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).

Α	В	С	D	E	F
Name (in either alphabetical or social security number order) and address of nonresident member	Member's social security number	Total duty days (see instructions)	New York State duty days (see instructions)	New York State allocation percentage (divide column D by column C)	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

Legal name of team _____

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G New York State taxable income (multiply column F by column E)	H New York State tax (multiply column G by .077)	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)	M Overpayment (subtract column H from column K)	N Other group returns (see instructions)