Legal name of team	

Schedule A - Nonresident Members Qualifying and Participating in New York State Group Return (attach as many Schedule A forms as needed).

Α	В	С	D	E	F
Name (in either alphabetical or social security number order) and address of nonresident member	Social security number	Total duty days (see instructions)	New York State duty days (see instructions)	New York State allocation percentage (divide column D by column C)	Total compensation (see instructions)

Iotals	 enter 	on	appropriate	line	on
	Form	IT.	202-TM		

Form IT-203-TM

G New York State taxable income (multiply column F by column E)	H New York State tax (multiply column G by .0685)	I New York State tax withheld (see instructions)	J New York State estimated tax paid/amount paid with Form IT-370	K Total payments (add columns I and J)	Balance due (subtract column K from column H)	Overpayment (subtract column H from column K)	N Other group returns (see instructions)