New York State Department of Taxation and Finance

# Group Return for Nonresident Shareholders of New York S Corporations

**IT-203-S**

2011

**For calendar year 2011 or fiscal year beginning** 1 1 **and ending**

**Print or type**

**Read the instructions, *Form IT-203-S-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

Country *(if not United States)*

▼ Special NYS identification number

▼ Employer identification number

Principal business activity

Date business started

**Amended return** .....

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* **2011 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 2012 estimated income tax. **5.** .

| ▼ **Paid preparer must complete** *(see instructions)* ▼ | Date: |
|---|---|
| Preparer's signature ▶ | ▶ Preparer's NYTPRIN |
| Firm's name *(or yours, if self-employed)* | ▼ Preparer's PTIN or SSN |
| Address | ● Employer identification number |
| | Mark an ***X*** if self-employed ☐ |
| E-mail: | |

| ▼ **Group agent must complete and sign** ▼ | |
|---|---|
| Name of group agent ▶ | |
| Title of group agent ● | |
| Signature of group agent | |
| Date | ▼ Daytime phone number |
| E-mail: | |

Mail your completed return to:
**NEW YORK STATE INCOME TAX, W A HARRIMAN CAMPUS, ALBANY NY 12227.**

3101110094

**Please file this original scannable return with the Tax Department.**