



Group Return for Nonresident Athletic Team Members

For calendar year 2004 or fiscal year beginning _____, 2004, and ending _____, _____.

Print or type	Read the instructions before completing this return.			Special NYS identification number
	Legal name of athletic team			Employer identification number
	Trade name of team if different from legal name above			Type of athletic team
	Address (number and street or rural route)			Date team started
	City, village, or post office	State	ZIP code	

This form must be completed by a professional athletic team that elects to file a group New York State, or city of Yonkers return for nonresident members of the team. All requirements stated in the instructions must be met in order to file a group return.

A. This group return is being filed for the following tax(es):

New York State income tax City of Yonkers nonresident earnings tax

Mark an **X** in the box if final return: Enter date out of existence:

Total number of nonresident team members included in this group return: _____

You must complete Forms IT-203-TM-ATT-A and IT-203-TM-ATT-B, Schedules A and B, whichever are applicable, before making any entries on lines 1 through 12 below.

Attach the applicable schedules to the back of this return.

1	New York State taxable income (from Schedule A, column G)	1.		
2	City of Yonkers taxable wages (from Schedule B, column G)	2.		
3	New York State tax (from Schedule A, column H)	3.		
4	City of Yonkers nonresident earnings tax (from Schedule B, column H)	4.		
5	Total tax (add lines 3 and 4)	5.		
6	New York State tax withheld (from Schedule A, column I)	6.		
7	New York State estimated income tax paid/amount paid with Form IT-370 (from Schedule A, column J)	7.		
8	City of Yonkers tax withheld (from Schedule B, column I)	8.		
9	City of Yonkers estimated income tax paid/amount paid with Form IT-370 (from Schedule B, column J)	9.		
10	Total payments (add lines 6 through 9)	10.		
11	Balance due (if line 5 is greater than line 10, subtract line 10 from line 5) Do not send cash; make check or money order payable to NY State Income Tax ; write your special NYS identification number and 2004 IT-203-TM on it	11.		
12	Amount overpaid applied to 2005 estimated tax (if line 10 is greater than line 5, subtract line 5 from line 10)	12.		

Paid preparer's use only	Preparer's signature	Date	Mark an X if self-employed <input type="checkbox"/>	Group agent information	Name of group agent	
	Firm's name (or preparer's, if self-employed)	Preparer's SSN or PTIN			Title of group agent	Telephone number ()
	Address	Employer identification number	Signature of group agent		Date	

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