



Group Return for Other Nonresident Group Members

For calendar year 2008 or fiscal year beginning and ending

Print or type	Read the instructions, Form IT-203-GG-I, before completing this return.			▼ Special NYS identification number
	Legal name of company			<input type="text"/>
	Trade name of business if different from legal name above			▼ Employer identification number
	Address (number and street or rural route)			<input type="text"/>
	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 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 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 (see instructions).

Attach the applicable schedules to the back of this return.

1	New York State taxable income (from Schedule A, column G)	1.	<input type="text"/>	.	<input type="text"/>
2	Yonkers taxable earnings (from Schedule B, column I)	2.	<input type="text"/>	.	<input type="text"/>
3	New York State tax (from Schedule A, column H)	3.	<input type="text"/>	.	<input type="text"/>
4	Yonkers nonresident earnings tax (from Schedule B, column J)	4.	<input type="text"/>	.	<input type="text"/>
5	Total tax (add lines 3 and 4)	5.	<input type="text"/>	.	<input type="text"/>
6	New York State estimated income tax paid/amount paid with extension Form IT-370 (from Schedule A, column I) ...	6.	<input type="text"/>	.	<input type="text"/>
7	Yonkers estimated income tax paid/amount paid with extension Form IT-370 (from Schedule B, column K)	7.	<input type="text"/>	.	<input type="text"/>
8	Total payments (add lines 6 and 7)	8.	<input type="text"/>	.	<input type="text"/>
9	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 NY State Income Tax ; write your special NYS identification number and 2008 IT-203-GG on it.	9.	<input type="text"/>	.	<input type="text"/>
10	Amount overpaid applied to 2009 estimated tax (if line 8 is greater than line 5, subtract line 5 from line 8) ...	10.	<input type="text"/>	.	<input type="text"/>

▼ Paid preparer's use only ▼	
Preparer's signature	▼ SSN or PTIN:
Firm's name (or yours, if self-employed)	● Employer identification number
Address	Mark an X if self-employed <input type="checkbox"/>
	Date
Preparer's e-mail address	

▼ Group agent information ▼	
▶ Name of group agent	
▶ Title of group agent	
● Signature of group agent	
Date	▼ Daytime phone number
E-mail address of group agent	

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

3201080094



Please file this original scannable return with the Tax Department.