

New York State Department of Taxation and Finance

IT-2658

Report of Estimated Tax for Nonresident Individual Partners and Shareholders

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For Payments on Behalf of Nonresident Individuals Only

Due d	late (mark an X in one box): Apı	il 17, 20	12	June	15, 2012	7	Septembe	er 17, 2012	2	January 15, 2013		
	Legal name	,				Ma	rk an X in t x if filer is a corporation	he n		loyer identification numb		
Print or type	Trade name of business if different from legal name above					Tot	Total number of partners/shareholders from all Form(s) IT-2658 and IT-2658-ATT					
Print o	Address (number and street or rural route; see instructions, Form IT-2658					Total New York source income					. 00	
_	City, village, or post office		State		ZIP co	Tota	al estimated	all				
Conta	act name		Contact ()	phone nu	ımber		orm(s) IT-265 nd IT-2658-A				. 00	
Conta	act e-mail address											
Alloc	ation of estimated tax to r	onresio	dent in	dividual	partners	and s	harehold	ers (attac	h Foi	rm(s) IT-2658-ATT if ne	cessary)	
Partne	er's/shareholder's first name and middle	initial Pa	artner's/sh	areholder's	last name	Social	security nu	mber (SSN))			
Mailing	g address (number and street or rural route;	see instructi	tions)	Apartr	ment number					Amount of estimated to behalf of nonresident p shareholder		
City, vi	illage or post office	State		ZIP cod	е	Percer	ntage of ow	nership]%	Shareholder	. 00	
Partne	er's/shareholder's first name and middle	initial Pa	artner's/sh	areholder's	last name	Social	security nu	ımber (SSN))			
Mailing	g address (number and street or rural route;	see instructi	tions)	Apartr	ment number					Amount of estimated to behalf of nonresident p		
City, vi	illage or post office	State		ZIP cod	e	Percer	ntage of ow	nership]%	shareholder	. 00	
Partne	er's/shareholder's first name and middle	initial Pa	artner's/sh	areholder's	last name	Social	security nu	ımber (SSN))			
Mailing	g address (number and street or rural route,	see instructi	tions)	Apartr	ment number					Amount of estimated to behalf of nonresident p		
City, vi	illage or post office	State		ZIP cod	е	Percer	ntage of ow	nership]%	shareholder	. 00	
											00	
			Pa	age total	l (add last co	lumn a	mounts)				. 00	
•	Paid preparer must complete (see in	nstructions	′	Date:				Signature of authorized		l partner or member, elected o	fficer, or	
•	parer's signature n's name (or yours, if self-employed)				's NYTPRIN 's PTIN or SSN		Sign	authorized	perso			
Add				·	ridentification n	umber	here	Date		Daytime phone number		
					Mark an X if	\exists				()		
E-m	ail:				self-employed	\dashv						

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



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Legal name				Employer	dentification number
Partner's/shareholder's first name and midd	e initial	Partner's/shareholder's last name	Social security number	r (SSN)	
Mailing address (number and street or rural route			Percentage of ownersh	ain	Amount of estimated tax paid or behalf of nonresident partner or shareholder
City, village or post office	State	ZIP code	• • • • • • • • • • • • • • • • • • •		. 00
Partner's/shareholder's first name and midd	e initial	Partner's/shareholder's last name	Social security number	r (SSN)	
Mailing address (number and street or rural route	; see ins	I Apartment number		-:	Amount of estimated tax paid or behalf of nonresident partner or shareholder
City, village or post office	State	ZIP code	Percentage of ownersh	%	• OC
Partner's/shareholder's first name and midd	e initial	Partner's/shareholder's last name	Social security number	r (SSN)	
Mailing address (number and street or rural route	; see ins	ructions) Apartment number			Amount of estimated tax paid or behalf of nonresident partner or
City, village or post office	State	ZIP code	Percentage of ownersh	mip %	shareholder 00
Partner's/shareholder's first name and midd	e initial	Partner's/shareholder's last name	Social security number	r (SSN)	
Mailing address (number and street or rural route	; see ins	ructions) Apartment number			Amount of estimated tax paid or behalf of nonresident partner or
City, village or post office	State	ZIP code	Percentage of ownersh	nip %	shareholder 00
Partner's/shareholder's first name and midd	e initial	Partner's/shareholder's last name	Social security number	r (SSN)	
Mailing address (number and street or rural route	e; see ins	ructions) Apartment number			Amount of estimated tax paid or behalf of nonresident partner or
City, village or post office	State	ZIP code	Percentage of ownersh	nip %	shareholder 00
Partner's/shareholder's first name and midd	e initial	Partner's/shareholder's last name	Social security number	r (SSN)	
Mailing address (number and street or rural route	; see ins	ructions) Apartment number			Amount of estimated tax paid or behalf of nonresident partner or
City, village or post office	State	ZIP code	Percentage of ownersh	nip %	shareholder 00
		Page total (add last co	olumn amounts)		. 00