



# Group Return for Nonresident Shareholders of New York S Corporations

For calendar year 2004 or fiscal year beginning \_\_\_\_\_, 2004, and ending \_\_\_\_\_.

<b>Print or type</b>	<b>Read the instructions before completing this return.</b>			Special NYS identification number
	Legal name			Employer identification number
	Trade name of business if different from legal name above			Principal business activity
	Address (number and street or rural route)			Date business started
	City, village, or post office	State	ZIP code	

This form must be completed by a **New York S corporation that elects to file a group New York State return for its nonresident shareholders.** All requirements stated in the instructions **must** be met in order to file a group return.

Mark an **X** in the box if final return:  Enter date out of existence:

Total number of nonresident shareholders included in this group return: \_\_\_\_\_

**You must complete Form IT-203-S-ATT before making any entries on lines 1 through 5 below. Attach Form(s) IT-203-S-ATT to the back of this return.**

1	New York State taxable income (from Form IT-203-S-ATT, column K total) .....	1.		
2	New York State tax (from Form IT-203-S-ATT, column L total) .....	2.		
3	New York State estimated income tax paid/amount paid with Form IT-370 (from Form IT-203-S-ATT, column M total) .....	3.		
4	Balance due (If line 2 is greater than line 3, subtract line 3 from line 2; this should be the same as Form IT-203-S-ATT, column N total. Do not send cash; make check or money order payable to <b>NY State Income Tax</b> ; write your special NYS identification number and <b>2004 IT-203-S</b> on it.) .....	4.		
5	Overpayment (If line 3 is greater than line 2, subtract line 2 from line 3; this should be the same as Form IT-203-S-ATT, column O total.) The amount overpaid will be applied to your 2005 estimated income tax .....	5.		

<b>Paid preparer's use only</b>	Preparer's signature	Date	Mark an <b>X</b> if self-employed <input type="checkbox"/>	<b>Group agent information</b>	Name of group agent	
	Firm's name (or preparer's, if self-employed)	Preparer's SSN or PTIN			Title of group agent	Telephone number ( )
Address		Employer identification number	Signature of group agent		Date	

Mail your completed return to: **NEW YORK STATE INCOME TAX, W A HARRIMAN CAMPUS, ALBANY NY 12227.**