Legal name of partnership	Special NY State 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	**C** Net earnings from self-employment allocated to the MCTD	**D** MCTMT *(multiply column C by .34% (.0034))*	**E** Estimated MCTMT paid/amount paid with Form IT-370
		.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 NY State identification number

F Balance due *(subtract column E from column D)*	**G** Overpayment *(subtract column D from column E)*	**H** 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	