Legal name of team _____

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

A Name *(in either alphabetical or social security number order)* and address of nonresident member	**B** Member's social security number	**C** Total duty days *(see instructions)*	**D** New York City duty days *(see instructions)*	**E** New York City allocation percentage *(divide column D by column C)*	**F** Total wages *(see instructions)*

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 _____ ▶

Special New York State identification number _____ **IT-203-TM-ATT-B** (1999)

G New York City Wages *(multiply column F by column E)*	**H** New York City nonresident earnings tax *(multiply column G by .0045)*	**I** New York City tax withheld *(see instructions)*	**J** New York City estimated tax paid/amount paid with Form IT-370	**K** Total payments *(add columns I and J)*	**L** Balance due *(subtract column K from column H)*	**M** Overpayment *(subtract column H from column K)*