

correct, and complete.

Signature of transferor/seller

Department of Taxation and Finance

IT-2664

# Nonresident Cooperative Unit Estimated Income Tax Payment Form

For use on sale or transfer of a cooperative unit by a nonresident of New York State Tax Law – Article 22, § 663

Mail your completed Form IT-2664 together with your Form TP-584, Combined Real Estate Transfer Tax Return, Credit Line Mortgage Certificate, and Certification of Exemption from the For office use only Payment of Estimated Personal Income Tax (see Form IT-2664-I, Instructions for Form IT-2664). This form is valid for sales or transfers (date of conveyance) after December 31, 2025, but before January 1, 2027. an individual an estate or trust A The transferor/seller is: B Is the transferor/seller reporting the gain for federal income tax purposes under the installment method? Yes If Yes, what is the duration of the installment agreement?\_ years months C Mark an X in the box if only a portion of the cooperative unit being sold or transferred qualifies as the principal residence of the transferor(s)/seller(s) listed below. Part 1 – Sale or transfer information Transferor/seller name Transferor/seller identification number (SSN or EIN) Spouse's name or name of fiduciary (if applicable) Spouse's SSN Address of transferor/seller (number and street; see instructions) State ZIP code City ZIP code Mailing address of transferor/seller or fiduciary (if different) State City Location and description of cooperative unit transferred (include address, unit number, and county) Date of conveyance Tax map designation Section Block Lot -2026Part 2 - Estimated tax information (Complete Worksheet for Part 2 on page 2 before completing this part.) Sale price (from Worksheet for Part 2, line 15) ..... Total gain (from Worksheet for Part 2, line 17; if a loss, enter 0)..... 2. 00 Estimated tax due (from Worksheet for Part 2, line 20)..... Part 3 – Nonpayment of estimated tax by a nonresident upon the sale or transfer of a cooperative unit (see instructions) This is to certify that the transferor/seller of this cooperative unit is a nonresident of New York State and is not required to pay estimated tax under Tax Law § 663 due to one of the following reasons: The sale or transfer of this cooperative unit results in a loss (less than or equal to zero) for federal income tax purposes (you must complete Worksheet for Part 2 on page 2 of this form). The transferor/seller is not required to recognize any gain or loss with respect to the sale or transfer under provisions of the Internal Revenue Code (IRC) (except for § 121) (you must complete the summary below). Brief summary of the transfer (include the section[s] of the IRC and facts supporting the claim that the recognition of the gain or loss is not required with respect to the sale or transfer): Part 4 - Signature

I, the undersigned, certify that this form, including any certification and attachment(s), is to the best of my knowledge and belief, true,

Signature of spouse (if applicable)

Date

Date

#### **Worksheet for Part 2**

Use this worksheet to compute your gain or loss on the sale or transfer of the cooperative unit. The gain or loss is computed in the same manner as for federal income tax purposes. For more information, see federal Publication 523, *Selling Your Home*;

Publication 544, Sales and Other Dispositions of Assets; and Publication 551, Basis of Assets. These publications are available on the Internal Revenue Service's website at www.irs.gov.

Со	mputation of cost or other basis					
5	Purchase price of stock shares			5.		
	Increases to basis:					
6	Improvements	6.				
7	Closing costs	7.				
8		8.				
9	Add lines 6, 7, and 8			9.		
10	Add lines 5 and 9			10.		
	Decreases to basis:					
11	Depreciation (if applicable)	11.				
		12.				
	Add lines 11 and 12		· · · · · · · · · · · · · · · · · · ·	13.		
	Adjusted basis of stock shares (subtract line 13 from line 10)			14.		
Ga	in or loss					
15	Sale price less selling expenses (enter here and on the front page, Pa	15.				
16	Cost or adjusted basis (from line 14 above)	16.				
17	Total gain or loss: Subtract line 16 from line 15. If the amount is a gain (great	nan zero), enter here, on the				
	front page, Part 2, line 2, and continue with line 18. If the amount is a los	s (les	s than or equal to zero), enter <b>0</b>			
	here, on line 20 below, and on the front page, line 2. Complete Part 2, Pa	art 3,	and Form IT-2664-V on page 3.	17.		
Est	timated tax due					
18	Enter the gain from line 17 (if only a portion of the gain from line 17 is so	ubjec	to tax, see instructions below)	18.		
	New York State tax rate 10.90% (0.1090)			19.	0,	.1090
	Estimated tax due (Multiply line 18 by line 19, and round to the nearest whole dollar,					

## Specific instructions for Worksheet for Part 2

Part 2, line 3. Complete Form IT-2664-V, Nonresident Cooperative Unit Estimated Income Tax Payment Voucher, on page 3.) 20.

**Note:** For complete instructions, see Form IT-2664-I, *Instructions for Form IT-2664*.

**Lines 5 through 17 – Multiple transferors/sellers:** Enter the total purchase price, adjustments to basis, and sale price to determine the total gain (or loss). For allocation of the gain, see *Line 18* below.

Line 5 – Your purchase price of stock shares in a cooperative unit is usually the cost of stock in the cooperative housing corporation, which may include your share of a mortgage on the building owned by the cooperative housing corporation on the date of the purchase of stock interest, if such portion is properly allocable to your cooperative unit and must be paid as a condition of retaining your stock interest in the cooperative housing corporation. This amount must be computed in the same manner as for federal income tax purposes.

**Line 18 –** Enter the gain (or portion of the gain) from line 17 that will be reported on your federal income tax return for 2026.

 If only a portion of the cooperative unit qualifies as your principal residence, enter the gain allocated to the portion of the cooperative unit that did not qualify as your principal residence and will be reported on your federal income tax return for 2026. Attach a statement to Form IT-2664 showing how you computed the allocation.

 If two or more persons transfer or sell the cooperative unit, allocate the total gain on the cooperative unit among the transferors/sellers in the same manner as the gain is allocated for federal income tax purposes. Attach a statement to Form IT-2664 showing each transferor's/seller's name, SSN or EIN, address, and share of the gain.

00

- If the gain is being reported as an installment sale, enter the amount of gain that you (and your spouse, if applicable) will be reporting on your 2026 federal income tax return.
- A nonresident estate or trust must enter the amount of the gain, without regard to any distributions, from line 17.

**Line 19 –** When computing tax due on the gain from the transfer or sale of the cooperative unit, you must use the tax rate equal to the highest rate of tax for the tax year as set forth in the Tax Law, § 601. For tax year 2026 that rate is 10.90% (0.1090).

**Line 20 –** This is the amount of your required estimated tax payment. Enter this amount on the front page, Part 2, line 3, and as your estimated tax payment on Form IT-2664-V on page 3. You must complete Form IT-2664-V, even if there is no payment of estimated personal income tax due.

**Note:** You must complete Form IT-2664-V (below), even if there is no payment of estimated personal income tax due.

### Estimated income tax payment information

Print your name, the last four digits of your SSN or EIN, and 2026 IT-2664-V on your check or money order. You must remit the full payment of estimated income tax as shown on Form IT-2664, line 3 without regard to any prior credits or payments of estimated tax for the tax year. Make your check or money order payable in U.S. funds to NYS Income Tax. Do not combine this payment with payment of any other tax or fee; it must be a separate check or money order. Do not detach this voucher from the rest of the form.

Mail your completed Form IT-2664 (with a check or money order for the full payment of any estimated income tax due) and your Form TP-584 (with a **separate** check or money order for the real estate transfer tax shown as due on Form TP-584) to the NYS Tax Department at the address below within 15 days of the delivery of the instrument effecting the disposition.

NYS TAX DEPARTMENT RETT PROCESSING UNIT 90 COHOES AVE GREEN ISLAND NY 12183-1515

#### Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to mail in your form and tax payment. However, if, at a later date, you need to establish the date you filed or paid your tax, you cannot use the date recorded by a private delivery service unless you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, Designated Private Delivery Services. See Need help? in the instructions, Form IT-2664-I, for information on obtaining forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your form, contact that private delivery service for instructions on how to obtain written proof of the date your form was given to the delivery service for delivery. See Publication 55 for where to send the form(s) covered by these instructions.

## ♠ Attach check or money order here.

You must attach a separate check or money order made payable in U.S. funds to **NYS Income Tax** for the **full** amount of estimated personal income tax due as shown on Part 2, line 3, and Form IT-2664-V (below).

NEW YORK STATE	Department of Taxation and Financ Nonresident Cooperati For use on sale or transfer of a	ve Un	n <b>it Est</b> erative u	imated Income	Tax Payment Voucher	IT-266	34-V				
Enter date of conveyour Social Security payable to NYS Inc	Date of conveyance										
,	SSN or EIN of an estate or trust) Mari	Indiv		Estate/trust	_						
Spouse's name (if app	licable) or name and title of fiduciary	Spous	e's SSN			Dollars	Cents				
Individual taxpayer's	street address or address of fiduciary	Total payment		. 00							
City, village, or post o	ffice		State	ZIP code							