Legal name of S corporation _____

Special New York State identification number _____

Nonresident shareholders qualifying and participating in New York State group return *(attach as many IT-203-S-ATT forms as needed).* Enter negative amounts in parentheses. **List shareholders in alphabetical or social security number order.**

A Name and address of nonresident shareholder	**B** Shareholder's social security number	**C** Shareholder's pro rata share of federal business income *(see instructions)*	**D** Amount of column C allocated to New York State *(see instructions)*	**E** Shareholder's pro rata share of federal investment income *(see instructions)*

Legal name of S corporation _____

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F Amount of column E allocated to New York State *(see instructions)*	**G** Total of column D and column F *(D + F)*	**H** Shareholder's pro rata share of federal S corporation deductions *(see instructions)*	**I** Amount of column H allocated to New York State *(see instructions)*	**J** Net amount of New York additions and subtractions allocated to New York State *(see instructions)*	**K** New York taxable income *(subtract column I from column G and add or subtract column J)*

Totals *(if you are filing more than one attachment, enter the grand totals from all attachments on only one attachment sheet; leave the other total boxes blank).*

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

Legal name of S corporation _____

Special New York State identification number _____

L New York State tax *(multiply column K by .077)*	**M** New York State estimated tax paid/amount paid with Form IT-370	**N** Balance due *(subtract column M from column L)*	**O** Overpayment *(subtract column L from column M)*	**P** Other group returns *(see instructions)*