



Group Return for Nonresident Partners

IT-203-GR

For calendar year 2006 or fiscal year beginning and ending

| | | | | |
|----------------------|--|-------|----------|---|
| Print or type | Read the instructions, Form IT-203-GR-I, before completing this return. | | | ▼ Special NYS identification number <input type="text"/> |
| | Legal name | | | ▼ Employer identification number <input type="text"/> |
| | Trade name of business if different from legal name above | | | Principal business activity <input type="text"/> |
| | Address (number and street or rural route) | | | Date business started <input type="text"/> |
| | City, village, or post office | State | ZIP code | |

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

Mark an **X** in the box if final return: Enter date out of existence:

Total number of nonresident partners included in this group return:

You must complete Forms IT-203-GR-ATT-A and IT-203-GR-ATT-B, Schedules A and B, whichever are applicable, before making any entries on lines 1 through 10 below (see instructions). **Attach the applicable schedules to the back of this return.**

| | | | | |
|----|---|----------------------|----------------------|----------------------|
| 1 | New York State taxable income (from Schedule A, column H) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | Yonkers taxable earnings (from Schedule B, column F) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | New York State tax (from Schedule A, column I) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | Yonkers nonresident earnings tax (from Schedule B, column G) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 | Total tax (add lines 3 and 4) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 | New York State estimated income tax paid/amount paid with extension Form IT-370 (from Schedule A, column J) ... | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7 | Yonkers estimated income tax paid/amount paid with Form IT-370 (from Schedule B, column H) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8 | Total payments (add lines 6 and 7) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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 2006 IT-203-GR on it. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10 | Amount overpaid applied to 2007 estimated income tax (if line 8 is greater than line 5, subtract line 5 from line 8) | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| ▼ Paid preparer's use only ▼ | |
|--|--|
| Preparer's signature ▶ | ▼ SSN or PTIN: <input type="text"/> |
| Firm's name (or yours, if self-employed) | ● Employer identification number <input type="text"/> |
| Address | Mark an X if self-employed <input type="checkbox"/> Date <input type="text"/> |

| ▼ Group agent information ▼ | |
|--|--|
| ▶ Name of group agent <input type="text"/> | |
| ● Title of group agent <input type="text"/> | |
| Signature of group agent <input type="text"/> | |
| Date <input type="text"/> | ▼ Daytime phone number <input type="text"/> |

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

Please file this original scannable return with the Tax Department.

