

New York State Department of Taxation and Finance

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## Report of Estimated Tax for Nonresident Individual Partners and Shareholders

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For Payments on Behalf of Nonresident Individuals Only

Due c	date (mark an <b>X</b> in one box): Api	ʻil 18,	2011	Jun	e 15, 2011 [		Septembe	er 15, 2011		January 17, 2012
	Legal name					Ma bo S d	ark an <b>X</b> in tox if filer is an corporation	n III	Emp	loyer identification number
r type	Trade name of business if different from legal name above					Tot al	Total number of partners/shareholders from all Form(s) IT-2658 and IT-2658-ATT			
Print or type	Address (number and street or re	ural rou	ute; see in:	structions,	Form IT-2658	Tot	tal New York			. 00
_	City, village, or post office		State		ZIP co	Tot	tal estimated	all		
Conta	act name		Conta (	ct phone r )	number		Form(s) IT-265 and IT-2658-A			. 00
Conta	act e-mail address		1							
Alloc	cation of estimated tax to r	onre	sident i	ndividua	al partners	and s	sharehold	<b>ers</b> (attacl	h Foi	rm(s) IT-2658-ATT if necessary)
Partne	er's/shareholder's first name and middle	initial	Partner's/s	shareholder	's last name	Socia	l security nu	mber (SSN)		
Mailin	g address (number and street or rural route,	see inst	l ructions)	Apa	rtment number					Amount of estimated tax paid on behalf of nonresident partner or shareholder
City, v	rillage or post office	State		ZIP co	ode	Perce	entage of ow	nersnip	]%	. 00
Partne	er's/shareholder's first name and middle	e initial	Partner's/s	shareholder	's last name	Socia	l security nu	mber (SSN)		
Mailin	g address (number and street or rural route,	see inst	ructions)	Apa	rtment number					Amount of estimated tax paid on behalf of nonresident partner or
City, v	illage or post office	State		ZIP co	ode	Perce	entage of ow	nership	]%	shareholder 00
Partne	er's/shareholder's first name and middle	e initial	Partner's/s	shareholder	's last name	Socia	l security nu	mber (SSN)		
Mailin	g address (number and street or rural route,	see inst	ructions)	Apa	rtment number					Amount of estimated tax paid on behalf of nonresident partner or
City, v	illage or post office	State		ZIP co	ode	Perce	entage of ow	nership	]%	shareholder . 00
										00
			I	Page tota	<b>al</b> (add last co	olumn a	amounts)			. 00
	Paid preparer must complete (see in parer's signature	nstructio	ons) ▼	Date: ▶ Prepare	er's NYTPRIN			Signature of gauthorized		ll partner or member, elected officer, or n
Firm	n's name (or yours, if self-employed)			▼ Prepare	er's PTIN or SSN		Sign here			
Add	dress			Employ	er identification	number		Date		Daytime phone number
					Mark an X if self-employed					
E-m	nail:						I			

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



T-2658	(2011)	(back)
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Legal name				Employer i	dentification number	
Partner's/shareholder's first name and middle	e initial Partner's/shar	eholder's last name	Social security number	(SSN)		
Mailing address (number and street or rural route,			Amount of estimated tax pa			
City, village or post office	State	ZIP code	Percentage of ownersh	nip %	shareholder	00
Partner's/shareholder's first name and middle	e initial Partner's/shar	eholder's last name	Social security number	(SSN)		
Mailing address (number and street or rural route,		•	Amount of estimated tax paid of behalf of nonresident partner or shareholder			
City, village or post office	State	ZIP code	Percentage of ownersh	mip %	si ai ei loidei	00
Partner's/shareholder's first name and middle	e initial Partner's/shar	eholder's last name	Social security number	· (SSN)		
Mailing address (number and street or rural route,	Deventors of our each	sin.	Amount of estimated tax pa behalf of nonresident partn shareholder			
City, village or post office	State	ZIP code	Percentage of ownersh	mp %	•	00
Partner's/shareholder's first name and middle	e initial Partner's/shar	eholder's last name	Social security number	(SSN)		
Mailing address (number and street or rural route,	Developting of ownership		Amount of estimated tax paid or behalf of nonresident partner or shareholder			
City, village or post office	State	ZIP code	Percentage of ownersh	mip %	snarenoider •	00
Partner's/shareholder's first name and middle	e initial Partner's/shar	eholder's last name	Social security number	(SSN)		
Mailing address (number and street or rural route,	; see instructions)	Apartment number	Percentage of ownersh	sin.	Amount of estimated tax pa behalf of nonresident partn shareholder	
City, village or post office	State	ZIP code	• • • • • • • • • • • • • • • • • • •		•	00
Partner's/shareholder's first name and middle	e initial Partner's/shar	eholder'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	ZIP code	Percentage of ownersh	mip %	snarenoider •	00
	Pag	ge total (add last co	olumn amounts)			00

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