IT-203-TM



Group Return for Nonresident Athletic Team Members

	For o	calendar year	2005 or fiscal year b	eginning	0	5 and ending	
	Read the instructions, Form IT-203-TM-I, before completing this return.					Special NYS identification n	umber
	Legal name of athletic team				— ∃ Ė	·	
-	Legal Hame of attrictio team					Employer identification num	ner
/pe	Trade name of team if different from legal name abo	21/0			—— Ė	Employer Identification flum	001
r t	made name of team if different from legal name abo	ove			<u> </u>	e of athletic team	
i o	Address (number and street or rural route)				I'yև	e or armene team	
Print or type	Address (Number and street of rural route)						
ш	City, village, or post office	State		ZIP code	Dat	te team started	
	City, village, or post office	State		ZIF Code	Da	le team started	
	orm must be completed by a professional a						
nonre	sident members of the team. All requiremen	nts stated in tr	ne instructions mus	t be met in orde	to file a g	roup return.	
This group return is being filed for the following tax(es): New York State income tax You						nonresident earnings t	ax
		,				J	
Mark a	an X in the box if final return:	Enter date of	out of existence:				
Total r	number of nonresident team members inc	cluded in this	aroup return:				
	ust complete Forms IT-203-TM-ATT-A an s on lines 1 through 12 below. Attach the					pplicable, before makir	ng any
1	New York State taxable income (from Scho	edule A. colum	n G)		1.		
	•						\dashv ' \vdash
	Yonkers taxable wages (from Schedule B, column G)						-
	Yonkers nonresident earnings tax (from Schedule B, column H)						
	Total tax (add lines 3 and 4)						⊣ ∙⊢—
	Total tax (add lines 3 and 4)						
	New York State estimated income tax paid/amount paid						
,	· · · 						
0	with Form IT-370 (from Schedule A, column J)						
	Yonkers estimated income tax paid/amou	,	0.	•			
9	·	•	9.				
10	Form IT-370 (from Schedule B, column J)			•	10.		
	Total payments (add lines 6 through 9)				10.		•
11 Balance due (if line 5 is greater than line 10, subtract line 10 from line 5). Do not send cash; make check or money order payable to NY State Income Tax ; write your special NYS identification							
	, , ,	-	, ,		44		
40	number and 2005 IT-203-TM on it				<u>11.</u>		•
12	Amount overpaid applied to 2006 estima		_				
	from line 10)				12.		
	W Deid wasnesselle was					wout information.	
▼ Paid preparer's use only ▼ Preparer's signature SSN or P						gent information ▼	
		•					
		Employer identification number Title of group agent			ent		
۸ ططعہ -		•			ID OGC "*		
Address Mark an X if self-employed Signature of group ag					up agent		
			Date	Date		Daytime phone number (or	otional)

Mail your completed return to: New York State Income Tax, W A Harriman Campus, Albany NY 12227

