## IT-203-TM

1 1 and ending

## **Group Return for Nonresident Athletic Team Members**

	For calen	dar year 2011 or fiscal year be	ginning	1 1 and ending
	Read the instructions Form IT-20	3-TM-L hefore completing this	return	▼ Special NYS identification number
Print or type	Read the instructions, Form IT-203-TM-I, before completing this return.  Legal name of athletic team		1	
			▼ Employer identification number	
	Trade name of team if different from legal name above			1
				Type of athletic team
	Address (number and street or rural route)			
ri.	0, 1, 6	To: .	T ZID	
Δ.	City, village, or post office	State	ZIP code	Date team started
	Country (if not United States)			+
				<b>_</b>
	orm must be completed by a professional esident members of the team. All requirem			
	order members of the team Air requirem		mo muot bo mot m	
This o	roup return is being filed for the following tax	(es). New York State income	tax Yonk	kers nonresident earnings tax
11113 9	Toughteturn is being filed for the following tax	(cs). New York State moonie	tax Torns	ters nomesident earnings tax
Mark	an <b>X</b> in the box if final return: En	ter date out of existence:		
				1
Total ı	number of nonresident team members include	ed in this group return: L		
You m	nust complete Forms IT-203-TM-ATT-A and IT	-203-TM-ATT-B. Schedules A	and B. whichever	are applicable, before making any
	s on lines 1 through 12 below. Attach the ap			
1	New York State taxable income (from Schedul	le A. column G.)		1.
	Yonkers taxable wages (from Schedule B, colui			
	New York State tax (from Schedule A, column F			
	onkers nonresident earnings tax (from Schedule B, column H)			
	Total tax (add lines 3 and 4)			5.
	New York State tax withheld (from Schedule A, column I) 6.			
7	7 New York State estimated income tax paid/amount paid with Form IT-370 (from Schedule A, column J)			
g				
	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, subt			
	check or money order payable to NY State Income Tax; write your special NYS identification			
40	number and 2011 IT-203-TM on it			11.
12	Amount overpaid applied to 2012 estimated tax (if line 10 is greater than line 5, subtract line 5 from line 10)			12.
	Irom line 10)			•
•	Paid preparer must complete (see instructions) ▼	Date:	▼ Group a	gent must complete and sign ▼
Preparer's signature		▶ Preparer's NYTPRIN Print name of group		agent
Firm's name (or yours, if self-employed)		▼ Preparer's PTIN or SSN Title of group agent		
		•		
Address		Employer identification number     Signature of group agent		
		Mark an <b>X</b> if	Date	▼ Daytime phone number
E-m	ail:	self-employed —	E-mail:	

Mail your completed return to:

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

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