IT-203-S



## **Group Return for Nonresident Shareholders of New York S Corporations**

	For calendar year 1999 or fiscal y	ear beginning	1999, an	d ending	
	Read the instructions before	return.	Special NYS identification number		
	Legal name				
be		Employer identification number			
typ	Trade name of business if different from leg				
ō				Principal business activity	
Print	Address (number and street or rural route)				
	City, village or post office	State	ZIP code	Date business started	

This form must be completed by a New York S corporation that elects to file a group New York State return for nonresident shareholders. All requirements stated in the instructions must be met in order to file a group return.

shar	eholde	rs. All requirements stated in the	e instructio	ns must be n	net in order	to file a group return.			
		omplete Form IT-203-S-ATT befo n IT-203-S-ATT to the back of thi	•	any entries o	n lines 1 thi	rough 5 below.			
1	New York State taxable income (from Form IT-203-S-ATT, column K total)								
2	New York State tax (from Form IT-203-S-ATT, column L total)						2		
3	New Yo	3							
4	Balance order j	4							
5	Amount	5							
F	Paid	Preparer's signature	Date	Check if self- employed	Group	Name of group agent			
preparer's use only		Firm's name (or yours, if self-employed)	Preparer's SSN	l or PTIN	agent	Telephone number  Signature of group agent		Date	
			Employer identi	ification number		Signature of group agent		Date	

Mail your completed return to: NEW YORK STATE INCOME TAX, W A HARRIMAN CAMPUS, ALBANY NY 12227.