

Group Return for Nonresident Shareholders of New York S Corporations

	For cale	ndar year 2	2006 or fiscal year be	eginning	0 6 and ending		
	Read the instructions, Form I	<i>T-203-S-I</i> , b	pefore completing th	is return.	▼ Special NYS identificati	on number	
	Legal name						
be					▼ Employer identification	▼ Employer identification number	
Print or type	Trade name of business if different from legal name above				5		
it o	Address (number and street or rural route)				Principal business activity		
Pri	Address (number and street of fural route)						
_	City, village, or post office		State	ZIP code	Date business started		
Thic f	Lorm must be completed by a New York S co	rnoration	that alosts to file	a group Now Yo	rk State return for its non	rosidont	
	holders. All requirements stated in the instri					iresident	
				to me a group re			
1ark	an $m{X}$ in the box if final return: $oxedsymbol{oxedsymbol{oxed}}$ Er	nter date d	out of existence:				
otal r	number of nonresident shareholders included	d in this gr	oup return:				
	nust complete Form IT-203-S-ATT before n h Form(s) IT-203-S-ATT to the back of this		y entries on lines	1 through 5 bel	OW.		
illac	il Form(s) 11-203-3-ATT to the back of this	return.					
1 N	ew York State taxable income (from Form(s) I	T-203-S-AT	T, column K total)		1.		
2 N	ew York State tax (from Form(s) IT-203-S-ATT, o	column L to	tal)		2.	•	
2 N	law Vark Ctata antimated income tay naid/am	bion touc	with Form IT 270				
3 New York State estimated income tax paid/amount paid with Form IT-370 (from Form(s) IT-203-S-ATT, column M total)							
	(IIOIII I OIIII(S) III-203-3-AI I, COIUIIIII W IOIAI)		•••••	•••••	3.		
4 B	alance due (If line 2 is greater than line 3, subtra	ct line 3 fro	om line 2; this should b	e the same as			
	Form(s) IT-203-S-ATT, column N total. Do not send cash; make check or money order payable to						
	NY State Income Tax; write your special NYS ide	entification i	number and 2006 IT-2	03-S on it.)	4.		
5 C	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 O total.) The amount over	erpaid will b	e applied to your 2007	estimated income t	tax. 5.		
Preparer's signature Paid preparer's use only ▼ SSN or PTIN:			PTIN:	▼ Group agent information ▼ Name of group agent			
► riep	arci ə əiyilature			Name of group a	igeni		
Firm	's name (or yours, if self-employed)	Employe	er identification number	Title of group age	ent	<u> </u>	
Add	ress		Mark an X if	Signature of grou	up agent		
			self-employed —	Data	■ Daytime phone nu	ımher	
			Date	Date	□ ayııme prione ni	ALLIDEI	

Mail your completed return to:

NEW YORK STATE INCOME TAX, W A HARRIMAN CAMPUS, ALBANY NY 12227.