



Department of Taxation and Finance

Group Return for Nonresident Shareholders of New York S Corporations

IT-203-S

For calendar year 2022 or fiscal year beginning 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 | | | Amended return <input type="checkbox"/> |

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:

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 **2022 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 2023 estimated income tax. **5** .00

| | | |
|---|--|--------------------------------|
| ▼ Paid preparer must complete (see instr.) ▼ | | Date |
| Preparer's signature | | Preparer's NYTPRIN |
| Firm's name (or yours, if self-employed) | | Preparer's PTIN or SSN |
| Address | | Employer identification number |
| Email: | | NYTPRIN excl. code |

| | |
|---|--------------------------|
| ▼ Group agent must complete and sign ▼ | |
| Print name of group agent | |
| Title of group agent | |
| Signature of group agent | |
| Date | Daytime phone number () |
| Email: | |

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