Legal name of team _____

Schedule C - Nonresident Members Qualifying and Participating in Yonkers Group Return *(attach as many Schedule C forms as needed).*

A Name *(in either alphabetical or social security number order)* and address of nonresident member	**B** Social security number	**C** Total duty days *(see instructions)*	**D** Yonkers duty days *(see instructions)*	**E** Yonkers allocation percentage (divide column D by column C)	**F** Total wages *(see instructions)*

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

G Yonkers wages (multiply column F by column E)	**H** Yonkers nonresident earnings tax (multiply column G by .0050)	**I** Yonkers tax withheld *(see instructions)*	**J** Yonkers estimated tax paid/amount paid with Form IT-370	**K** Total payments (add columns I and J)	**L** Balance due (subtract column K from column H)	**M** Overpayment (subtract column H from column K)