2010

Report of Estimated Tax for Nonresident Individual Partners and Shareholders

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IT-2658

For Payments on Behalf of Nonresident Individuals Only

Due d	ate (mark an X in one box): April 15, 20	June 15, 2010	September 15, 2010 January 18, 2011			
Print or type	Legal name		Mark an X in the Employer identification number S corporation			
	Trade name of business if different from le	egal name above	Total number of partners/shareholders from all Form(s) IT-2658 and IT-2658-ATT			
	Address (number and street or rural route	; see instructions, Form IT-26	2658-I) Total New York source income			
	City, village, or post office	State ZIP	P code Total estimated tax paid from all			
Contact name		Contact phone number	Form(s) IT-2658 and IT-2658-ATT			
Conta	ct e-mail address	•				

Allocation of estimated tax to nonresident individual partners and shareholders (attach Form(s) IT-2658-ATT if necessary)

Partner's/shareholder's first name and middle		Partner's/shareholder's last name	Social security number (SSN)			
Mailing address (number and street or rural route	structions) Apartment number			Amount of estimated tax paid on behalf of nonresident partner or shareholder		
City, village or post office	y, village or post office State		Percentage of ownership	%	. 00	
Partner's/shareholder's first name and middle	e initial	Partner's/shareholder's last name	Social security number (SSN)			
Mailing address (number and street or rural route			Percentage of ownership		Amount of estimated tax paid on behalf of nonresident partner or shareholder	
City, village or post office	State	2IP code		%	. 00	
Partner's/shareholder's first name and middle	ə initial	Partner's/shareholder's last name	Social security number (SSN)			
Mailing address (number and street or rural route	; see insi	structions) Apartment number			Amount of estimated tax paid on behalf of nonresident partner or shareholder	
City, village or post office	State	ZIP code	Percentage of ownership	%	. 00	
		Page total (add last co	blumn amounts)		. 00	
Preparer's signature		Preparer's SSN or PTIN	_ Signature of gen	nera	al partner or member, elected officer, or	

Paid preparer's use only	Firm's name (or yours, if self-employed)	a) Employer identification number		Sign	authorized person		
Address		Date Mark X if self-employed		here	Date	Daytime phone number	
Paid preparer's	s e-mail address						

Mail this form to: NYS ESTIMATED INCOME TAX, PROCESSING CENTER, PO BOX 4123, BINGHAMTON NY 13902-4123



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Legal name		Employer identification number					
Partner's/shareholder's first name and mide	Partner's/shareho	Social security number	· (SSN)				
Mailing address (number and street or rural route; see instructions) Apartment number				Percentage of ownership		Amount of estimated tax paid on behalf of nonresident partner or shareholder	
City, village or post office State		Z	IP code		_{الل}		00
Partner's/shareholder's first name and middle initial Partner's/shareholder's last name			Ider's last name	Social security number	· (SSN)		
Mailing address (number and street or rural route; see instructions) Apartment number				Percentage of ownership		Amount of estimated tax paid on behalf of nonresident partner or shareholder	
City, village or post office	City, village or post office State		IP code		%		00
Partner's/shareholder's first name and middle initial Partner's/shareholder's last name				Social security number	· (SSN)		
Mailing address (number and street or rural rou		,	Apartment number	Percentage of ownership		Amount of estimated tax paid on behalf of nonresident partner or shareholder	
City, village or post office State		ZIP code			%		00
Partner's/shareholder's first name and mide	dle initial	Partner's/shareho	Ider's last name	Social security number	· (SSN)		
Mailing address (number and street or rural rou			Apartment number	Percentage of ownership		Amount of estimated tax paid on behalf of nonresident partner or shareholder	
City, village or post office State		Z	IP code		%		00
Partner's/shareholder's first name and mide	dle initial	Partner's/shareho	Ider's last name	Social security number	· (SSN)		
Mailing address (number and street or rural route; see instructions) Apartment number						Amount of estimated tax pa behalf of nonresident partn shareholder	
City, village or post office	State	Z	IP code	Percentage of ownersh			00
Partner's/shareholder's first name and middle initial Partner's/shareholder's last name				Social security number	· (SSN)		
Mailing address (number and street or rural route; see instructions) Apartment number				behalf of nonresident		Amount of estimated tax pa behalf of nonresident partn	
City, village or post office	State	Z	IP code	Percentage of ownersh	1ip %		00

Page total (add last column amounts)

