Legal name of team	Special NY State identification number

Schedule A – Nonresident members qualifying and participating in a New York State group return *(complete as many Schedule A forms as needed)*

A Name *(in either alphabetical or social security number order)* and address of nonresident member	B Member's social security number	C Total duty days *(see instructions)*	D New York State duty days *(see instructions)*	E New York State allocation percentage *(divide column D by column C)*	F Total compensation *(see instructions)*
					.00
					.00
					.00
					.00
					.00
					.00
					.00
					.00
					.00
					.00

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

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

316001180094

Legal name of team	Special NY State identification number

G New York State taxable income *(multiply column F by column E)*	H New York State tax *(multiply column G by .0882)*	I New York State tax withheld *(see instructions)*	J New York State estimated income tax paid/amount paid with Form IT-370	K Total payments *(add columns I and J)*	L Balance due *(subtract column K from column H)*	M Overpayment *(subtract column H from column K)*	N 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	.00	.00	.00	
.00	.00	.00	.00	.00	.00	.00	
.00	.00	.00	.00	.00	.00	.00	
.00	.00	.00	.00				

316002180094