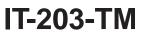


Group Return for Nonresident Athletic Team Members



For calendar year 2007 or fiscal year beginning						0 7	and ending	
	Read the instructions, Form IT-203-TM-I, before completing this return.						Special NYS identification number	
â	Legal name of athletic team					┨┌──		
	0						Employer identification number	
Print or type	Trade name of team if different from legal name above					┨┌──		
r t						Type	of athletic team	
it c	Address (number and street or rural route)					-		
rir								
	City, village, or post office State				ZIP code		Date team started	
	ony, vindge, or poer onice	Claid				Duio		
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.								
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:								
Total number of nonresident team members included in this group return:								
			•					
You must complete Forms IT-203-TM-ATT-A and IT-203-TM-ATT-B, Schedules A and B, 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)			1.		
 New York State taxable income (from Schedule A, column G) Yonkers taxable wages (from Schedule B, column G) 							•	
3 New York State tax (from Schedule A, column H)							•	
4 Yonkers nonresident earnings tax (from Schedule B, column H)								
	5 Total tax (add lines 3 and 4)						•	
	6 New York State tax withheld (from Schedule A, column I) 6.							
7	7 New York State estimated income tax paid/amount paid							
	with Form IT-370 (from Schedule A, column J) 7.					-		
	8 Yonkers tax withheld (from Schedule B, column I)							
9	Yonkers estimated income tax paid/amount pa		I			1		
	Form IT-370 (from Schedule B, column J)		9.		•			
10	otal payments (add lines 6 through 9)					10.	•	
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 order payable to NY State Income Tax; write your special NYS identification							
	number and 2007 IT-203-TM on it					11.	•	
12 Amount overpaid applied to 2008 estimated tax (if line 10 is greater than line 5, subtrac								
from line 10)							•	
						ent information V		
Preparer's signature ▼ SSN or			PTIN: Name of group ager					
Firm's name (or yours, if self-employed)			ver identification number Title of group agent					
			action number					
Address			Mark an X if Signature of group ag			ent		
			Date		Date		▼ Daytime phone number	

Mail your completed return to:

NEW YORK STATE INCOME TAX, W A HARRIMAN CAMPUS, ALBANY NY 12227.



Please file this original scannable return with the Tax Department.