| Legal name of S corporation | Special NY State identification number |
| :--- | :--- |

Nonresident shareholders qualifying and participating in New York State group return (use as many Forms IT-203-S-ATT as needed). Show negative amounts with a minus (-) sign. List shareholders in alphabetical or social security number order.

| A <br> Name and address of nonresident shareholder | B <br> Shareholder's social security number | C <br> Shareholder's pro rata share of federal business income (see instructions) | D <br> Amount of column C allocated to New York State (see instructions) | E <br> Shareholder's pro rata share of federal investment income (see instructions) |
| :---: | :---: | :---: | :---: | :---: |
|  |  | . 00 | . 00 | . 00 |
|  |  | . 00 | . 00 | . 00 |
|  |  | . 00 | . 00 | . 00 |
|  |  | . 00 | . 00 | . 00 |
|  |  | . 00 | . 00 | . 00 |
|  |  | . 00 | . 00 | . 00 |
|  |  | . 00 | . 00 | . 00 |
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| Legal name of S corporation | Special NY State identification number |
| :--- | :--- |


| $\begin{gathered} \text { F } \\ \text { Amount of } \\ \text { column E allocated } \\ \text { to New York State } \\ \text { (see instructions) } \end{gathered}$ | G <br> Total of column D and column $F$ $(D+F)$ | H <br> Shareholder's pro rata share of federal S corporation deductions (see instructions) | Amount of column H allocated to New York State (see instructions) | Net amount of New York additions and subtractions allocated to New York State (see instructions) | New York taxable income (subtract column I from column $G$ and add or subtract column J) |
| :---: | :---: | :---: | :---: | :---: | :---: |
| . 00 | . 00 | . 00 | . 00 | . 00 | . 00 |
| . 00 | . 00 | . 00 | . 00 | . 00 | . 00 |
| . 00 | . 00 | . 00 | . 00 | . 00 | . 00 |
| . 00 | . 00 | . 00 | . 00 | . 00 | . 00 |
| . 00 | . 00 | . 00 | . 00 | . 00 | . 00 |
| . 00 | . 00 | . 00 | . 00 | . 00 | . 00 |
| . 00 | . 00 | . 00 | . 00 | . 00 | . 00 |
| . 00 | . 00 | . 00 | . 00 | . 00 | . 00 |
| . 00 | . 00 | . 00 | . 00 | . 00 | . 00 |
| s (If you are filing mo sheet; leave the oth Enter on the app | han one Form IT-2 <br> total boxes blank. <br> riate line on Form | 3-S-ATT, enter the grand ubmit all Forms IT-203-S IT-203-S $\qquad$ | tals from all of them <br> TT with Form IT-203- | only one | . 00 |


| Legal name of S corporation | Special NY State identification number |
| :--- | :--- |


|  | M <br> New York State estimated income tax paid/amount paid with Form IT-370 | $\begin{gathered} \text { Nalance due } \\ \text { (subtract column M M } \\ \text { from column L) } \end{gathered}$ |  | P <br> Other group returns (see instructions) |
| :---: | :---: | :---: | :---: | :---: |
| . 00 | . 00 | . 00 | . 00 |  |
| . 00 | . 00 | . 00 | . 00 |  |
| . 00 | . 00 | . 00 | . 00 |  |
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| . 00 | . 00 | . 00 | . 00 |  |
| . 00 | . 00 | . 00 | . 00 |  |
| . 00 | . 00 | . 00 | . 00 |  |
| . 00 | . 00 | . 00 | . 00 |  |
| . 00 | . 00 | . 00 | . 00 |  |

