

Legal name of partnership	Special NY State identification number
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Schedule B – Nonresident partners qualifying and participating in a Yonkers group return *(complete as many Schedule B 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 <i>(enter here and in column B2 on page 2)</i>	C Federal net earnings from self employment	D Amount of column C allocated to Yonkers <i>(see instructions)</i>	E Exclusion amount <i>(see instructions)</i>
		.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

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

Enter on the appropriate line on Form IT-203-GR ➔

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B2 Partner's Social Security number <i>(same as column B on page 1)</i>	F Yonkers taxable earnings <i>(subtract column E from column D)</i>	G Yonkers nonresident earnings tax <i>(multiply column F by 0.005)</i>	H Yonkers estimated income tax paid/amount paid with Form IT-370	I Balance due <i>(subtract column H from column G)</i>	J Overpayment <i>(subtract column G from column H)</i>	K Other group returns <i>(see instructions)</i>
	.00	.00	.00	.00	.00	
	.00	.00	.00	.00	.00	
	.00	.00	.00	.00	.00	
	.00	.00	.00	.00	.00	
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	.00	.00	.00	.00	.00	

