Legal name of team _____ **Special New York State identification number** _____

Schedule A - Nonresident Members Qualifying and Participating in New York State Group Return *(attach as many Schedule A forms as needed).* **IT-203-TM-ATT-A** (1996)

A Name *(in either alphabetical or social security number order)* and Address of Nonresident Member	B Social Security Number	C Total Duty Days *(see instructions)*	D New York State Duty Days *(see instructions)*	E New York State Allocation Percentage (divide column D by column C)	F Total Compensation *(see instructions)*	G New York State Taxable Income (multiply column F by column E	H New York State Tax (multiply column G by .07125)	I New York State Tax Withheld *(see instructions)*	J New York State Estimated Tax Paid/Amount Paid with Form IT-370	K Total Payments (add columns I and J)	L Balance Due (subtract column K from column H)	M Overpayment (subtract column H from column K)	N Name of Other Team(s)