



Group Return for Nonresident Athletic Team Members

IT-203-TM

For calendar year 2001 or fiscal year beginning _____, 2001, and ending _____, _____.

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			Type of athletic team
	Address (number and street or rural route)			
	City, village or post office	State	ZIP code	Date team started

This form must be completed by a professional athletic team that elects to file a group New York State, 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 tax(es):

- New York State income tax Yonkers nonresident earnings tax

You must complete Schedules A and B on Forms IT-203-TM-ATT-A and IT-203-TM-ATT-B, respectively, whichever are applicable, before making any entries on lines 1 through 12 below.

Attach the applicable schedules to the back of this return.

1	New York State taxable income (from Schedule A, column G)				1		
2	Yonkers taxable wages (from Schedule B, column G)				2		
3	New York State tax (from Schedule A, column H)				3		
4	City of Yonkers nonresident earnings tax (from Schedule B, column H)				4		
5	Total tax (add lines 3 and 4)				5		
6	New York State tax withheld (from Schedule A, column I)	6					
7	New York State estimated tax paid/amount paid with Form IT-370 (from Schedule A, column J)	7					
8	Yonkers tax withheld (from Schedule B, column I)	8					
9	Yonkers estimated tax paid/amount paid with Form IT-370 (from Schedule B, column J)	9					
10	Total payments (add lines 6 through 9)				10		
11	Balance due (if line 5 is greater than line 10, subtract line 10 from line 5) Do not send cash; make check or money order payable to NY State Income Tax ; write your special NYS identification number and 2001 IT-203-TM on it)				11		
12	Amount overpaid applied to 2002 estimated tax (if line 10 is greater than line 5, subtract line 5 from line 10)				12		

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 SSN or PTIN			Telephone number	
	Address	Employer identification number			Signature of group agent	Date