

**Group Return for Nonresident
Athletic Team Members****IT-203-TM**For calendar year 2014 or fiscal year beginning **14** 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 2014 IT-203-TM on it	11	.00
12	Amount overpaid applied to 2015 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	
		NYTPRIN excl. code	
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 12227-0866.

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