

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 <i>(see instructions)</i>	E Exclusion amount <i>(see instructions)</i>
		.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 (<i>subtract column E from column D</i>)	G Yonkers nonresident earnings tax (<i>multiply column F by .005</i>)	H Yonkers estimated income tax paid/amount paid with Form IT-370	I Balance due (<i>subtract column H from column G</i>)	J Overpayment (<i>subtract column G from column H</i>)	K Other group returns (<i>see instructions</i>)
.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
.00	.00	.00	.00	.00	.00

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