## **IT-203-GR**



## **Group Return for Nonresident Partners**

	For cale	ndar year 2010	0 or fiscal year	beginnir	ng	I U and en	ding	
	Read the instructions, Form IT-203	-GR-I. before	completing this	s return.		▼ Special NYS ide	entification number	
	Legal name	.,		<u> </u>				
						▼ Employer identi	fication number	
96	Trade name of business if different from legal name above							
Print or type							ctivity	
l o	Address (number and street or rural route)							
ri								
۵	City, village, or post office	State		ZIP code	D	ate business starte	∌d	
	Country (if not United States)							
	Country (II not officed states)					Amend	ed return	
						Amena	aa returii	
Thic	form must be completed by a partnership	that aloate t	e file a group	Mow V	selv State or	Vankare ratur	n for nonrocident	
1 Nis	s form must be completed by a partnership tners. All requirements stated in the instruct	that elects u	0 file a group	New To	ork State of	Yonkers retur	n for nonresident	
μαιι	ners. An requirements stated in the instruct	110119 Hiust D	e met m orde	i to me	a group rett	arii.		
Thic	seems voture is being filed for the following to	wash Now V	Carly State incom	∽o tay	Von	leara nanracide	ant parnings tay	
Ims	group return is being filed for the following tax	K(es). New I	Ork State Incom	me tax	TOIT	Kers nonreside	ent earnings tax	
Mari	k an <b>X</b> in the box if final return:	atar data aut	of existence:					
Mair	can X in the box ii iliai return.	iler date out	Ol existerice.					
Tota	ll number of nonresident partners included in t	his aroup ret	urn:					
	<u> </u>							
	must complete Forms IT-203-GR-ATT-A and IT-20							
entri	ies on lines 1 through 10 below (see instructions	s). Attach the	e applicable s	chedule	es to the bac	k of this retu	rn.	
1	New York State taxable income (from Schedule	A, column H)				. 1.		
	onkers taxable earnings (from Schedule B, column F)							
3	New York State tax (from Schedule A, column I)							
4	Yonkers nonresident earnings tax (from Schedule B, column G)						•	
5	Total tax (add lines 3 and 4)					. 5.		
6	New York State estimated income tax paid/an	nount paid				_		
	with extension Form IT-370 (from Schedule A, column J) 6.							
7	Yonkers estimated income tax paid/amount page 1					$\neg$		
	with Form IT-370 (from Schedule B, column H)							
	Total payments (add lines 6 and 7)					. 8.	•	
9	lance due (if line 5 is greater than line 8, subtract line 8 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 2010 IT-203-GR on it.					. 9.	•	
10	Amount overpaid applied to 2011 estimated income tax (if line 8 is greater than line 5, subtract							
	line 5 from line 8)					. 10.	•	
				-	<b>—</b> 0			
₽	Paid preparer must complete (see instructions)	Date:  ▶ Preparer's N	IVTPRIN	Nat	■ Group ager	agent must comp	lete and sign ▼	
<b>▶</b>	reparer's signature	F i icpaioi o i	VIIIIV	▶ INGI	Name of group agent			
Fir	rm's name (or yours, if self-employed)	▼ Preparer's PTIN or SSN			Title of group agent			
Address		Employer identification number			Signature of group agent			
Address		• Employer ide	entilication number	Sign				
			ark an <b>X</b> if	Dat	е	▼ Daytii	me phone number	
	mail:	ser	If-employed $\Box$	E-m	noil:			

Mail your completed return to:

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

