



## Partners' Identifying Information

### Attachment to Form IT-204

Name (as shown on Form IT-204)		Employer identification number			
(A) Enter name: last, first, middle initial. Enter home address.	(B) Identifying number (SSN or EIN)	(C) Percentage of ownership	(D) Check if resident		
			NYS	NYC	Yonkers
1 Name					
Address	1				
2 Name					
Address	2				
3 Name					
Address	3				
4 Name					
Address	4				
5 Name					
Address	5				
6 Name					
Address	6				
7 Name					
Address	7				
8 Name					
Address	8				
9 Name					
Address	9				
10 Name					
Address	10				
11 Name					
Address	11				
12 Name					
Address	12				
13 Name					
Address	13				
14 Name					
Address	14				
15 Name					
Address	15				
16 Name					
Address	16				
17 Name					
Address	17				
18 Name					
Address	18				
19 Name					
Address	19				
20 Name					
Address	20				

(continued on back)



(A) Enter name: last, first, middle initial Enter home address.	(B) Identifying number (SSN or EIN)	(C) Percentage of ownership	(D) Check if resident		
			NYS	NYC	Yonkers
21 Name Address	21 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Name Address	22 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Name Address	23 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Name Address	24 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Name Address	25 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Name Address	26 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Name Address	27 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Name Address	28 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Name Address	29 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Name Address	30 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 Name Address	31 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 Name Address	32 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Name Address	33 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Name Address	34 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Name Address	35 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 Name Address	36 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 Name Address	37 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 Name Address	38 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 Name Address	39 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 Name Address	40 <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>