Enter any other information, such as the employer identification number (EIN), that will help the Tax Department locate your employer, or if you prefer, attach a copy of your payroll stub:

New York State Department of Taxation and Finance



Employee signature

Certificate of Income Tax Withheld (with instructions)

If every effort to get a federal Form W-2, Wage and Tax Statement,
from your employer has failed, file this certificate with this year's
tax return instead of New York State Form IT-2, Summary of W-2
Statements, for this employer. If you were unable to get a federal
Form W-2 from more than one employer, file a separate certificate
for each employer. Complete this form, sign, and attach it to
your return.

	in why you were unable to obtain a fed employer:	deral Form W-2 from		notification	nd Einanaa	may called and maint	a in	
your employer.			persona — not limit 1142, ar	The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).				
				This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.				
Enter your employer's present name and address if different from that entered on the certificate:			to certai enforcer	Information programs as were as for any other fawful purpose. Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.				
				o provide the required in s, or both, under the Tax		nay subject you to civil	or crimina	
			This info NYS Tax (518) 45	ormation is maintained b x Department, W A Harri 17-5181.	y the Manaq man Campu	ger of Document Mana us, Albany NY 12227; te	gement, elephone	
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√20		tificate of I			d	IT-21)2. 6	
		New York State	New York Cit	y • Yonkers				
	Employee's first name and initial	Last name	New York Cit	y • Yonkers	▼ You	ur social security number		
20		Last name	• New York Cit	Apt no.	▼ You	ur social security number		
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	Employee's first name and initial Mailing address (number and street or rural City, village, or post office	Last name route)		Apt no.	wh	Use this form onl len you are unable	y e to W-2	
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Print or type	Employee's first name and initial Mailing address (number and street or rural City, village, or post office Employer's name Address (number and street or rural route) City, village, or post office Total wages before any deductions	Last name	State	Apt no. ZIP code ZIP code	whobt	Use this form onl len you are unable ain federal Form rom your employe	y e to W-2 er.	
Print or type	Employee's first name and initial Mailing address (number and street or rural City, village, or post office Employer's name Address (number and street or rural route) City, village, or post office	Last name	State	Apt no. ZIP code ZIP code	. 1 2 3.	Use this form onl len you are unable ain federal Form rom your employe	y e to W-2 er.	

Date