

Legal name of partnership _____

Schedule A - Nonresident Partners Qualifying and Participating in New York State Group Return *(attach as many Schedule A forms as needed)*. Enter negative amounts in parentheses.

A Name <i>(in either alphabetical or social security number order)</i> and Address of Nonresident Partner	B Social Security Number	C Partner's Share of Federal Items of Income, Gain, Loss and Guaranteed Payment <i>(see instructions)</i>	D Amount of Column C Allocated to New York <i>(see instructions)</i>	E Partner's Share of Federal Partnership Deductions <i>(see instructions)</i>

Totals - enter on appropriate line on Form IT-203-GR



