Legal name of partnership	Special NY State identification number

Schedule B – Nonresident partners qualifying and participating in a Yonkers group return *(complete as many Schedule B forms as needed).* Show any negative amounts with a minus (-) sign. List partners in alphabetical or social security number order.

A Name (in either alphabetical or social security number order) and address of nonresident partner	**B** Partner's social security number	**C** Federal net earnings from self employment	**D** Amount of column C allocated to Yonkers *(see instructions)*	**E** Exclusion amount *(see instructions)*
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00

Totals *(If you are filing more than one Schedule B, enter the grand totals from all Schedules B on the last sheet; leave the other total boxes blank. Submit all Forms IT-203-GR-ATT-B with Form IT-203-GR.)*

Enter on the appropriate line on Form IT-203-GR ▶

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Legal name of partnership	Special NY State identification number

F Yonkers taxable earnings *(subtract column E from column D)*	**G** Yonkers nonresident earnings tax *(multiply column F by .005)*	**H** Yonkers estimated income tax paid/amount paid with Form IT-370	**I** Balance due *(subtract column H from column G)*	**J** Overpayment *(subtract column G from column H)*	**K** Other group returns *(see instructions)*
.00	.00	.00	.00	.00	
.00	.00	.00	.00	.00	
.00	.00	.00	.00	.00	
.00	.00	.00	.00	.00	
.00	.00	.00	.00	.00	
.00	.00	.00	.00	.00	
.00	.00	.00	.00	.00	
.00	.00	.00	.00	.00	
.00	.00	.00	.00	.00	
.00	.00	.00	.00	.00	
.00	.00	.00			

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