

Legal name of team	Special NY State identification number
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Schedule A – Nonresident members qualifying and participating in a New York State group return *(complete as many Schedule A forms as needed)*

A Name <i>(in either alphabetical or social security number order)</i> and address of nonresident member	B Member's social security number	C Total duty days <i>(see instructions)</i>	D New York State duty days <i>(see instructions)</i>	E New York State allocation percentage <i>(divide column D by column C)</i>	F Total compensation <i>(see instructions)</i>
					.00
					.00
					.00
					.00
					.00
					.00
					.00
					.00
					.00
					.00
					.00

Totals *(If you are filing more than one Schedule A, enter the grand totals from all Schedules A on the last sheet; leave the other total boxes blank. Submit all Forms IT-203-TM-ATT-A with Form IT-203-TM.)*

Enter on the appropriate line on Form IT-203-TM →

316001160094



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G New York State taxable income (multiply column F by column E)	H New York State tax (multiply column G by .0882)	I New York State tax withheld (see instructions)	J New York State estimated income tax paid/amount paid with Form IT-370	K Total payments (add columns I and J)	L Balance due (subtract column K from column H)	M Overpayment (subtract column H from column K)	N 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	
.00	.00	.00	.00	.00	.00	.00	
.00	.00	.00	.00	.00	.00	.00	
.00	.00	.00	.00	.00	.00	.00	

