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 *(in either alphabetical or social security number order)* and address of nonresident partner	**B** Social security number	**C** Partner's share of federal items of income, gain, loss and guaranteed payment *(see instructions)*	**D** Amount of column C allocated to New York *(see instructions)*	**E** Partner's share of federal partnership deductions *(see instructions)*

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

F Amount of column E allocated to New York	**G** Net amount of New York additions and subtractions allocated to New York *(see instructions)*	**H** New York taxable income (subtract column F from column D and add or subtract column G)	**I** New York State tax (multiply column H by .0685)	**J** New York State estimated tax paid/amount paid with Form IT-370	**K** Balance due (subtract column J from column I)	**L** Overpayment (subtract column I from column J)	**M** Other group returns *(see instructions)*