

Legal name of partnership _____

Schedule B - Nonresident Partners Qualifying and Participating in New York City Group Return *(attach as many Schedule B 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 Federal Net Earnings from Self Employment	D Amount of Column C Allocated to New York City <i>(see instructions)</i>	E Exclusion Amount <i>(see instructions)</i>

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



