Legal name of partnership Special NYS identification number

Schedule C – Nonresident partners qualifying and participating in a metropolitan commuter transportation mobility tax (MCTMT) group return (complete as many Schedule C forms as needed). Show any negative amounts with a minus (-) sign. List partners in alphabetical or Social Security number order.

Name (in either alphabetical or Social Security number order) and address of nonresident partner	Partner's Social Security number order.  B Partner's Social Security number (enter here and in column B2 on page 2)	C Net earnings from self-employment allocated to the MCTD Zone 1	D Net earnings from self-employment allocated to the MCTD Zone 2	<b>E</b> MCTMT (see instructions)
		.00.	.00	.00
		.00	.00	.00
		.00.	.00	.00
		.00.	.00	.00
		.00	.00	.00
		.00.	.00	.00
		100	100	100
		.00.	.00	.00
		.00.	.00	.00
		.00.	.00	.00
		.00.	.00	.00
Totals (If you are filing more than one Schedule C, en Schedules C on the last form; leave the oth all Forms IT-203-GR-ATT-C with Form IT-20	er total boxes blank. Submit 03-GR.)			
Enter on the appropriate line on Form IT-	-203-GR —	.00	.00	.00

Legal name of partnership	S	pecial NYS identification number

B2 Partner's Social Security number (same as column B on page 1)	F Estimated MCTMT paid/amount paid with Form IT-370	G Balance due (subtract column F from column E)	Overpayment (subtract column E from column F)	Other group returns (see instructions)
	.00	.00	.00.	
	.00	.00	.00	
	.00	.00	.00	
	.00	.00	.00	
	00	00	00	
	.00.	.00.	.00.	
	.00	.00	.00	
	.00	.00	.00.	
	.00	.00	.00	
	.00.	.00.	.00.	
	.00	.00	.00.	
<b></b>	.00			