



Partners' Identifying Information

Attachment to Form IT-204

Name and address (as shown on Form IT-204)		Employer identification number			
(A) For each identifying number, enter name (first, middle initial, last) on first line; enter home address on second line.	(B) Identifying number (SSN or EIN)	(C) Percentage of ownership	(D) Check if resident		
			NYS	NYC	Yonkers
1	1				
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	11				
12	12				
13	13				
14	14				
15	15				
16	16				
17	17				
18	18				
19	19				
20	20				

(continued on back)



(A) For each identifying number, enter name (first, middle initial, last) on first line; enter home address on second line.	(B) Identifying number (SSN or EIN)	(C) Percentage of ownership	(D) Check if resident		
			NYS	NYC	Yonkers
21	21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	23		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	24		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	25		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	26		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	27		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	28		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	29		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	31		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	32		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	33		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	34		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	35		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	36		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	37		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	38		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	39		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	40		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>