2009

Report of Estimated Tax for Nonresident Individual Partners and Shareholders

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IT-2658

For Payments on Behalf of Nonresident Individuals Only

Due d	ate (mark an X in one box): April	15, 2009 📃 🛛 J	September 15, 2009 January 15, 2010					
Print or type	Legal name		Mark an X in the Employer identification number box if filer is an S corporation					
	Trade name of business if different	from legal name abov	Total number of partners/shareholders from all Form(s) IT-2658 and IT-2658-ATT					
	Address (number and street or rura	Total New York source income			•	00		
	City, village, or post office	State	ZIP code	Total estimated tax paid from all Form(s) IT-2658	[
Contact name		Contact phon	Contact phone number				•	00
Conta	et e-mail address	· ·		÷				

Contact e-mail address

Allocation of estimated tax to nonresident individual partners and shareholders (attach Form(s) IT-2658-ATT if necessary)

Partner's/shareholder's first name and middle initia		Partner's/shareholder's last name	Social security number (SSN)	
Mailing address (number and street or rural route	_	, i	Percentage of ownership	Amount of estimated tax paid on behalf of nonresident partner or shareholder
City, village or post office State		ZIP code	· · · %	. 00
Partner's/shareholder's first name and middle	e initial	Partner's/shareholder's last name	Social security number (SSN)	
Mailing address (number and street or rural route	_		Percentage of ownership	Amount of estimated tax paid on behalf of nonresident partner or shareholder
City, village or post office State		ZIP code		
Partner's/shareholder's first name and middle	e initial	Partner's/shareholder's last name	Social security number (SSN)	
Mailing address (number and street or rural route	; see ins	Apartment number		Amount of estimated tax paid on behalf of nonresident partner or shareholder
City, village or post office	State	ZIP code	Percentage of ownership	
		Page total (add last co	olumn amounts)	. 00

Paid	Preparer's signature	Preparer's SSN or PTIN			Signature of general partner or member, elected officer, or authorized person				
preparer's use only	Firm's name (or yours, if self-employed)	Employer identification number			yn re				
Address		Date	Mark X if self-employed			Date	Daytime phone number		
Paid preparer's	s e-mail address								

Mail this form to: NYS ESTIMATED INCOME TAX, PROCESSING CENTER, PO BOX 4123, BINGHAMTON NY 13902-4123



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Legal name				Employer	r ide	entification number		
Partner's/shareholder's first name and middle	Partner's/share	Social security number	(SSN)					
Mailing address (number and street or rural route;				Amount of estimated tax paid on behalf of nonresident partner or shareholder				
City, village or post office State		ZIP code		Percentage of ownersh	_{اله}			00
Partner's/shareholder's first name and middle initial Partner's/shareholder's last name				Social security number	(SSN)			
Mailing address (number and street or rural route;	Demonstran of our parabia			Amount of estimated tax paid on behalf of nonresident partner or shareholder				
City, village or post office	City, village or post office State		ZIP code	Percentage of ownership				00
Partner's/shareholder's first name and middle	initial	Partner's/share	eholder's last name	Social security number	(SSN)			
Mailing address (number and street or rural route; see instructions) Apartment number					in		Amount of estimated tax pa behalf of nonresident partne shareholder	
City, village or post office State			ZIP code	Percentage of ownersh	^{אוף} %			00
Partner's/shareholder's first name and middle	initial	Partner's/share	eholder's last name	Social security number	(SSN)			
Mailing address (number and street or rural route;	be			Amount of estimated tax paid on behalf of nonresident partner or shareholder				
City, village or post office	e State		ZIP code	Percentage of ownersh	۱۱p %		•	00
Partner's/shareholder's first name and middle	initial	Partner's/share	eholder's last name	Social security number	(SSN)			
Mailing address (number and street or rural route;		·		Amount of estimated tax pa behalf of nonresident partne shareholder				
City, village or post office	State		ZIP code	Percentage of ownersh	_{اله}			00
Partner's/shareholder's first name and middle	initial	Partner's/share	eholder's last name	Social security number	(SSN)			
Mailing address (number and street or rural route;				Amount of estimated tax pa behalf of nonresident partne				
City, village or post office	State		ZIP code	Percentage of ownersh	nip %		shareholder	00

Page total (add last column amounts)

