Legal name of partnership _____

Schedule A - Nonresident Partners Qualifying and Participating in New York State Group Return *(attach as many Schedule A forms as needed).* Enter negative amounts in parentheses.

A Name *(in either alphabetical or social security number order)* and Address of Nonresident Partner	**B** Social Security Number	**C** Partner's Share of Federal Items of Income, Gain, Loss and Guaranteed Payment *(see instructions)*	**D** Amount of Column C Allocated to New York *(see instructions)*	**E** Partner's Share of Federal Partnership Deductions *(see instructions)*

Totals - enter on appropriate line on Form IT-203-GR ▶

F Amount of Column E Allocated to New York	**G** Net Amount of New York Additions and Subtractions Allocated to New York *(see instructions)*	**H** New York Taxable Income (subtract column F from column D and add or subtract column G)	**I** New York State Tax (multiply column H by .0685)	**J** New York State Estimated Tax Paid/Amount Paid with Form IT-370	**K** Balance Due (subtract column J from column I)	**L** Overpayment (subtract column I from column J)