



Tips for Estimated Tax

For instructions, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Income Tax Payment Voucher for Individuals*, or Form IT-2105-I-F, *Instructions for Form IT-2105, Estimated Income Tax Payment Voucher for Fiduciaries*.

To help us match your New York State estimated tax account to your New York State income tax return and avoid a delay in processing your return, please note the following:

Identification number - Make sure that the identification number used on your vouchers agrees with the number on your social security card or fiduciary records. The identification number used on your New York State income tax return must also agree.

Name - Make sure that your name or the name of the estate or trust is spelled correctly. An individual should show the first name, middle initial, then last name (for example, *John O. Smith*). Your name or the name of the estate or trust **must** agree with the name on your New York State income tax return.

Married taxpayers filing a joint New York State income tax return - If your last names differ, you should establish an estimated tax account in

the name and social security number of the primary taxpayer (not the spouse) to ensure proper account crediting.

Married taxpayers filing separate New York State income tax returns - To ensure proper credit for your payments, you should establish separate estimated tax accounts. To request additional estimated tax forms, see *Need help?* below.

Be sure to **separately** enter the amounts for New York State, the city of New York, and the city of Yonkers; then enter the total in the *Total payment* box.

Note: If there is **no amount** to be entered, **leave blank**. If you are entering a whole dollar amount (no cents), enter **zeros** to the right of the decimal point.

If you do not want your refund credited to the next year's estimated tax, do not enter any figures in the space provided for this election on your income tax return. Once you make an election to credit an overpayment to the following year's tax, you cannot change it.

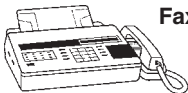
Do not staple or clip the check to the voucher. Please detach any check stubs before mailing.

Need help?



Internet access: www.nystax.gov

Access our Answer Center for answers to frequently-asked questions; check your refund status; check your estimated tax account; download forms, publications; get tax updates and other information.



Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week.

1 800 748-3676



Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

Refund status: 1 800 443-3200
(Automated service for refund status is available 24 hours a day, 7 days a week.)

To order forms and publications: 1 800 462-8100

Personal Income Tax Information Center: 1 800 225-5829

From areas outside the U.S. and outside Canada: (518) 485-6800



Hotline for the hearing and speech impaired: If you have access to a telecommunications device for the deaf (TDD), contact us at 1 800 634-2110. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.

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Estimated Income Tax Payment Voucher

New York State • City of New York • City of Yonkers

IT-2105-MN

Calendar-year filer due dates: April 15, 2005, June 15, 2005, September 15, 2005, and January 17, 2006. Enter applicable amount(s) and total payment in the boxes to the right. Print your social security number or employer identification number and **2005 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Identification number (SSN or EIN)	First three letters of your last name or fiduciary name	Mark an X in one box: <input type="checkbox"/> Personal <input type="checkbox"/> Fiduciary
Name		
Name and title of fiduciary		
Street address or address of fiduciary		
City, village, or post office	State	ZIP code



Date fiscal year ends	
New York State	\$
City of New York	\$
City of Yonkers	\$
Total payment	\$