Legal name of team _____

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

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 City Duty Days *(see instructions)*	**E** New York City Allocation Percentage (divide column D by column C)	**F** Total Wages *(see instructions)*

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

Special New York State identification number _____ **IT-203-TM-ATT-B** (1997)

G New York City Wages (multiply column F by column E)	H New York City Tax (multiply column G by .0045)	I New York City Tax Withheld *(see instructions)*	J New York City 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)