IT-203-TM

1 0 and ending



Group Return for Nonresident Athletic Team Members

	For caler	ndar year 2010 or fiscal year be	ginning	1 0 and ending	
	Read the instructions Form IT-20	3-TM-I hefore completing this	return	▼ Special NYS identification number	
Print or type	Read the instructions, Form IT-203-TM-I, before completing this return. Legal name of athletic team			-	
			▼ Employer identification number		
	Trade name of team if different from legal name above			-	
				Type of athletic team	
	Address (number and street or rural route)				
ij					
₫	City, village, or post office	State	ZIP code	Date team started	
	Occupation (15 month House of Ottobar)				
	Country (if not United States)				
	orm must be completed by a professional				
onre	sident members of the team. All requirem	ents stated in the instruction	ns must be met	in order to file a group return.	
his g	roup return is being filed for the following tax	(es): New York State income	tax Yor	nkers nonresident earnings tax	
/lowle	on V in the boy if final vetures	tor data out of ovictors of			
viark	an X in the box if final return: En	ter date out of existence:			
Total i	number of nonresident team members includ	od in this group roturn:			
	nust complete Forms IT-203-TM-ATT-A and IT				
entrie	s on lines 1 through 12 below. Attach the ap	plicable schedules to the b	ack of this return	1.	
1	New York State taxable income (from Schedul	le A, column G)		1.	
2	Yonkers taxable wages (from Schedule B, colu	mn G)			
	New York State tax (from Schedule A, column F				
	Yonkers nonresident earnings tax (from Sched				
	Total tax (add lines 3 and 4)			5.	
	New York State tax withheld (from Schedule A, column I) 6. New York State estimated income tax paid/amount paid				
,	with Form IT-370 (from Schedule A, column J			\neg	
8	Yonkers tax withheld (from Schedule B, column	· -	•	_	
	Yonkers estimated income tax paid/amount	,		_	
	Form IT-370 (from Schedule B, column J)				
10	Total payments (add lines 6 through 9)			10.	
11	Balance due (if line 5 is greater than line 10, subt				
	check or money order payable to NY State Inco				
	number and 2010 IT-203-TM on it			11.	
12	Amount overpaid applied to 2011 estimated	,	•	10	
	from line 10)			12.	
•	Paid preparer must complete (see instructions) ▼	Date:	▼ .	Group agent information ▼	
Prep	parer's signature	► Preparer's NYTPRIN	Name of group age		
First and (automotive that the angle and)		▼ Preparer's PTIN or SSN Title of group agent		<u>*</u>	
Firm's name (or yours, if self-employed)		▼ Preparer's PTIN or SSN Title of group agent ●			
Address		Employer identification number	Signature of group	agent	
		Mark an X if	Date	▼ Daytime phone number	
		self-employed		·	
E-m	ail:	.	E-mail:		

Mail your completed return to:

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