> Estimated tax payments allocated to beneficiaries (from Form IT-205-T) .....<br><b>32</b> Subtract line 31 from line 30 .....<br><b>33</b> Refundable credits Identify: .....<br><b>34</b> New York State tax withheld .....<br><b>35</b> City of New York tax withheld .....<br><b>36</b> City of Yonkers tax withheld .....<br><b>37</b> Total (add lines 32 through 36) .....<br><b>38</b> If line 37 is more than the total of lines 29 and 42, enter the overpayment .....<br><b>39</b> Amount of line 38 to be refunded to you .....<br><b>40</b> Amount of line 38 to be credited to 2005 estimated tax .....<br><b>41</b> If line 37 is less than the total of lines 29 and 42, enter amount you owe .....<br><b>42</b> Estimated tax penalty (will reduce line 38 or increase line 41; see instructions) ... | <b>A.</b> .....<br><b>B.</b> .....<br><b>C.</b> .....<br><b>1.</b> .....<br><b>2.</b> .....<br><b>3.</b> .....<br><b>4.</b> .....<br><b>5.</b> .....<br><b>6.</b> .....<br><b>7.</b> .....<br><b>8.</b> .....<br><b>9.</b> .....<br><b>10.</b> .....<br><b>11.</b> .....<br><b>12.</b> .....<br><b>13.</b> .....<br><b>14.</b> .....<br><br><b>15a.</b> .....<br><b>15b.</b> .....<br><b>16.</b> .....<br><b>17.</b> .....<br><b>18.</b> .....<br><b>19.</b> .....<br><b>20.</b> .....<br><b>21.</b> .....<br><b>22.</b> .....<br><b>23.</b> .....<br><b>24.</b> .....<br><b>25.</b> .....<br><b>26.</b> .....<br><b>27.</b> .....<br><b>28.</b> .....<br><b>29.</b> .....<br><b>30.</b> .....<br><b>31.</b> .....<br><b>32.</b> .....<br><b>33.</b> .....<br><b>34.</b> .....<br><b>35.</b> .....<br><b>36.</b> .....<br><b>37.</b> .....<br><b>38.</b> .....<br><b>39.</b> .....<br><b>40.</b> .....<br><b>41.</b> .....<br><b>42.</b> ..... |
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**See instructions on pages 15 through 18 for figuring city of New York and city of Yonkers taxes, credits, and tax surcharges.**

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.



Table with 5 columns: Line number, Description, and three input fields. Rows include Interest income (43), Dividends (44), Business income (45), Capital gain (46), Rents, royalties, partnerships, other estates and trusts (47), Farm income (48), Ordinary gain (49), Other income (50), and Total income (51).

Table with 5 columns: Line number, Description, and three input fields. Rows include Interest (52), Taxes (53), Fiduciary fees (54), Charitable deduction (55), Attorney, accountant, and return preparer fees (56), Other deductions (57), Income distribution deduction (58), Estate tax deduction (59), Exemption (federal) (60), Total (61), and Federal taxable income of fiduciary (62).

Make check or money order payable to **NY State Income Tax**; write your employer identification number and **2004 Fiduciary Income Tax** on it.

Mail your completed return to:

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**

Table with 5 columns: Line number, Description, and three input fields. Rows include Interest income on state and local bonds (63), Income taxes deducted (64), Other (65), Total additions (66), Interest income on US obligations (67), Other (68), Total subtractions (69), and New York fiduciary adjustment (70).

**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.

Table with 5 columns: 1 Name and address of each beneficiary, 2 Identifying number of each beneficiary, 3 Amount, 4 Percent, 5 Shares of New York fiduciary adjustment. Includes rows for (a), (b), and Totals.

- 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 — mark an X in all boxes that apply: (3) NYS full-year nonresident estate or trust, (6) Yonkers full-year resident estate or trust, (1) NYS full-year resident estate or trust, (4) NYC full-year resident estate or trust, (7) Yonkers part-year resident trust, (2) NYS part-year resident trust, (5) NYC part-year resident trust, (8) Yonkers full-year nonresident 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.
G. If a grantor trust, enter the identification number (SSN or EIN) of the individual reporting the income/loss

Third-party designee section: Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes No. Designee's name, phone number, and PIN.

Paid preparer's use only section: Preparer's signature, firm's name, address, Preparer's SSN or PTIN, Employer identification number, Date, Mark X if self-employed.

Sign your return here section: Signature of fiduciary or officer representing fiduciary, Date, Daytime phone number (optional).