

Legal name of partnership	Special NY State identification number
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Schedule B – Nonresident partners qualifying and participating in a Yonkers group return (complete as many Schedule B forms as needed). Show any negative amounts with a minus (-) sign. List partners in alphabetical or social security number order.

A Name (in either alphabetical or social security number order) and address of nonresident partner	B Partner's social security number	C Federal net earnings from self employment	D Amount of column C allocated to Yonkers (see instructions)	E Exclusion amount (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
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00

Totals (If you are filing more than one Schedule B, enter the grand totals from all Schedules B on the last sheet; leave the other total boxes blank. Submit all Forms IT-203-GR-ATT-B with Form IT-203-GR.)
 Enter on the appropriate line on Form IT-203-GR _____ →



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F Yonkers taxable earnings (subtract column E from column D)	G Yonkers nonresident earnings tax (multiply column F by .005)	H Yonkers estimated income tax paid/amount paid with Form IT-370	I Balance due (subtract column H from column G)	J Overpayment (subtract column G from column H)	K 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	.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
.00	.00	.00	.00	.00	.00
.00	.00	.00	.00	.00	.00
.00	.00	.00	.00	.00	.00

