New York State Department of Taxation and Finance

Fiduciary Income Tax Return



IT-205

	Type of entity:	For	the full year Jan. 1, 2003, th	York State • City of New			0 0	nd anding				
\sqcup	Decedent's estate	1 01	Name of estate or trust	giriiiig	0 3 and ending							
	Simple trust		Name of estate of trust		Date entity created ▼ Employer identification number							
	Complex trust	ø	Name and title of fiducions				- Employer identification number					
	Qualified disability trust	type	Name and title of fiduciary				▼ Decedent	s social security number	(aaa inat)			
L E	ESBT (S portion only)	ō	Address of fiducions (- Decedent	s social security number	(see msi.)			
	Grantor type trust	Print	Address of fiduciary (number	and street or rural route)								
Ш	Bankruptcy estate-Ch. 7	P	01	01-1-		710	-	n the applicable box:				
E	Bankruptcy estate-Ch. 11		City, village, or post office	State	4	ZIP code	Initial return		turn			
☐ F	Pooled income fund						to you next year,	mark box				
			Amended return	Income distribution deduction (see instructions, Form IT-205-1)			Number of					
			(attach explanation)	(000 mondono, 1 0m 11 200 1)			beneficiarie	es T	-			
	A Total income	(fro	m back page, line 51)		_	_	■ A.		-			
	•		d gross income from NYAGI				■ B.		-			
	C Amount from	Fori	m IT-205-A, Schedule 1, line	e 10, column a			C.		-			
			income of fiduciary (from b				1.		-			
	2 New York modi	ficat	tions relating to amounts alloc	cated to principal			2.		<u> </u>			
	3 Balance (line	1 aı	nd add or subtract line 2)				3.		 -			
S	4 Fiduciary's sh	nare	e of New York fiduciary ad	ustment (from back pag	ge, Schedule C, c	column 5)	4.		_			
<u>o</u>	5 New York tax	able	e income of fiduciary (line	3 and add or subtract line	e 4)		5.		_ .			
ī	6 State tax on	line	5 amount (full-year residen	t estate and trust only)			6.					
Ĭ	7 New York Sta	ite a	amount from Form IT-230,	Part II, line 2 (resident	estate and trust	only)	7.].			
instruction	8 Add lines 6 a	nd	7				8.].			
See	9 Allocated Ne	w Yo	ork State tax (from Form IT-	205-A, Schedule 1, line 1	13)							
S			ed Form IT-230, Part II, ch		,		9.].			
			tach schedule)						1.			
		•	from line 8 or line 9						1.			
			ax on lump-sum distribution						1.			
			ncome tax									
	14 Total New Yo											
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15a 15b	City of New Yor City of New Yor	k re k pa	sident tax on line 5 amount art-year resident tax <i>(see i</i>	(see instructions) 15anstructions) 15anstructions)	a. b.			estructions on page	des 15			
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Check box if beneficiary is a nonresident of: State Yonkers 3 Amount 4 Percent adjustment (a)	ľ	T-205 (2003	3) (back)	A + + -			fodou	al C	ala a al.	la I/ 1	/Fa ::::::	104	4 \ £		h a n a fi a i									
43 Interest income 43.							A —	Detail	s of	fede	al tax	able in	con	ne c	of a fidu	iciary of	a re								_
49. 49.					_	44 45	Intere Divide Busine	est inco ends . ess inco	ome	(or loss	s) (attach	n copy of t	federal	 I Sch	edule C or	C-EZ, Form	1040)		4 4	3. 4. 5.	orm 1041.			•	_
Signature Sign						48 49 50	of fe Farm Ordin Other	ederal s incom ary ga incon	Scheine (o ain (d ne (s	dule E or loss or loss state n	, Form) (attad s) (atta ature o	1040) ch copy ch copy of incom	of fed of fed of fe	dera	al Schedu al Form	le F, Forn 1797)	n 104	0)	4 5	8. 9. 0.				•	_
59		53 54 55	Tax Fid Ch Atto	Interest Taxes Fiduciary fees Charitable deduction Attorney, accountant, and return preparer fees Other deductions (itemize on an attached sheet) Income distribution deduction (attach copy of federal Schedules K-1, Form 1041, for each beneficiary) Estate tax deduction (attach computation) Exemption (federal) Total (add lines 52 through 60)						S		52. 53. 54. 55. 56.				e, iine	A)	N te	Make check or money order pays to NY State Income Tax; write y employer identification number a 2003 Fiduciary Income Tax on					r	
Schedule B — New York fiduciary adjustment of a resident or a nonresident estate or trust or a part-year resident trust 8 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)		59 60 61	Est Exe Tot							eficiary)			. 60	59. 60.					PO BOX 61000 ALBANY NY 12261-0001				ITER	_ _	
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 fliduciary return (see instructions) 65. 65 Other (see instructions) [Identify: 65. 66 Total additions (add lines 63, 64, and 65) 66. 67 Interest income on United States obligations included in federal income 67. 68 Other (see inst.) [Identify: 68 68 69. 69 Total subtractions (add lines 67 and 68) 68 69. 70 New York fliduciary adjustment (difference between lines 66 and 69 to be entered as total of column 5 below) 70. Schedule C — Shares of New York fliduciary 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: (a) 2 Identifying number of each beneficiary is a nonresident of: (b) 3 Amount 4 Percent distributable net income (see instructions) (c) 3 Amount 4 Percent described in the control of each beneficiary is a nonresident of: (a) 3 Amount 4 Percent described in the control of each beneficiary is a nonresident of each beneficiary is a nonresident of: (b) 3 Amount 4 Percent described in the control of each beneficiary is a nonresident of: (c) 3 Amount 4 Percent described in the control of each beneficiary is a nonresident of: (d) 4 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: (a) 17 (year resident estate or trust (4) 17 (year resident estate or trust (7) 17 (year part-year resident trust (7) 17 (year part-year resident estate or trust (8) 17 (year part-year resident estate or trust (7) 17 (year part-year resident trust (7) 17 (year part-year resident trust (8) 17 (year part-year	5																				r resident t	ruet		•	-
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Address

Mark X if self-employed

here

Date

Date

Daytime phone number (optional)