



Department of Taxation and Finance

# Group Return for Nonresident Athletic Team Members

# IT-203-TM

For calendar year 2025 or fiscal year beginning

25 and ending

Before completing this return, see Form IT-203-TM-I, *Instructions for Form IT-203-TM*.

Legal name of athletic team		Special NYS identification number	
Trade name of team if different from legal name above		Employer identification number	
Address (number and street or rural route)		Type of athletic team	
City, village, or post office	State	ZIP code	Date team started
Country			

**This form must be completed by a professional athletic team that elects to file a group New York State or Yonkers return for nonresident members of the team. All requirements stated in the instructions must be met in order to file a group return.**

This group return is being filed for the following tax(es): New York State income tax  Yonkers nonresident earnings tax

Mark an **X** in the box if final return:  Enter date out of existence:

Total number of nonresident team members included in this group return:

You must complete Forms IT-203-TM-ATT-A and IT-203-TM-ATT-B, Schedules A and B, whichever are applicable, before making any entries on lines 1 through 12 below. **Submit the applicable schedules with this return.**

1 New York State taxable income (from Schedule A, column G) .....	1	.00
2 Yonkers taxable wages (from Schedule B, column G) .....	2	.00
3 New York State tax (from Schedule A, column H) .....	3	.00
4 Yonkers nonresident earnings tax (from Schedule B, column H) .....	4	.00
5 Total tax (add lines 3 and 4) .....	5	.00
6 New York State tax withheld (from Schedule A, column I) ....	6	.00
7 New York State estimated income tax paid/amount paid with Form IT-370 (from Schedule A, column J) .....	7	.00
8 Yonkers tax withheld (from Schedule B, column I) .....	8	.00
9 Yonkers estimated income tax paid/amount paid with Form IT-370 (from Schedule B, column J) .....	9	.00
10 Total payments (add lines 6 through 9) .....	10	.00
11 Balance due (if line 5 is greater than line 10, subtract line 10 from line 5). Do not send cash; make check or money order payable in U.S. funds to <b>NY State Income Tax</b> ; write your special NYS identification number and <b>2025 IT-203-TM</b> on it .....	11	.00
12 Amount overpaid applied to 2026 estimated tax (if line 10 is greater than line 5, subtract line 5 from line 10) .....	12	.00

▼ Paid preparer must complete (see instr.) ▼		Date
Preparer's signature		Preparer's NYTPRIN
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN
Address		Employer identification number
		NYTPRIN excl. code
Email:		

▼ Group agent must complete and sign ▼	
Print name of group agent	
Title of group agent	
Signature of group agent	
Date	Daytime phone number ( )
Email:	

315001250094

