NEW YORK STATE 2025

Department of Taxation and Finance

Group Return for Nonresident Partners

IT-203-GR

For calendar year 2025 or fiscal year beginning 25 **and ending**

Before completing this return, see Form IT-203-GR-I, *Instructions for Form IT-203-GR*.

Legal name			Special NYS identification number
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	Date business started
Country			**Amended return** ..... ☐

This form must be completed by a partnership that elects to file a group New York State, Yonkers, or metropolitan commuter transportation mobility tax (MCTMT) return for nonresident partners. All requirements stated in the instructions must be met in order to file a group return.

A This group return is being filed for the following tax(es): NYS income tax ☐ Yonkers nonresident earnings tax ☐ MCTMT ☐

B Mark an ***X*** in the box if final return: ☐ Enter date out of existence:

C Total number of nonresident partners included in this group return:

You must complete Forms IT-203-GR-ATT-A, IT-203-GR-ATT-B, and IT-203-GR-ATT-C, Schedules A, B, and C, whichever are applicable, before making any entries on lines 1 through 13 below *(see instructions)*. **Submit all applicable schedules with this return.**

1	New York State taxable income *(from Schedule A, column H)*		**1**	.00
2	Yonkers taxable earnings *(from Schedule B, column F)*		**2**	.00
3	MCTMT net earnings from self-employment allocated to MCTD *(from Schedule C, column C and column D)*		**3**	.00
4	New York State tax *(from Schedule A, column I)*		**4**	.00
5	Yonkers nonresident earnings tax *(from Schedule B, column G)*		**5**	.00
6	MCTMT *(from Schedule C, column E)*		**6**	.00
7	Total tax *(add lines 4, 5, and 6)*		**7**	.00
8	New York State estimated income tax paid/amount paid with extension Form IT-370 *(from Schedule A, column J)* ...	**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 with Form IT-370 *(from Schedule C, column F)*	**10** .00		
11	Total payments *(add lines 8, 9, and 10)*		**11**	.00
12	Balance due *(if line 7 is greater than line 11, subtract line 11 from line 7).* Do not send cash; make check or money order payable in U.S. funds to ***NY State Income Tax*****;** write your special NYS identification number and ***2025 IT-203-GR*** on it.		**12**	.00
13	Amount overpaid applied to 2026 estimated tax *(if line 11 is greater than line 7, subtract line 7 from line 11)*		**13**	.00

▼ **Paid preparer must complete** *(see instr.)* ▼	Date
Preparer's signature	Preparer's NYTPRIN
Firm's name *(or yours, if self-employed)*	Preparer's PTIN or SSN
Address	Employer identification number
	NYTPRIN excl. code
Email:	

▼ **Group agent must complete and sign** ▼	
Print name of group agent	
Title of group agent	
Signature of group agent	
Date	Daytime phone number ( )
Email:	

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