

NEW YORK STATE DEPARTMENT OF TAXATION
 TAXPAYER'S INFORMATION
 2014-15 TAX YEAR

Name: **JOHN J. JONES** Tax ID: **04**
 Date of Birth: **01/01/1950** Date of Death: **00**
 Address: **123 4th St** City: **NYC**
 State: **NY** Zip: **10001**
 Telephone: **212-555-1234** E-mail: **jjones@ny.gov**

1. Name of the decedent: **JOHN J. JONES**
 2. Date of death: **01/01/2014**
 3. Date of birth: **01/01/1950**
 4. Date of death: **01/01/2014**
 5. Date of death: **01/01/2014**
 6. Date of death: **01/01/2014**
 7. Date of death: **01/01/2014**
 8. Date of death: **01/01/2014**
 9. Date of death: **01/01/2014**
 10. Date of death: **01/01/2014**

No.	FOLIO	PROPERTY		FOLIO, EIGHTH OF
		NO. 1	NO. 2	
1	10			
2	20			
3	30			
4	40	11	72.50	200.00
5	50			
6	60	0	25.00	200.00
7	70			
8	80	4	10.00	200.00
9	90			
10	100			
TOTAL		15	107.50	600.00

TOTAL AMOUNTS: **15** **107.50** **600.00**
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