



Department of Taxation and Finance

# Group Return for Nonresident Shareholders of New York S Corporations

# IT-203-S

For calendar year 2016 or fiscal year beginning  and ending

<b>Read the instructions, Form IT-203-S-I, before completing this return.</b>			
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 **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. Submit Form(s) IT-203-S-ATT with this return.**

- 1 New York State taxable income (from Form(s) IT-203-S-ATT, column H total) ..... **1**  .00
- 2 New York State tax (from Form(s) IT-203-S-ATT, column I total) ..... **2**  .00
- 3 New York State estimated income tax paid/amount paid with Form IT-370 (from Form(s) IT-203-S-ATT, column J total) ..... **3**  .00
- 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 K total. Do not send cash; make check or money order payable in U.S. funds to **NY State Income Tax**; write your special NYS identification number and **2016 IT-203-S** on it.) .. **4**  .00
- 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 L total.) The amount overpaid will be applied to your 2017 estimated income tax. .... **5**  .00

<b>▼ Paid preparer must complete (see instr.) ▼</b>		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	

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

