



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.



Table with 2 columns: Description (Income and Deductions) and Amount. Rows include Interest income, Dividends, Business income, Capital gain, Rents, royalties, Farm income, Ordinary gain, Other income, Total income, Interest, Taxes, Fiduciary fees, Charitable deduction, Attorney fees, Other deductions, Income distribution deduction, Estate tax deduction, Exemption, Total, and Federal taxable income.

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

Table with 2 columns: Description (Additions and Subtractions) and Amount. Rows include Interest income on state and local bonds, Income taxes deducted, Other, Total additions, Interest income on US obligations, Other, Total subtractions, and New York fiduciary adjustment.

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

Table with 5 columns: Beneficiary info, Identifying number, Shares of federal distributable net income (Amount and Percent), and Shares of New York fiduciary adjustment. Includes a section for attaching additional sheets if necessary.

- 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 instr., page 2):
C. Resident status - mark an X in all boxes that apply:
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 identification numbers (SSN or EIN).
G. If a grantor trust, enter the identification number (SSN or EIN) of the individual reporting the income/loss

Third-party designee? (see pg. 5) Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail: Yes No

Paid preparer must complete (see instr.) Preparer's signature, Preparer's NYTPRIN, Firm's name, Preparer's SSN or PTIN, Employer identification number, Date, Self-employed?, Sign return here Signature of fiduciary or officer representing fiduciary, Date, Daytime phone number, E-mail: