use only

Address

Date



Group Return for Nonresident Shareholders of New York S Corporations

	For calendar year 2001 or fiscal year be	eginning	, 2001	l, and ending		
	Read the instructions befo	re completing this	return.	Special NYS identification number		
	Legal name					
ø				Employer identification number		
or type	Trade name of business if different from leg					
				Principal business activity		
Print	Address (number and street or rural route)					
	City, village or post office	State	ZIP code	Date business started		

This form must be completed by a **New York S corporation that elects to file a group New York State return for its nonresident shareholders. All** requirements stated in the instructions **must** be met in order to file a group return.

		omplete Form IT-203-S-ATT be n IT-203-S-ATT to the back of t		g any entries o	n lines 1 th	nrough 5 below.						
1	New Yo	rk State taxable income (from Fo	1									
2	New Yo	2										
3	New Yo	3										
4	Balance colum NYS i	4										
5	5 Overpayment (if line 3 is greater than line 2, subtract line 2 from line 3; this should be the same as Form IT-203-S-ATT, column 0 total) The amount overpaid will be applied to your 2002 estimated tax											
Paid preparer's		Preparer's signature Date Firm's name (or yours, if self-employed) Prep.		Check if self- employed	Group	Name of group agent						
				eparer's SSN or PTIN		Telephone number						

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

Employer identification number

information | Signature of group agent