2005

New York State Department of Taxation and Finance
Group Return for Nonresident Partners

IT-203-GR

For calendar year 2005 or fiscal year beginning ⎹ **0 5** ⎸ and ending ⎹ ⎸

Print or type

Read the instructions, *Form IT-203-GR-I*, before completing this return.

Legal name

Trade name of business if different from legal name above

Address *(number and street or rural route)*

City, village, or post office   State   ZIP code

▼ Special NYS identification number

▼ Employer identification number

Principal business activity

Date business started

This form must be completed by a partnership that elects to file a group New York State or Yonkers return for nonresident partners. All requirements stated in the instructions must be met in order to file a group return.

This group return is being filed for the following tax(es):   New York State income tax ☐   Yonkers nonresident earnings tax ☐

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

Total number of nonresident partners included in this group return: ⎹ ⎸

You must complete Forms IT-203-GR-ATT-A and IT-203-GR-ATT-B, Schedules A and B, whichever are applicable, before making any entries on lines 1 through 10 below *(see instructions)*. **Attach the applicable schedules to the back of this return.**

1 New York State taxable income *(from Schedule A, column H)* .... **1.** ⎹ . ⎸
2 Yonkers taxable earnings *(from Schedule B, column F)* .... **2.** ⎹ . ⎸
3 New York State tax *(from Schedule A, column I)* .... **3.** ⎹ . ⎸
4 Yonkers nonresident earnings tax *(from Schedule B, column G)* .... **4.** ⎹ . ⎸
5 Total tax *(add lines 3 and 4)* .... **5.** ⎹ . ⎸
6 New York State estimated income tax paid/amount paid
    with extension Form IT-370 *(from Schedule A, column J)* ... **6.** ⎹ . ⎸
7 Yonkers estimated income tax paid/amount paid
    with Form IT-370 *(from Schedule B, column H)* .... **7.** ⎹ . ⎸
8 Total payments *(add lines 6 and 7)* .... **8.** ⎹ . ⎸
9 Balance due *(if line 5 is greater than line 8, subtract line 8 from line 5).* Do not send cash; make
    check or money order payable to ***NY State Income Tax***; write your special NYS
    identification number and ***2005 IT-203-GR*** on it. .... **9.** ⎹ . ⎸
10 Amount overpaid applied to 2006 estimated income tax *(if line 8 is greater than line 5, subtract
    line 5 from line 8)* .... **10.** ⎹ . ⎸

▼ **Paid preparer's use only** ▼		▼ **Group agent information** ▼
Preparer's signature	SSN or PTIN: ●	Name of group agent
Firm's name *(or yours, if self-employed)*	Employer identification number ● ●	Title of group agent
Address	Mark *an X* if self-employed ☐	Signature of group agent
	Date	Date Daytime phone number (optional) ( )

Mail your completed return to: **New York State Income Tax, W A Harriman Campus, Albany NY 12227.**

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Please file this original scannable return with the Tax Department.