

Legal name of partnership	Special NYS identification number
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**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
		.00	.00	.00
<b>Totals</b> <i>(If you are filing more than one Schedule C, enter the grand totals from all Schedules C on the last form; leave the other total boxes blank. Submit all Forms IT-203-GR-ATT-C with Form IT-203-GR.)</i> Enter on the appropriate line on Form IT-203-GR		.00	.00	.00

