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| Legal name of team | Special NY State identification number |
| :--- | :--- |

Schedule B — Nonresident members qualifying and participating in a Yonkers group return (complete as many Schedule B forms as needed)

| A <br> Name (in either alphabetical or social security number order) and address of nonresident member | B <br> Member's social security number |  |  | E <br> Yonkers allocation percentage (divide column D by column C) | F <br> Total wages (see instructions) |
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Totals (If you are filing more than one Schedule B, enter the grand totals from all Schedules B on the last sheet; leave the other total boxes blank. Submit all Forms IT-203-TM-ATT-B with Form IT-203-TM.)
Enter on the appropriate line on Form IT-203-TM

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| :--- | :--- |



