Legal name of partnership	Special NYS identification number

Schedule C – Nonresident partners qualifying and participating in a metropolitan commuter transportation mobility tax (MCTMT) group return *(complete as many Schedule C 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 *(enter here and in column B2 on page 2)*	**C** Net earnings from self-employment allocated to the MCTD Zone 1	**D** Net earnings from self-employment allocated to the MCTD Zone 2	**E** MCTMT *(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 C, enter the grand totals from all Schedules C on the last sheet; leave the other total boxes blank. Submit all Forms IT-203-GR-ATT-C with Form IT-203-GR.)* Enter on the appropriate line on Form IT-203-GR →		.00	.00	.00

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Legal name of partnership	Special NYS identification number

B2 Partner's Social Security number *(same as column B on page 1)*	**F** Estimated MCTMT paid/amount paid with Form IT-370	**G** Balance due *(subtract column F from column E)*	**H** Overpayment *(subtract column E from column F)*	**I** 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			

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