



Group Return for Nonresident Athletic Team Members

IT-203-TMFor calendar year 2012 or fiscal year beginning **12** and endingRead the instructions, *Form IT-203-TM-I*, before completing this return.

| | | | |
|---|-------|----------|-----------------------------------|
| 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 started |
| Country (if not United States) | | | |

This form must be completed by a professional athletic team that elects to file a group New York State, or Yonkers return for nonresident members of the team. 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 ☐Mark an **X** in the box if final return: ☐ Enter date out of existence: Total number of nonresident team members included in this group return:

You must complete Forms IT-203-TM-ATT-A and IT-203-TM-ATT-B, Schedules A and B, whichever are applicable, before making any entries on lines 1 through 12 below. **Submit the applicable schedules with this return.**

| | | |
|--|----|-----|
| 1 New York State taxable income (from Schedule A, column G) | 1 | .00 |
| 2 Yonkers taxable wages (from Schedule B, column G) | 2 | .00 |
| 3 New York State tax (from Schedule A, column H) | 3 | .00 |
| 4 Yonkers nonresident earnings tax (from Schedule B, column H) | 4 | .00 |
| 5 Total tax (add lines 3 and 4) | 5 | .00 |
| 6 New York State tax withheld (from Schedule A, column I) | 6 | .00 |
| 7 New York State estimated income tax paid/amount paid with Form IT-370 (from Schedule A, column J) | 7 | .00 |
| 8 Yonkers tax withheld (from Schedule B, column I) | 8 | .00 |
| 9 Yonkers estimated income tax paid/amount paid with Form IT-370 (from Schedule B, column J) | 9 | .00 |
| 10 Total payments (add lines 6 through 9) | 10 | .00 |
| 11 Balance due (if line 5 is greater than line 10, subtract line 10 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 2012 IT-203-TM on it | 11 | .00 |
| 12 Amount overpaid applied to 2013 estimated tax (if line 10 is greater than line 5, subtract line 5 from line 10) | 12 | .00 |

| | | |
|---|--|------|
| ▼ Paid preparer must complete (see instr.) ▼ | | Date |
| Preparer's signature | Preparer's NYTPRIN | |
| Firm's name (or yours, if self-employed) | Preparer's PTIN or SSN | |
| Address | Employer identification number | |
| | Mark an X if self-employed <input type="checkbox"/> | |
| E-mail: | | |

| | |
|---|--------------------------|
| ▼ Group agent must complete and sign ▼ | |
| Print name of group agent | |
| Title of group agent | |
| Signature of group agent | |
| Date | Daytime phone number () |
| E-mail: | |

Mail your completed return to:

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

315001120094

