New York State Department of Taxation and Finance

# Fiduciary Income Tax Return

**New York State • New York City • Yonkers**

2009

# IT-205

**Type of entity:**

- ☐ Decedent's estate
- ☐ Simple trust
- ☐ Complex trust
- ☐ Qualified disability trust
- ☐ ESBT (S portion only)
- ☐ Grantor type trust
- ☐ Bankruptcy estate-Ch. 7
- ☐ Bankruptcy estate-Ch. 11
- ☐ Pooled income fund

For the full year Jan. 1, 2009, through Dec. 31, 2009, or fiscal year beginning 0 9 and ending

Print or type

Name of estate or trust *(as shown on federal Form SS-4)*

Date entity created

Name and title of fiduciary

▼ Identification number of estate or trust

Address of fiduciary *(number and street or rural route)*

▼ Decedent's social security number *(see instr.)*

City, village, or post office — State — ZIP code

Mark an ***X*** in the applicable box:
Initial return ☐ Final return ☐

**Amended return** *(attach explanation)* ▶ ☐

Income distribution deduction *(see instructions, Form IT-205-I)*

Number of beneficiaries

Qualifying special conditions for filing your 2009 tax return *(see instr.)*

See instructions

| | | | |
|---|---|---|---|
| A | Total income *(from back page, line 51)* | A. | . |
| B | New York adjusted gross income from NYAGI worksheet, line 5 *(see instructions on page 9)* | B. | . |
| 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 | New York modifications relating to amounts allocated to principal | 2. | . |
| 3 | Balance *(line 1 and add or subtract line 2)* | 3. | . |
| 4 | Fiduciary's share of New York fiduciary adjustment *(from back page, Schedule C, column 5)* | 4. | . |
| 5 | New York taxable income of fiduciary *(line 3 and add or subtract line 4)* | 5. | . |
| 6 | State tax on line 5 amount *(full-year resident estate and trust only)* | 6. | . |
| 7 | New York State amount from Form IT-230, Part 2, line 2 *(resident estate and trust only)* | 7. | . |
| 8 | Add lines 6 and 7 | 8. | . |
| 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. | . |
| 13 | 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. | . |
| 16 | New York City amount from Form IT-230, Part 2, line 2 *(see instructions)* | 16. | . |
| 17 | Add line 15a **or** 15b to line 16 | 17. | . |
| 18 | New York City accumulation distribution credit | 18. | . |
| 19 | Subtract line 18 from line 17 *(if less than zero, leave blank)* | 19. | . |
| 20 | New York City separate tax on lump-sum distributions *(see instructions)* | 20. | . |
| 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 x *(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 | **Sales or use tax** *(see instructions on page 23)* | 28. | . |
| 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. | . |
| 31 | Estimated tax payments allocated to beneficiaries *(from Form IT-205-T)* | 31. | . |
| 32 | Subtract line 31 from line 30 | 32. | . |
| 33 | Refundable credits *Identify:* | 33. | . |
| 34 | New York State tax withheld | 34. | . |
| 35 | New York City tax withheld | 35. | . |
| 36 | Yonkers tax withheld | 36. | . |
| 37 | Total *(add lines 32 through 36)* | 37. | . |
| 38 | If line 37 is more than the total of lines 29 and 42, enter the overpayment | 38. | . |
| 39 | Amount of line 38 to be **refunded to you** | 39. | . |
| 40 | Amount of line 38 to be credited to 2010 estimated tax | 40. | . |
| 41 | If line 37 is less than the total of lines 29 and 42, enter **amount you owe** | 41. | . |
| 42 | Estimated tax penalty *(will reduce line 38 or increase line 41; see instr.)* | 42. | . |

Make check or money order payable to ***NY State Income Tax***; write the estate or trust's employer identification number and ***2009 Fiduciary Income Tax*** on it; mail the completed return to the appropriate address indicated in instructions.

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**File this original scannable return with the Tax Department.**

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.

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**Income**

| | | | |
|---|---|---|---|
| 43 | Interest income | 43. | . |
| 44 | Dividends | 44. | . |
| 45 | Business income (or loss) *(attach copy of federal Schedule C or C-EZ, Form 1040)* | 45. | . |
| 46 | Capital gain (or loss) *(attach copy of federal Schedule D, Form 1041)* | 46. | . |
| 47 | Rents, royalties, partnerships, other estates and trusts *(attach copy of federal Schedule E, Form 1040)* | 47. | . |
| 48 | Farm income (or loss) *(attach copy of federal Schedule F, Form 1040)* | 48. | . |
| 49 | Ordinary gain (or loss) *(attach copy of federal Form 4797)* | 49. | . |
| 50 | Other income *(state nature of income)* | 50. | . |
| 51 | Total income *(add lines 43 through 50; enter here and on front page, line A)* | 51. | . |

**Deductions**

| | | | |
|---|---|---|---|
| 52 | Interest | 52. | . |
| 53 | Taxes | 53. | . |
| 54 | Fiduciary fees | 54. | . |
| 55 | Charitable deduction | 55. | . |
| 56 | Attorney, accountant, and return preparer fees | 56. | . |
| 57 | Other deductions *(itemize on an attached sheet)* | 57. | . |
| 58 | Income distribution deduction *(attach copy of federal Schedules K-1, Form 1041, for each beneficiary)* | 58. | . |
| 59 | Estate tax deduction *(attach computation)* | 59. | . |
| 60 | Exemption (federal) | 60. | . |
| 61 | Total *(add lines 52 through 60)* | 61. | . |
| 62 | Federal taxable income of fiduciary *(subtract line 61 from line 51; enter here and on front page, line 1)* | 62. | . |

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

**Additions**

| | | | |
|---|---|---|---|
| 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)* | 64. | . |
| 65 | Other *(see instructions)* *Identify:* | 65. | . |
| 66 | Total additions *(add lines 63, 64, and 65)* | 66. | . |

**Subtractions**

| | | | |
|---|---|---|---|
| 67 | Interest income on US obligations included in federal income | 67. | . |
| 68 | Other *(see inst.)* *Identify:* | 68. | . |
| 69 | Total subtractions *(add lines 67 and 68)* | 69. | . |
| 70 | New York fiduciary adjustment *(difference between lines 66 and 69 to be entered as total of column 5 below)* | 70. | . |

## Schedule C — Shares of New York fiduciary 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: | New York State | Yonkers | 2 Identifying number of each beneficiary | Shares of federal distributable net income *(see instructions)* 3 Amount | 4 Percent | 5 Shares of New York fiduciary adjustment |
|---|---|---|---|---|---|---|
| (a) | ☐ | ☐ | | | | |
| (b) | ☐ | ☐ | | | | |
| The total of Schedule C, column 5, should be the same as Schedule B, line 70 above. | | | Fiduciary | | | |
| *(see instructions)* | | | Totals | | 100% | |

**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:

- **(1)** ☐ NYS full-year resident estate or trust
- **(2)** ☐ NYS part-year resident trust
- **(3)** ☐ NYS full-year nonresident estate or trust
- **(4)** ☐ NYC full-year resident estate or trust
- **(5)** ☐ NYC part-year resident trust
- **(6)** ☐ Yonkers full-year resident estate or trust
- **(7)** ☐ Yonkers part-year resident trust
- **(8)** ☐ Yonkers full-year nonresident estate or trust

**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)* Yes ☐ No ☐ | Print designee's name | Designee's phone number ( ) | Personal identification number (PIN) |
|---|---|---|---|
| | E-mail: | | |

| **Paid preparer must complete** *(see instr.)* | Preparer's signature ▶ | ▶ Preparer's NYTPRIN |
|---|---|---|
| | Firm's name *(or yours, if self-employed)* | ▼ Preparer's SSN or PTIN |
| Address | | ● Employer identification number |
| | Date: | Self-employed? ☐ |

| **Sign return here** | |
|---|---|
| Signature of fiduciary or officer representing fiduciary ▶ | |
| Date | ▼ Daytime phone number |
| E-mail: | |

**File this original scannable return with the Tax Department.**