al name of partnership	▼ Special NY State identification number

Schedule A — Nonresident partners qualifying and participating in a New York State group return (attach as many Schedule A forms as needed). Show any negative amounts with a minus (-) sign. List partners in alphabetical or social security number order.

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A	В	С	D	E
			<i>-</i>	
Name (in either alphabetical or social security number order) and address of	Partner's social security number	Partner's share of	Amount of column C	Partner's share of federal partnership
Name (in either alphabetical of	Farther's Social Security	fodoral itoms of	Amount of column C	Fartifier's Stiate Of
social security number order)	number	iederal items of	allocated to	federal partnership
and address of		income, gain, loss, and	New York State	deductions
nenrecident neutron		Partner's share of federal items of income, gain, loss, and guaranteed payment (see instructions)	(and instructions)	(and instructions)
nonresident partner		(see instructions)	(see instructions)	(see instructions)
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Totals	(If you are filing more than one attachment, enter the grand totals from all attachments on the last
	attachment sheet; leave the other total boxes blank. Attach all Forms IT-203-GR-ATT-A to Form IT-203-GR.)
	Enter on the appropriate line on Form IT-203-GR
	Enter on the appropriate line on remini 200 on t



ame of partnership	▼ Special NY State identification number

F Amount of column E allocated to New York State	Ret amount of New York additions and subtractions allocated to	H New York taxable income (subtract column F from column D, and add or	New York State tax (multiply column H by .0897)	New York State estimated income tax paid/amount paid with Form IT-370	R Balance due (subtract column J from column I)	Coverpayment (subtract column I from column J)	Other group returns (see instr.)
(see instructions)	New York State (see instructions)	subtract column G)	- /	with Form IT-370			