

Legal name of partnership	Special NY State identification number
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**Schedule C – Nonresident partners qualifying and participating in a metropolitan commuter transportation mobility tax (MCTMT) group return** (complete as many Schedule C forms as needed). Show any negative amounts with a minus (-) sign. List partners in alphabetical or social security number order.

<b>A</b> Name (in either alphabetical or social security number order) and address of nonresident partner	<b>B</b> Partner's social security number	<b>C</b> Net earnings from self-employment allocated to the MCTD	<b>D</b> MCTMT (multiply column C by .34% (.0034))	<b>E</b> Estimated MCTMT paid/amount paid with Form IT-370
		.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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		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
<b>Totals</b> (If you are filing more than one Schedule C, enter the grand totals from all Schedules C on the last sheet; leave the other total boxes blank. Submit all Forms IT-203-GR-ATT-C with Form IT-203-GR.)		.00	.00	.00
Enter on the appropriate line on Form IT-203-GR →		.00	.00	.00

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<b>F</b> Balance due <i>(subtract column E from column D)</i>	<b>G</b> Overpayment <i>(subtract column D from column E)</i>	<b>H</b> Other group returns <i>(see instructions)</i>
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