NEW YORK STATE 2025	Individual Pa For Payments on B	timated Tax Intners and S Behalf of Nonreside ax and Metropolita	for Nonresident Shareholders ent Individuals Only of in Commuter Transporta	IT-2658
Due date <i>(mark an</i> X	(<i>in one box</i>): April 15, 2025	June 16, 2025	September 15, 2025	January 15, 2026 🗌
Legal name of partnership or New York S corporation			Employer identification number Mark an X in the box if filer is an	
Trade name of business if different from legal name above			Contact name	S corporation
Address (number and	d street or rural route; see instruc	tions, Form IT-2658-I)	Contact phone number	
City, village, or post o	office	State ZIP code	Contact email address	
You must complete schedules with thi		2658-MTA, whichever are a	applicable (see instructions). Subm	nit all applicable
NYS estimated per	rsonal income tax			
1 Total number o	f partners/shareholders from	all Form(s) IT-2658-NYS .		
2 Total New York	source income	2	. 00	
3 Total estimated	l personal income tax paid fro	om all Form(s) IT-2658-NY	′S 3	. 00
Estimated MCTMT				
4 Total number o	f partners from all Form(s) IT	-2658-MTA	4	
	ngs from self-employment allo Netropolitan Commuter Transporta		. 00	
6 Total estimated	I MCTMT paid from all Form(s) IT-2658-MTA		. 00
Total payment				
7 Total payment	(add lines 3 and 6)			. 00
Third-party	Print designee's name		Designee's phone number	Personal identification number (PIN)
designee? (see instr.) Yes No	Email:		()	
		Date	- 0:	
▼ Paid preparer must complete (see instr.) ▼ Date Preparer's signature Preparer's NYTPRIN			▼ Sign here ▼ Signature of general partner, member, or authorized person	
Firm's name <i>(or yours, i</i>	f self-employed)	Preparer's PTIN or SSN	—	
Address		Employer identification numbe	er Date Day	rtime phone number
		NYTPRIN)
Email:		excl. code		

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

