IT-203-TM-ATT-B (2004)

Legal name of team _____

Special New York State identification number _____

Schedule B - Nonresident members qualifying and participating in city of 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 City of Yonkers duty days *(see instructions)*	E City of 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 the appropriate line on Form IT-203-TM _____ ▶

Legal name of team _____

Special New York State identification number _____

G City of Yonkers taxable wages *(multiply by column E)*	**H** City of Yonkers nonresident earnings tax *(multiply column G by .0025)*	**I** City of Yonkers tax withheld *(see instructions)*	**J** City of Yonkers estimated income 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)*