For office use only



## New York State Department of Taxation and Finance

For calendar year 1999 or fiscal year beginning

## **Group Return for Nonresident Athletic Team Members**

IT-203-TM

1999, and ending

			Read the instructions before completing this return.						Spe	Special NYS identification number			
			Legal name of athletic team										
		o o							Emp	oloyer ider	ntification nu	umber	
			Trade name of team if different from legal name above										
		or							Prin	cipal busir	ness activity	У	
		Print or type	Address (numb	er and street or	rural route)				-	•	,	•	
	<b>E</b>												
			City, village or post office State ZIP code						Date	Date business started			
		-	-					rk State, New York rder to file a group			return for		
A. This grou	up return is beir	ng filed	for the follow	ing taxes:									
	ork State income				City nonresid	dent earning	s tax		Yonkers	s nonresi	dent earni	ngs tax	
entries or	omplete Schedun lines 1 through	า 16 b	elow.		3-TM-ATT-A, I	B, and C, re	spectiv	vely, whichever a	re appli	icable, be	efore maki	ng any	
	1 New York State taxable income (from Schedule A, column G)									1			
2 New York City taxable wages (from Schedule B, column G)									2				
3 Yonkers taxable wages (from Schedule C, column G)										3			
4 New York State tax (from Schedule A, column H)										4			
5 New York City nonresident earnings tax (from Schedule B, column H)										5			
6 City of Yonkers nonresident earnings tax (from Schedule C, column H)										6			
7 Total tax (add lines 4, 5, and 6)										7			
8 New York State tax withheld (from Schedule A, column I)													
	9 New York State estimated tax paid/amount paid with Form IT-370							1	1				
					,								
(from Schedule A, column J)								+	1				
<ul> <li>10 New York City tax withheld (from Schedule B, column I)</li></ul>									+	-			
11 New York City estimated tax paid/amount p													
	,									-			
12 Yonkers tax withheld (from Schedule C, column I)								+	-				
	ers estimated ta umn J)	=			13								
	payments <i>(add l</i>							-	1	14			
								nake check or mon	٠٠٠٠٠٠				
		-								15			
order payable to NY State Income Tax; write your special NYS identification number and 1999 IT-203-TM on it													
10 AINOU	iiii overpaiu app	nieu (C	zooo esiima	iteu tax (if line	e 14 is greater t	ınan iine 7, Sü	vıract i	ine / from line 14)	•••••	וסו			
Paid	Preparer's signature			Date	Check if self- employed	Group	Name o	f group agent					
preparer's						· ·	Telepho	ne number					
use only	Firm's name (or pre	parer's, if	self-employed)	Preparer's SSN	or PTIN	agent	· O.Opiio						
						information	Signatu	re of group agent			Da	ate	
Address				Employer identif	fication number								

Mail your completed return to:

NEW YORK STATE INCOME TAX W A HARRIMAN CAMPUS ALBANY NY 12227