$\frown$ ot one	New York State Den	artment of Taxation an	d Finance			
<b>CT-2658</b>		of Estim		Tax for	Page1of	
Y		ate Partr				
				orporations Only		
Due date (mark an <b>x</b> in one box): A				·	anuary 15, 2014	
Legal name of Partnership		Employer identification number (EIN) Total number of partners from all Form(s) CT-2658 and CT-2658-ATT				
Trade name of business if differer	at from logal name					
Trade fiame of business if differen	it nom legal name					
Address (number and street or rural	route)					
				source income		
City, village, or post office	State	ZIP	code	Total estimated tax paid from		
Contact name		Contact phone number		all Form(s) CT-2658 and CT-2658-ATT	. 00	
				C1-2030-ATT∎		
Contact e-mail address						
Allocation of estimated tax t	o cornorate n	artnors (attach	Form(s) CT	2658_ATT if necessary)		
Legal name of corporate partner			0111(3) 01			
				New York source income	Amount of	
Business address (see instructions)	City	State	ZIP code		estimated tax paid	
Contact name		Telephone num	ber	-		
		()		.00	.00	
Partner's EIN	Perce	ntage of ownership				
			%			
Legal name of corporate partner		•	70			
<b>5 1 1</b>				New York source income	Amount of	
Business address (see instructions)	City	State	ZIP code		estimated tax paid	
Contact name		Telephone num	ber	-		
		( )		. 00	. 00	
Partner's EIN	Perce	ntage of ownership				
			%			
Legal name of corporate partner		•	70			
				New York source income	Amount of	
Business address (see instructions)	City	State	ZIP code		estimated tax paid	
Contact name		Telephone num	ber	-		
		()		.00	.00	
Partner's EIN	Perce	ntage of ownership				
			%			
		)•[	/0	NY source income page total	Estimated tax paid page total	
		Page tota	als	. 00	. 00	
▼ Paid preparer must complete (se	ee instructions) <b>V</b>	-	n here 🔻			
Preparer's signature ▶		Preparer's NYTF	YRIN	Signature of general partner ►		
Firm's name (or yours, if self-employed	)	▼ Preparer's PTIN	or SSN			
Address		<ul> <li>Employer identified</li> </ul>	cation number		Daytime phone number	
		Mark ar	nXif ┌─	Date		
E maile		self-em		E-mail:		
E-mail:				l		

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Page 2 of

Legal name of Partnership		Employer identification number (EIN)				
Legal name of corporate partner						
Business address (see instructions)	City	State	ZIP code	New York source income	Amount of estimated tax paid	
Contact name		Telephone nur	mber	. 00		00
Partner's EIN	F	Percentage of ownership	0	•	•	
Legal name of corporate partner		•	%			
Legal name of corporate partiler				New York source income	Amount of	
Business address (see instructions)	City	State	ZIP code		estimated tax paid	
Contact name		Telephone nur	nber	. 00		00
Partner's EIN	F	Percentage of ownership	p	• • · · · · · · · · · · · · · · · · · ·		
			%			
Legal name of corporate partner			/ •			
Business address (see instructions)	City	State	ZIP code	New York source income	Amount of estimated tax paid	
Contact name		Telephone nur	nber	.00		00
Partner's EIN	F	Percentage of ownershi	p	•	•	
		•	%			
Legal name of corporate partner						
Business address (see instructions)	City	State	ZIP code	New York source income	Amount of estimated tax paid	
Contact name		Telephone nur	nber	.00		00
Partner's EIN	F	Percentage of ownership	p	• •	•	
			%			
Legal name of corporate partner			70			
Business address (see instructions)	City	State	ZIP code	New York source income	Amount of estimated tax paid	
Contact name		Telephone nur	nber	.00		00
Partner's EIN	F	Percentage of ownershi	p		•	
		•	%			
				New York source income page total	Amount of estimated tax page total	k paid
		Page to	als	. 00		00