Legal name of team	Special NY State identification number

Schedule B – Nonresident members qualifying and participating in a **Yonkers group return** *(complete as many Schedule B forms as needed)*

A Name *(in either alphabetical or Social Security number order)* and address of nonresident member	**B** Member's Social Security number *(enter here and in column B2 on page 2)*	**C** Total duty days *(see instr.)*	**D** Yonkers duty days *(see instr.)*	**E** Yonkers allocation percentage *(divide column D by column C)*	**F** Total wages *(see instructions)*	**G** Yonkers taxable wages *(multiply column F by column E)*
					.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-TM-ATT-B with Form IT-203-TM.)*

Enter on the appropriate line on Form IT-203-TM → .00

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B2 Member's Social Security number *(same as column B on page 1)*	**H** Yonkers nonresident earnings tax *(multiply column G by .005)*	**I** Yonkers tax withheld *(see instructions)*	**J** Yonkers 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)*
	.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			

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