

Legal name of team _____

Schedule A - Nonresident members qualifying and participating in New York State group return *(attach as many Schedule A forms as needed).*

A Name <i>(in either alphabetical or social security number order) and address of nonresident member</i>	B Member's social security number	C Total duty days <i>(see instructions)</i>	D New York State duty days <i>(see instructions)</i>	E New York State allocation percentage <i>(divide column D by column C)</i>	F Total compensation <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-TM _____ 

