

Filing status: Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Thomas R	Last name Poole	Your social security number 064-54-8519
If joint return, spouse's first name and middle 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.	Presidential Election Campaign 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Rensselaer, NY 12144		
Foreign country name	Foreign province/state/county	Foreign postal code

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

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"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2				37,919.
2a	Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required	2b
3a	Qualified dividends	3a		b Ordinary dividends. Attach Sch. B if required	3b
4a	IRA distributions	4a		b Taxable amount	4b
c	Pensions and annuities	4c		d Taxable amount	4d
5a	Social security benefits	5a		b Taxable amount	5b
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here				6
7a	Other income from Schedule 1, line 9				7a
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income				7b 37,919.
8a	Adjustments to income from Schedule 1, line 22				8a
b	Subtract line 8a from line 7b. This is your adjusted gross income				8b 37,919.
9	Standard deduction or itemized deductions (from Schedule A)	9			18,350.
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10			
11a	Add lines 9 and 10				11a 18,350.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-				11b 19,569.

Standard Deduction for -
 • Single or married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under Standard deduction, see instructions.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	2,072.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	2,072.	
13a	Child tax credit or credit for other dependents	13a	500.	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	700.	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	1,372.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.	
16	Add lines 14 and 15. This is your total tax	16	1,372.	
17	Federal income tax withheld from Forms W-2 and 1099	17	3,955.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC) NO	18a		
b	Additional child tax credit. Attach Schedule 8812.	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	0.	
19	Add lines 17 and 18e. These are your total payments	19	3,955.	

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	2,583.
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	2,583.
b	Routing number 021300077	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 325810048505		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	

Direct deposit?
See instructions.

Amount you owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	0.
24	Estimated tax penalty (see instructions)	24	

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. **Yes.** Complete below. **No**

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

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.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Boiler Operator/Mechanic			
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.)

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

Paid Preparer Use Only

Phone no. **(518) 225-9288** Email address

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

SCHEDULE 3
(Form 1040 or 1040-SR)

Additional Credits and Payments

OMB No. 1545-0074

2019
Attachment
Sequence No. **03**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040 or 1040-SR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

Name(s) shown on Form 1040 or 1040-SR

Your social security number
064-54-8519

Thomas R Poole

Part I Nonrefundable Credits		
1	Foreign tax credit. Attach Form 1116 if required	1
2	Credit for child and dependent care expenses. Attach Form 2441	2
3	Education credits from Form 8863, line 19	3
4	Retirement savings contributions credit. Attach Form 8880	4 200.
5	Residential energy credits. Attach Form 5695	5
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7 200.

Part II Other Payments and Refundable Credits		
8	2019 estimated tax payments and amount applied from 2018 return	8
9	Net premium tax credit. Attach Form 8962	9
10	Amount paid with request for extension to file (see instructions)	10
11	Excess social security and tier 1 RRTA tax withheld	11
12	Credit for federal tax on fuels. Attach Form 4136	12
13	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	13
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14 0.

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

UYA

Schedule 3 (Form 1040 or 1040-SR) 2019

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 2019 (see instructions)	1	
2 Disallowed investment interest expense from 2018 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 2020. 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 line 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 or 1040-SR, line 8b; or Form 1040-NR, line 35, is more than \$32,000 (\$48,000 if head of household; \$64,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2002; (b) is claimed as a dependent on someone else's 2019 tax return; or (c) was a **student** (see instructions).

	(a) You	(b) Your spouse
1 Traditional and Roth IRA contributions, and ABLÉ account contributions by the designated beneficiary for 2019. 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 2019 (see instructions)	3,680.	
3 Add lines 1 and 2	3,680.	
4 Certain distributions received after 2016 and before the due date (including extensions) of your 2019 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-	3,680.	
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 or 1040-SR, line 8b;* or Form 1040-NR, line 35	37,919.	
9 Enter the applicable decimal amount from the table 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-				
---	\$19,250	0.5	0.5	0.5
\$19,250	\$20,750	0.5	0.5	0.2
\$20,750	\$28,875	0.5	0.5	0.1
\$28,875	\$31,125	0.5	0.2	0.1
\$31,125	\$32,000	0.5	0.1	0.1
\$32,000	\$38,500	0.5	0.1	0.0
\$38,500	\$41,500	0.2	0.1	0.0
\$41,500	\$48,000	0.1	0.1	0.0
\$48,000	\$64,000	0.1	0.0	0.0
\$64,000	---	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	2,072.
12 Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Schedule 3 (Form 1040 or 1040-SR), line 4; or Form 1040-NR, 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.



**Department of
Taxation and Finance**

Office of Processing and Taxpayer Services
W A Harriman Campus, Albany NY 12227-0865

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, 2019, through December 31, 2019, or fiscal year beginning . . . 19
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			
					Decedent information	

- 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 2019 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 2019 federal return? (see page 15). Yes No
- E** (1) Did you or your spouse maintain living quarters in NYC during 2019? (see page 15) Yes No
 (2) Enter the number of days spent in NYC in 2019 (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 2019.
 (2) Number of months your spouse lived in NYC in 2019
- 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.



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE ON THIS FORM

Your Social Security number
064548519

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	37919.00
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, 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 <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	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	37919.00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	37919.00

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	37919.00

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	37919.00



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	26719.00
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	25719.00

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	25719.00
39	NYS tax on line 38 amount (see page 22)	39	1186.00
40	NYS household credit (page 22, 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	1186.00
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	1186.00

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
60	Voluntary contributions (Form IT-227, Part 2, line 1)	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	1186.00

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



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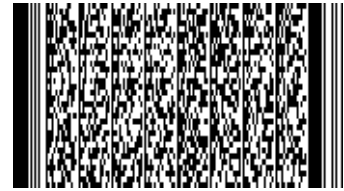


Your Social Security number
064548519

62 Enter amount from line 61 1186.00

Payments and refundable credits (see pages 28 through 31)

Table with 2 columns: Line number and Amount. Rows include Empire State child credit, NYS/ NYC child and dependent care credit, NYS earned income credit (EIC), NYS noncustodial parent EIC, Real property tax credit, College tuition credit, NYC school tax credit (fixed amount), NYC school tax credit (rate reduction amount), NYC earned income credit, NYC enhanced real property tax credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments and amount paid with Form IT-370.



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) 1608.00

Your refund, amount you owe, and account information (see pages 32 through 34)

Table with 2 columns: Line number and Amount. Rows include Amount overpaid, Amount of line 77 available for refund, Amount of line 78 that you want to deposit into a NYS 529 account, Total refund after NYS 529 account deposit.

Mark one refund choice: [X] 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.

See page 33 for payment options.

79 Amount of line 77 that you want applied to your 2020 estimated tax (see instructions) .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. .00

80 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33). .00

See page 36 for the proper assembly of your return.

82 Other penalties and interest (see page 33) .00

83 Account information for direct deposit or electronic funds withdrawal (see page 34). 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. 34) []

83a Account type: [X] 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 34) Date Amount .00

Third-party designee? (see instr.) Print designee's name, Designee's phone number, Personal identification number (PIN), Email.

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, Email.

Taxpayer(s) must sign here (see instructions) Your signature, Your occupation BOILER OPERATOR/MECHANIC, Spouse's signature and occupation (if joint return), Date, Daytime phone number 518 225 9288, Email.

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)

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

37919.00

Box 12a Amount

3680.00

Code

E

Box 14a Amount

.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

11347.00

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.

37919.00

Box 17a NYS income tax withheld

1608.00

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

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 information

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

Locality a

Locality b

102001191064



NO HANDWRITTEN ENTRIES ON THIS FORM