



Report of Estimated Tax for Nonresident Individual Partners and Shareholders

For Payments on Behalf of Nonresident Individuals Only

IT-2658

Page 1 of

Due date (mark an X in one box): April 16, 2007 June 15, 2007 September 17, 2007 January 15, 2008

Print or type	Legal name	Mark an X in the box if filer is an S corporation..... <input type="checkbox"/>	Employer identification number
	Trade name of business if different from legal name above	Total number of partners/shareholders from all Form(s) IT-2658 and IT-2658-ATT <input type="text"/>	
	Address (number and street or rural route; see instructions, Form IT-2658-1)	Total New York source income <input type="text"/> . 00	
	City, village, or post office State ZIP code	Total estimated tax paid from all Form(s) IT-2658 and IT-2658-ATT <input type="text"/> . 00	
Contact name		Contact phone number ()	

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 initial	Partner's/shareholder's last name	Social security number (SSN)	Amount of estimated tax paid on behalf of nonresident partner or shareholder <input type="text"/> . 00
Mailing address (number and street or rural route; see instructions) Apartment number		Percentage of ownership <input type="text"/> . <input type="text"/> %	
City, village or post office	State	ZIP code	
<hr/>			
Partner's/shareholder's first name and middle initial	Partner's/shareholder's last name	Social security number (SSN)	Amount of estimated tax paid on behalf of nonresident partner or shareholder <input type="text"/> . 00
Mailing address (number and street or rural route; see instructions) Apartment number		Percentage of ownership <input type="text"/> . <input type="text"/> %	
City, village or post office	State	ZIP code	
<hr/>			
Partner's/shareholder's first name and middle initial	Partner's/shareholder's last name	Social security number (SSN)	Amount of estimated tax paid on behalf of nonresident partner or shareholder <input type="text"/> . 00
Mailing address (number and street or rural route; see instructions) Apartment number		Percentage of ownership <input type="text"/> . <input type="text"/> %	
City, village or post office	State	ZIP code	

Page total (add last column amounts) **00**

Paid preparer's use only	Preparer's signature	Preparer's SSN or PTIN
	Firm's name (or yours, if self-employed)	Employer identification number
	Address	Date

Sign here	Signature of general partner or member, elected officer, or authorized person	
	Date	Daytime phone number ()

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

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Legal name	Employer identification number
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Partner's/shareholder's first name and middle initial	Partner's/shareholder's last name	Social security number (SSN)	Amount of estimated tax paid on behalf of nonresident partner or shareholder _____ . 00
Mailing address (number and street or rural route; see instructions)		Apartment number	
City, village or post office	State	ZIP code	
Percentage of ownership		_____ . _____ %	

Partner's/shareholder's first name and middle initial	Partner's/shareholder's last name	Social security number (SSN)	Amount of estimated tax paid on behalf of nonresident partner or shareholder _____ . 00
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City, village or post office	State	ZIP code	
Percentage of ownership		_____ . _____ %	

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Percentage of ownership		_____ . _____ %	

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City, village or post office	State	ZIP code	
Percentage of ownership		_____ . _____ %	

Partner's/shareholder's first name and middle initial	Partner's/shareholder's last name	Social security number (SSN)	Amount of estimated tax paid on behalf of nonresident partner or shareholder _____ . 00
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City, village or post office	State	ZIP code	
Percentage of ownership		_____ . _____ %	

Partner's/shareholder's first name and middle initial	Partner's/shareholder's last name	Social security number (SSN)	Amount of estimated tax paid on behalf of nonresident partner or shareholder _____ . 00
Mailing address (number and street or rural route; see instructions)		Apartment number	
City, village or post office	State	ZIP code	
Percentage of ownership		_____ . _____ %	

Page total (add last column amounts) _____ . **00**

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