



Report of Estimated Tax for Nonresident Individual Partners and Shareholders

For Payments on Behalf of Nonresident Individuals Only

IT-2658

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Due date (mark an X in one box): April 15, 2009 June 15, 2009 September 15, 2009 January 15, 2010

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	
	Address (number and street or rural route; see instructions, Form IT-2658-1)	Total New York source income	00
	City, village, or post office State ZIP code	Total estimated tax paid from all Form(s) IT-2658 and IT-2658-ATT	00
Contact name	Contact phone number ()	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 initial	Partner's/shareholder's last name	Social security number (SSN)	Amount of estimated tax paid on behalf of nonresident partner or shareholder
Mailing address (number and street or rural route; see instructions) Apartment number			
City, village or post office	State	ZIP code	
		Percentage of ownership	00
		<input type="text"/> . <input type="text"/> %	
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
Mailing address (number and street or rural route; see instructions) Apartment number			
City, village or post office	State	ZIP code	
		Percentage of ownership	00
		<input type="text"/> . <input type="text"/> %	
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
Mailing address (number and street or rural route; see instructions) Apartment number			
City, village or post office	State	ZIP code	
		Percentage of ownership	00
		<input type="text"/> . <input type="text"/> %	
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	Mark X if self-employed <input type="checkbox"/>
	Paid preparer's e-mail address		

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



Legal name	Employer identification number
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City, village or post office	State	ZIP code	
Percentage of ownership		. <input type="text"/> %	

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Percentage of ownership		. <input type="text"/> %	

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City, village or post office	State	ZIP code	
Percentage of ownership		. <input type="text"/> %	

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

