

Legal name of team ▼ Special NY State identification number

Schedule A — Nonresident members qualifying and participating in a **New York State group return** *(attach as many Schedule A 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 <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 the appropriate line on Form IT-203-TM →



