

# 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, 2009, through Dec. 31, 2009, or fiscal year beginning **09** and ending

<b>Print or type</b>	Name of estate or trust (as shown on federal Form SS-4)	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 <b>X</b> in the applicable box: Initial return <input type="checkbox"/> Final return <input type="checkbox"/>

**Amended return** (attach explanation)  Income distribution deduction (see instructions, Form IT-205-I)  Number of beneficiaries  Qualifying special conditions for filing your 2009 tax return (see instr.)  •  •

<b>A</b>	Total income (from back page, line 51) .....	<b>A.</b>		
<b>B</b>	New York adjusted gross income from NYAGI worksheet, line 5 (see instructions on page 9) .....	<b>B.</b>		
<b>C</b>	Amount from Form IT-205-A, Schedule 1, line 10, column a .....	<b>C.</b>		
<b>1</b>	Federal taxable income of fiduciary (from back page, line 62) .....	<b>1.</b>		
<b>2</b>	New York modifications relating to amounts allocated to principal .....	<b>2.</b>		
<b>3</b>	Balance (line 1 and add or subtract line 2) .....	<b>3.</b>		
<b>4</b>	Fiduciary's share of New York fiduciary adjustment (from back page, Schedule C, column 5) .....	<b>4.</b>		
<b>5</b>	New York taxable income of fiduciary (line 3 and add or subtract line 4) .....	<b>5.</b>		
<b>6</b>	State tax on line 5 amount (full-year resident estate and trust only) .....	<b>6.</b>		
<b>7</b>	New York State amount from Form IT-230, Part 2, line 2 (resident estate and trust only) .....	<b>7.</b>		
<b>8</b>	Add lines 6 and 7 .....	<b>8.</b>		
<b>9</b>	Allocated New York State tax (from Form IT-205-A, Schedule 1, line 13) • If you completed Form IT-230, Part 2, mark an <b>X</b> in this box <input type="checkbox"/> .....	<b>9.</b>		
<b>10</b>	Nonrefundable state credits (attach schedule) .....	<b>10.</b>		
<b>11</b>	Subtract line 10 from line 8 or line 9 .....	<b>11.</b>		
<b>12</b>	State separate tax on lump-sum distributions and other addbacks .....	<b>12.</b>		
<b>13</b>	State minimum income tax .....	<b>13.</b>		
<b>14</b>	Total New York State tax (add lines 11, 12, and 13; see instructions) .....	<b>14.</b>		

<b>15a</b>	New York City resident tax on line 5 amount (see instructions) .....	<b>15a.</b>		
<b>15b</b>	New York City part-year resident tax (see instructions) .....	<b>15b.</b>		
<b>16</b>	New York City amount from Form IT-230, Part 2, line 2 (see instructions) .....	<b>16.</b>		
<b>17</b>	Add line 15a or 15b to line 16 .....	<b>17.</b>		
<b>18</b>	New York City accumulation distribution credit .....	<b>18.</b>		
<b>19</b>	Subtract line 18 from line 17 (if less than zero, leave blank) .....	<b>19.</b>		
<b>20</b>	New York City separate tax on lump-sum distributions (see instructions) .....	<b>20.</b>		
<b>21</b>	Add lines 19 and 20 .....	<b>21.</b>		
<b>22</b>	New York City - UBT credit (from Form IT-219) .....	<b>22.</b>		

Make check or money order payable to **NY State Income Tax**; write the estate or trust's employer identification number and **2009 Fiduciary Income Tax** on it; mail the completed return to the appropriate address indicated in instructions.

<b>23</b>	Subtract line 22 from line 21 (if less than zero, leave blank) .....	<b>23.</b>		
<b>24</b>	New York City minimum income tax (see instructions) .....	<b>24.</b>		
<b>25</b>	Yonkers resident income tax surcharge from Yonkers worksheet, line x (see instructions) .....	<b>25.</b>		
<b>26</b>	Yonkers part-year resident tax (from Form IT-205-A-I, page 4, Worksheet C, line 14) .....	<b>26.</b>		
<b>27</b>	Yonkers nonresident fiduciary earnings tax (from Form Y-206) .....	<b>27.</b>		
<b>28</b>	<b>Sales or use tax</b> (see instructions on page 23) .....	<b>28.</b>		
<b>29</b>	Total NYS, NYC, Yonkers taxes, and sales or use tax (add lines 14 and 23 through 28; see instructions) .....	<b>29.</b>		
<b>30</b>	Estimated tax paid (including payments made with Form IT-370-PF) .....	<b>30.</b>		
<b>31</b>	Estimated tax payments allocated to beneficiaries (from Form IT-205-T) .....	<b>31.</b>		
<b>32</b>	Subtract line 31 from line 30 .....	<b>32.</b>		
<b>33</b>	Refundable credits Identify: <input type="text"/>	<b>33.</b>		
<b>34</b>	New York State tax withheld .....	<b>34.</b>		
<b>35</b>	New York City tax withheld .....	<b>35.</b>		
<b>36</b>	Yonkers tax withheld .....	<b>36.</b>		
<b>37</b>	Total (add lines 32 through 36) .....	<b>37.</b>		

<b>38</b>	If line 37 is more than the total of lines 29 and 42, enter the overpayment	<b>38.</b>		
<b>39</b>	Amount of line 38 to be <b>refunded to you</b> .....	<b>39.</b>		
<b>40</b>	Amount of line 38 to be credited to 2010 estimated tax .....	<b>40.</b>		
<b>41</b>	If line 37 is less than the total of lines 29 and 42, enter <b>amount you owe</b>	<b>41.</b>		
<b>42</b>	Estimated tax penalty (will reduce line 38 or increase line 41; see instr.)	<b>42.</b>		



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.



<b>Income</b>	<b>43</b> Interest income .....	<b>43.</b>		.	
	<b>44</b> Dividends .....	<b>44.</b>		.	
	<b>45</b> Business income (or loss) (attach copy of federal Schedule C or C-EZ, Form 1040) .....	<b>45.</b>		.	
	<b>46</b> Capital gain (or loss) (attach copy of federal Schedule D, Form 1041) .....	<b>46.</b>		.	
	<b>47</b> Rents, royalties, partnerships, other estates and trusts (attach copy of federal Schedule E, Form 1040) .....	<b>47.</b>		.	
	<b>48</b> Farm income (or loss) (attach copy of federal Schedule F, Form 1040) .....	<b>48.</b>		.	
	<b>49</b> Ordinary gain (or loss) (attach copy of federal Form 4797) .....	<b>49.</b>		.	
	<b>50</b> Other income (state nature of income) .....	<b>50.</b>		.	
	<b>51</b> Total income (add lines 43 through 50; enter here and on front page, line A) .....	<b>51.</b>		.	
	<b>52</b> Interest .....	<b>52.</b>		.	
<b>Deductions</b>	<b>53</b> Taxes .....	<b>53.</b>		.	
	<b>54</b> Fiduciary fees .....	<b>54.</b>		.	
	<b>55</b> Charitable deduction .....	<b>55.</b>		.	
	<b>56</b> Attorney, accountant, and return preparer fees .....	<b>56.</b>		.	
	<b>57</b> Other deductions (itemize on an attached sheet) .....	<b>57.</b>		.	
	<b>58</b> Income distribution deduction (attach copy of federal Schedules K-1, Form 1041, for each beneficiary) .....	<b>58.</b>		.	
	<b>59</b> Estate tax deduction (attach computation) .....	<b>59.</b>		.	
	<b>60</b> Exemption (federal) .....	<b>60.</b>		.	
	<b>61</b> Total (add lines 52 through 60) .....	<b>61.</b>		.	
	<b>62</b> Federal taxable income of fiduciary (subtract line 61 from line 51; enter here and on front page, line 1) .....	<b>62.</b>		.	

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

<b>Additions</b>	<b>63</b> Interest income on state and local bonds other than New York (gross amount not included in federal income) .....	<b>63.</b>		.	
	<b>64</b> Income taxes deducted on federal fiduciary return (see instructions) .....	<b>64.</b>		.	
	<b>65</b> Other (see instructions) Identify: _____ .....	<b>65.</b>		.	
	<b>66</b> Total additions (add lines 63, 64, and 65) .....	<b>66.</b>		.	
<b>Subtractions</b>	<b>67</b> Interest income on US obligations included in federal income .....	<b>67.</b>		.	
	<b>68</b> Other (see inst.) Identify: _____ ... ..	<b>68.</b>		.	
	<b>69</b> Total subtractions (add lines 67 and 68) .....	<b>69.</b>		.	
	<b>70</b> New York fiduciary adjustment (difference between lines 66 and 69 to be entered as total of column 5 below) .....	<b>70.</b>		.	

**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.			2 Identifying number of each beneficiary	Shares of federal distributable net income (see instructions)		5 Shares of New York fiduciary adjustment
1 Name and address of each beneficiary. Check box if beneficiary is a nonresident of:	New York State	Yonkers		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 70 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 instr., page 2): \_\_\_\_\_
- C. Resident status – mark an X in all boxes that apply:
 

<b>(3)</b> <input type="checkbox"/> NYS full-year nonresident estate or trust	<b>(6)</b> <input type="checkbox"/> Yonkers full-year resident estate or trust
<b>(1)</b> <input type="checkbox"/> NYS full-year resident estate or trust	<b>(4)</b> <input type="checkbox"/> NYC full-year resident estate or trust
<b>(2)</b> <input type="checkbox"/> NYS part-year resident trust	<b>(5)</b> <input type="checkbox"/> NYC part-year resident trust
	<b>(7)</b> <input type="checkbox"/> Yonkers part-year resident trust
	<b>(8)</b> <input type="checkbox"/> 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 identification numbers (SSN or EIN). \_\_\_\_\_
- G. If a grantor trust, enter the identification number (SSN or EIN) of the individual reporting the income/loss ..... \_\_\_\_\_

<b>Third-party designee?</b> (see pg. 5) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	E-mail:		

<b>Paid preparer must complete</b> (see instr.)	Preparer's signature	Preparer's NYTPRIN	<b>Sign return here</b>
	Firm's name (or yours, if self-employed)	Preparer's SSN or PTIN	
	Address	Employer identification number	
	Date:	Self-employed? <input type="checkbox"/>	
			Signature of fiduciary or officer representing fiduciary
			Date
			Daytime phone number
			E-mail: