For calendar year 2011 or fiscal year beginning $\quad 11$ and ending $\square$

|  | Read the instructions, Form IT-203-GR-I, before completing this return. |  |  | - Special NYS identification number $\square$ <br> V Employer identification number |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
|  | Trade name of business if different from legal name above |  |  |  |
|  |  |  |  | Principal business activity |
|  | Address (number and street or rural route) |  |  |  |
|  | City, village, or post office | State | ZIP code | Date business started |
|  | Country (if not United States) |  |  |  |

This form must be completed by a partnership that elects to file a group New York State or Yonkers return for nonresident partners. 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 $\square$ Yonkers nonresident earnings tax $\square$ Mark an $\boldsymbol{X}$ in the box if final return: $\square \quad$ Enter date out of existence: $\square$

Total number of nonresident partners included in this group return:


You must complete Forms IT-203-GR-ATT-A and IT-203-GR-ATT-B, Schedules A and B, whichever are applicable, before making any entries on lines 1 through 10 below (see instructions). Attach the applicable schedules to the back of this return.

6 New York State estimated income tax paid/amount paid with extension Form IT-370 (from Schedule A, column J) ...
6. $\square$ . $\square$
7 Yonkers estimated income tax paid/amount paid with Form IT-370 (from Schedule B, column H) $\square$ . $\square$. 8. $\square$ .$\square$ 8 Total payments (add lines 6 and 7) 7.
9 Balance 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 2011 IT-203-GR on it. $\qquad$ 9. $\square$ .$\square$
10 Amount overpaid applied to 2012 estimated income tax (if line 8 is greater than line 5, subtract line 5 from line 8)
10.

| $\boldsymbol{\nabla}$ Group agent must complete and sign $\boldsymbol{\nabla}$ |  |
| :--- | :---: |
| Name of group agent |  |
| Title of group agent |  |
| Signature of group agent |  |
| Date |  |
| E-mail: |  |

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.

