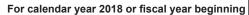


## Group Return for Nonresident Shareholders of New York S Corporations



18 and ending

IT-203-S

Read the instruc	tions, Form IT-203-S-I, befo	ore completing this	return.		
Legal name				Special NYS identification number Employer 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 <b>New York S co</b> <b>shareholders. All</b> requirements stated in the instru-				ident	
A Mark an X in the box if final return:	Enter date out of exister	nce:			
B Total number of nonresident shareholders inclu	ided in this group return:				
C Was the New York S corporation required to re Internal Revenue Code (IRC) § 457A, on its 20		-		No	
You must complete Form IT-203-S-ATT before r Submit Form(s) IT-203-S-ATT with this return.	naking any entries on lin	nes 1 through 5 b	elow		
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, subtra Form(s) IT-203-S-ATT, column K total. Do not send funds to NY State Income Tax; write your specia	cash; make check or money c	order payable in U.S.	n it.) <b>4</b>	.00	
5 Overpayment (If line 3 is greater than line 2, subtrac Form(s) IT-203-S-ATT, column L total.) The amour estimated income tax.				.00	
	Date				
▼ Paid preparer must complete (see instr.) ▼ Preparer's signature			agent must complete and sig	n▼	
	Preparer's NYTPRIN	Print name of gro			
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	Title of group age			
Address	Employer identification number	Signature of grou			
	NYTPRIN excl. code	Date	Daytime phone number		
E-mail:		E-mail:			

