



Group Return for Nonresident Partners

IT-203-GR

For calendar year 2015 or fiscal year beginning and ending

Read the instructions, Form IT-203-GR-I, before completing this return.

Legal name			Special NYS identification number
Trade name of business if different from legal name above			Employer identification number
Address (number and street or rural route)			Principal business activity
City, village, or post office	State	ZIP code	Date business started
Country (if not United States)			Amended return <input type="checkbox"/>

This form must be completed by a partnership that elects to file a group New York State, Yonkers, or metropolitan commuter transportation mobility tax (MCTMT) 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): NYS income tax Yonkers nonresident earnings tax MCTMT

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, IT-203-GR-ATT-B, and IT-203-GR-ATT-C, Schedules A, B, and C, whichever are applicable, before making any entries on lines 1 through 13 below (see instructions). **Submit all applicable schedules with this return.**

1 New York State taxable income (from Schedule A, column H)	1	.00
2 Yonkers taxable earnings (from Schedule B, column F)	2	.00
3 MCTMT net earnings from self-employment allocated to MCTD (from Schedule C, column C)	3	.00
4 New York State tax (from Schedule A, column I)	4	.00
5 Yonkers nonresident earnings tax (from Schedule B, column G)	5	.00
6 MCTMT (from Schedule C, column D)	6	.00
7 Total tax (add lines 4, 5, and 6)	7	.00
8 New York State estimated income tax paid/amount paid with extension Form IT-370 (from Schedule A, column J) ...	8	.00
9 Yonkers estimated income tax paid/amount paid with Form IT-370 (from Schedule B, column H)	9	.00
10 MCTMT estimated tax paid/amount paid with Form IT-370 (from Schedule C, column E)	10	.00
11 Total payments (add lines 8, 9, and 10)	11	.00
12 Balance due (if line 7 is greater than line 11, subtract line 11 from line 7). Do not send cash; make check or money order payable to NY State Income Tax ; write your special NYS identification number and 2015 IT-203-GR on it.	12	.00
13 Amount overpaid applied to 2016 estimated tax (if line 11 is greater than line 7, subtract line 7 from line 11)	13	.00

▼ Paid preparer must complete (see instr.) ▼		Date	
Preparer's signature		Preparer's NYTPRIN	
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN	
Address		Employer identification number	
E-mail:		NYTPRIN excl. code	

▼ Group agent must complete and sign ▼	
Print name of group agent	
Title of group agent	
Signature of group agent	
Date	Daytime phone number ()
E-mail:	

305001150094



Mail your completed return to:
NEW YORK STATE INCOME TAX, W A HARRIMAN CAMPUS, ALBANY NY 12227-0866.