

Department of Taxation and Finance

### IT-205

# Fiduciary Income Tax Return New York State • New York City • Yonkers

ZU	710 PS									
		For the full year Jan. 1, 2018, through Dec. 31, 20	18, or	fiscal year beginning		18 and ending				
	Form 1041:	See Form IT-205-I, Instructions for Form IT-205	, for a	ssistance.						
Пг	Decedent's estate	Name of estate or trust (as shown on federal Forn	1 SS-4)			Date entity crea	ted			
	Simple trust									
	Complex trust	Name and title of fiduciary		Identification number of estate or trust						
	Qualified disability trust									
	SBT (S portion only)	Address of fiduciary (number and street or rural ro	ute)			Decedent's social sec	curity number (SSN) (see instr.)			
	Grantor type trust									
	Sankruptcy estate-Ch. 7	City, village, or post office		State ZIP code		Mark an <b>X</b> in the applicable box:				
	sankruptcy estate-Ch. 11					Initial return Final return				
	Pooled income fund	Country:			Trust n	neets conditions	of section 605(b)(3)(D)			
		Income distribution		Number of	Qualifyin	g special conditions	. , , , , ,			
	ended return mit explanation)	deduction (see instructions)		Number of beneficiaries	for filing	your 2018 tax ee instructions)				
•		om page 2, line 51 or Form IT-205-A, line 22, co	lumn a		<del>'                                    </del>	A	.00			
	•	ted gross income (from NYAGI worksheet, line		,		В	.00			
	-	orm IT-205-A, Schedule 1, line 10, column				C	.00			
1		income of fiduciary (from page 2, line 62 or F				1	.00			
		fications relating to amounts allocated to pr				2	.00			
3		plus or minus line 2)	-			3	.00			
4	, ,	e of New York fiduciary adjustment (from S				4	.00			
_	•		· -	_						
5		le income of fiduciary (line 3 plus or minus line								
6		tax on line 5 amount (full-year resident estate								
7		amount from Form IT-230, Part 2, line 2 (n		_						
8		7				8	.00			
9		York State tax (from Form IT-205-A, Schedule		_			20			
40	•	ted Form IT-230, Part 2, mark an <b>X</b> in this bo				9	.00			
		state credits (submit schedule)				10	.00			
11		from line 8 or line 9				11	.00			
12		tax on lump-sum distributions and other ad				12	.00			
13		onally left blank			_	13				
		State tax (add lines 11 and 12; see instructions				14	.00			
l .	•	,	15a		.00					
		,	15b		.00					
l .	•	unt from Form IT-230, Part 2, line 2 (see instructions)	16		.00					
		15b to line 16	17		.00					
l .	•	accumulation distribution credit	18		<b>.</b> 00					
l .		from line 17 (if less than zero, leave blank)	19		<b>.</b> 00					
l .	• •	arate tax on lump-sum distributions (see instructions)			<b>.</b> 00					
21		d 20	21		.00					
22		City credits (see instructions)	22		.00					
23		from line 21 (if less than zero, leave blank)	_	23	.00					
24	This line intention	onally left blank				24				
25		nt income tax surcharge (from Yonkers works		•		25	.00			
26	Yonkers part-year resident income tax surcharge (from Form IT-205-A-I, Worksheet C, line 14)					26	.00			
27		ident fiduciary earnings tax (from Form Y-20				27	.00			
28	Sales or use ta	ax (see instructions)				28	.00			
29	Total NYS, NYC,	. Yonkers taxes, and sales or use tax (add line	tions)	29	<b>.</b> 00					

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30	Es	timated tax paid (including payments made with Form IT-370	30	.00.			
31		timated tax payments allocated to beneficiaries (from For	31	.00.			
32		btract line 31 from line 30	32	.00			
		nount paid with original return, plus additional tax paid after y	32a	.00			
		fundable credits   Identify:	33	.00			
		ew York State tax withheld	34	.00			
		w York City tax withheld	35	.00			
36	Yo	nkers tax withheld	36	.00			
37	' To	tal payments (add lines 32 through 36; if this is an amended r	returr	n, see instructions)	37	.00	
38	Ar	nount <b>overpaid</b> (if line 37 is <b>more than</b> the total of lines 29 a					
	1	ines 29 and 42 from line 37)	38	.00			
39	Ar	nount of line 38 to be <b>refunded</b>					
		Mark an <b>X</b> in one box: direct deposit (complete line 71)	39	.00			
		_	Re	fund? Direct deposit is the			
40	) An	nount of line 38 that you want applied to your 2019 estimated tax	40	.00.	eas	siest, fastest way to get your	
41	Ar	nount you <b>owe</b> (if line 37 is <b>less than</b> the total of lines 29, 42,	, and	42a, subtract line 37 from the total		und.	
		of lines 29, 42, and 42a). To pay by electronic funds withdra			See page 13 of the instructions for payment options.		
		fill in lines 71 and 72. If you pay by check or money orde	-	· · · · · · · · · · · · · · · · · · ·		paymont options.	
		Form IT-205-V and mail it with your return (see instructions)_			41	.00	
		timated tax penalty (see instructions)	42				
		her penalties and interest (see instructions)					
		Ile A Details of federal taxable income of a fiduciary					
pur		es or submit federal Form 1041. Submit a copy of federa		, , , , , , , , , , , , , , , , , , , ,	1 ber		
		3 Interest income				.00	
		Dividends		44	.00		
		Business income (or loss) (submit copy of federal Schedule	45	.00			
πe		Capital gain (or loss) (submit copy of federal Schedule D, Fe	46	.00			
Income		Rents, royalties, partnerships, other estates & trusts (subm		.00			
므		Farm income (or loss) (submit copy of federal Schedule F, F	48	.00			
		Ordinary gain (or loss) (submit copy of federal Form 4797).	49	.00			
		Other income (state nature of income)	50	.00			
		Total income (add lines 43 through 50; enter here and on pag	51	.00			
		Interest	52	.00			
		Taxes	53	.00			
		Fiduciary fees	54	.00			
Suc		Charitable deduction	55	.00			
Deductions		Attorney, accountant, and return preparer fees	56	.00			
ğ		Other deductions (itemize on an additional sheet)		57 58	.00.		
De	58 50	· · · · · · · · · · · · · · · · · · ·				.00.	
	59					.00.	
	60					.00	
		61 Total (add lines 52 through 60)				.00	
Sch		rederal taxable income of induciary (subtract line of informing	62 a na	rt-vear resident trust			
					.00		
Ö		<ul> <li>Interest income on state and local bonds other than New York (gross amount not included in federal income)</li> <li>Income taxes deducted on federal fiduciary return (see instructions)</li> </ul>				.00	
diti		Other (from Form IT-225, line 9; see instructions)				.00	
Additions	66					.00	
	67	Interest income on U.S. obligations included in federal income			66	.00]	
Subtractions	68	Other (from Form IT-225, line 18; see instructions)			1		
	69	Total subtractions (add lines 67 and 68)			69	.00	
		•			UJ	.00]	
	70	70 New York fiduciary adjustment (difference between lines 66 and 69; enter here and on total line in Schedule C. column 5, if applicable)				00	



## Schedule C – Shares of New York fiduciary adjustment of a resident or a nonresident estate or trust or a part-year resident trust (Submit additional sheets, if necessary; see instructions)

Ben	eficiary information – Lis ap	t the beneficiary' plicable box. For	s name and addres each beneficiary, c	s here. If the be complete column	neficiary is a <b>nonresiden</b> s 2 through 5 on the corre	t of NYS or esponding l	Yonkers, mark an lines below.	<b>X</b> in the	Э
	<b>1 –</b> Name		<b>1b</b> – Number	and street	City	State	ZIP code	NYS	S Yonkers
а									
b									
С					1				
2 – Identifying number of beneficiary		Shares of federal distributable net incor <b>3</b> – Amount <b>4</b> – Per		net income 4 - Percent	<ul><li>5 – Shares of New York fiduciary adjustment</li></ul>				
а			<b>.</b> 00			.00			
b			<b>.</b> 00			.00			
С			.00		.00.				
Totals from additional sheets			.00			.00			
Fiduciary			.00			.00			
Tota	ls		.00	100%		<b>.</b> 00	■ This total must equal to the property of the property o	ual line	70 amount
Α	C Resident status – mark an X in all boxes that apply:  (1) NYS full-year resident estate or trust  (2) NYS part-year resident trust  (3) NYS full-year nonresident estate or trust  (4) NYC full-year resident estate or trust  (8) Yonkers full-year nonresident estate or trust								
Ε	Nonresident estate - indicate state of residency								
F	Submit a list of executors or trustees with their addresses and identification numbers (SSN or EIN).								
G	If a grantor trust, enter the identification number (SSN or EIN) of the individual reporting the income/loss								
	H Has the estate or trust (or an entity of which the estate or trust is an owner) been convicted of <i>Bribery</i> Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the  Government (NYS Penal Law Article 200 or 496, or section 195.20)?Yes No								No 🗌
- 1	Was the estate or tru	ist required to r	eport any nonqua	alified deferred	compensation, as req	uired by II	RC § 457A,		

on its 2018 federal return? (see instructions)

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71 Account information for direct deposit or electronic funds withdrawal (see instructions).  If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an <b>X</b> in this box (see instr.)									
71a Account type: Personal of	checking - or -	or - Business checking - or - Business saving							
71b Routing number 71c Account number									
72 Electronic funds withdrawal (see instructions) Date									
Third-party designee? (see instr.)	ne	Desi	ignee's phone number )		Personal identification number (PIN)				
Yes No E-mail:									
▼ Paid preparer must complete T Pai	▼ 8	ign return he	ere ▼						
Preparer's signature	Preparer's printed name		Signature of fiduciary or o	officer representin	g fiduciary				
Firm's name (or yours, if self-employed)	Preparer's	PTIN or SSN	Printed name of person who signed above						
Address	Employer i	identification number							
		Date	Date	Daytime phor	ne number				
E-mail:	E-mail:								

See instructions for where to mail your return.