



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.

Attention tax return preparer:

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

Preparers who file paper returns are subject to penalties.

Avoid penalties and e-file this return.

Attention taxpayer:

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **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

Amended Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201-X

For the full year January 1, 2020, through December 31, 2020, or fiscal year beginning ...
and ending ...

See the instructions, Form IT-201-X-1, for help completing your amended return.

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	
HETALI			SHAH		02141995	746533732	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number	
						03454460	
Mailing address (number and street or PO box)					Apartment number	New York State county of residence	
111 GARFIELD PL					407	NASSAU	
City, village, or post office			State	ZIP code	Country (if not United States)		School district name
CINCINNATI			OH	45202			HICKSVILLE
Taxpayer's permanent home address (number and street or rural route)					Apartment number	School district code number	
						273	
City, village, or post office			State	ZIP code	Decedent information	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 2020 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 file an **amended federal** return? (see instructions) Yes No

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see Form IT-201-I, page 15) Yes No

E (1) Did you or your spouse **maintain living quarters in NYC** during 2020? Yes No
(2) Enter the number of days spent in NYC in 2020 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only:
(1) Number of months **you** lived in NYC in 2020
(2) Number of months **your spouse** lived in NYC in 2020

G Enter your **2-character special condition code(s) if applicable** (see instructions)



H Dependent information

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
746533732

Federal income and adjustments

Whole dollars only

Table with 11 columns: Line number, Description, and Amount. Rows include Wages, salaries, tips, etc. (40821.00), Taxable interest income (275.00), Ordinary dividends (.00), Taxable refunds, credits, or offsets of state and local income taxes (.00), Alimony received (.00), Business income or loss (.00), Capital gain or loss (.00), Other gains or losses (.00), Taxable amount of IRA distributions (.00), Taxable amount of pensions and annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (.00), Rental real estate included in line 11 (.00), Farm income or loss (.00), Unemployment compensation (.00), Taxable amount of Social Security benefits (.00), Other income (Identify: .00), Add lines 1 through 11 and 13 through 16 (41096.00), Total federal adjustments to income (Identify: .00), Federal adjusted gross income (41096.00), and Recomputed federal adjusted gross income (41096.00).

New York additions

Table with 4 columns: Line number, Description, and Amount. Rows include Interest income on state and local bonds and obligations (but not those of NYS or its local governments) (.00), Public employee 414(h) retirement contributions from your wage and tax statements (.00), New York's 529 college savings program distributions (.00), Other (Form IT-225, line 9) (.00), and Add lines 19a through 23 (41096.00).

New York subtractions

Table with 4 columns: Line number, Description, and Amount. Rows include Taxable refunds, credits, or offsets of state and local income taxes (from line 4) (.00), Pensions of NYS and local governments and the federal government (.00), Taxable amount of Social Security benefits (from line 15) (.00), Interest income on U.S. government bonds (.00), Pension and annuity income exclusion (.00), New York's 529 college savings program deduction/earnings (.00), Other (Form IT-225, line 18) (.00), Add lines 25 through 31 (.00), and New York adjusted gross income (subtract line 32 from line 24) (41096.00).

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361002203555



Name(s) as shown on page 1
 HETALI SHAH

Your Social Security number
 746533732

Standard deduction or itemized deduction

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from Form IT-196)

Mark an **X** in the appropriate box: **Standard** - or - **Itemized**

35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)
 36 Dependent exemptions (enter the number of dependents listed in item H)
 37 **Taxable income** (subtract line 36 from line 35)

34	8000.00
35	33096.00
36	000.00
37	33096.00

**New York State
 standard deduction table**

Filing status (from the front page)	Standard deduction (enter on line 34 above)
① Single and you marked item C Yes	\$ 3,100
① Single and you marked item C No	8,000
② Married filing joint return	16,050
③ Married filing separate return	8,000
④ Head of household (with qualifying person)	11,200
⑤ Qualifying widow(er)	16,050

(continued on page 4)

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Your Social Security number
746533732

Tax computation, credits, and other taxes

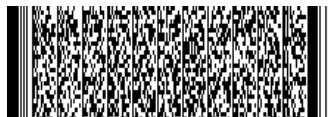
38 Taxable income (from line 37 on page 3)	38	33096.00
39 NYS tax on line 38 amount	39	1753.00
40 NYS household credit	40	.00
41 Resident credit	41	.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43 Add lines 40, 41, and 42	43	.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	1753.00
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	1753.00

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

47 NYC taxable income	47	.00
47a NYC resident tax on line 47 amount	47a	.00
48 NYC household credit	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	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 as reported on your original return (see instructions. Do not leave line 59 blank.)	59	0.00
60 Voluntary contributions as reported on your original return (or as adjusted by the Tax Department; see instructions)	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	1753.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

361004203555




Name(s) as shown on page 1
HETALI SHAH

Your Social Security number
746533732

62 Enter amount from line 61 **62** 1753.00

Payments and refundable credits

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	1527.00
73	Total New York City tax withheld	73	470.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments / Amount paid with Form IT-370	75	.00
76	Amount paid with original return, plus additional tax paid after your original return was filed (see instructions)	76	0.00
77	Total payments (add lines 63 through 76)	77	1997.00

 You must submit all required forms. Failure to do so will result in an adjustment to your return.

See *Important information* in the instructions.



78 **Overpayment**, if any, as shown on original return or previously adjusted by NY State (see instr.) ... **78** .00

78a Amount from original **Form IT-201, line 79** (see instructions) **78a** .00

79 Subtract line 78 from line 77 **79** 1997.00

Your refund

80 If line 79 is **more than** line 62, subtract line 62 from line 79 and indicate how you want your **refund**

Mark one refund choice: **direct deposit** (fill in lines 82 through 82c) - or - **paper check** **80** 244.00

Amount you owe

81 If line 79 is **less than** line 62, subtract line 79 from line 62 (see instructions) **81** .00

To pay by electronic funds withdrawal, mark an **X** in the box and fill in lines 82 through 82d. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return.

Account information

82 Account information for direct deposit or electronic funds withdrawal (see instructions)

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 instructions)

82a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

82b Routing number 322271627 82c Account number 72736917

82d Electronic funds withdrawal (see instructions) Date Amount00

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Your Social Security number
746533732

83 Reason(s) for amending your return (mark an X in all applicable boxes; see instructions)

- 83a Federal audit change (complete lines 84 through 91 below)
- 83b Worthless stock/securities
- 83c Claim of right
- 83d Wages
- 83e Military
- 83f Court ruling
- 83g Workers' compensation
- 83h Treaties/visa
- 83i Tax shelter transaction
- 83j Credit claim.....
- 83k Protective claim (see instructions)
- 83l Net operating loss (see instructions). Mark an X in the box and enter the year of the loss
- 83m Report Social Security number (SSN) Prior identification number Date SSN was issued
- 83n Other. Mark an X in the box ... and explain: I AM RESIDENT OF NASSAU COUNTY, PREVIOUSLY WRONGLY FILED WITH THE CITY TAXES, NOW THROUGH THIS AMENDMENT CORRECTING THE CITY TAXES
- 83o To report adjustments to partnership or S corporation income, gain, loss or deduction, provide the following information: Partnership S corporation

Name of partnership or S corporation	Identifying number	Principal business activity
Address of partnership or S corporation		



If you marked an X in box 83a above, you must complete lines 84 through 91 below. All others may skip lines 84 through 91 and go directly to the Third-party designee question. You must sign your amended return below.

- 84 Enter the date (mmddyyyy) of the final federal determination (Explain) _____
- 85 Do you concede the federal audit changes (If No, explain below.)..... Yes No

86 List federal changes

86a _____	86a .00
86b _____	86b .00
86c _____	86c .00
86d _____	86d .00
86e _____	86e .00

- 87 Net federal changes (increase or decrease) **87** .00
- 88 Federal taxable income (mark an X in one box) Per return Previously adjusted **88** .00
- 89 Corrected federal taxable income **89** .00

- 90 Federal credits disallowed Earned income credit Amount disallowed
Child care credit Amount disallowed

- 91 Federal penalties assessed
- 91a Fraud 91b Negligence 91c Other (explain below)

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

▼ Paid preparer must complete ▼ <i>(see instructions)</i>		Preparer's NYTPRN	NYTPRN excl. code 0 9
Preparer's signature SYAM PRIYA RAM SAGAR GUP		Preparer's printed name SYAM PRIYA RAM SAGAR GU	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC		Preparer's PTIN or SSN P02082703	
Address 2530 PEBBLE CREEK LN CUMMING GA 30041		Employer identification number 301017196	
Email: SYAM@GTAXFILE.COM		Date 09232021	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation INTERNSHIP	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ()
Email: HETALISHAH43@GMAIL.COM	

See instructions for where to mail your return.



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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, 2020, through December 31, 2020, or fiscal year beginning ... **20**

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name HETALI		MI	Your last name (for a joint return, enter spouse's name on line below) SHAH		Your date of birth (mmdyyyyy) 02141995	Your Social Security number 746533732	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmdyyyyy)	Spouse's Social Security number 034554460	
Mailing address (see instructions, page 14) (number and street or PO box) 111 GARFIELD PL					Apartment number 407	New York State county of residence NASSAU	
City, village, or post office CINCINNATI			State OH	ZIP code 45202	Country (if not United States)	School district name HICKSVILLE	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number	School district code number	273
City, village, or post office			State NY	ZIP code	Decedent information	Taxpayer's date of death (mmdyyyyy)	Spouse's date of death (mmdyyyyy)

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 2020 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 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see page 15) Yes No

E (1) Did you or your spouse maintain living quarters in NYC during 2020? (see page 15) Yes No

(2) Enter the number of days spent in NYC in 2020 (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 2020

(2) Number of months your spouse lived in NYC in 2020

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 (mmdyyyyy)

If more than 7 dependents, mark an X in the box.



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Your Social Security number
746533732

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	40821.00
2	Taxable interest income	2	275.00
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	41096.00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	41096.00
19a	Recomputed federal adjusted gross income (see page 16, Line 19a worksheet)	19a	41096.00

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 19a through 23	24	41096.00

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	41096.00



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	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	33096.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	33096.00

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Name(s) as shown on page 1
 HETALI SHAH

Your Social Security number
 746533732

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	33096 .00
39 NYS tax on line 38 amount (see page 22)	39	1753 .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	1753 .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	1753 .00

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

47 NYC taxable income (see page 23).....	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	1753 .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
746533732

62 Enter amount from line 61 **62** 1753 .00

Payments and refundable credits (see pages 28 through 31)

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	1527 .00
73	Total New York City tax withheld	73	470 .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) **76** 1997 .00

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

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	244 .00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	244 .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	244 .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 2021 estimated tax (see instructions) **79** .00

See page 33 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 36 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 33) **81** .00

82 Other penalties and interest (see page 33) **82** .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: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 322271627 83c Account number 72736917

84 Electronic funds withdrawal (see page 34) Date _____ Amount _____ .00

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

▼ Paid preparer must complete ▼ (see instructions)	Preparer's NYTPRN	NYTPRN excl. code 0 9
Preparer's signature SYAM PRIYA RAM SAGAR GUP	Preparer's printed name SYAM PRIYA RAM SAGAR GUP	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC	Preparer's PTIN or SSN P02082703	
Address 2530 PEBBLE CREEK LN CUMMING GA 30041	Employer identification number 301017196	Date 09232021
Email: SYAM@GTAXFILE.COM		

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation INTERNSHIP	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ()
Email: HETALISHAH43@GMAIL.COM	

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

746533732

Box b Employer identification number (EIN)

113418133

Box c Employer's information

Employer's name NORTHWELL HEALTH INC			
Employer's address (number and street) 300 COMMUNITY DRIVE			
City MANHASSET	State NY	ZIP code 11030	Country (if not United States)

Box 1 Wages, tips, other compensation

23974.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

65.00

Description

NY PFL

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

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

NY

Box 16a NYS wages, tips, etc.

23974.00

Box 17a NYS income tax withheld

855.00

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

746533732

Box b Employer identification number (EIN)

472622978

Box c Employer's information

Employer's name TRI-MED STAFFING INC			
Employer's address (number and street) 49 PIERMONT AVE			
City HEWLETT	State NY	ZIP code 11557	Country (if not United States)

Box 1 Wages, tips, other compensation

16847.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

61.00

Description

UI / DB

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

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

NY

Box 16a NYS wages, tips, etc.

16847.00

Box 17a NYS income tax withheld

672.00

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 16847.00

Locality b .00

Box 19 Local income tax withheld

Locality a 470.00

Locality b .00

Box 20 Locality name

Locality a NYC

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001203555

