

Legal name of partnership	Special NY State identification number
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Schedule B – Nonresident partners qualifying and participating in a Yonkers group return (complete as many Schedule B forms as needed). Show any negative amounts with a minus (-) sign. List partners in alphabetical or Social Security number order.

A Name (in either alphabetical or Social Security number order) and address of nonresident partner	B Partner's Social Security number (enter here and in column B2 on page 2)	C Federal net earnings from self employment	D Amount of column C allocated to Yonkers (see instructions)	E Exclusion amount (see instructions)
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Totals (If you are filing more than one Schedule B, enter the grand totals from all Schedules B on the last form; leave the other total boxes blank. Submit all Forms IT-203-GR-ATT-B with Form IT-203-GR.)

Enter on the appropriate line on Form IT-203-GR _____ →



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B2 Partner's Social Security number (same as column B on page 1)	F Yonkers taxable earnings (subtract column E from column D)	G Yonkers nonresident earnings tax (multiply column F by 0.005)	H Yonkers estimated income tax paid/amount paid with Form IT-370	I Balance due (subtract column H from column G)	J Overpayment (subtract column G from column H)	K Other group returns (see instructions)
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