

Fiduciary Income Tax Return

New York State • City of New York • City of Yonkers



IT-205

Type of entity:

- Decedent's estate
- Simple trust
- Complex trust
- Qualified disability trust
- ESBT (S portion only)
- Grantor type trust
- Bankruptcy estate-Ch. 7
- Bankruptcy estate-Ch. 11
- Pooled income fund

For the full year Jan. 1, 2003, through Dec. 31, 2003, or fiscal tax year beginning

0 3 and ending

Print or type

Name of estate or trust

Name and title of fiduciary

Address of fiduciary (number and street or rural route)

City, village, or post office State ZIP code

Date entity created

Employer identification number

Decedent's social security number (see inst.)

Mark an X in the applicable box:

Initial return Final return

If you do not need forms mailed to you next year, mark box

Amended return (attach explanation)

Income distribution deduction (see instructions, Form IT-205-1)

Number of beneficiaries

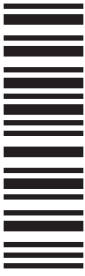
A Total income (from back page, line 51)		A.	
B New York adjusted gross income from NYAGI worksheet, line 5		B.	
C Amount from Form IT-205-A, Schedule 1, line 10, column a		C.	
1 Federal taxable income of fiduciary (from back page, line 62)		1.	
2 New York modifications relating to amounts allocated to principal		2.	
3 Balance (line 1 and add or subtract line 2)		3.	
4 Fiduciary's share of New York fiduciary adjustment (from back page, Schedule C, column 5)		4.	
5 New York taxable income of fiduciary (line 3 and add or subtract line 4)		5.	
6 State tax on line 5 amount (full-year resident estate and trust only)		6.	
7 New York State amount from Form IT-230, Part II, line 2 (resident estate and trust only)		7.	
8 Add lines 6 and 7		8.	
9 Allocated New York State tax (from Form IT-205-A, Schedule 1, line 13)		9.	
• If you completed Form IT-230, Part II, check this box <input type="checkbox"/>		9.	
10 State credits (attach schedule)		10.	
11 Subtract line 10 from line 8 or line 9		11.	
12 State separate tax on lump-sum distributions and other add-backs		12.	
13 State minimum income tax		13.	
14 Total New York State tax (add lines 11, 12, and 13; see instructions)		14.	
15a City of New York resident tax on line 5 amount (see instructions)		15a.	
15b City of New York part-year resident tax (see instructions)		15b.	
16 City of New York amount from Form IT-230, Part II, line 2 (see instructions)		16.	
17 Add line 15a or 15b to line 16		17.	
18 City of New York accumulation distribution credit		18.	
19 Subtract line 18 from line 17 (if less than zero, leave blank)		19.	
20 City of New York separate tax on lump-sum distributions (see instructions)		20.	
21 Add lines 19 and 20		21.	
22 City of New York - UBT credit (from Form IT-219)		22.	
23 Subtract line 22 from line 21 (if less than zero, leave blank)		23.	
24 City of New York minimum income tax (see instructions)		24.	
25 City of Yonkers resident income tax surcharge from Yonkers worksheet, line o (see instructions)		25.	
26 City of Yonkers part-year resident tax (from Form IT-205-A-I, page 4, Worksheet C, line 14)		26.	
27 City of Yonkers nonresident fiduciary earnings tax (from Form Y-206)		27.	
28 Sales or use tax (see instructions)		28.	
29 Total New York State, city of New York, city of Yonkers, and use tax (add lines 14 and 23 through 28; see instructions)		29.	
30 Estimated tax paid (including payments made with Form IT-370-PF)		30.	
31 Estimated tax payments allocated to beneficiaries (from Form IT-205-T)		31.	
32 Subtract line 31 from line 30		32.	
33 Refundable credits Identify:		33.	
34 New York State tax withheld		34.	
35 City of New York tax withheld		35.	
36 City of Yonkers tax withheld		36.	
37 Total (add lines 32 through 36)		37.	
38 If line 37 is more than the total of lines 29 and 42, enter the overpayment		38.	
39 Amount of line 38 to be refunded to you		39.	
40 Amount of line 38 to be credited to 2004 estimated tax		40.	
41 If line 37 is less than the total of lines 29 and 42, enter amount you owe		41.	
42 Estimated tax penalty (will reduce line 38 or increase line 41; see instructions)		42.	

See instructions on pages 15 and 16 for figuring city of New York and city of Yonkers taxes, credits, and tax surcharges.

Attach a copy of federal Schedule K-1 (Form 1041) for each beneficiary.

Schedule A — Details of federal taxable income of a fiduciary of a resident estate or trust.

Enter items as reported for federal tax purposes or attach federal Form 1041.



Income	43 Interest income	43.		.	
	44 Dividends	44.		.	
	45 Business income (or loss) (attach copy of federal Schedule C or C-EZ, Form 1040)	45.		.	
	46 Capital gain (or loss) (attach copy of federal Schedule D, Form 1041)	46.		.	
	47 Rents, royalties, partnerships, other estates and trusts (attach copy of federal Schedule E, Form 1040)	47.		.	
	48 Farm income (or loss) (attach copy of federal Schedule F, Form 1040)	48.		.	
	49 Ordinary gain (or loss) (attach copy of federal Form 4797)	49.		.	
	50 Other income (state nature of income)	50.		.	
	51 Total income (add lines 43 through 50; enter here and on front page, line A)	51.		.	

Deductions	52 Interest	52.		.	
	53 Taxes	53.		.	
	54 Fiduciary fees	54.		.	
	55 Charitable deduction	55.		.	
	56 Attorney, accountant, and return preparer fees	56.		.	
	57 Other deductions (itemize on an attached sheet)	57.		.	
	58 Income distribution deduction (attach copy of federal Schedules K-1, Form 1041, for each beneficiary)	58.		.	
	59 Estate tax deduction (attach computation)	59.		.	
	60 Exemption (federal)	60.		.	
	61 Total (add lines 52 through 60)	61.		.	

Make check or money order payable to **NY State Income Tax**; write your employer identification number and **2003 Fiduciary Income Tax** on it.

Mail your completed return to:

**STATE PROCESSING CENTER
PO BOX 61000
ALBANY NY 12261-0001**

Schedule B — New York fiduciary adjustment of a resident or a nonresident estate or trust or a part-year resident trust

Additions	63 Interest income on state and local bonds other than New York (gross amount not included in federal income) ...	63.		.	
	64 Income taxes deducted on federal fiduciary return (see instructions)	64.		.	
	65 Other (see instructions) Identify: _____	65.		.	
	66 Total additions (add lines 63, 64, and 65)	66.		.	
Subtractions	67 Interest income on United States obligations included in federal income	67.		.	
	68 Other (see inst.) Identify: _____	68.		.	
	69 Total subtractions (add lines 67 and 68)	69.		.	
	70 New York fiduciary adjustment (difference between lines 66 and 69 to be entered as total of column 5 below)	70.		.	

Schedule C — Shares of New York fiduciary adjustment of a resident or a nonresident estate or trust or a part-year resident trust

Attach additional sheets if necessary.

1 Name and address of each beneficiary. Check box if beneficiary is a nonresident of:	New York State	City of Yonkers	2 Identifying number of each beneficiary	Shares of federal distributable net income (see instructions)		5 Shares of New York fiduciary adjustment
				3 Amount	4 Percent	
(a)	<input type="checkbox"/>	<input type="checkbox"/>				
(b)	<input type="checkbox"/>	<input type="checkbox"/>				
The total of Schedule C, column 5, should be the same as Schedule B, line 70 above. (see instructions)			Fiduciary			
			Totals		100%	

- A. If inter vivos trust, enter name and address of grantor: _____
- B. If revocable trust which changed state or city residence during the year, enter the date of the change of residence (see inst., page 1): _____
- C. Resident status — check all boxes that apply:

(1) <input type="checkbox"/> NYS full-year resident estate or trust	(4) <input type="checkbox"/> NYC full-year resident estate or trust	(7) <input type="checkbox"/> Yonkers part-year resident trust
(2) <input type="checkbox"/> NYS part-year resident trust	(5) <input type="checkbox"/> NYC part-year resident trust	(8) <input type="checkbox"/> Yonkers full-year nonresident estate or trust
- D. If an estate, indicate last known address of decedent _____
- E. Nonresident estate - indicate state of residency _____
- F. Attach a list of executors or trustees with their addresses and social security numbers.

Third – party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (complete the following) <input type="checkbox"/> No		
	Designee's name	Designee's phone number ()	Personal identification number (PIN) ()

Paid preparer's use only	Preparer's signature	Preparer's SSN or PTIN	
	Firm's name (or yours, if self-employed)	Employer identification number	
	Address	Date	Mark X if self-employed <input type="checkbox"/>

Sign your return here	Signature of fiduciary or officer representing fiduciary	
	Date	Daytime phone number (optional) ()