dule A - Nonresident members qualifying and participating in New York State group return (attach as many Schedule A forms as ne										
A  Name (in either alphabetical or social security number order) and address of nonresident member	B Member's social security number	C Total duty days (see instructions)	New York State duty days (see instructions)	E  New York State allocation percentage (divide column D by column C)	Total comp					

Totals (if you are filing more than one attachment, enter the grand totals from all attachments on the last attachment sheet; leave the other total boxes blank).

Enter on appropriate line on 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)	L Balance due (subtract column K from column H)	Overpayment (subtract column H from column K)	N Other group returns (see instructions)
					1	1	