



Group Return for Nonresident Shareholders of New York S Corporations

IT-203-S

For calendar year 2008 or fiscal year beginning and ending

Print or type	Read the instructions, Form IT-203-S-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 **New York S corporation that elects to file a group New York State return for its nonresident shareholders.** All requirements stated in the instructions **must** be met in order to file a group return.

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

Total number of nonresident shareholders included in this group return:

You must complete Form IT-203-S-ATT before making any entries on lines 1 through 5 below. Attach Form(s) IT-203-S-ATT to the back of this return.

- 1 New York State taxable income (from Form(s) IT-203-S-ATT, column K total) 1. .
- 2 New York State tax (from Form(s) IT-203-S-ATT, column L total) 2. .
- 3 New York State estimated income tax paid/amount paid with Form IT-370
(from Form(s) IT-203-S-ATT, column M total) 3. .
- 4 Balance due (If line 2 is greater than line 3, subtract line 3 from line 2; this should be the same as Form(s) IT-203-S-ATT, column N total. Do not send cash; make check or money order payable to **NY State Income Tax**; write your special NYS identification number and **2008 IT-203-S** on it.) 4. .
- 5 Overpayment (If line 3 is greater than line 2, subtract line 2 from line 3; this should be the same as Form(s) IT-203-S-ATT, column O total.) The amount overpaid will be applied to your 2009 estimated income tax. 5. .

▼ Paid preparer's use only ▼	
Preparer's signature ▶ <input type="text"/>	▼ 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"/>
Preparer's e-mail address <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"/>
E-mail address of group agent <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.

