New York State Department of Taxation and Finance

Group Return for Nonresident Partners

IT-203-GR

	For calenda	r year 2007 or fis	scal year beginning	0 7 and ending	
	Read the instructions, Form IT-203-GF	▼ Special NYS identification number			
e	Legal name	 Employer identification number 			
or typ	Trade name of business if different from legal name above	Principal business activity			
Print or type	Address (number and street or rural route)				
	City, village, or post office	State	ZIP code	Date business started	
This	form must be completed by a partnership tha	t elects to file a	a group New York Sta	te or Yonkers return for nonresident	
	ners. All requirements stated in the instruction				
This	group return is being filed for the following tax(es): New York Sta	ate income tax	Yonkers nonresident earnings tax]
Marl	k an X in the box if final return:	date out of exis	stence:		
Tota	I number of nonresident partners included in this g	group return:			
	must complete Forms IT-203-GR-ATT-A and IT-20 es on lines 1 through 10 below (see instructions).				
2 3 4 5 6 7	New York State taxable income (from Schedule A, c Yonkers taxable earnings (from Schedule B, column New York State tax (from Schedule A, column I) Yonkers nonresident earnings tax (from Schedule E Total tax (add lines 3 and 4) New York State estimated income tax paid/amour with extension Form IT-370 (from Schedule A, col Yonkers estimated income tax paid/amount paid with Form IT-370 (from Schedule B, column H) Total payments (add lines 6 and 7) Balance due (if line 5 is greater than line 8, subtract lin check or money order payable to NY State Inco	F) B, column G) It paid umn J) 6. 7. me 8 from line 5).1 pome Tax; write	Do not send cash; mak your special NYS	2	
10	identification number and 2007 IT-203-GR on it Amount overpaid applied to 2008 estimated incor	ne tax <i>(if line 8 is</i>	s greater than line 5, subtr		_
	line 5 from line 8)				

Paid preparer's use only		Group agent information					
Preparer's signature	▼ SSN or			Name of group agent			
Firm's name (or yours, if self-employed) Address		Employer identification number		Title of group agent			
		Mark an X if self-employed	1	Signature of group agent			
		Date	1	Date	 Daytime phone number 		

Mail your completed return to:

2007

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



Please file this original scannable return with the Tax Department.