

Group Return for Nonresident Athletic Team Members

For calendar year 2008 or fiscal year beginning					0 8	0 8 and ending	
	Pood the instructions Form IT 202 TM / before completing this return					Special NYS identification number	
	Read the instructions, Form IT-203-TM-I, before completing this return.						
0						Employer identification number	
Print or type	Trade name of team if different from legal name above				$- \Gamma$		
ort					Туре	of athletic team	
ut o	dress (number and street or rural route)						
Pri							
	City, village, or post office	State		ZIP code	Date	team started	
	This form must be completed by a professional athletic team that elects to file a group New York State, or Yonkers return for nonresident members of the team. All requirements stated in the instructions must be met in order to file a group return.						
This group return is being filed for the following tax(es): New York State income tax 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)							
2 Yonkers taxable wages (from Schedule B, column G)							
	3 New York State tax (from Schedule A, column H)						
	4 Yonkers nonresident earnings tax (from Schedule B, column H)						
	Total tax (add lines 3 and 4)						
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.						
	onkers tax withheld (from Schedule B, column I)						
9	Yonkers estimated income tax paid/amount p		[]				
	Form IT-370 (from Schedule B, column J)			•			
	Total payments (add lines 6 through 9)				10.	•	
11							
check or money order payable to NY State Income Tax ; write your special NYS identification							
number and <i>2008 IT-203-TM</i> on it						•	
12			•		40		
	from line 10)				12.	•	
	Paid preparer's use only	▼		•	Group ag	gent information V	
Preparer's signature		▼ SSN or PTIN: Name of group ager		gent	t		
Firm's name (or yours, if self-employed)		Employer identification number		Title of group agent ●			
Address			self-employed		Signature of group agent		
			Date	Date		▼ Daytime phone number	
Pre	parer's e-mail address			E-mail address o	group age	nt	

Mail your completed return to:

NEW YORK STATE INCOME TAX, W A HARRIMAN CAMPUS, ALBANY NY 12227.

Please file this original scannable return with the Tax Department.