IT-203-TM



Group Return for Nonresident Athletic Team Members

	For calendar year 2009 or fiscal year beginning			0 9 and ending
Doed the instructions Form IT 000 TM I before constitute the				▼ Special NYS identification number
	Read the instructions, Form IT-203-TM-I, before completing this return. Legal name of athletic team			
	Legal hame of atmetic team			▼ Employer identification number
/be	Trade name of team if different from legal name above Type of athletic team Address (number and street or rural route)			- Employer Identification Humber
r t				Two of athletic toom
t o				Type of athletic team
r.				
<u> </u>	City, village, or post office	State	ZIP code	Date team started
	Oity, village, or post office	State	ZIF 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.				
<u> </u>				
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)				3.
4 Yonkers nonresident earnings tax (from Schedule B, column H)				
	Total tax (add lines 3 and 4)			
	New York State tax withheld (from Schedule A,			
7 New York State estimated income tax paid/amount paid				
-	with Form IT-370 (from Schedule A, column J	· ·		
8	Yonkers tax withheld (from Schedule B, column	′ 		
	Yonkers estimated income tax paid/amount	/	•	
	Form IT-370 (from Schedule B, column J)			
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 2009 IT-203-TM on it			11.
12	Amount overpaid applied to 2010 estimated			•
12	from line 10)			12.
	non me roj			•
▼ Paid preparer must complete (see instructions) ▼ Date:			▼	Group agent information ▼
Preparer's signature		► Preparer's NYTPRIN	Name of group agent	
Firm's name (or yours, if self-employed)		▼ Preparer's SSN or PTIN	Title of group agent	
Address		Employer identification number	Signature of group agent	
		Mark an X if self-employed	Date	▼ Daytime phone number
E-mail:			E-mail:	·

Mail your completed return to:

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

