IT-203-GR

2011

Group Return for Nonresident Partners

	For caler	ndar year 2011	or fiscal year l	peginning	1	1 and ending		
	Read the instructions. Form IT-203	return.	▼ Spec	cial NYS identification number				
	Read the instructions, Form IT-203-GR-I, before completing this return. Legal name							
					▼ Emp	loyer identification number	\dashv	
be	Trade name of business if different from legal name above							
Print or type					Principal	Principal business activity		
t or	Address (number and street or rural route)							
rin	City, village, or post office State ZIP code				Data bus	siness started		
-	Oity, village, or post office	State		Zii code	Date bus	mess started		
	Country (if not United States)							
						Amended return		
						74110114041044111		
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 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. 1 New York State taxable income (from Schedule A, column H) 2 Yonkers 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) 4								
	ew York State estimated income tax paid/amount paid							
•	with extension Form IT-370 (from Schedule A, column J) 6.							
7 Y	onkers estimated income tax paid/amount pa							
	with Form IT-370 (from Schedule B, column H)							
	otal payments (add lines 6 and 7)							
9 E	Balance due (if line 5 is greater than line 8, subtrac							
		check or money order payable to NY State Income Tax ; write your special NYS						
40 0	identification number and 2011 IT-203-GR on it.						•	
10 /	nount overpaid applied to 2012 estimated income tax (if line 8 is greater than line 5, subtractive 5)							
	line 5 from line 8)				<u>10.</u>		•	
•	Paid preparer must complete (see instructions) ▼	Date:		l 🔻	Group agent r	must complete and sign ▼		
	parer's signature	► Preparer's NYTPRIN			Name of group agent			
Firm	ala nama (ar yayın if aalf amplayad)	▼ Preparer's PTIN or SSN		Title of gr	Title of group agent			
Firm	n's name (or yours, if self-employed)	V Hepaidion 3 i i		• Line of gir	•			
Add	dress	Employer identification number			Signature of group agent			
			rk an X if	Date		▼ Daytime phone number		
	nail·	self-	-employed	E-mail:				

Mail your completed return to:

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

