IT-203-TM-ATT-B (2002)

Legal name of team _____

Special New York State identification number _____

Schedule B - Nonresident members qualifying and participating in Yonkers group return *(attach as many Schedule B forms as needed).*

A Name *(in either alphabetical or social security number order)* and address of nonresident member	B Member's 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 *(If you are filing more than one attachment, enter the grand totals from all attachments on the last attachment sheet; leave the other total boxes blank.)*

Enter on appropriate line on Form IT-203-TM _____ ▶

Legal name of team _____

Special New York State identification number _____

G Yonkers taxable wages *(multiply column F by column E)*	H Yonkers nonresident earnings tax *(multiply column G by .0025)*	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)*