Legal name of team	Special NY State identification number

Schedule A - Nonresident members qualifying and participating in a New York State group return (complete as many Schedule A forms as needed)

Α	В	С	D	E	F	G
Name (in either alphabetical or Social Security number order) and address of nonresident member	Member's Social Security number (enter here and in column B2 on page 2)	Total duty days (see instr.)	New York State duty days (see instr.)	New York State allocation percentage (divide column D by column C)	Total compensation (see instructions)	New York State taxable income (multiply column F b column E)
					.00	.(
					.00	.(
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(If you are filing more than one Sc sheet; leave the other total boxe	s blank. Submit all Forms					
Enter on the appropriate line o	n Form IT-203-TM-				-	

Legal name of team Special NY State identification number

B2	Н	1	J	K	L	M	N
Member's Social Security number (same as column B on page 1)	New York State tax (multiply column G by .1090)	New York State tax withheld (see instructions)	New York State estimated income tax paid/amount paid with Form IT-370	Total payments (add columns I and J)	Balance due (subtract column K from column H)	Overpayment (subtract column H from column K)	Other group returns (see instructions)
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