Legal name of partnership _____ Special New York State identification number_

Schedule B - Nonresident partners qualifying and participating in a Yonkers group return (*attach as many Schedule B forms as needed*). Enter negative amounts in parentheses. List partners in alphabetical or social security number order.

A Name (in either alphabetical or social security number order) and address of nonresident partner	B Partner's social security number	C Federal net earnings from self employment	D Amount of column C allocated to Yonkers (see instructions)	E Exclusion amount (see instructions)

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-GR

Legal name of partnership ______ Special New York State identification number ______

F	G	H	I Balance due	J	K Other group
Yonkers taxable earnings (subtract column E from column D)	Yonkers nonresident earnings tax (multiply column F by .0025)	Yonkers estimated tax paid/amount paid with Form IT-370	Balance due (subtract column H from column G)	Overpayment (subtract column G from column H)	Other group returns (see instructions)