| Legal name of S corporation | Special NY State identification number |
|---|---|
|  |  |

**Nonresident shareholders qualifying and participating in New York State group return** *(use as many Forms IT-203-S-ATT as needed).* Show negative amounts with a minus (-) sign. List shareholders in alphabetical or Social Security number order.

| A<br>Name and address of<br>nonresident shareholder | B<br>Shareholder's<br>Social Security number<br>*(enter here and in columns B2<br>and B3 on pages 2 and 3)* | C<br>Shareholder's pro rata<br>share of federal<br>income<br>*(see instructions)* | D<br>Amount of column C<br>allocated to<br>New York State<br>*(see instructions)* | E<br>Shareholder's pro rata<br>share of federal<br>S corporation deductions<br>*(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 |

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| Legal name of S corporation | Special NY State identification number |
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| B2<br>Shareholder's<br>Social Security number | F<br>Amount of<br>column E allocated<br>to New York State<br>*(see instructions)* | G<br>Net amount of<br>New York additions and<br>subtractions allocated<br>to New York State<br>*(see instructions)* | H<br>New York taxable income<br>*(subtract column F from<br>column D and add<br>or subtract column G)* | I<br>New York State<br>tax *(multiply<br>column H by .0882)* |
|---|---|---|---|---|
|  | .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 |

**Totals** *(If you are filing more than one Form IT-203-S-ATT, enter the grand totals from all of them on only one sheet; leave the other total boxes blank. Submit all Forms IT-203-S-ATT with Form IT-203-S.)*

Enter on the appropriate line on Form IT-203-S ⟶   | .00 | .00 | | .00 |

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| Legal name of S corporation | Special NY State identification number |
|---|---|
|  |  |

| B3 Shareholder's Social Security number | J New York State estimated income tax paid/amount paid with Form IT-370 | K Balance due (subtract column J from column I) | L Overpayment (subtract column I from column J) | M 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 |  |