

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

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

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

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

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **22 Wisconsin Ave** Apt. no. _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Rensselaer, NY 12144** If more than four dependents, see inst. and check here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Marylou	Poole	061-86-2024	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Sign Here 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.	Your signature: _____	Date: _____	Your occupation: Boiler Operator/Mechanic	If the IRS sent you an Identity Protection PIN, enter it here (see inst.): _____
	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 Preparers Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶	Phone no.			
Firm's address ▶				

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	35,367.
	2a	Tax-exempt interest	2b	Taxable interest
	3a	Qualified dividends	3b	Ordinary dividends
	4a	IRAs, pensions, and annuities	4b	Taxable amount
	5a	Social security benefits	5b	Taxable amount
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	35,367.
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, Subtract Schedule 1, line 36, from line 6	7	35,367.
	8	Standard deduction or itemized deductions (from Schedule A)	8	18,000.
	9	Qualified business income deduction (see instructions)	9	
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	17,367.
	11	a Tax (see inst.) 1,813. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	1,813.
		b Add any amount from Schedule 2 and check here <input type="checkbox"/>		
	12	a Child tax credit/credit for other dependents 500. b Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/>	12	700.
	13	Subtract line 12 from line 11. If zero or less, enter -0-	13	1,113.
	14	Other taxes. Attach Schedule 4	14	0.
	15	Total tax. Add lines 13 and 14	15	1,113.
	16	Federal income tax withheld from Forms W-2 and 1099	16	4,031.
	17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863	17	0.
		Add any amount from Schedule 5 NO		
	18	Add lines 16 and 17. These are your total payments	18	4,031.
	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	2,918.
Refund	20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	2,918.
Direct deposit? See instructions.	b	Routing number 021300077	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number 325810048505		
	21	Amount of line 19 you want applied to your 2019 estimated tax	21	
Amount you owe	22	Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions	22	0.
	23	Estimated tax penalty (see instructions)	23	

Go to www.irs.gov/Form1040 for instructions and the latest information.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Nonrefundable Credits

▶ **Attach to Form 1040.**

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018

Attachment
Sequence No. **03**

Name(s) shown on Form 1040

Thomas R Poole

Your social security number

064-54-8519

Nonrefundable Credits	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	200.
	52	Reserved	52	
	53	Residential energy credit. 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 the amounts in the far right column. Enter here and include on Form 1040, line 12	55	200.

For Paperwork Reduction Act Notice, see your tax return instructions.

UYA

Schedule 3 (Form 1040) 2018

Investment Interest Expense Deduction

▶ Go to www.irs.gov/Form4952 for the latest information.
 ▶ 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 2018 (see instructions)	1	
2 Disallowed investment interest expense from 2017 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 2019. 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.

For Paperwork Reduction Act Notice, see instructions.
 UYA

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 7 or Form 1040NR, line 36 is more than \$31,500 (\$47,250 if head of household; \$63,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2001; (b) is claimed as a dependent on someone else's 2018 tax return; or (c) was a **student** (see instructions).

	(a) You	(b) Your spouse
1 Traditional and Roth IRA contributions, and ABLER account contributions by the designated beneficiary for 2018. Do not include rollover contributions		
2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2018 (see instructions)	2,257.	
3 Add lines 1 and 2	2,257.	
4 Certain distributions received after 2015 and before the due date (including extensions) of your 2018 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception		
5 Subtract line 4 from line 3. If zero or less, enter -0-	2,257.	
6 In each column, enter the smaller of line 5 or \$2,000	2,000.	
7 Add the amounts on line 6. If zero, stop ; you can't take this credit		2,000.
8 Enter the amount from Form 1040, line 7* or Form 1040NR, line 36	35,367.	
9 Enter the applicable decimal amount shown below.		

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-		
---	\$19,000	0.5	0.5	0.5
\$19,000	\$20,500	0.5	0.5	0.2
\$20,500	\$28,500	0.5	0.5	0.1
\$28,500	\$30,750	0.5	0.2	0.1
\$30,750	\$31,500	0.5	0.1	0.1
\$31,500	\$38,000	0.5	0.1	0.0
\$38,000	\$41,000	0.2	0.1	0.0
\$41,000	\$47,250	0.1	0.1	0.0
\$47,250	\$63,000	0.1	0.0	0.0
\$63,000	---	0.0	0.0	0.0

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

10 Multiply line 7 by line 9	200.
11 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions	1,813.
12 Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Schedule 3 (Form 1040), line 51; or Form 1040NR, line 48	200.

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.



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.

Most New Yorkers enjoy the benefits of e-filing.

Questions?

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



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning . . . 18
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, page 14) (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, page 14) (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)

B Did you itemize your deductions on your 2018 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 page 15). Yes No

D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see page 15). Yes No

(2) Enter the amount00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15). Yes No

E (1) Did you or your spouse maintain living quarters in NYC during 2018 (see page 15). Yes No

(2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day) . . .

F NYC residents and NYC part-year residents only (see page 15):

(1) Number of months you lived in NYC in 2018.

(2) Number of months your spouse lived in NYC in 2018

G Enter your 2-character special condition code(s) if applicable (see page 15)

H Dependent information (see page 16)

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.

201001181064



For office use only

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Your social security number
064548519

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	35367.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11.	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of social security benefits (also enter on line 27)	15	.00
16	Other income (see page 16) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	35367.00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	35367.00

New York additions (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	21	.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23.	24	35367.00

New York subtractions (see page 18)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 18)	26	.00
27	Taxable amount of social security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 19)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31.	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	35367.00



Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	11200.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	24167.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	1000.00
37	Taxable income (subtract line 36 from line 35)	37	23167.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM



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	23167.00
39 NYS tax on line 38 amount (see page 22)	39	1035.00
40 NYS household credit (page 21, table 1, 2, or 3)	40	.00
41 Resident credit (see page 23)	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	1035.00
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	1035.00

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

47 NYC taxable income (see instructions)	47	.00
47a NYC resident tax on line 47 amount (see page 23)	47a	.00
48 NYC household credit (page 23)	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, 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 page 26)	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 page 27; do not leave line 59 blank)	59	0.00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



Voluntary contributions (see page 28)

60a Return a Gift to Wildlife	60a	.00	60o Veterans' Homes	60o	.00
60b Missing/Exploited Children	60b	.00	60p Love Your Library Fund	60p	.00
60c Breast Cancer Research	60c	.00	60q Lupus Fund	60q	.00
60d Alzheimer's Fund	60d	.00	60r Military Family Fund	60r	.00
60e Olympic Fund (\$2 or \$4)	60e	.00	60s CUNY Fund	60s	.00
60f Prostate Cancer	60f	.00			
60g 9/11 Memorial	60g	.00			
60h Volunteer Firefighting	60h	.00			
60i Teen Health Education	60i	.00			
60j Veterans Remembrance	60j	.00			
60k Homeless Veterans	60k	.00			
60l Mental Illness Anti-Stigma	60l	.00			
60m Women's Cancers Fund	60m	.00			
60n Autism Fund	60n	.00			
60 Total voluntary contributions (add lines 60a through 60s)	60	.00			
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	1035.00			

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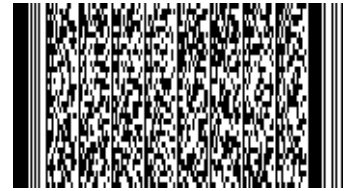


Your social security number
064548519

62 Enter amount from line 61 1035.00

Payments and refundable credits (see pages 29 through 32)

63	Empire State child credit	63	.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 (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.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	1613.00
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 page 13). Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75) 1613.00

Your refund, amount you owe, and account information (see pages 33 through 35)

77	Amount overpaid (see instructions)	77	578.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	578.00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	578.00

Mark one refund choice: direct deposit to checking or savings account (fill in line 83) -or- paper check

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

79 Amount of line 77 that you want applied to your 2019 estimated tax (see instructions) 79 .00

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 34 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34). 81 .00

See page 37 for the proper assembly of your return.

82 Other penalties and interest (see page 34). 82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 35). 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 pg. 35)

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 page 35) 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	
		Date	
E-mail:			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation BOILER OPERATOR/MECHANIC	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number 518 928 5222
E-mail:	

See instructions for where to mail your return.



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 with your return. 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 information

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
2842.00

Box 12a Amount Code
.00

Box 14a Amount Description
.00

Box 8 Allocated tips
.00

Box 12b Amount Code
.00

Box 14b Amount Description
.00

Box 10 Dependent care benefits
.00

Box 12c Amount Code
.00

Box 14c Amount Description
.00

Box 11 Nonqualified plans
.00

Box 12d Amount Code
.00

Box 14d Amount Description
.00

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. 2842.00

Box 17a NYS income tax withheld 273.00

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
Locality a
Locality b

W-2 Record 2

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

064548519

Box b Employer identification number (EIN)

141338457

Box c Employer's information

Employer's name

ALBANY MEMORIAL HOSPITAL

Employer's address (number and street)

600 NORTHERN BOULEVARD

City State ZIP code Country (if not United States)

ALBANY NY 12204

Box 1 Wages, tips, other compensation
32525.00

Box 12a Amount Code
2257.00 E

Box 14a Amount Description
51.00 NY PFL

Box 8 Allocated tips
.00

Box 12b Amount Code
9383.00 DD

Box 14b Amount Description
1045.00 Z FSAHLTH

Box 10 Dependent care benefits
.00

Box 12c Amount Code
.00

Box 14c Amount Description
.00

Box 11 Nonqualified plans
.00

Box 12d Amount Code
.00

Box 14d Amount Description
.00

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. 32525.00

Box 17a NYS income tax withheld 1339.00

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
Locality a
Locality b

102001181064



NO HANDWRITTEN ENTRIES ON THIS FORM