



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 15, 2010 June 15, 2010 September 15, 2010 January 18, 2011

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-I)	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 ()	
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		<input type="text"/>	
City, village or post office	State	ZIP code	
		Percentage of ownership <input type="text"/> . <input type="text"/> %	<input type="text"/> . 00
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		<input type="text"/>	
City, village or post office	State	ZIP code	
		Percentage of ownership <input type="text"/> . <input type="text"/> %	<input type="text"/> . 00
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		<input type="text"/>	
City, village or post office	State	ZIP code	
		Percentage of ownership <input type="text"/> . <input type="text"/> %	<input type="text"/> . 00
Page total (add last column amounts)			<input type="text"/> . 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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Mailing address (<i>number and street or rural route; see instructions</i>)		Apartment number	
City, village or post office	State	ZIP code	
Percentage of ownership		%	

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

