

Fiduciary Income Tax Return New York State • New York City • Yonkers

IT-205

Type of entity from Form 1041:



For the full year Jan. 1, 2010, through Dec. 31, 2010, or fiscal year beginning 1 0 and ending

- 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

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 X in the applicable box:
Initial return Final return
Country: Trust meets conditions of section 605(b)(3)(D)

Amended return (attach explanation)

Income distribution deduction (see instructions, Form IT-205-I)
Number of beneficiaries
Qualifying special conditions for filing your 2010 tax return (see instr.)

See instructions

Table with 2 columns: Description (A through 14) and Amount. Includes items like Total income, New York adjusted gross income, Federal taxable income, etc.

Make check or money order payable to NY State Income Tax; write the estate or trust's employer identification number and 2010 Fiduciary Income Tax on it; mail the completed return to the appropriate address indicated in instructions.

Main table with 2 columns: Description (15a through 42) and Amount. Includes items like New York City resident tax, Yonkers resident income tax surcharge, Total NYS, NYC, Yonkers taxes, etc.



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 identification numbers (SSN or EIN).
G. If a grantor trust, enter the identification number (SSN or EIN) of the individual reporting the income/loss

Third-party designee? (see pg. 5) Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail.

Paid preparer must complete (see instr.) Preparer's signature, Firm's name, Address, Date, Self-employed?, Sign return here Signature of fiduciary or officer representing fiduciary, Date, Daytime phone number, E-mail.