



Group Return for Nonresident Shareholders of New York S Corporations

For calendar year 2009 or fiscal year beginning 09 and ending

Main form with sections: Read the instructions, Form IT-203-S-1, before completing this return. Legal name, Trade name, Address, City, State, ZIP code, Special NYS identification number, Employer identification number, Principal business activity, Date business started.

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 2009 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 2010 estimated income tax. 5. [] . []

Paid preparer must complete (see instructions) Date: Preparer's signature, Firm's name, Address, E-mail, Preparer's NYTPRIN, Preparer's SSN or PTIN, Employer identification number, Mark an X if self-employed []

Group agent must complete and sign Name of group agent, Title of group agent, Signature of group agent, Date, Daytime phone number, E-mail

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.

