Legal name of team _____

Schedule C - Nonresident Members Qualifying and Participating in Yonkers Group Return *(attach as many Schedule C forms as needed).*

A Name *(in either alphabetical or social security number order)* and Address of Nonresident Member	**B** Social Security Number	**C** Total Duty Days *(see instructions)*	**D** Yonkers Duty Days *(see instructions)*	**E** Yonkers Allocation Percentage (divide column D by column C)	**F** Total Wages *(see instructions)*

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