

Legal name of team _____

Special New York State identification number _____

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

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

