



Report of Estimated Tax for Nonresident Individual Partners and Shareholders

For Payments on Behalf of Nonresident Individuals Only of Personal Income Tax and Metropolitan Commuter Transportation Mobility Tax (MCTMT)

Legal name of partnership or New York S corporation Employer identification number Mark an X in the box if filer is an S corporation	e date (mark an X in one	e box): April 18, 2017	June 15, 2017	September 15, 2017	January 16, 2018
Trade name of business if different from legal name above Address (number and street or rural route; see instructions, Form IT-2658-I) City, village, or post office State ZIP code Contact phone number () City, village, or post office State ZIP code Contact e-mail address You must complete Forms IT-2658-NYS and IT-2658-MTA, whichever are applicable (see instructions). Submit all applicable schedules with this return. NYS estimated personal income tax 1 Total number of partners/shareholders from all Form(s) IT-2658-NYS	gal name of partnership of	or New York S corporation		Employer identification number	───── I box if filer is an
City, village, or post office State State State State State State Contact e-mail address You must complete Forms IT-2658-NYS and IT-2658-MTA, whichever are applicable (see instructions). Submit all applicable schedules with this return. NYS estimated personal income tax 1 Total number of partners/shareholders from all Form(s) IT-2658-NYS	de name of business if o	different from legal name above		Contact name	
You must complete Forms IT-2658-NYS and IT-2658-MTA, whichever are applicable (see instructions). Submit all applicable schedules with this return. NYS estimated personal income tax 1 Total number of partners/shareholders from all Form(s) IT-2658-NYS	dress (number and stree	et or rural route; see instructions, F	orm IT-2658-I)	Contact phone number ()	
NYS estimated personal income tax 1 Total number of partners/shareholders from all Form(s) IT-2658-NYS	, village, or post office	State	ZIP code	Contact e-mail address	
1 Total number of partners/shareholders from all Form(s) IT-2658-NYS 1			TA, whichever are a	applicable (see instructions). \$	Submit all applicable
	S estimated persona	al income tax			
2 Total New York source income	Total number of partr	ners/shareholders from all Fori	m(s) IT-2658-NYS	1	
	Total New York source	ce income	2	. 00	
3 Total estimated personal income tax paid from all Form(s) IT-2658-NYS	Total estimated person	onal income tax paid from all F	Form(s) IT-2658-NY	S 3	. 00
Estimated MCTMT	imated MCTMT				
4 Total number of partners from all Form(s) IT-2658-MTA	Total number of parti	ners from all Form(s) IT-2658-I	MTA	4	
5 Total net earnings from self-employment allocated to the MCTD (Metropolitan Commuter Transportation District) 5	-			. 00	
6 Total estimated MCTMT paid from all Form(s) IT-2658-MTA	Total estimated MCT	MT paid from all Form(s) IT-26	658-MTA	6	. 00
Total payment	al payment				
7 Total payment (add lines 3 and 6)	Total payment (add lin	nes 3 and 6)		7	. 00
Third-party designee's name Designee's phone number Personal identification number (PIN)	······ a party	designee's name		Designee's phone number	Personal identification number (PIN)
Yes No E-mail:		il:		,	
▼ Paid preparer must complete (see instr.) ▼ Date ▼ Sign here ▼	Paid preparer mus	t complete (see instr.) ▼ Date		▼ S	ign here ▼
Preparer's signature Preparer's NYTPRIN Signature of general partner, member, or authorized person	parer's signature		Preparer's NYTPRIN	Signature of general partner, r	member, or authorized person
Firm's name (or yours, if self-employed) Preparer's PTIN or SSN		, , ,			
Address Employer identification number Date Daytime phone number	Iress	Emp		Date	Daytime phone number
NYTPRIN excl. code E-mail:	 nail:			E-mail:	

Make your check or money order payable in U.S. funds to: Commissioner of Taxation and Finance

Mail this form to: NYS ESTIMATED INCOME TAX

PROCESSING CENTER PO BOX 4123

BINGHAMTON NY 13902-4123

