

Legal name of partnership

▼ Special NY State identification number

Schedule B – Nonresident partners qualifying and participating in a Yonkers group return (*attach as many Schedule B forms as needed*). Show any negative amounts with a minus (-) sign. List partners in alphabetical or social security number order.

A Name (in either alphabetical or social security number order) and address of nonresident partner	B Partner's social security number	C Federal net earnings from self employment	D Amount of column C allocated to Yonkers (<i>see instructions</i>)	E Exclusion amount (<i>see instructions</i>)

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. Attach all Forms IT-203-GR-ATT-B to Form IT-203-GR.*)
Enter on the appropriate line on Form IT-203-GR _____ →



