For office use only



New York State Department of Taxation and Finance

Group Return for Nonresident Athletic Team Members

IT-203-TM

11.

For calendar year 2003 or fiscal year beginning , 2003, and ending Read the instructions before completing this return. Special NYS identification number Legal name of athletic team Employer identification number Print or type Trade name of team if different from legal name above Type of athletic team Address (number and street or rural route) State ZIP code City, village or post office 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) 2 Yonkers taxable wages (from Schedule B, column G) 3 New York State tax (from Schedule A, column H) 3. City of Yonkers nonresident earnings tax (from Schedule B, column H) 4. Total tax (add lines 3 and 4) 5. New York State tax withheld (from Schedule A, column I) 7 New York State estimated tax paid/amount paid with Form IT-370 7. (from Schedule A, column J) 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) 10. 10 Total payments (add lines 6 through 9) 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

Paid	Preparer's signature	Date	Check if self- employed	Group	Name of group agent	
preparer's use only				agent	Telephone number	
	Firm's name (or preparer's, if self-employed)	Preparer's SSN or PTIN		"		
•				information	Signature of group agent	Date
Address		Employer identification number				

order payable to NY State Income Tax; write your special NYS identification number and 2003 IT-203-TM on it)

12 Amount overpaid applied to 2004 estimated tax (if line 10 is greater than line 5, subtract line 5 from line 10)