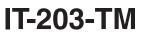


## Group Return for Nonresident Athletic Team Members



For calendar year 2006 or fiscal year beginning					0 6	and ending	
	Pood the instructions. Form IT 202 TM / before completing this return					Special NYS identification number	
	Read the instructions, Form IT-203-TM-I, before completing this return. Legal name of athletic team				$\neg \Box$		
						Employer identification number	
Print or type	Trade name of team if different from legal name above						
r ty					Turne	of athletic team	
to	Address (number and street or rural route)				iype		
rin	Address (number and street of fular fould)						
	City, village, or post office	State		ZIP code	Data	Date team started	
	ony, vinage, or post once	Oldie			Date	lean slarleu	
This form must be completed by a professional athletic team that elects to file a group New York State, or Yonkers return for nonresident members of the team. All requirements stated in the instructions must be met in order to file a group return.							
This group return is being filed for the following tax(es): New York State income tax Yonkers nonresident earnings tax							
Mark an X in the box if final return: Enter date out of existence:							
Total number of nonresident team members included in this group return:							
You must complete Forms IT-203-TM-ATT-A and IT-203-TM-ATT-B, Schedules A and B, whichever are applicable, before making any entries on lines 1 through 12 below. Attach the applicable schedules to the back of this return.							
1	New York State taxable income (from Schedule	A. column (	G)		1.		
	2 Yonkers taxable wages (from Schedule B, column G)					•	
	3 New York State tax (from Schedule A, column H)					•	
	4 Yonkers nonresident earnings tax (from Schedule B, column H)					•	
	5 Total tax (add lines 3 and 4)						
	6 New York State tax withheld (from Schedule A, column I) 6.						
	New York State estimated income tax paid/amount paid						
	with Form IT-370 (from Schedule A, column J)						
8	Yonkers tax withheld (from Schedule B, column I)			•			
	9 Yonkers estimated income tax paid/amount paid with						
5	Form IT-370 (from Schedule B, column J)		9.				
10		-	•	10.			
	<ul> <li>1 Balance due (if line 5 is greater than line 10, subtract line 10 from line 5). Do not send cash; make</li> </ul>						
check or money order payable to <b>NY State Income Tax</b> ; write your special NYS identification							
number and <i>2006 IT-203-TM</i> on it							
						•	
from line 10)							
▼ Paid preparer's use only ▼				•	▼ Group agent information ▼		
Preparer's signature SSN or PT			IN:	Name of group agent			
			dentification number	Title of group agent			
r Irm	's name (or yours, if self-employed)		Title of group agent ●				
Address			Mark an <b>X</b> if self-employed	Signature of group agent			
			Date	Date		▼ Daytime phone number	

Mail your completed return to:

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



Please file this original scannable return with the Tax Department.