



**Group Return for Other Nonresident Group Members**

For calendar year 2004 or fiscal year beginning \_\_\_\_\_, 2004, and ending \_\_\_\_\_.

<b>Print or type</b>	<b>Read the instructions before completing this return.</b>			Special NYS identification number
	Legal name of company			Employer identification number
	Trade name of business if different from legal name above			Principal business activity
	Address (number and street or rural route)			
	City, village, or post office	State	ZIP code	Date business started

**This form must be completed by a group (other than a partnership, New York S Corporation, or professional athletic team) that elects to file a group New York State or city of Yonkers return for nonresident members of the group. 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  City of Yonkers nonresident earnings tax

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

Total number of nonresident board members included in this group return: \_\_\_\_\_

You must complete Forms IT-203-GG-ATT-A and IT-203-GG-ATT-B, Schedules A and B, whichever are applicable, before making any entries on lines 1 through 10 below.

Attach the applicable schedules to the back of this return.

<b>1</b> New York State taxable income (from Schedule A, column G) .....			
<b>2</b> City of Yonkers taxable earnings (from Schedule B, column I) .....			
<b>3</b> New York State tax (from Schedule A, column H) .....			
<b>4</b> City of Yonkers nonresident earnings tax (from Schedule B, column J) .....			
<b>5</b> Total tax (add lines 3 and 4) .....			
<b>6</b> New York State estimated income tax paid/amount paid with extension Form IT-370 (from Schedule A, column I) .....	<b>6.</b>		
<b>7</b> City of Yonkers estimated income tax paid/amount paid with Form IT-370 (from Schedule B, column K) ...	<b>7.</b>		
<b>8</b> Total payments (add lines 6 and 7) .....		<b>8.</b>	
<b>9</b> Balance due (if line 5 is greater than line 8, subtract line 8 from line 5). Do not send cash; make check or money order payable to <b>NY State Income Tax</b> ; write your special NYS identification number and <b>2004 IT-203-GG</b> on it .....		<b>9.</b>	
<b>10</b> Amount overpaid applied to 2005 estimated tax (if line 8 is greater than line 5, subtract line 5 from line 8) .....		<b>10.</b>	

<b>Paid preparer's use only</b>	Preparer's signature	Date	Mark an <b>X</b> if self-employed <input type="checkbox"/>	<b>Group agent information</b>	Name of group agent	
	Firm's name (or preparer's, if self-employed)	Preparer's SSN or PTIN			Title of group agent	Telephone number ( )
	Address	Employer identification number	Signature of group agent		Date	

Mail your completed return to: **NEW YORK STATE INCOME TAX  
W A HARRIMAN CAMPUS  
ALBANY NY 12227**