

Department of Taxation and Finance

Group Return for Nonresident Athletic Team Members

For calendar year 2016 or fiscal year beginning

16 and ending

IT-203-TM

Read the instruct	ions, Form IT-203-TM	-I, before	completing this retu	rn.	
Legal name of athletic team				Special NYS identification number	
Trade name of team if different from legal name above				Employer identification number	
Address (number and street or rural route)				Type of athletic team	
City, village, or post office	State		ZIP code	Date team start	ted
Country (if not United States)					
This form must be completed by a professional nonresident members of the team. All requirem					
This group return is being filed for the following tax	(es): New York Stat	e income	e tax Yonk	kers nonreside	ent earnings tax
Mark an X in the box if final return:	nter date out of existe	ence:			
Total number of nonresident team members included in this group return:					
You must complete Forms IT-203-TM-ATT-A and IT entries on lines 1 through 12 below. Submit the approximation of the second secon				are applicable	e, before making any
1 New York State taxable income (from Schedul	e A column (C)			1	.00
2 Yonkers taxable wages (from Schedule B, column G)					.00
3 New York State tax (from Schedule A, column H)					.00
 4 Yonkers nonresident earnings tax (from Schedule B, column H) 					.00
5 Total tax (add lines 3 and 4)				5	.00
6 New York State tax withheld (from Schedule A,				-	.00
			.00		
7 New York State estimated income tax paid/amount paid				7	
with Form IT-370 (from Schedule A, column J)			.00	-	
8 Yonkers tax withheld (from Schedule B, column I)					
9 Yonkers estimated income tax paid/amount p				Г	
Form IT-370 (from Schedule B, column J)			.00		00
10 Total payments (add lines 6 through 9)				10	.00
11 Balance due <i>(if line 5 is greater than line 10, sub</i>					
check or money order payable in U.S. fund NYS identification number and 2016 IT-20 3					00
				11	.00
12 Amount overpaid applied to 2017 estimated t				40	00
from line 10)				12	.00
▼ Paid preparer must complete (see instr.) ▼	Date		▼ Group age	nt must com	plete and sign ▼
Preparer's signature Preparer's NYTPRIN		١	Print name of group agent		
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN		Title of group agent		
Address	Employer identification nu			-	
	NYTPRIN excl. code		Date	Daytime	phone number
E-mail:			E-mail:		

