



Group Return for Nonresident Athletic Team Members

For calendar year 1998 or fiscal year beginning _____, 1998, and ending _____, 19 ____.

Print or type	Read the instructions before completing this return.			Special NYS identification number
	Legal name of athletic team			Employer identification number
	Trade name of team if different from legal name above			Principal business activity
	Address (number and street or rural route)			
	City, village or post office	State	ZIP code	Date business started

This form must be completed by a professional athletic team that elects to file a group New York State, New York City, or Yonkers return for nonresident members of the team. All requirements stated in the instructions must be met in order to file a group return.

A. This group return is being filed for the following taxes.

- New York State income tax
 New York City nonresident earnings tax
 Yonkers nonresident earnings tax

You must complete Schedules A, B, and C on Forms IT-203-TM-ATT-A, B, and C, respectively, whichever are applicable, before making any entries on lines 1 through 16 below.

Attach the applicable schedules to the back of this return.

1	New York State taxable income (from Schedule A, column G)		
2	New York City taxable wages (from Schedule B, column G).....		
3	Yonkers taxable wages (from Schedule C, column G).....		
4	New York State tax (from Schedule A, column H).....		
5	New York City nonresident earnings tax (from Schedule B, column H)		
6	City of Yonkers nonresident earnings tax (from Schedule C, column H)		
7	Total tax (add lines 4, 5, and 6).....		
8	New York State tax withheld (from Schedule A, column I)		
9	New York State estimated tax paid/amount paid with Form IT-370 (from Schedule A, column J)		
10	New York City tax withheld (from Schedule B, column I).....		
11	New York City estimated tax paid/amount paid with Form IT-370 (from Schedule B, column J)		
12	Yonkers tax withheld (from Schedule C, column I)		
13	Yonkers estimated tax paid/amount paid with Form IT-370 (from Schedule C, column J).....		
14	Total payments (add lines 8 through 13)		
15	Balance due (if line 7 is greater than line 14, subtract line 14 from line 7)		
16	Amount overpaid applied to 1999 estimated tax (if line 14 is greater than line 7, subtract line 7 from line 14).....		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Group Agent Information	Name of group agent	
	Firm's name (or preparer's, if self-employed)	Preparer's social security number			Telephone number	
	Address		Employer identification number		Signature of group agent	Date