IT-203-GR



Group Return for Nonresident Partners

	For calen	idar year 2009 or fiscal yea	ar beginning	0 9 and ending	
	Read the instructions, Form IT-203-	nis return.	▼ Special NYS identification	n number	
	Legal name				
96				▼ Employer identification n	umber
Print or type	Trade name of business if different from legal name above				
t o	Address (number and street or rural route)			Principal business activity	
Prin-	Address (number and street of rural route)				
_	City, village, or post office	State	ZIP code	Date business started	
This f	orm must be completed by a partnership t	hat elects to file a grou	p New York Sta	ate or Yonkers return for n	onresident
oartn	ers. All requirements stated in the instruct	ions must be met in ord	ler to file a grou	ıp return.	
Γhis g	roup return is being filed for the following tax	(es): New York State inc	ome tax	Yonkers nonresident earn	ings tax
Mark an X in the box if final return: Enter date out of existence:					
Total	number of negrocident negtners included in th	olo avoluo votuvoi			
iotai i	number of nonresident partners included in the	is group return:			
	nust complete Forms IT-203-GR-ATT-A and IT			* *	e making any
	s on lines 1 through 10 below (see instructions,				
	ew York State taxable income (from Schedule				•
	onkers taxable earnings (from Schedule B, colu				•
	lew York State tax (from Schedule A, column I) onkers nonresident earnings tax (from Schedu				•
	otal tax (add lines 3 and 4)				
6 New York State estimated income tax paid/amount paid					
with extension Form IT-370 (from Schedule A, column J) 6.					
7 Y	onkers estimated income tax paid/amount pa	•			
	with Form IT-370 (from Schedule B, column H)	7.			
8 To	otal payments (add lines 6 and 7)			8.	
9 B	alance due (if line 5 is greater than line 8, subtrac	t line 8 from line 5). Do not	send cash; mak	(e	
	check or money order payable to NY State	•	•		
	identification number and 2009 IT-203-GR				•
10 A	mount overpaid applied to 2010 estimated in	, , , , , , , , , , , , , , , , , , , ,			
	line 5 from line 8)				•
▼	Paid preparer must complete (see instructions) ▼	Date:	▼	Group agent must complete and	sign ▼
Prep	parer's signature	► Preparer's NYTPRIN	Name of gro	pup agent	-
Firm	's name (or yours, if self-employed)	▼ Preparer's SSN or PTIN	Title of grou	p agent	
		• Employer identification	• Signature of	group agent	
Addı	ess	Employer identification numb	Signature of	group agent	
		Mark an X if self-employed	Date	▼ Daytime phone	number
E-ma	ail:	Jon-employed —	E-mail:		

Mail your completed return to:

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

