Legal name of partnership	Special NY State identification number

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 (enter here and in column B2 on page 2)	C Federal net earnings from self employment	Amount of column C allocated to Yonkers (see instructions)	E Exclusion amount (see instructions)
		.00	.00	.00
		-00	.00	.00.
		.00.	.00	.00
		100	100	100
		.00	.00	.00.
		.00.	.00	.00.
		.00.	.00	.00
		100	100	100
		.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



Legal name of partnership	Special NY State identification number

B2 Partner's Social Security number	<b>F</b> Yonkers taxable earnings	<b>G</b> Yonkers nonresident earnings	H Yonkers estimated income tax	Balance due (subtract column H	<b>J</b> Overpayment (subtract column G	<b>K</b> Other group returns
(same as column B on page 1)	(subtract column E from column D)	tax (multiply column F by .005)	paid/amount paid with Form IT-370	from column G)	from column H)	(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			