



## **Group Return for Nonresident Partners**

IT-203-GR

	-	20 or fiscal year	r begi	inning	20	and ending		
Read the instructions, Form IT-203-GR-I, before comp	oleting this re	eturn.		Is	necial NI	YS identification n	umber	
Legarname					pecial iv	r 3 identification in	umber	
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 D	ate busir	ness started		
Country (if not United States)						A		
This form must be completed by a partnership that el	lects to file a	aroun New You	rk Sta	ate Yonkers or me		Amended retu		
mobility tax (MCTMT) return for nonresident partners								
A This group return is being filed for the following tax	(es): NYS	income tax		Yonkers nonresid	lent ear	nings tax	MCTMT	
<b>5</b>			Г					
B Mark an X in the box if final return:	Enter date	out of existence	e: L					
C Total number of nonresident partners included in t	this group ref	turn:						
D Was the partnership required to report any non Revenue Code (IRC) § 457A, on its 2020 feder							No	
You must complete Forms IT-203-GR-ATT-A, IT-203-0 before making any entries on lines 1 through 13 below							applicable,	
1 New York State taxable income (from Schedule	A. column H)				. 1		.00	
2 Yonkers taxable earnings (from Schedule B, column F)							.00	
3 MCTMT net earnings from self-employment allocated to MCTD (from Schedule							.00	
4 New York State tax (from Schedule A, column I)					. 4		.00	
5 Yonkers nonresident earnings tax (from Schedule B, column G)							.00	
6 MCTMT (from Schedule C, column D)							.00	
7 Total tax (add lines 4,5, and 6)				•••••	. 7		.00	
8 New York State estimated income tax paid/am	-				7			
with extension Form IT-370 (from Schedule A,		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		40			7			
with Form IT-370 (from Schedule C, column E).				.00			00	
11 Total payments (add lines 8, 9, and 10)					. 11		.00	
12 Balance due (if line 7 is greater than line 11, subtra								
check or money order payable in U.S. funds NYS identification number and 2020 IT-203-				•	12		.00	
13 Amount overpaid applied to 2021 estimated ta					. 12		•00	
line 7 from line 11)					. 13		.00	
▼ Paid preparer must complete (see instr.) ▼ Date				▼ Group agent must complete and sign ▼				
reparer's signature Preparer's NYTPRIN			Print name of group agent					
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN		-	Title of group agent				
Address	Employer identification number		┙┕	Signature of group agent				
NYTPRIN			┙┕	Date Daytime phone number				
		xcl. code	$\dashv \vdash$			( )	iuiiDei	
Email:			E	Email:				