Legal name of team _____

Schedule B - Nonresident Members Qualifying and Participating in New York City Group Return *(attach as many Schedule B 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** New York City duty days *(see instructions)*	**E** New York City allocation percentage (divide column D by column C)	**F** Total wages *(see instructions)*

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

G New York City Wages (multiply column F by column E)	**H** New York City nonresident earnings tax (multiply column G by .0045)	**I** New York City tax withheld *(see instructions)*	**J** New York City estimated tax paid/amount paid with Form IT-370	**K** Total payments (add columns I and J)	**L** Balance due (subtract column K from column H)	**M** Overpayment (subtract column H from column K)