

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.

A Name (in either alphabetical or Social Security number order) and address of nonresident partner	B Partner's Social Security number (enter here and in column B2 on page 2)	C Net earnings from self-employment allocated to the MCTD	D MCTMT (multiply column C by .34% (.0034))	E 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
		.00	.00	.00
		.00	.00	.00
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		.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 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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B2 Partner's Social Security number (same as column B on page 1)	F Balance due (subtract column E from column D)	G Overpayment (subtract column D from column E)	H Other group returns (see instructions)
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	.00	.00	
	.00	.00	
	.00	.00	
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	.00	.00	
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	.00	.00	

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