



Group Return for Nonresident Partners

IT-203-GR

For calendar year 2013 or fiscal year beginning and ending

| | | | |
|--|-------|---|-----------------------|
| Read the instructions, Form IT-203-GR-I, before completing this return. | | | |
| Legal name | | Special NYS identification number | |
| Trade name of business if different from legal name above | | Employer identification number | |
| Address (number and street or rural route) | | Principal business activity | |
| City, village, or post office | State | ZIP code | Date business started |
| Country (if not United States) | | Amended return <input type="checkbox"/> | |

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 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). **Submit all applicable schedules with this return.**

| | | | |
|----|---|----|-----|
| 1 | New York State taxable income (from Schedule A, column H) | 1 | .00 |
| 2 | Yonkers taxable earnings (from Schedule B, column F) | 2 | .00 |
| 3 | New York State tax (from Schedule A, column I) | 3 | .00 |
| 4 | Yonkers nonresident earnings tax (from Schedule B, column G) | 4 | .00 |
| 5 | Total tax (add lines 3 and 4) | 5 | .00 |
| 6 | New York State estimated income tax paid/amount paid with extension Form IT-370 (from Schedule A, column J)..... <input type="text" value="6"/> | | .00 |
| 7 | Yonkers estimated income tax paid/amount paid with Form IT-370 (from Schedule B, column H)..... <input type="text" value="7"/> | | .00 |
| 8 | Total payments (add lines 6 and 7) | 8 | .00 |
| 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 2013 IT-203-GR on it. | 9 | .00 |
| 10 | Amount overpaid applied to 2014 estimated income tax (if line 8 is greater than line 5, subtract line 5 from line 8)..... | 10 | .00 |

| | | |
|---|--|--|
| ▼ Paid preparer must complete (see instr.) ▼ | | Date |
| Preparer's signature | | Preparer's NYTPRIN |
| Firm's name (or yours, if self-employed) | | Preparer's PTIN or SSN |
| Address | | Employer identification number |
| E-mail: | | Mark an X if self-employed <input type="checkbox"/> |

| | |
|---|--------------------------|
| ▼ Group agent must complete and sign ▼ | |
| Print name of group agent | |
| Title of group agent | |
| Signature of group agent | |
| Date | Daytime phone number () |
| E-mail: | |

Mail your completed return to:
NEW YORK STATE INCOME TAX, W A HARRIMAN CAMPUS, ALBANY NY 12227.

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