Legal name of team _____ **Special New York State identification number** _____

Schedule C - Nonresident Members Qualifying and Participating in Yonkers Group Return *(attach as many Schedule C forms as needed).*

IT-203-TM-ATT-C (1996)

A Name *(in either alphabetical or social security number order)* and Address of Nonresident Member	**B** Social Security Number	**C** Total Duty Days *(see instructions)*	**D** Yonkers Duty Days *(see instructions)*	**E** Yonkers Allocation Percentage (divide column D by column C)	**F** Total Wages *(see instructions)*	**G** Yonkers Wages (multiply column F by column E)	**H** Yonkers Tax (multiply column G by .0050)	**I** Yonkers Tax Withheld *(see instructions)*	**J** Yonkers Estimated Tax Paid/Amount Paid with Form IT-370	**K** Total Payments (add columns I and J)	**L** Balance Due (subtract column K from column H)	**M** Overpayment (subtract column H from column K)
Totals - enter on appropriate line on Form IT-203-TM												