



# New York State E-File Signature Authorization for Tax Year 2021

## For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

**Electronic return originator (ERO):** Do not mail this form to the Tax Department. Keep it for your records.

|                                      |   |
|--------------------------------------|---|
| Taxpayer's name<br>CHARLES E SCHUMER | Spouse's name (jointly filed return only)<br>IRIS SCHUMER |
|--------------------------------------|---|

### Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

### General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2), *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2021 Form IT-370 and Tax Year 2022 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

### Part A – Tax return information

|  |    |         |
|--|----|---------|
| 1 Federal adjusted gross income (from applicable line).....  | 1. | 599213. |
| 2 Refund.....  | 2. | 5549.   |
| 3 Amount you owe.....  | 3. |         |
| 4 Financial institution routing number.....  | 4. |         |
| 5 Financial institution account number.....  | 5. |         |
| 6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings |    |         |

### Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2021 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2021 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2021 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

|  |      |
|--|------|
| Taxpayer's signature                           | Date |
| Spouse's signature (jointly filed return only) | Date |

### Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2021 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2021 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

### Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

|                           |            |      |
|---------------------------|------------|------|
| ERO's signature           | Print name | Date |
| Paid preparer's signature | Print name | Date |



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, 2021, through December 31, 2021, or fiscal year beginning ... **21**

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        |
| CHARLES  | E     | SCHUMER  | 11231950                            |                                    |
| Spouse's first name  | MI    | Spouse's last name   | Spouse's date of birth (mmddyyyy)   | Spouse's Social Security number    |
| IRIS   |       | SCHUMER  |                                     |                                    |
| Mailing address (see instructions, page 12) (number and street or PO Box)                        |       |  | Apartment number                    | New York State county of residence |
|  |       |  |                                     | BROOKLYN                           |
| City, village, or post office  | State | ZIP code   | Country                             | School district name               |
| BROOKLYN   | NY    |  |                                     |                                    |
| Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route) |       |  | Apartment number                    | School district code number        |
|  |       |  |                                     |                                    |
| 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 2021 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 13) Yes  No

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) Yes  No

E (1) Did you or your spouse maintain living quarters in NYC during 2021? (see page 13) Yes  No

(2) Enter the number of days spent in NYC in 2021 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 13):

(1) Number of months you lived in NYC in 2021 .....

(2) Number of months your spouse lived in NYC in 2021 .....

G Enter your 2-character special condition code(s) if applicable (see page 13) .....

### H Dependent information (see page 14)

| First name | MI | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|------------|----|-----------|--------------|------------------------|--------------------------|
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |

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

**Federal income and adjustments** (see page 14)

Whole dollars only

|     |  |     |           |
|-----|--|-----|-----------|
| 1   | Wages, salaries, tips, etc. ....   | 1   | 598929.00 |
| 2   | Taxable interest income .....  | 2   | 284.00    |
| 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 14) Identify: .....   | 16  | .00       |
| 17  | Add lines 1 through 11 and 13 through 16 .....   | 17  | 599213.00 |
| 18  | Total federal adjustments to income (see page 14) Identify: .....  | 18  | .00       |
| 19  | Federal adjusted gross income (subtract line 18 from line 17) .....  | 19  | 599213.00 |
| 19a | Recomputed federal adjusted gross income (see page 14, Line 19a worksheet) .....   | 19a | 599213.00 |

**New York additions** (see page 15)

|    |  |    |           |
|----|--|----|-----------|
| 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 15) .....          | 21 | 17400.00  |
| 22 | New York's 529 college savings program distributions (see page 15) .....                                       | 22 | .00       |
| 23 | Other (Form IT-225, line 9) .....  | 23 | 3826.00   |
| 24 | Add lines 19a through 23 .....   | 24 | 620439.00 |

**New York subtractions** (see page 16)

|    |  |    |           |
|----|--|----|-----------|
| 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 16) .....     | 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 17) .....                                 | 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 | 620439.00 |

**Standard deduction or itemized deduction** (see page 19)

|    |   |    |           |
|----|---|----|-----------|
| 34 | Enter your <b>standard deduction</b> (table on page 19) or your <b>itemized deduction</b> (from Form IT-196)<br>Mark an X in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b> ..... | 34 | 16050.00  |
| 35 | Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....  | 35 | 604389.00 |
| 36 | Dependent exemptions (enter the number of dependents listed in item H; see page 19) .....   | 36 | 000.00    |
| 37 | Taxable income (subtract line 36 from line 35) .....  | 37 | 604389.00 |

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

CHARLES E AND IRIS SCHUMER

**Tax computation, credits, and other taxes**

|    |  |    |           |
|----|--|----|-----------|
| 38 | Taxable income (from line 37 on page 2)                                      | 38 | 604389.00 |
| 39 | NYS tax on line 38 amount (see page 20)                                      | 39 | 41401.00  |
| 40 | NYS household credit (page 20, table 1, 2, or 3)                             | 40 | .00       |
| 41 | Resident credit (see page 21)  | 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 | 41401.00  |
| 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 | 41401.00  |

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

|     |   |     |           |
|-----|---|-----|-----------|
| 47  | NYC taxable income (see page 21)  | 47  | 604389.00 |
| 47a | NYC resident tax on line 47 amount (see page 21)  | 47a | 23202.00  |
| 48  | NYC household credit (page 21)  | 48  | .00       |
| 49  | Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)  | 49  | 23202.00  |
| 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  | 23202.00  |
| 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  | 23202.00  |
| 54a | MCTMT net earnings base   | 54a | .00       |
| 54b | MCTMT   | 54b | .00       |
| 55  | Yonkers resident income tax surcharge (see page 24)   | 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  | 23202.00  |
| 59  | Sales or use tax (see page 25; 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  | 64603.00  |

See instructions on pages 21 through 24 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number

62 Enter amount from line 61 ..... **62** 64 603 .00

**Payments and refundable credits** (see pages 26 through 29)

|   |     |           |
|---|-----|-----------|
| 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 This line intentionally left blank                              | 70a |           |
| 71 Other refundable credits (Form IT-201-ATT, line 18)              | 71  | .00       |
| 72 Total New York State tax withheld                                | 72  | 51488 .00 |
| 73 Total New York City tax withheld                                 | 73  | 18664 .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 11).

Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75) ..... **76** 70152 .00

**Your refund, amount you owe, and account information** (see pages 30 through 32)

|   |     |          |
|---|-----|----------|
| 77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 30)                                      | 77  | 5549 .00 |
| 78 Amount of line 77 available for refund (subtract line 79 from line 77)<br>TIP: Use this amount to check your refund status online. | 78  | 5549 .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 | 5549 .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 2022 estimated tax (see instructions) ..... **79** .00

See page 31 for payment options.

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 the proper assembly of your return.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31) ..... **81** .00

See page 34 for the proper assembly of your return.

82 Other penalties and interest (see page 31) ..... **82** .00

83 Account information for direct deposit or electronic funds withdrawal (see page 32).

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. 32)

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

83b Routing number  83c Account number

84 Electronic funds withdrawal (see page 32) ..... Date  Amount  .00

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

|   |  |                                   |
|---|--|-----------------------------------|
| <p>▼ Paid preparer must complete ▼ (see instructions)</p> <p>Preparer's signature</p> <p>Firm's name (for yours, if self-employed)</p> <p>Address</p> <p>Email:</p> | <p>Preparer's NYTPRIN</p> <p>Preparer's printed name</p> <p>Preparer's PTIN or SSN</p> <p>Employer identification number</p> <p>Date</p> | <p>NYTPRIN excl. code   0   3</p> |
|---|--|-----------------------------------|

|   |
|---|
| <p>▼ Taxpayer(s) must sign here ▼</p> <p>Your signature</p> <p>Your occupation<br/>U. S. SENATOR</p> <p>Spouse's signature and occupation (if joint return)<br/>ADMINISTRATOR</p> <p>Date</p> <p>Daytime phone number<br/>( )</p> <p>Email:</p> |
|---|

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance  
**New York State Modifications**  
 Attachment to Form IT-201, IT-203, IT-204, or IT-205

**IT-225**

|                            |                                       |
|----------------------------|---------------------------------------|
| Name(s) as shown on return | Identifying number as shown on return |
| CHARLES E AND IRIS SCHUMER |                                       |

Complete all parts that apply to you; see instructions (Form IT-225-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an X in the box identifying the return you are filing: IT-201  IT-203  IT-204  IT-205

**Schedule A – New York State additions** (enter whole dollars only)

**Part 1 – Individuals, partnerships, and estates or trusts**

1 New York State additions

|    | Number        | A - Total amount | B - NYS allocated amount |
|----|---------------|------------------|--------------------------|
| 1a | A - 1   0   1 | 3826.00          | .00                      |
| 1b | A -           | .00              | .00                      |
| 1c | A -           | .00              | .00                      |
| 1d | A -           | .00              | .00                      |
| 1e | A -           | .00              | .00                      |
| 1f | A -           | .00              | .00                      |
| 1g | A -           | .00              | .00                      |

|  |   |         |
|--|---|---------|
| 2 Total (add column A, lines 1a through 1g) .....  | 2 | 3826.00 |
| 3 Total of Schedule A, Part 1, column A amounts from additional Form(s) IT-225, if any ..... | 3 | .00     |
| 4 Add lines 2 and 3 .....  | 4 | 3826.00 |

**Part 2 – Partners, shareholders, and beneficiaries**



Form IT-201 filers: do not enter EA-113  
 Form IT-203 filers: do not enter EA-113  
 Form IT-205 filers: do not enter EA-113 or EA-201

5 New York State additions

|    | Number | A - Total amount | B - NYS allocated amount |
|----|--------|------------------|--------------------------|
| 5a | EA -   | .00              | .00                      |
| 5b | EA -   | .00              | .00                      |
| 5c | EA -   | .00              | .00                      |
| 5d | EA -   | .00              | .00                      |
| 5e | EA -   | .00              | .00                      |
| 5f | EA -   | .00              | .00                      |
| 5g | EA -   | .00              | .00                      |

|  |   |         |
|--|---|---------|
| 6 Total (add column A, lines 5a through 5g) .....  | 6 | .00     |
| 7 Total of Schedule A, Part 2, column A amounts from additional Form(s) IT-225, if any ..... | 7 | .00     |
| 8 Add lines 6 and 7 .....  | 8 | .00     |
| 9 Total additions (add lines 4 and 8; see instructions) .....                                | 9 | 3826.00 |

(continued)

NO HANDWRITTEN ENTRIES ON THIS FORM

**Schedule B – New York State subtractions** (enter whole dollars only)


**Part 1 – Individuals, partnerships, and estates or trusts**

10 New York State subtractions

| Number |     | A - Total amount | B - NYS allocated amount |
|--------|-----|------------------|--------------------------|
| 10a    | S - | .00              | .00                      |
| 10b    | S - | .00              | .00                      |
| 10c    | S - | .00              | .00                      |
| 10d    | S - | .00              | .00                      |
| 10e    | S - | .00              | .00                      |
| 10f    | S - | .00              | .00                      |
| 10g    | S - | .00              | .00                      |

|    |  |    |     |
|----|--|----|-----|
| 11 | Total (add column A, lines 10a through 10g) .....  | 11 | .00 |
| 12 | Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-225, if any ..... | 12 | .00 |
| 13 | Add lines 11 and 12 .....  | 13 | .00 |

**Part 2 – Partners, shareholders, and beneficiaries**

 Form IT-201 filers: do not enter ES-106, ES-107, or ES-125  
 Form IT-203 filers: do not enter ES-106, ES-107, or ES-125  
 Form IT-205 filers: do not enter ES-125

14 New York State subtractions

| Number |      | A - Total amount | B - NYS allocated amount |
|--------|------|------------------|--------------------------|
| 14a    | ES - | .00              | .00                      |
| 14b    | ES - | .00              | .00                      |
| 14c    | ES - | .00              | .00                      |
| 14d    | ES - | .00              | .00                      |
| 14e    | ES - | .00              | .00                      |
| 14f    | ES - | .00              | .00                      |
| 14g    | ES - | .00              | .00                      |

|    |  |    |     |
|----|--|----|-----|
| 15 | Total (add column A, lines 14a through 14g) .....  | 15 | .00 |
| 16 | Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-225, if any ..... | 16 | .00 |
| 17 | Add lines 15 and 16 .....  | 17 | .00 |
| 18 | <b>Total subtractions</b> (add lines 13 and 17; see instructions) .....                    | 18 | .00 |

NO HANDWRITTEN ENTRIES ON THIS FORM



Department of Taxation and Finance

# Summary of W-2 Statements

# IT-2

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 with your return. See instructions on the back.

## W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

Box 1 Wages, tips, other compensation

Box 8 Allocated tips

Box 10 Dependent care benefits

Box 11 Nonqualified plans

Box c Employer's information

Employer's name

Employer's address (number and street)

City State ZIP code Country (if not United States)

|            |    |            |  |
|------------|----|------------|--|
| WASHINGTON | DC | 20510-7104 |  |
|------------|----|------------|--|

Box 12a Amount Code

Box 12b Amount Code

Box 12c Amount Code

Box 12d Amount Code

Box 14a Amount

Box 14b Amount

Box 14c Amount

Box 14d Amount

Description

Description

Description

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

Box 16a NYS wages, tips, etc.

Box 17a NYS income tax withheld

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

Box 17b Other state income tax withheld

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

Locality b

Box 19 Local income tax withheld

Locality a

Locality b

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 1 Wages, tips, other compensation

Box 8 Allocated tips

Box 10 Dependent care benefits

Box 11 Nonqualified plans

Box c Employer's information

Employer's name

Employer's address (number and street)

City State ZIP code Country (if not United States)

|          |    |       |  |
|----------|----|-------|--|
| NEW YORK | NY | 10016 |  |
|----------|----|-------|--|

Box 12a Amount Code

Box 12b Amount Code

Box 12c Amount Code

Box 12d Amount Code

Box 14a Amount

Box 14b Amount

Box 14c Amount

Box 14d Amount

Description

Description

Description

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

Box 16a NYS wages, tips, etc.

Box 17a NYS income tax withheld

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

Box 17b Other state income tax withheld

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

Locality b

Box 19 Local income tax withheld

Locality a

Locality b

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM