NEW YORK STATE 2018

Department of Taxation and Finance

Group Return for Nonresident Shareholders of New York S Corporations

IT-203-S

For calendar year 2018 or fiscal year beginning [18] and ending [ ]

Read the instructions, *Form IT-203-S-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** .... [ ]

This form must be completed by a **New York S corporation that elects to file a group New York State return for its nonresident shareholders. All** requirements stated in the instructions **must** be met in order to file a group return.

A Mark an *X* in the box if final return: [ ]   Enter date out of existence: [ ]

B Total number of nonresident shareholders included in this group return: [ ]

C Was the New York S corporation required to report any nonqualified deferred compensation, as required by
Internal Revenue Code (IRC) § 457A, on its 2018 federal return? *(see page 3 of the instructions)*.......................... Yes [ ]   No [ ]

**You must complete Form IT-203-S-ATT before making any entries on lines 1 through 5 below.
Submit Form(s) IT-203-S-ATT with this return.**

1 New York State taxable income *(from Form(s) IT-203-S-ATT, column H total)*	**1**		.00
2 New York State tax *(from Form(s) IT-203-S-ATT, column I total)*	**2**		.00
3 New York State estimated income tax paid/amount paid with Form IT-370 *(from Form(s) IT-203-S-ATT, column J total)*	**3**		.00
4 Balance due *(If line 2 is greater than line 3, subtract line 3 from line 2; this should be the same as Form(s) IT-203-S-ATT, column K total. Do not send cash; make check or money order payable in U.S. funds to* **NY State Income Tax**; *write your special NYS identification number and* **2018 IT-203-S** *on it.)* ..	**4**		.00
5 Overpayment *(If line 3 is greater than line 2, subtract line 2 from line 3; this should be the same as Form(s) IT-203-S-ATT, column L total.)* The amount overpaid will be applied to your 2019 estimated income tax	**5**		.00

▼ **Paid preparer must complete** *(see instr.)* ▼	Date	▼ **Group agent must complete and sign** ▼
Preparer's signature	Preparer's NYTPRIN	Print name of group agent
Firm's name *(or yours, if self-employed)*	Preparer's PTIN or SSN	Title of group agent
Address	Employer identification number	Signature of group agent
	NYTPRIN excl. code	Date / Daytime phone number ( )
E-mail:		E-mail:

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