



Summary of W-2 Statements New York State • New York City • Yonkers



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

| Taxpayer's first name and middle initial | | Taxpayer's last name | | | | ▼ Your soci | ▼ Your social security number | | |
|--|---------------------|----------------------|------------|----------------|------------------|-------------|--|----------------|--|
| Spouse's first name and middle initial | | Spouse's last name | | | | ▼ Spouse's | ▼ Spouse's social security number | | |
| | | | | | | | | | |
| Box c Employer's r | name and full addre | ess (including ZIP o | code) | | | | | | |
| W-2 | | , | | | | | | | |
| Record 1 | D 10- A | 4 | | T 0- 1- | D 45 Ott | | | NIVO) | |
| Box b Employer identification number (EIN) | Box 12a Amount | | | ▼ Code | Box 15 State | BOX 16 Stat | Box 16 State wages, tips, etc. (for NYS) | | |
| | Box 12b Amou | unt | • - | ▼ Code | | Box 17 New | York State income tax | x withheld | |
| This W-2 record is for | | | | | | | |]. | |
| (mark an X in one box): | Box 12c Amo | unt | . — | ▼ Code | | Box 18 Loca | al wages, tips, etc. (se | e instr.) | |
| Taxpayer Spouse | | | • | | Localit | y a | | ļ• - | |
| Box 1 Wages, tips, other compensation | Box 12d Amou | unt | 1 [| ▼ Code | Locality | | |]• <u> </u> | |
| Pay 9. Allocated tipe | | | • | | | Box 19 Loca | al income tax withheld | í 1 | |
| Box 8 Allocated tips | Box 13 Statuto | orv emplovee | | | Localit | | | • | |
| • | Box 14a Amoi | | | ▼ Descript | Locality tion | / b [| Box 20 Locality nam |]•∟ 1e | |
| | | | 1. | | | Locality a | | | |
| Box 10 Dependent care benefits | Box 14b Amou | ox 14b Amount | | ▼ Description | | Locality b | | | |
| | | | | | | | | | |
| Box 11 Nonqualified plans | Box 14c Amount | | ▼ Descript | tion | \neg | | | | |
| • | | | • | | | | Corrected (W- | 2c) | |
| Do not detach. Box c Employer's r | name and full addre | ess (including ZIP o | code) | | | | | | |
| W-2 | | | | | | | | | |
| Record 2 | | | | | | | | | |
| Pay h Employer identification number (EIN) | Box 12a Amor | unt | 1 | ▼ Code | Box 15 State | Box 16 Stat | e wages, tips, etc. (fo | r NYS) | |
| Box b Employer identification number (EIN) | | | • | | | J <u> </u> | |]•[| |
| | Box 12b Amor | unt | | ▼ Code | | Box 17 New | York State income tax | x withheld | |
| This W-2 record is for (mark an X in one box): | Box 12c Amou | ınt | • | ▼ Code | | Box 18 Loca | al wages, tips, etc. (se | • e_instr | |
| Taxpayer Spouse | | | | | Localit | | |]. | |
| Box 1 Wages, tips, other compensation | Box 12d Amor | unt | | ▼ Code | Localit | | | | |
| | | |]. | | 2004 | | al income tax withheld | i | |
| Box 8 Allocated tips | | | | | Localit | у а | | | |
| • | Box 13 Statuto | ory employee | | | Localit | / b | |] | |
| | Box 14a Amoi | unt | 1 | ▼ Descript | tion | \neg | Box 20 Locality nam | 1e | |
| P 40 D 1 1 5 | | | • | | | Locality a | | | |
| Box 10 Dependent care benefits | Box 14b Amor | ınt | | ▼ Descript | tion | Locality b | | | |
| Box 11 Nonqualified plans | Box 14c Amor | ınt | • | ▼ Descript | tion | | | | |
| Torrigadinos plano | 202 140 / (110) | | | Descript | | \neg | Corrected (W-2 | 2c) | |
| • | | | • | | | | 2220104 (** / | , | |

| I T-2 (2011) (back) | | ▼ Your social security number | | | | ▼ Spouse's social security number | | |
|-----------------------------------|---------------|---------------------------------|--------------|-----------|----------------------|-----------------------------------|-----------------------|------------|
| | | | | | | | | |
| | | | | | | | | |
| Do not detach. Box c | Employer's na | ame and full address (including | ng ZIP code) | | | | | |
| W-2 | | | | | | | | |
| Record 3 | | | | | | | | |
| | | Box 12a Amount | | ▼ Code | Box 15 State | Box 16 State | wages, tips, etc. (fo | or NYS) |
| Box b Employer identification nur | mber (EIN) | | • | | | | |].[|
| | | Box 12b Amount | | ▼ Code | | Box 17 New Y | York State income ta | x withheld |
| This W-2 record is for | | | • | | | | |]. |
| (mark an X in one box): | | Box 12c Amount | | ▼ Code | | Box 18 Local | wages, tips, etc. (se | e instr.) |
| Taxpayer Spot | use | | • | | Locality a | | |]. |
| Box 1 Wages, tips, other compen | sation | Box 12d Amount | | ▼ Code | Locality b | | | . |
| |]. | | • | | , | Box 19 Local | income tax withheld | <u>t</u> |
| Box 8 Allocated tips | | | | | Locality a | | | J . |
| |]. | Box 13 Statutory employe | ee | | Locality b | | |].[|
| | | Box 14a Amount | ▼ Descrip | tion | Box 20 Locality name | | | |
| | | | | | | Locality a | | |
| Box 10 Dependent care benefits | | Box 14b Amount | | ▼ Descrip | tion | Locality b | | |
| | | | | | | | | |

General instructions

Box 11 Nonqualified plans

Who must file this form - All filers of New York State (NYS) income tax returns who received federal Form(s) W-2, Wage and Tax Statement, must complete Form IT-2. Filers who received foreign earned income but did not receive a federal Form W-2 must also complete Form IT-2. Foreign earned income includes, but is not limited to salaries, wages, commissions, bonuses, professional fees, tips, certain noncash income, and allowances or reimbursements.

Box 14c Amount

How to complete Form IT-2 — Complete one W-2 Record section for each federal Form W-2 you (and if filing jointly, your spouse) received. Enter only the information requested on Form IT-2. Complete additional Forms IT-2 if necessary. You must complete a W-2 Record even if your federal Form W-2 does not show any NYS, New York City (NYC), or Yonkers wages or tax withheld. Each box on the W-2 Record corresponds to a similarly named or numbered box or area on federal Form W-2. Enter the amount, code, or description provided on your federal Form W-2 in the corresponding boxes on the W-2 Record.

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

Multiple W-2 records for one federal Form W-2 — If your federal Form W-2 shows more than four coded items in box 12, or more than three items in box 14, complete an additional W-2 record. Fill in boxes b and **c** with the same information as on the first *W-2 Record* for the same federal Form W-2, and mark an **X** in the *Taxpayer* or *Spouse box*. Then enter the additional items in box 12 or box 14. Do not fill in additional W-2 Records to report withholding by other states for the same wages.

Specific instructions

Enter your name and social security number and, if married, your spouse's name and social security number.

Enter in boxes **b** and **c** the employer identification number (EIN) and employer's name and address as they appear on the corresponding federal Form W-2. Filers with foreign earned income: If the employer's identification number exceeds the space allowed, leave box **b** blank.

If you are the employee on federal Form W-2, mark an X in the Taxpayer box on the W-2 Record. If your **spouse** is the employee, mark an $\textbf{\textit{X}}$ in the Spouse box.

Box 1 — Enter federal wages, tips, and other compensation shown in Box 1 of federal Form W-2.

Boxes 8, 10, and 11 — If applicable, enter the amounts from federal Form W-2, for allocated tips, dependent care benefits, and nonqualified

Boxes 12a through 12d - Enter the amount(s) and code(s), if any, shown in the corresponding boxes on federal Form W-2 (such as

code J, nontaxable sick pay, or code AA, designated Roth contributions under a section 401(k) plan, etc.). If there are more than four coded amounts, see Multiple W-2 Records for one federal Form W-2 above.

Corrected (W-2c)

Box 13 — Mark an X in the Statutory employee box if your federal Form W-2 has a statutory employee box and that box is checked. Otherwise, leave blank,

▼ Description

Boxes 14a through 14c - Enter the amount(s) and description(s), if any, shown in box 14 of federal Form W-2 (such as 414(h) or IRC 125 contributions, union dues, or uniform allowances, etc.). If there are more than three amounts and descriptions, see Multiple W-2 records for one federal Form W-2 above.

Boxes 15 through 20 — Complete boxes 15 through 20 only if your federal Form W-2 shows NYS, NYC, or Yonkers wages or withholding. Otherwise, leave blank. Do not enter wages or withholding in boxes 15 through 20 for any state or locality other than NYS, NYC, or Yonkers. You must complete all other boxes on the W-2 Record as applicable.

Boxes 18, 19, and 20 (NYC or Yonkers only) - If applicable, enter in the Locality a boxes, local wages, income tax, and locality name (write NYC for New York City or Yonkers for Yonkers) from your federal Form W-2. To report both localities, enter the other local wages, income tax, and locality name (NYC or Yonkers) in the Locality b boxes.

Corrected (W-2c) box — Mark an X in this box if the W-2 Record is for a federal Form W-2c, Corrected Wage and Tax Statement.

Transfer the tax withheld amounts to your income tax return. Total the NYS tax withheld amounts, total the NYC tax withheld amounts, and total the Yonkers tax withheld amounts from all W-2 Records, 1099-R Records, Form(s) IT-1099-UI, and federal Form(s) W-2G, if applicable. Transfer these totals separately as follows:

- NYS tax withheld Enter on Form IT-201, line 72; Form IT-203, line 62; or Form IT-205, line 34.
- NYC tax withheld Enter on Form IT-201, line 73; Form IT-203, line 63; or Form IT-205, line 35.
- Yonkers tax withheld Enter on Form IT-201, line 74; Form IT-203, line 64; or Form IT-205, line 36.

Attach Forms IT-2, IT-1099-R, IT-1099-UI, and W-2G, if applicable, to your income tax return. Do not attach your federal Form(s) W-2, 1099-R, or 1099-G; keep them for your records. See the instructions for Forms IT-201, IT-203, or IT-205 for information on assembling your return.

1022110094