

Legal name of team \_\_\_\_\_

Special New York State identification number \_\_\_\_\_

**Schedule A** - Nonresident members qualifying and participating in New York State group return (attach as many Schedule A forms as needed).

<b>A</b> Name (in either alphabetical or social security number order) and address of nonresident member	<b>B</b> Member's social security number	<b>C</b> Total duty days (see instructions)	<b>D</b> New York State duty days (see instructions)	<b>E</b> New York State allocation percentage (divide column D by column C)	<b>F</b> Total compensation (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-TM \_\_\_\_\_ 

