New York State Department of Taxation and Finance Fiduciary Income Tax Return New York State • New York City • Yonkers Type of entity For the full year Jan. 1, 2010, through Dec. 31, 2010, or fiscal year beginning 1 0 and ending from Form 1041: Name of estate or trust (as shown on federal Form SS-4) Date entity created Decedent's estate ☐ Simple trust ▼ Identification number of estate or trust Name and title of fiduciary Complex trust Qualified disability trust Decedent's social security number (see instr.) Address of fiduciary (number and street or rural route) ☐ ESBT (S portion only) Grantor type trust State ZIP code City, village, or post office Mark an X in the applicable box: Bankruptcy estate-Ch. 7 Initial return Final return Bankruptcy estate-Ch. 11 Trust meets conditions of section 605(b)(3)(D) Country: Pooled income fund Qualifying special conditions Amended return Number of Income distribution deduction for filing your 2010 tax • (see instructions, Form IT-205-I) (attach explanation) beneficiaries A Total income (from back page, line 51) A. **B** New York adjusted gross income from NYAGI worksheet, line 5 (see instructions on page 10) В. 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. 2 New York modifications relating to amounts allocated to principal 3. Balance (line 1 and add or subtract line 2) 4. 4 Fiduciary's share of New York fiduciary adjustment (from back page, Schedule C, column 5) 5 New York taxable income of fiduciary (line 3 and add or subtract line 4) 5. instructions 6. 6 State tax on line 5 amount (full-year resident estate and trust only) 7 New York State amount from Form IT-230, Part 2, line 2 (resident estate and trust only)...... 7. 8. 8 Add lines 6 and 7 9 Allocated New York State tax (from Form IT-205-A, Schedule 1, line 13) If you completed Form IT-230, Part 2, mark an X in this box 9. 10 Nonrefundable 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 addbacks 12. State minimum income tax 13. 14 Total New York State tax (add lines 11, 12, and 13; see instructions) 14. **15a** New York City resident tax on line 5 amount (see instructions) 15a. **15b** New York City part-year resident tax (see instructions) 15b. Make check or money order **16** New York City amount from Form IT-230, Part 2, line 2 (see instructions) 16. payable to NY State Income Tax; write the estate or trust's employer **17** Add line 15a **or** 15b to line 16 17. identification number and **2010 18** New York City accumulation distribution credit 18. Fiduciary Income Tax on it; 19. **19** Subtract line 18 from line 17 (if less than zero, leave blank) mail the completed return to the **20** New York City separate tax on lump-sum distributions (see *instructions*) 20. appropriate address indicated in instructions. **21** Add lines 19 and 20 21. 22 New York City - UBT credit (from Form IT-219) 22. 23 Subtract line 22 from line 21 (if less than zero, leave blank) 23. 24 New York City minimum income tax (see instructions) 24. 25 Yonkers resident income tax surcharge from Yonkers worksheet, line e (see instructions) 25. 26 Yonkers part-year resident tax (from Form IT-205-A-I, page 4, Worksheet C, line 14) 26. 27 Yonkers nonresident fiduciary earnings tax (from Form Y-206) 27. 28. 28 Sales or use tax (see instructions on page 23) 29 Total NYS, NYC, Yonkers taxes, and sales or 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.

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42.

31 Estimated tax payments allocated to beneficiaries (from Form IT-205-T)

32 Subtract line 31 from line 30.....

35 New York City tax withheld

34 New York State tax withheld

36 Yonkers tax withheld

37 Total (add lines 32 through 36)

38 If line 37 is more than the total of lines 29 and 42, enter the overpayment

39 Amount of line 38 to be refunded to you

40 Amount of line 38 to be credited to 2011 estimated tax

41 If line 37 is less than the total of lines 29 and 42, enter amount you owe 42 Estimated tax penalty (will reduce line 38 or increase line 41; see instr.)

33 Refundable credits | Identify:

Schedule A -		of federal taxable in ms as reported for f											
		Interest income							43.				
		Dividends							44.				
		Business income (45.				
	-	Capital gain (or los	, .						46.				
	_	Rents, royalties, p											
	<u>n</u>	federal Schedule				,			47.				
		Farm income (or lo		•					48.				
		Ordinary gain (or l	, .					*	49.				
		Other income (stat	, .						50.				
46	51								51.				
000094	52	! Interest							52.				
05210	53	Taxes							53.				
505	54	Fiduciary fees							54.				
	55	Charitable deduct	ion						55.				
	<u>ဗ</u> 56	Attorney, accountant, and return preparer fees							56.				•
	Deductions	Other deductions (itemize on an attached sheet)							57.				•
	<u>S</u> 58	Income distribution	n deduct	ion (attach co	ppy of federal								
)eq	Schedules K-1, Fo	orm 1041,	for each bene	ficiary)				58.				•
	L 59	Estate tax deduct	ion (attacl	n computation)				59.				•
	60	Exemption (federa	al)						60.				
		Total (add lines 52	•	,					61.				•
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		k fiduciary adjustn							ī ı	year resid	lent tr	ust	
ලු 63 Intere		n state and local bond							63.				•
≗ 64 Incor		educted on federal	fiduciary	return (see in	structions)				64.				•
명 65 Other	65 Other (see instructions) Identify:								65. 66.				•
⋖ 66 Total	4 66 Total additions (add lines 63, 64, and 65)											•	•
		on US obligations incl	uded in te						-				
68 Other	(see inst.) Ide							•	69.				
69 Total		ns (add lines 67 and 6	•										•
		ry adjustment (different							70.				
Schedule C -				iment of a r	esident or a l	nor	iresia						
	Name and address of each beneficiary. New York Yonkers Of each beneficiary									nstributable istructions)	New York fiduciary		
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(a)	beneficiary is a	a nonresident or.	State	<u>; </u>				0 741100		4 1 0100	111	dajastini	T
(b)													+
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preparer must complete		name (or yours, if self-employed) ▼ Preparer's PTIN or SSN Signature of fiduciary or						Sign return here					
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(see instr.) Address		Employer identification number Date							▼ Daytime	phone r	number		
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