



Group Return for Nonresident Partners

For calendar year 2000 or fiscal year beginning _____, and ending _____.

Print or type	Read the instructions before completing this return.			Special NYS identification number
	Legal name			Employer identification number
	Trade name of business if different from legal name above			Principal business activity
	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 partnership that elects to file a group New York State or Yonkers return for nonresident partners. All requirements stated in the instructions must be met in order to file a group return.

This group return is being filed for the following tax(es):

- New York State income tax Yonkers nonresident earnings tax

You must complete Schedules A and B on Forms IT-203-GR-ATT-A and IT-203-GR-ATT-B, whichever are applicable, before making any entries on lines 1 through 10 below.

Attach the applicable schedules to the back of this return.

1	New York State taxable income (from Schedule A, column H)			
2	City of Yonkers taxable earnings (from Schedule B, column F)			
3	New York State tax (from Schedule A, column I)			
4	City of Yonkers nonresident earnings tax (from Schedule B, column G)			
5	Total tax (add lines 3 and 4)			
6	New York State estimated tax paid/amount paid with extension Form IT-370 (from Schedule A, column J)	6		
7	City of Yonkers estimated tax paid/amount paid with Form IT-370 (from Schedule B, column H)	7		
8	Total payments (add lines 6 and 7)		8	
9	Balance due (if line 5 is greater than line 8, subtract line 8 from line 5) Do not send cash; make check or money order payable to NY State Income Tax ; write your special NYS identification number, and 2000 IT-203-GR on it		9	
10	Amount overpaid applied to 2001 estimated tax (if line 8 is greater than line 5, subtract line 5 from line 8)		10	

Paid preparer's use only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Group agent information	Name of group agent	
	Firm's name (or yours, if self-employed)	Preparer's SSN or PTIN			Telephone number	
	Address	Employer identification number			Signature of group agent	Date

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