For office use only

New York State Department of Taxation and Finance

Group Return for Nonresident Partners

IT-203-GR

2001

For calendar year 2001 or fiscal year beginning _____, 2001, and ending _____ , _____.

Print or type

Read the instructions 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

Special NYS identification number

Employer identification number

Principal business activity

Date business started

This form must be completed by a partnership that elects to file a group New York State or Yonkers return for nonresident partners. 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

You must complete Schedules A and B on Forms IT-203-GR-ATT-A and IT-203-GR-ATT-B, whichever are applicable, before making any entries on lines 1 through 10 below.

Attach the applicable schedules to the back of this return.

1 New York State taxable income *(from Schedule A, column H)*	**1**	
2 City of Yonkers taxable earnings *(from Schedule B, column F)*	**2**	
3 New York State tax *(from Schedule A, column I)*	**3**	
4 City of Yonkers nonresident earnings tax *(from Schedule B, column G)*	**4**	
5 Total tax *(add lines 3 and 4)*	**5**	
6 New York State estimated tax paid/amount paid with extension Form IT-370 *(from Schedule A, column J)*	**6**	
7 City of Yonkers estimated tax paid/amount paid with Form IT-370 *(from Schedule B, column H)*	**7**	
8 Total payments *(add lines 6 and 7)*	**8**	
9 Balance due *(if line 5 is greater than line 8, subtract line 8 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 **2001 IT-203-GR** on it	**9**	
10 Amount overpaid applied to 2002 estimated tax *(if line 8 is greater than line 5, subtract line 5 from line 8)*	**10**	

Paid preparer's use only	Preparer's signature	Date	Check if self-employed ☐	**Group agent information**	Name of group agent
	Firm's name *(or yours, if self-employed)*	Preparer's SSN or PTIN			Telephone number
	Address	Employer identification number			Signature of group agent Date

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