

Fiduciary Income Tax Return

New York State • New York City • 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, 2007, through Dec. 31, 2007, or fiscal year beginning **07** and ending

Print or type	Name of estate or trust	Date entity created
	Name and title of fiduciary	▼ Identification number of estate or trust
	Address of fiduciary (number and street or rural route)	▼ Decedent's social security number (see instr.)
	City, village, or post office State ZIP code	Mark an X in the applicable box: Initial return <input type="checkbox"/> Final return <input type="checkbox"/>

Amended return <i>(attach explanation)</i>	<input type="checkbox"/> Income distribution deduction <i>(see instructions, Form IT-205-I)</i>	Number of beneficiaries <input type="text"/>	Qualifying special conditions for filing your 2007 tax return <i>(see instr.)</i>
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See instructions	A Total income <i>(from back page, line 51)</i>	A.		
	B New York adjusted gross income from NYAGI worksheet, line 5 <i>(see instructions on page 9)</i>	B.		
	C Amount from Form IT-205-A, Schedule 1, line 10, column a	C.		
	1 Federal taxable income of fiduciary <i>(from back page, line 62)</i>	1.		
	2 New York modifications relating to amounts allocated to principal	2.		
	3 Balance <i>(line 1 and add or subtract line 2)</i>	3.		
	4 Fiduciary's share of New York fiduciary adjustment <i>(from back page, Schedule C, column 5)</i>	4.		
	5 New York taxable income of fiduciary <i>(line 3 and add or subtract line 4)</i>	5.		
	6 State tax on line 5 amount <i>(full-year resident estate and trust only)</i>	6.		
	7 New York State amount from Form IT-230, Part 2, line 2 <i>(resident estate and trust only)</i>	7.		
	8 Add lines 6 and 7	8.		
	9 Allocated New York State tax <i>(from Form IT-205-A, Schedule 1, line 13)</i> • If you completed Form IT-230, Part 2, mark an X in this box <input type="checkbox"/>	9.		
	10 Nonrefundable state credits <i>(attach schedule)</i>	10.		

Make check or money order payable to **NY State Income Tax**; write the estate or trust's employer identification number and **2007 Fiduciary Income Tax** on it; mail the completed return to the appropriate address indicated in instructions.

15a New York City resident tax on line 5 amount <i>(see instructions)</i>	15a.		
15b New York City part-year resident tax <i>(see instructions)</i>	15b.		
16 New York City amount from Form IT-230, Part 2, line 2 <i>(see instructions)</i>	16.		
17 Add line 15a or 15b to line 16	17.		
18 New York City accumulation distribution credit	18.		
19 Subtract line 18 from line 17 <i>(if less than zero, leave blank)</i>	19.		
20 New York City separate tax on lump-sum distributions <i>(see instructions)</i>	20.		
21 Add lines 19 and 20	21.		
22 New York City - UBT credit <i>(from Form IT-219)</i>	22.		
23 Subtract line 22 from line 21 <i>(if less than zero, leave blank)</i>	23.		
24 New York City minimum income tax <i>(see instructions)</i>	24.		
25 Yonkers resident income tax surcharge from Yonkers worksheet, line x <i>(see instructions)</i>	25.		
26 Yonkers part-year resident tax <i>(from Form IT-205-A-I, page 3, Worksheet C, line 14)</i>	26.		
27 Yonkers nonresident fiduciary earnings tax <i>(from Form Y-206)</i>	27.		
28 Sales or use tax <i>(see instructions starting on page 21)</i>	28.		
29 Total NYS, NYC, Yonkers taxes, and sales or use tax <i>(add lines 14 and 23 through 28; see instructions)</i>	29.		
30 Estimated tax paid <i>(including payments made with Form IT-370-PF)</i>	30.		
31 Estimated tax payments allocated to beneficiaries <i>(from Form IT-205-T)</i>	31.		
32 Subtract line 31 from line 30	32.		
33 Refundable credits <i>Identify:</i>	33.		
34 New York State tax withheld	34.		
35 New York City tax withheld	35.		
36 Yonkers tax withheld	36.		
37 Total <i>(add lines 32 through 36)</i>	37.		

38 If line 37 is more than the total of lines 29 and 42, enter the overpayment	38.		
39 Amount of line 38 to be refunded to you	39.		
40 Amount of line 38 to be credited to 2008 estimated tax	40.		
41 If line 37 is less than the total of lines 29 and 42, enter amount you owe	41.		
42 Estimated tax penalty <i>(will reduce line 38 or increase line 41; see instr.)</i>	42.		

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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 2 columns: Description (Income and Deductions) and Amount. Lines 43-62.

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

Table with 2 columns: Description (Additions and Subtractions) and Amount. Lines 63-70.

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

Table with 5 columns: Beneficiary info, Identifying number, Shares of federal distributable net income, Shares of New York fiduciary adjustment, 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 instr., page 2):
C. Resident status — mark an X in all boxes that apply:
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 instr., page 5) Yes [] (complete the following) No []

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

Sign return here section: Signature of fiduciary or officer representing fiduciary, Date, Daytime phone number