Legal name of team	Special NY State identification number

Schedule A – Nonresident members qualifying and participating in a New York State group return *(complete as many Schedule A forms as needed)*

A Name *(in either alphabetical or social security number order)* and address of nonresident member	**B** Member's social security number	**C** Total duty days *(see instructions)*	**D** New York State duty days *(see instructions)*	**E** New York State allocation percentage *(divide column D by column C)*	**F** Total compensation *(see instructions)*
					.00
					.00
					.00
					.00
					.00
					.00
					.00
					.00
					.00
					.00

Totals *(If you are filing more than one Schedule A, enter the grand totals from all Schedules A on the last sheet; leave the other total boxes blank. Submit all Forms IT-203-TM-ATT-A with Form IT-203-TM.)*

Enter on the appropriate line on Form IT-203-TM ▶

316001160094

Legal name of team	Special NY State identification number

G New York State taxable income *(multiply column F by column E)*	**H** New York State tax *(multiply column G by .0882)*	**I** New York State tax withheld *(see instructions)*	**J** New York State estimated income tax paid/amount paid with Form IT-370	**K** Total payments *(add columns I and J)*	**L** Balance due *(subtract column K from column H)*	**M** Overpayment *(subtract column H from column K)*	**N** Other group returns *(see instructions)*
.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	.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				

316002160094