

Legal name of partnership _____

Schedule A - Nonresident partners qualifying and participating in New York State group return (*attach as many Schedule A forms as needed*). Enter negative amounts in parentheses. List partners in alphabetical or social security number order.

A Name (<i>in either alphabetical or social security number order</i>) and address of nonresident partner	B Partner's social security number	C Partner's share of federal items of income, gain, loss and guaranteed payment <i>(see instructions)</i>	D Amount of column C allocated to New York State <i>(see instructions)</i>	E Partner's share of federal partnership deductions <i>(see instructions)</i>

Totals (if you are filing more than one attachment, enter the grand totals from all attachments on the last attachment sheet; leave the other total boxes blank). Enter on appropriate line on Form IT-203-GR _____



