IT-203-TM-ATT-A (2005)

Legal name of team	▼ Special NY State identification number

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

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

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 the appropriate line on Form IT-203-TM -



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G	Н	I	J	K	L	М	N
New York State taxable income (multiply column F by column E)	New York State tax (multiply column G by .077)	New York State tax withheld (see instructions)	New York State estimated income tax paid/amount paid with Form IT-370	Total payments (add columns I and J)	Balance due (subtract column K from column H)	Overpayment (subtract column H from column K)	Other group returns (see instructions)
]			