



# Group Return for Nonresident Partners

# IT-203-GR

For calendar year 2017 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, Yonkers, or metropolitan commuter transportation mobility tax (MCTMT) return for nonresident partners. All requirements stated in the instructions must be met in order to file a group return.

- A** This group return is being filed for the following tax(es): NYS income tax  Yonkers nonresident earnings tax  MCTMT
- B** Mark an **X** in the box if final return:  Enter date out of existence:
- C** Total number of nonresident partners included in this group return:
- D** Was the partnership required to report, under P.L. 110-343, Div. C, § 801(d)(2), any nonqualified deferred compensation on its 2017 federal return? (see page 4 of the instructions) ..... Yes  No

You must complete Forms IT-203-GR-ATT-A, IT-203-GR-ATT-B, and IT-203-GR-ATT-C, Schedules A, B, and C, whichever are applicable, before making any entries on lines 1 through 13 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  | MCTMT net earnings from self-employment allocated to MCTD (from Schedule C, column C) .....   | 3  | .00 |
| 4  | New York State tax (from Schedule A, column I) .....  | 4  | .00 |
| 5  | Yonkers nonresident earnings tax (from Schedule B, column G) .....  | 5  | .00 |
| 6  | MCTMT (from Schedule C, column D) .....   | 6  | .00 |
| 7  | Total tax (add lines 4, 5, and 6) .....   | 7  | .00 |
| 8  | New York State estimated income tax paid/amount paid<br>with extension Form IT-370 (from Schedule A, column J) ... <input type="text"/>   | 8  | .00 |
| 9  | Yonkers estimated income tax paid/amount paid<br>with Form IT-370 (from Schedule B, column H) .....   | 9  | .00 |
| 10 | MCTMT estimated tax paid/amount paid<br>with Form IT-370 (from Schedule C, column E) .....  | 10 | .00 |
| 11 | Total payments (add lines 8, 9, and 10) .....   | 11 | .00 |
| 12 | Balance due (if line 7 is greater than line 11, subtract line 11 from line 7). Do not send cash; make check or money order payable in U.S. funds to <b>NY State Income Tax</b> ; write your special NYS identification number and <b>2017 IT-203-GR</b> on it. .... | 12 | .00 |
| 13 | Amount overpaid applied to 2018 estimated tax (if line 11 is greater than line 7, subtract line 7 from line 11) .....   | 13 | .00 |

|   |                                |
|---|--------------------------------|
| <b>▼ Paid preparer must complete (see instr.) ▼</b> | 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:   | NYTPRIN<br>excl. code          |

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

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