



Group Return for Nonresident Shareholders of New York S Corporations

For calendar year 2005 or fiscal year beginning 05 and ending

Main form with sections: Read the instructions, Form IT-203-S-I, before completing this return. Fields include: Legal name, Trade name, Address, City, State, ZIP code, Special NYS identification number, Employer identification number, Principal business activity, Date business started.

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(s) IT-203-S-ATT, column K total) 1. [] . []
2 New York State tax (from Form(s) IT-203-S-ATT, column L total) 2. [] . []
3 New York State estimated income tax paid/amount paid with Form IT-370 (from Form(s) 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(s) IT-203-S-ATT, column N total. 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-S 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(s) IT-203-S-ATT, column O total.) The amount overpaid will be applied to your 2006 estimated income tax. 5. [] . []

Paid preparer's use only section. Fields include: Preparer's signature, Firm's name, Address, SSN or PTIN, Employer identification number, Mark an X if self-employed, Date.

Group agent information section. Fields include: Name of group agent, Title of group agent, Signature of group agent, Date, Daytime phone number (optional).

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

