

Group Return for Nonresident Shareholders of New York S Corporations

	For calendar year 1998 or fiscal	year beginning	1998, ar	nd ending	, 19	
	Read the instructions before	re completing this	return.	Special NY	S identification number	
	Legal name					
type					Employer identification number	
or t)	Trade name of business if different from legal name above					
				Principal bu	siness activity	
Print	Address (number and street or rural route)					
	City, village or post office	State	ZIP code	Date busin	ness started	

This form must be completed by a New York S corporation that elects to file a group New York State return for nonresident shareholders. All requirements stated in the instructions must be met in order to file a group return.											
You must complete Form IT-203-S-ATT before making any entries on lines 1 through 5 below. Attach Form IT-203-S-ATT to the back of this return.											
1	New York State taxable income (from Form	. 1									
2	New York State tax (from Form IT-203-S-AT	. 2									
3	New York State estimated tax paid/amou (from Form IT-203-S-ATT, column M total)	. 3									
4	Balance due (if line 2 is greater than line 3, order payble to NY State Income Tax; write	. 4									
5	Amount overpaid applied to 1999 estimate	. 5									
	Preparer's signature	Date Check if self-	Ι	Name of group agent							
Pr	Paid eparer's Firm's name (or yours, if self-employed)	employed Preparer's social security number	Group Agent	Telephone number							
	se Only dress	Employer identification number	Information	Signature of group agent		Date					

Mail your completed return to: NEW YORK STATE INCOME TAX, W A HARRIMAN CAMPUS, ALBANY NY 12227.