	1	Now Varie	State Department	-f T	- !					
	For office use only	1993	New Yo	ICIATY In	ICOME	Tax Retu	rn nkers	IT-205		
		\sim	For Jan.	1 - Dec. 31, 199	, or fiscal tax	year beginning	, 1993, endi	-		
	į .	1	Name of estate or trust				Employer identification number			
	packet label,	5	Name and title of fiduciary					Decedent's social security number (see instructions)		
	Attach pa						Initial re	Check applicable box: Initial return Final return		
		City, vill	age or post office		State	ZIP code	If you do r forms mail next year,	not need led to you check box		
Dat	e trust was created or, for a	an estate,	date of decedent's	death:	. If estate was	closed, or trust te	erminated, en	ter date:		
Α	Total income (see instruction									
В	New York adjusted gross	income fr	om NYAGI Workshe	et, line 9 (see ii	structions)		В			
С	Amount from Form IT-205	-A, Sched	ule 1, line 10, colur	nn (a) <i>(see instru</i>	ıctions)		С			
1	Federal taxable income of									
2	New York modifications re									
3	Balance (line 1 and add or	subtract lin	e 2)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		3			
4	Fiduciary's share of New									
5	New York taxable income									
6	State tax on line 5 amount	it (tull-year	resident estate and tr	ust only; see inst	ructions)		6			
7	Amount from Form IT-230,	, <i>Paπ 11</i> , I	ine 2 (full-year reside	nt estate and trus	t only; see instr	ructions, page 4)	7			
٥	Add lines 6 and 7 Allocated New York State					• • • • • • • • • • • • • • • • • • • •	8			
9	Allocated New York State									
10	• If you completed Form I State credits (attach schedu	11-230, Pai	tructions)	(see instru	ctions, page 4)	• • • • • • • • • • • • • • • •	9			
11	Subtract line 10 from line									
12	State separate tax on lum									
13	State minimum income ta	y /see inst	ructions)	aud-Dacks (see	instructions) .		12			
14	Total New York State tax (
15	City of New York residen	t tax on li	ne 5 amount /use Ci	ity of New York T	y Pate Schodu	o: non instructional	15			
16	Amount from Form IT-230,	Part II li	ne 2 (see instructions	e nama Ri	ix riale Schedu	e, see mstructions)	16			
17	Add lines 15 and 16		2 (oco motraction	s, page of			17			
18	City of New York part-year									
19	City of New York nonresid	dent fiduc	iary earnings tax (fi	rom Form NYC-20	16)	• • • • • • • • • • • • • • • • • • • •	19			
20	City of New York minimu	m income	tax (see instructions)	9,		20			
21	City of New York separate	e tax on I	ump-sum distributio	ns (see instruction	ns)		21			
22	City of Yonkers resident i									
23	City of Yonkers part-year	resident t	ax (from Form IT-205-	A-I. page 4. Worl	sheet C. <i>line 11</i>)	23	-		
24	City of Yonkers nonreside	ent fiducia	ry earnings tax (fro	m Form Y-206)		, , , , , , , , , , , , , , , , , , , ,	24			
25	Total New York State, city	of New Yo	ork and city of Yonk	ers tax (add line	s 14 and 17 thm	ough 24)	25			
26	Estimated tax paid (including									
27	Treated as paid by benefic	iaries (att	ach Form IT-205-T)				27			
28	Subtract line 27 from line						28			
29	New York State tax withhe						29			
30	City of New York tax with	heid			<u></u>		30			
31	City of Yonkers tax withhou	eld			· · · · · · · · · · · · · · · ·	<u> </u>	31			
32	Total (add lines 28 through 3	1)								
33	If line 32 is more than the	total of li	nes 25 and 37, ente	r the overpaym	ent		33			
34	Amount of line 33 to be re	funded to	you							
35	Amount of line 33 to be cr If line 32 is less than the t	edited on	1994 estimated tax				35			
36	If line 32 is less than the t	total of lin	es 25 and 37, enter	amount you o	(enclose chec We payab <u>le to N</u>	K or money order	36			
37	Estimated tax penalty (will	reduce line	33 or increase line 36;	see instructions, p	age 5) 37					

Preparer's social security number
Employer identification number

Return

Sign

Signature of fiduciary or officer representing fiduciary

Check if self-

employed

Date

Preparer's signature

Preparer's Use Only

Paid

Address

Date

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

Sch	edule	A — Details of federal taxable income of a fiduciary of a tax purposes or attach federal Form 1041.	resident esta	ite d	or trust. Enter	items	s as r	eport	ed for fed	eral
	1	Interest Income	1							
Income	2	Dividends	2							
	3	Business income (or loss) (attach copy of federal Schedule C or C-Ea	Z, Form 1040)	3						
	4	Capital gain (or loss) (attach copy of federal Schedule D, Form 1	4							
	5	Rents, royalties, partnerships, other estates and trusts, etc.								
		of federal Schedule E, Form 1040)	5						- 1.7	
_	6	Farm income (or loss) (attach copy of federal Schedule F, Form								
	7	Ordinary gain (or loss) (attach copy of federal Form 4797)				1				
	8									
	9							T .		T
	10	Interest	10		T	. 9				
	11	Taxes								
	12	Administration costs (including fiduciary fees)							- []	
	13	Charitable deduction			†					
Deductions	14	Attorney, accountant, and return preparer fees			_					
	15	Other deductions (itemize on an attached sheet)								
ថ្ម	16	Total (add lines 10 through 15)					. 16			
ಕ್ಷ	17	Adjusted total income (or loss) (subtract line 16 from line 9)					17			+
ă	18	to the state of th								<u> </u>
	19	Estate tax deduction (attach computation)				+				
	20	Exemption (federal)				+				
	21	Total (add lines 18, 19 and 20)				<u> </u>				
	22	·	17: enter on fro	nt n			21			
Sche		3 — New York fiduciary adjustment of a resident or a nonresident	ident estate e	in po	age, line I)		. 22			<u> </u>
	tions:	ion ion national adjustment of a resident of a nomes	ident estate d	,	ust or a part-ye	ar res	ident	trust	-	
Addi		Interest income on state and local bonds other than New York	<i>(</i>				ً حمال			т —
	24	Income taxes deducted on federal fiduciary return (see instru	(gross amount i	not ir	icluded in tederal	income	23			
	25	Other (see instructions, page 5) Identify:	cuons)	• • •	<u> </u>			 		—
							25			
Subt	ractio	Total additions (add lines 23, 24 and 25)	• • • • • • • • • • • • • • • • • • • •	• • •	• • • • • • • • • • • • •		26			
Jubi		Interest income on United States obligations included in fed	: T			7				- 5
				27						
		Other (see instructions, page 6) Identify:		28		<u> </u>				
	20 20	Total subtractions (add lines 27 and 28)					. 29			
Sobo	dula (New York fiduciary adjustment—difference between lines 26 and 29	to be entered	as to	otal of column 5	pelow	. 30			
Scrie	aule (C — Shares of New York fiduciary adjustment of a resident	t or a nonres	ider					resident	<u>trust</u>
		(2)	Identifying numbe	ar	Shares of feder net income (se				(5) Shares New Y	
		address of each beneficiary. New York City of City of	of each beneficia		<u>·</u>	— .			fiducia	
	JCK DOX	if beneficiary is a nonresident of: State New York Yonkers	··	_	(3) Amount		(4) Per	cent	adjustr	nent
(a)										
(b)										
The to	otal of		uciary							
		(See instructions.)	als				100	%		
A. Ch	eck wh	nether:	ex trust	If tr	ust, check:	☐ Te	stame	ntary	□Inte	r vivos
B. If i	nter viv	os trust, enter name and address of grantor:								
C. If i	evocat	ole trust which changed state or city residence during the year, enter	the date of the	cha	ange of residence	s (see i	nst na	nga 1):		
		status — check all boxes that apply:			•	(··-··, p-	ge .,.		
(1) (2)	□ NY □ NY □ NY □ (att	State full-year resident trust (5) State part-year resident trust (5) State part-year resident trust (5) State full-year nonresident estate or (attach Form IT-205-A) (6) State full-year nonresident estate or (attach Form IT-205-A)	ent trust sident estate or	İ	(7) City of Yon (8) City of Yor (attach Fo (9) City of Yon (attach Y-2	ikers pa rm IT-2 cers full	art-yea :05-A) I-year n	r resid onresid	ent trust	
	s a Ne	w York State fiduciary return filed for 1991? 1992?		reaso	on:			" —––		
If \	<i>es</i> , giv	re complete title under which it was filed:								
F. Do	es the	estate or trust have an interest in real property located in New York	State?			Yes /	RAA inel	tuction	s nano 71	□ No
G. Ha	s there	been either a transfer or an acquisition of a controlling interest in the est	tate or trust duri	ng th	ne tax year? \square	Yes (s	see inst	ruction	s, page 7)	□ No