

Legal name of team _____

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

A Name <i>(in either alphabetical or social security number order)</i> and Address of Nonresident Member	B Social Security Number	C Total Duty Days <i>(see instructions)</i>	D New York State Duty Days <i>(see instructions)</i>	E New York State Allocation Percentage <i>(divide column D by column C)</i>	F Total Compensation <i>(see instructions)</i>

Totals - enter on appropriate line on Form IT-203-TM _____▶

