

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning _____, ending _____ See separate instructions.

Your first name and initial **Thomas R** Last name **Poole** Your social security number **064-54-8519**

If a joint return, spouse's first name and initial _____ Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. **22 Wisconsin Ave** Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Rensselaer, NY 12144** Presidential Election Campaign

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status 1 Single 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **2** Married filing jointly (even if only one had income) 5 Qualifying widow(er) with dependent child
3 Married filing separately. Enter spouse's SSN above and full name here. **▶**

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. } Boxes checked on 6a and 6b **1**
b Spouse. } No. of children on 6c who:
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) X if child under age 17 qualifying for child tax credit (see instr.)
● lived with you **1**
● did not live with you due to divorce or separation (see instructions) **0**
Dependents on 6c not entered above **0**
Add numbers on lines above **▶ 2**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if child under age 17 qualifying for child tax credit (see instr.)
Marylou	Poole	061-86-2024	Daughter	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 41,332.**
8a Taxable interest. Attach Schedule B if required **8a**
b Tax-exempt interest. Do not include on line 8a **8b**
9a Ordinary dividends. Attach Schedule B if required **9a**
b Qualified dividends **9b**
10 Taxable refunds, credits, or offsets of state and local income taxes **10 165.**
11 Alimony received **11**
12 Business income or (loss). Attach Schedule C or C-EZ **12**
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. **13**
14 Other gains or (losses). Attach Form 4797 **14**
15a IRA distributions **15a** b Taxable amount **15b 3,604.**
16a Pensions and annuities **16a** b Taxable amount **16b**
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**
18 Farm income or (loss). Attach Schedule F **18**
19 Unemployment compensation **19**
20a Social security benefits **20a** b Taxable amount **20b**
21 Other income. List type and amount _____ **21**
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **▶ 22 45,101.**

Adjusted Gross Income 23 Educator expenses **23**
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**
25 Health savings account deduction. Attach Form 8889 **25**
26 Moving expenses. Attach Form 3903 **26**
27 Deductible part of self-employment tax. Attach Schedule SE **27**
28 Self-employed SEP, SIMPLE, and qualified plans **28**
29 Self-employed health insurance deduction **29**
30 Penalty on early withdrawal of savings **30**
31a Alimony paid b Recipient's SSN **▶ 31a**
32 IRA deduction **32**
33 Student loan interest deduction **33**
34 Tuition and fees. Attach Form 8917 **34**
35 Domestic production activities deduction. Attach Form 8903 **35**
36 Add lines 23 through 35. **36 0.**
37 Subtract line 36 from line 22. This is your adjusted gross income **▶ 37 45,101.**

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	45,101.
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a 0		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	9,300.
41	Subtract line 40 from line 38	41	35,801.
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions.	42	8,100.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	27,701.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	3,496.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46 ▶	47	3,496.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	193.
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	193.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	3,303.

Standard Deduction for-

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,300
Married filing jointly or Qualifying widow(er), \$12,600
Head of household, \$9,300

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax ▶	63	3,303.

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64	5,497.
65	2016 estimated tax payments and amount applied from 2015 return	65	
66a	Earned income credit (EIC). NO.	66a	
b	Nontaxable combat pay election. 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶	74	5,497.

If you have a qualifying child, attach Schedule EIC.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid.	75	2,194.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	2,194.
b	Routing number 021300077 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 325810048505		
77	Amount of line 75 you want applied to your 2017 estimated tax ▶	77	

Direct deposit? See instructions.

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	0.
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name **▶** Phone no. **▶** Personal identification number (PIN) **▶**

Sign Here

Joint return? See instr. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature ▶	Date ▶	Your occupation Maint. PM Coordinator	Daytime phone number (914) 393-3550
Spouse's signature. If a joint return, both must sign. ▶	Date ▶	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶				

Investment Interest Expense Deduction
 ▶ Information about Form 4952 and its instructions is at www.irs.gov/form4952.
 ▶ Attach to your tax return.

Name(s) shown on return Thomas R Poole	Identifying number 064-54-8519
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Part I Total Investment Interest Expense

1 Investment interest expense paid or accrued in 2016 (see instructions)	1	
2 Disallowed investment interest expense from 2015 Form 4952, line 7	2	1.
3 Total investment interest expense. Add lines 1 and 2	3	1.

Part II Net Investment Income

4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a		
b Qualified dividends included on line 4a.	4b		
c Subtract line 4b from line 4a.		4c	
d Net gain from the disposition of property held for investment.	4d		
e Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e		
f Subtract line 4e from line 4d.		4f	0.
g Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)		4g	
h Investment income. Add lines 4c, 4f, and 4g.		4h	
5 Investment expenses (see instructions).		5	
6 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-		6	0.

Part III Investment Interest Expense Deduction

7 Disallowed investment interest expense to be carried forward to 2017. Subtract line 6 from line 3. If zero or less, enter -0-.	7	1.
8 Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	0.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Information about Form 8880 and its instructions is at www.irs.gov/form8880.

Attachment
Sequence No. **54**

Name(s) shown on return

Your social security number

Thomas R Poole

064-54-8519



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$30,750 (\$46,125 if head of household; \$61,500 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1999, (b) is claimed as a dependent on someone else's 2016 tax return, or (c) was a **student** (see instructions).

- Traditional and Roth IRA (including *myRA*) contributions for 2016. Do **not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2016 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2013 and **before** the due date (including extensions) of your 2016 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you cannot take this credit
- Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 37
- Enter the applicable decimal amount shown below:

	(a) You	(b) Your spouse
1		
2	1,930.	
3	1,930.	
4		
5	1,930.	
6	1,930.	
7		1,930.
8	45,101.	

If line 8 is-		And your filing status is-		
Over-	But not over-	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9-				
---	\$18,500	.5	.5	.5
\$18,500	\$20,000	.5	.5	.2
\$20,000	\$27,750	.5	.5	.1
\$27,750	\$30,000	.5	.2	.1
\$30,000	\$30,750	.5	.1	.1
\$30,750	\$37,000	.5	.1	.0
\$37,000	\$40,000	.2	.1	.0
\$40,000	\$46,125	.1	.1	.0
\$46,125	\$61,500	.1	.0	.0
\$61,500	---	.0	.0	.0

Note: If line 9 is zero, **stop**; you cannot take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Form 1040, line 51; Form 1040A, line 34; or Form 1040NR, line 48

9	X .10
10	193.
11	3,496.
12	193.

*See Pub. 590-A for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.



New York State Department of
Taxation and Finance
Office of Processing and Taxpayer Services
W A Harriman Campus
Albany NY 12227

New York State requires this income tax return to be filed electronically.

New York State law requires income tax returns prepared using software to be e-filed. Because this New York State tax return was prepared using software, you **MUST** file it electronically.

Besides being the law, e-filing has many advantages:

- Taxpayers using e-file get their New York State refunds **twice** as fast as paper filers.
- E-filing is fast, easy, and secure.
- There are no additional costs for e-filing. Once you've paid for your New York State tax preparation software, you're entitled to FREE e-filing of your New York State return.

90% of New Yorkers enjoy the benefits of e-filing.

Questions?

Visit our Web site for more information about New York's e-file mandate.



Department of Taxation and Finance

Resident Income Tax Return

IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2016, through December 31, 2016, or fiscal year beginning . . . and ending . . .

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your social security number
THOMAS	R	POOLE	08061958	064548519
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions) (number and street or PO box)		Apartment number	New York State county of residence	
22 WISCONSIN AVE			RENSSELAER	
City, village, or post office	State	ZIP code	Country (if not United States)	School district name
RENSSELAER	NY	12144		EAST GREENBUSH
Taxpayer's permanent home address (see instructions) (number and street or rural route)		Apartment number	School district code number 158	
City, village, or post office	State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
	NY			

- A Filing status -** (mark an **X** in one box):
- ① Single
 - ② Married filing joint return (enter spouse's social security number above)
 - ③ Married filing separate return (enter spouse's social security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2016 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No



D1 Did you have a financial account located in a foreign country? (see instr.) Yes No

D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a property tax freeze or property tax relief credit? credits? (see instr.) Yes No

(2) If Yes, enter the total amount

E (1) Did you or your spouse **maintain living quarters in NYC** during 2016 (see instr.)? . . . Yes No

(2) Enter the number of days spent in NYC in 2016 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only (see instr.):

(1) Number of months **you** lived in NYC in 2016.

(2) Number of months **your spouse** lived in NYC in 2016

G Enter your **2-character special condition code(s)** if applicable (see instr.)

H Dependent exemption information (see instructions)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
MARYLOU		POOLE	DAUGHTER	061862024	03291996

If more than 7 dependents, mark an **X** in the box.



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM

Your social security number
064548519

Federal income and adjustments (see instructions)

Whole dollars only

Table with 11 columns (line numbers) and 11 rows of income and adjustment items. Total federal adjusted gross income is 45101.00.

New York additions (see instructions)

Table with 4 columns (line numbers) and 4 rows of New York additions. Total is 45101.00.

New York subtractions (see instructions)

Table with 10 columns (line numbers) and 10 rows of New York subtractions. Total is 44936.00.

Standard deduction or itemized deduction (see instructions)

Table with 4 columns (line numbers) and 4 rows for standard deduction choice. Total taxable income is 32786.00.

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Name(s) as shown on page 1
 THOMAS R POOLE

Your social security number
 064548519

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)		38	32786.00
39 NYS tax on line 38 amount (see instructions)		39	1607.00
40 NYS household credit (table 1, 2, or 3 in instructions)	40		.00
41 Resident credit (see instructions)	41		.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42		.00
43 Add lines 40, 41, and 42		43	.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)		44	1607.00
45 Net other NYS taxes (Form IT-201-ATT, line 30)		45	.00
46 Total New York State taxes (add lines 44 and 45)		46	1607.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47 NYC resident tax on line 38 amount (see instr.)	47	.00	See instructions to compute New York City and Yonkers taxes, credits, and tax surcharges, and MCTMT.
48 NYC household credit (table 4, 5, or 6 in instr.)	48	.00	
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	.00	
50 Part-year NYC resident tax (Form IT-360.1)	50	.00	
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00	
52 Add lines 49, 50, and 51	52	.00	
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00	
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00	
54a MCTMT net earnings base	54a	.00	
54b MCTMT	54b	.00	
55 Yonkers resident income tax surcharge (see instr.)	55	.00	
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00	
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00	
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	.00	
59 Sales or use tax (see instructions; do not leave line 59 blank)	59	0.00	



Voluntary contributions (see instructions)

60a Return a Gift to Wildlife	60a	.00
60b Missing/Exploited Children Fund	60b	.00
60c Breast Cancer Research Fund	60c	.00
60d Alzheimer's Fund	60d	.00
60e Olympic Fund (\$2 or \$4; see instructions)	60e	.00
60f Prostate and Testicular Cancer Research and Education Fund	60f	.00
60g 9/11 Memorial	60g	.00
60h Volunteer Firefighting & EMS Recruitment Fund	60h	.00
60i Teen Health Education	60i	.00
60j Veterans Remembrance	60j	.00
60k Homeless Veterans	60k	.00
60l Mental Illness Anti-Stigma Fund	60l	.00
60m Women's Cancers Education and Prevention Fund	60m	.00
60n Autism Fund	60n	.00
60 Total voluntary contributions (add lines 60a through 60n)	60	.00
61 Total New York State, New York City, Yonkers taxes, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	1607.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM

201003161064



Your social security number
064548519

62 Enter amount from line 61 62 1607.00

Payments and refundable credits (see instructions)

63	Empire State child credit	63	.00
63a	Family tax relief credit	63a	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (also complete (F) on page 1; see instr.)	69	.00
70	NYC earned income credit	70	.00
70a	NYC enhanced real property tax credit	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	1788.00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see instructions)
Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75) 76 1788.00

Your refund, amount you owe, and account information (see instructions)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77 181.00

78 Amount of line 77 to be refunded
Mark one refund choice: direct deposit (fill in line 83) -or- paper check 78 181.00

79 Amount of line 77 that you want applied to your 2017 estimated tax (see instructions) 79

Refund? Direct deposit is the easiest, fastest way to get your refund.

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. 80 .00

See page 32 for payment options.

81 Estimated tax penalty (Include this amount in line 80 or reduce the overpayment on line 77; see instr.) 81 .00

See page 35 for the proper assembly of your return.

82 Other penalties and interest (see instructions) 82 .00

83 Account information for direct deposit or electronic funds withdrawal (see instructions).
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see instr.)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 021300077 83c Account number 325810048505

84 Electronic funds withdrawal (see instr.) Date Amount .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete ▼ (see instructions)	Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature	Preparer's printed name	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	
Address	Employer identification number	
E-mail:	Date	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation MAINT. PM COORDINATOR	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number 9143933550
E-mail:	

See instructions for where to mail your return.

201004161064



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM



Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page. See instructions.

W-2 Record 1

Box a Employee's social security number for this W-2 record

064548519

Box b Employer identification number (EIN)

141338428

Box c Employer's name and full address (including ZIP code)

Employer's name			
ELLIS HOSPITAL			
Employer's address (number and street)			
1101 NOTT STREET			
City	State	ZIP code	Country (if not United States)
SCHNECTADY	NY	12308	

Box 1 Wages, tips, other compensation
41332.00

Box 12a Amount
1930.00

Code
E

Box 14a Amount
.00

Description

Box 8 Allocated tips
.00

Box 12b Amount
14013.00

Code
DD

Box 14b Amount
.00

Description

Box 10 Dependent care benefits
.00

Box 12c Amount
.00

Code

Box 14c Amount
.00

Description

Box 11 Nonqualified plans
.00

Box 12d Amount
.00

Code

Box 14d Amount
.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State
N | Y

Box 16a NYS wages, tips, etc.
41332.00

Box 17a NYS income tax withheld
1788.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.
.00

Box 17b Other state income tax withheld
.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name

Do not detach.

W-2 Record 2

Box a Employee's social security number for this W-2 record

Box b Employer identification number (EIN)

Box c Employer's name and full address (including ZIP code)

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country (if not United States)

Box 1 Wages, tips, other compensation
.00

Box 12a Amount
.00

Code

Box 14a Amount
.00

Description

Box 8 Allocated tips
.00

Box 12b Amount
.00

Code

Box 14b Amount
.00

Description

Box 10 Dependent care benefits
.00

Box 12c Amount
.00

Code

Box 14c Amount
.00

Description

Box 11 Nonqualified plans
.00

Box 12d Amount
.00

Code

Box 14d Amount
.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State
N | Y

Box 16a NYS wages, tips, etc.
.00

Box 17a NYS income tax withheld
.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.
.00

Box 17b Other state income tax withheld
.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name

102001161064



NO HANDWRITTEN ENTRIES ON THIS FORM