



Department of Taxation and Finance

Instructions for Form IT-205-V

Payment Voucher for Fiduciary Income Tax Returns

IT-205-V

(12/19)

How to use this form

If you are paying New York State tax for a fiduciary return (Form IT-205) by check or money order, you must include Form IT-205-V with your payment.

Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the estate or trust's employer identification number (EIN), the tax year, and **Income Tax** on it.

Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the estate or trust's EIN, fiscal year begin date and fiscal year end date if applicable, the name of the estate or trust (exactly as shown on federal Form SS-4), name and title of fiduciary, and address.
- Foreign address - Enter the city, province, or state all in the *City* box, and the **full** country name in the *Country* box. Enter the postal code, if any, in the *ZIP code* box.
- Do not staple or clip your payment to Form IT-205-V. Instead, just put them loose in the envelope.

Mailing address

E-filed and previously filed returns

If you e-filed your fiduciary income tax return (Form IT-205), or if you are making a payment for a previously filed return, mail the voucher and payment to:

NYS FIDUCIARY INCOME TAX
PROCESSING CENTER
PO BOX 4145
BINGHAMTON NY 13902-4145

Paper returns

If you are filing a paper fiduciary income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

STATE PROCESSING CENTER
PO BOX 15555
ALBANY NY 12212-5555

If you are not using U.S. Mail, see *Private Delivery Services* on the back page.

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(12/19)

Tax year (yyyy) 2019	Make your check or money order payable in U.S. funds to New York State Income Tax and write the estate or trust's employer identification number (EIN), the tax year, and Income Tax on your payment.		
Name of estate or trust (as shown on federal Form SS-4) VICKI CLAIREAUX SIMON ESTATE		Estate or trust employer ID number (EIN) 846656649	Date fiscal year begins
Name and title of fiduciary CLAUDE SIMON		Date fiscal year ends	
Mailing address (number and street or PO box; see instructions) of fiduciary 71 TONJES RD		Country (if not United States)	
City, village, or post office CALLICOON	State NY	ZIP code 12723	Dollars Payment amount 331.00
Email: 045001191022		Cents	



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For office use only