

Report of Estimated Tax for Nonresident Individual Partners and Shareholders

For Payments on Behalf of Nonresident Individuals Only of Personal Income Tax and Metropolitan Commuter Transportation Mobility Tax (MCTMT)

Due date (mark an X in one box): April 18, 2017	June 15, 2017	September 15, 2017	January 16, 2018 🗌
Legal name of partnership or New York S corporation		Employer identification number	Mark an X in the box if filer is an S corporation
Trade name of business if different from legal name above	е	Contact name	
Address (number and street or rural route; see instruction	ns, Form IT-2658-I)	Contact phone number ()	
City, village, or post office	ate ZIP code	Contact e-mail address	
You must complete Forms IT-2658-NYS and IT-265 schedules with this return.	8-MTA, whichever are a	applicable (see instructions). Subm	nit all applicable
NYS estimated personal income tax			
1 Total number of partners/shareholders from all	Form(s) IT-2658-NYS .	1	
2 Total New York source income	2	. 00	
3 Total estimated personal income tax paid from	all Form(s) IT-2658-NY	S 3	. 00
Estimated MCTMT			
 4 Total number of partners from all Form(s) IT-26 5 Total net earnings from self-employment alloca the MCTD (Metropolitan Commuter Transportation 	ted to	. 00	
6 Total estimated MCTMT paid from all Form(s) I	T-2658-MTA	6	. 00
Total payment			
7 Total payment (add lines 3 and 6)		7	. 00
Third-party Print designee's name		Designee's phone number	Personal identification number (PIN)
designee? (see instr.) Yes No E-mail:		()	
Yes No L-IIIaii.			
▼ Paid preparer must complete (see instr.) ▼	Date	▼ Sign h	nere ▼
Preparer's signature	Preparer's NYTPRIN	Signature of general partner, member	er, or authorized person
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN		
Address	Employer identification number	r Date Day	ytime phone number
	NYTPRIN excl. code	E-mail:)
E-mail:	EXCI. COUC		

Make your check or money order payable in U.S. funds to: Commissioner of Taxation and Finance

Mail this form to: NYS ESTIMATED INCOME TAX

PROCESSING CENTER PO BOX 4123

BINGHAMTON NY 13902-4123





Department of Taxation and Finance

Attachment to Form IT-2658

IT-2658-MTA

Report of Estimated Metropolitan Commuter Transportation Mobility Tax (MCTMT) for New York Nonresident Individual Partners

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Legal name		Employer identification n				
Allocation of estimated MCTMT to	partners (attach a	dditional Form(s) IT	-2658-MTA if ne	cessary)		
A Name and address of partner	B Partner's social security nur	nber of ov	C s percentage A vnership structions)	D mount of estimated MCTMT paid on behalf of partner (see instructions)		
Last name			%		. 0 0	
First name and middle initial			70		. 0 0	
Mailing address (number and street or PO box; see instructions)	Apartment number C	ity, village, or post office		State	ZIP code	
Last name			0.4			
First name and middle initial			%		. 0 0	
Mailing address (number and street or PO box; see instructions)	Apartment number C	ity, village, or post office		State	ZIP code	
Last name						
First name and middle initial			%		. 0 0	
Mailing address (number and street or PO box; see instructions)	Apartment number C	ity, village, or post office		State	ZIP code	
Last name						
First name and middle initial			%		. 0 0	
Mailing address (number and street or PO box; see instructions)	Apartment number C	ity, village, or post office		State	ZIP code	
Last name						
First name and middle initial			%		. 0 0	
Mailing address (number and street or PO box; see instructions)	Apartment number C	ity, village, or post office		State	ZIP code	
Last name						
First name and middle initial			%		. 0 0	
Mailing address (number and street or PO box; see instructions)	Apartment number C	ity, village, or post office		State	ZIP code	
Last name			0.			
First name and middle initial			%		. 0 0	
Mailing address (number and street or PO box; see instructions)	Apartment number C	ity, village, or post office		State	ZIP code	
		column D amounts)			. 0 0	

Legal name	Employer identification number	Page	of
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A Name and address of partner	B C Partner's Partner's percessocial security number of ownersh (see instruction)		ercentage ership	D Amount of estimated MCTN paid on behalf of partner (see instructions)		f of partner			
Last name					%			. 0 (n
First name and middle initial				•	70			, 0	
Mailing address (number and street or PO box; see instructions)		Apartment number	City, village, or pos	t office			State	ZIP code	
Last name					%			.0(0
First name and middle initial					,,,				
Mailing address (number and street or PO box; see instructions)		Apartment number	City, village, or pos	t office			State	ZIP code	
Last name					%			.0(0
First name and middle initial					70			,,,,	
Mailing address (number and street or PO box; see instructions)		Apartment number	City, village, or pos	t office			State	ZIP code	
Last name					%			.00	0
First name and middle initial					70			,,,,	
Mailing address (number and street or PO box; see instructions)		Apartment number	City, village, or pos	t office			State	ZIP code	
Last name					%			.0(0
First name and middle initial					,,,				
Mailing address (number and street or PO box; see instructions)		Apartment number	City, village, or pos	t office			State	ZIP code	_
Last name					%			. 0 (0
First name and middle initial					,,,				
Mailing address (number and street or PO box; see instructions)		Apartment number	City, village, or pos	t office			State	ZIP code	
Last name					%			.0 (0
First name and middle initial					70				
Mailing address (number and street or PO box; see instructions)		Apartment number	City, village, or pos	t office			State	ZIP code	
	F	Page total (ad	ld column D am	ounts)				. 0 (0



Legal name

Department of Taxation and Finance

Attachment to Form IT-2658

Report of Estimated Personal Income Tax for Nonresident Individuals

Employer identification number

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additional Form(s) IT-2658-NYS if neces		Т				
A Name and address of partner/shareholder	B C Partner's/shareholder's social security number Partner's/shareholder's percentage of ownership (see instructions)		D Amount of estimated personal income tax paid on behalf of partner or shareholder (see instructions)			
Last name				%		. 0 0
First name and middle initial				70		1,00
Mailing address (number and street or PO box; see instructions)	Apartment number	City, village, or post office	e		State	ZIP code
Last name				0/		
First name and middle initial			•	%		. 0 0
Mailing address (number and street or PO box; see instructions)	Apartment number	City, village, or post office	<u> </u>		State	ZIP code
Last name				0/		
First name and middle initial			•	%		. 0 0
Mailing address (number and street or PO box; see instructions)	Apartment number	City, village, or post office	<u> </u>		State	ZIP code
Last name						
First name and middle initial			•	%		. 0 0
Mailing address (number and street or PO box; see instructions)	Apartment number	City, village, or post office	e		State	ZIP code
Last name				0/		
First name and middle initial			•	%		. 0 0
Mailing address (number and street or PO box; see instructions)	Apartment number	City, village, or post office	e		State	ZIP code
Last name				0.4		
First name and middle initial			•	%		. 0 0
Mailing address (number and street or PO box; see instructions)	Apartment number	City, village, or post office	e		State	ZIP code
Last name				0/		.00
First name and middle initial			•	%		. 0 0
Mailing address (number and street or PO box; see instructions)	Apartment number	City, village, or post office	e		State	ZIP code

Legal name	Employer identification number	Page	of

A Name and address of partner/shareholder	B Partner's/shareholder's social security number	percentage of ov	Partner's/shareholder's percentage of ownership (see instructions) Amount of estimated per income tax paid on behalf or shareholder (see instructions)			of partner
Last name			%			. 0 0
First name and middle initial		•	70			. 0 0
Mailing address (number and street or PO box; see instructions)	Apartment number City, village, or p	ost office		Sta	te ZIP cod	e
Last name			0/			0.0
First name and middle initial		•	%			. 0 0
Mailing address (number and street or PO box; see instructions)	Apartment number City, village, or p	ost office		Sta	te ZIP cod	e
Last name						
First control of the training			%			. 0 0
First name and middle initial						
Mailing address (number and street or PO box; see instructions)	Apartment number City, village, or p	ost office		Sta	te ZIP cod	9
Last name			0,			
First name and middle initial		•	%			. 0 0
Mailing address (number and street or PO box; see instructions)	Apartment number City, village, or p	ost office		Sta	te ZIP cod	e
Last name						
First name and middle initial			%			. 0 0
Mailing address (number and street or PO box; see instructions)	Apartment number City, village, or p	ost office		Sta	te ZIP cod	Э
Last name			%			. 0 0
First name and middle initial		•	70			. 0 0
Mailing address (number and street or PO box; see instructions)	Apartment number City, village, or p	ost office		Sta	te ZIP cod	e e
Last name			0/			0.0
First name and middle initial		•	%			. 0 0
Mailing address (number and street or PO box; see instructions)	Apartment number City, village, or p	ost office		Sta	te ZIP cod	e
	Page total (add column D a					. 0 0