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 *(in either alphabetical or social security number order)* 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 *(see instructions)*	**E** Exclusion amount *(see instructions)*

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

F Taxable earnings *(subtract column E from column D)*	**G** New York City nonresident earnings tax *(multiply column F by .0065)*	**H** New York City estimated tax paid/amount paid with Form IT-370	**I** Balance due *(subtract column H from column G)*	**J** Overpayment *(subtract column G from column H)*	**K** Other group returns *(see instructions)*