

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

# Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yonkers • MCTMT

IT-203

2020	For the year J	anuary 1, 2023, throu	gh Decembe	er 31	, 2023, or fiscal year be	-			23
For help completing your re	turn, see the instru	ictions, Form IT-2	03-I.		and	l ending	J		
Your first name and middle initial	Your last name (for a joint	return, enter spouse's name	e on line below)	You	ır date of birth (mmddyyyy)	Your S	ocial Security	number	
KARAN	GUJAR				04121995		702849	<del>)</del> 571	
Spouse's first name and middle initial	Spouse's last name			Spo	ouse's date of birth (mmddyyyy)	Spouse	e's Social Seci	ırity number	
Mailing address (see instructions) (no	ımber and street or PO Box,	)			Apartment number	New Yo	ork State coun	ty of residence	ce
181 BEACON AVE						NR			
City, village, or post office	State	ZIP code	Country			School	district name		
JERSEY CITY	NJ	07306	UNITED	Sī	TATES	NR			
Taxpayer's permanent home addre	SS (see instructions) (no. and	street or rural route)	Apartment no.		City, village, or post office		School distri		
State ZIP code C	country				Decedent	r's date o	f death Spou	se's date of o	death
(mark an X in one box): (enter box) (enter box) (enter box) (a) Head of the content of the conte	ependent on another	numbers above) ving person)  . Yes No	E	iii liiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	information Did you or your spouse man Yonkers for any part of 2 f Yes: Number of months your spouse wo would you or your spouse wo not living in Yonkers for any York City part-year reax, Brooklyn, Manhattar Number of months your spouse of NYC ity in 2023	lived in pouse liver in Yor y part of pesident in Queen lived in a spous pecial control in the period in the perio	Yes  Yonkers in 2  ed in Yonkers  kers while 2023Yes  s only (This ns, and State NY City in 20 e lived  Indition  Ints  k an X in one int period  income from int period  Yes	No includes the land) D23	
f more than 6 dependents, mark	an <b>X</b> in the box.			1					
202001222555									



REV 12/20/23 PRO

Federal amount

702849571

Federal income and adjustments Whole dollars only Whole dollars only 1 Wages, salaries, tips, etc. 68688.00 68688.00 1 1 2 Taxable interest income ..... .00 2 .00 3 3 Ordinary dividends ..... .00 .00 Taxable refunds, credits, or offsets of state and local 4 4 .00 income taxes (also enter on line 24) ..... .00 5 Alimony received ..... 5 .00 5 .00 6 Business income or loss (submit a copy of federal Sch. C, Form 1040) 6 .00 6 .00 7 .00 7 .00 7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) Other gains or losses (submit a copy of federal Form 4797) 8 .00 8 .00 9 9 Taxable amount of IRA distributions. Beneficiaries: mark **X** in box .00 .00 Taxable amount of pensions/annuities. Beneficiaries: mark **X** in box 10 .00 10 .00 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) 11 0.00 11 .00 12 Rental real estate included in line 11 (federal amount) 12. **13** Farm income or loss (submit a copy of federal Sch. F, Form 1040) 13 13 .00 .00 Unemployment compensation..... 14 .00 14 .00 Taxable amount of Social Security benefits (also enter on line 26) 15 .00 15 .00 16 Other income | Identify: 16 .00 16 .00 Add lines 1 through 11 and 13 through 16 ..... 17 68688.00 68688.00 17 Total federal adjustments to income Identify: 18 .00 18 .00 19 19 68688.00 19 Federal adjusted gross income (subtract line 18 from line 17) ... 68688.00 **New York additions** 20 Interest income on state and local bonds and obligations 20 20 (but not those of New York State or its localities) ..... .00 .00 21 Public employee 414(h) retirement contributions ......... 21 .00 21 .00 **22** Other (Form IT-225, line 9) ..... 22 .00 22 .00 68688.00 68688.00 23 Add lines 19 through 22 ..... 23 23 **New York subtractions** 24 Taxable refunds, credits, or offsets of state and 24 .00 24 local income taxes (from line 4) ..... .00 25 Pensions of NYS and local governments and the 25 25 .00 federal government ..... .00 **26** Taxable amount of Social Security benefits (from line 15) 26 .00 26 .00 Interest income on U.S. government bonds ..... 27 .00 27 .00 Pension and annuity income exclusion ..... 28 28 .00 .00 Other (Form IT-225, line 18) ..... 29 29 .00 30 30 Add lines 24 through 29 ..... .00 30 .00 68688.00 68688.00 New York adjusted gross income (subtract line 30 from line 23) 31



32 Enter the amount from line 31, *Federal amount* column .....

**New York State amount** 

0.00

3173.00

See instructions to compute

the MCTMT for each zone.

.00

.00

.00

.00

55

56

57

Name(s) as shown on page 1	Enter your Social Security number		IT 202 (2022) Powe 2 of 4
	702849571		IT-203 (2023) Page 3 of 4 REV 12/20/23 PRO
KARAN GUJAR	702049371		REV 12/20/23 PRO
Standard deduction or itemized deduction			
33 Enter your standard deduction or your itemized deducti	on (from Form IT-196).		
Mark an <b>X</b> in the appropriate box: [	X Standard − or − Itemized	33	800.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, le		34	60688.00
35 Dependent exemptions (enter the number of dependents liste	ed in Item I; see instructions)	35	000.00
36 New York taxable income (subtract line 35 from line 34)		36	60688.00
Tax computation, credits, and other taxes			
37 New York taxable income (from line 36)		37	60688.00
38 New York State tax on line 37 amount		38	3173.00
39 New York State household credit		39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, lea	ave blank)	40	3173.00
41 New York State child and dependent care credit		41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, lea	ave blank)	42	3173.00
43 New York State earned income credit		43	.00
44 Base tax (subtract line 43 from line 42; if line 43 is more than line  45 Income Percentage New York State amount from line 31 68688.00 ÷	Federal amount from line 31  68688.00 =	44 F	3173.00  Round result to 4 decimal places 1.0000
46 Allocated New York State tax (multiply line 44 by the decimal of	on line 45)	46	3173.00
47 New York State nonrefundable credits (Form IT-203-ATT, line	8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, lea	ave blank)	48	3173.00
<b>49</b> Net other New York State taxes (Form IT-203-ATT, line 33)		49	.00
50 Total New York State taxes (add lines 48 and 49)		50	3173.00
New York City and Yonkers taxes, credits, and surcharges	, and MCTMT		
<b>51</b> Part-year New York City resident tax (Form IT-360.1)	.00	S	ee instructions to compute
52 Part-year resident nonrefundable New York City			ew York City and Yonkers
child and dependent care credit	.00		xes, credits, and
<b>52a</b> Subtract line 52 from 51	<b>52a</b> .00	SI	urcharges.
52b MCTMT net earnings			
base for Zone 1 52b			
52c MCTMT net earnings	1		
base for Zone 2 52c .00		1	
<b>52d</b> MCTMT for Zone 1	<b>52d</b> .00		



56

52e MCTMT for Zone 2 .....

52f Total MCTMT (add lines 52d and 52e)

53 Yonkers nonresident earnings tax (Form Y-203) .....

(Form IT-360.1) ......

**54** Part-year Yonkers resident income tax surcharge



52e

52f

53

54

Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52f through 54)

Sales or use tax (Do not leave blank.)

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

Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT,

245 ROONEY CT

Address

E BRUNSWICK NJ 08816

Email: SYAM@GTAXFILE.COM

9 E	Enter amount from line 58					59		3173.00
Pay	yments and refundable credits							
60	Part-year NYC school tax credit (fixed amount) (also complete E on front)	60			.00			ole, complete
		60a			.00			T-2 and/or IT-1099-R
61	Other refundable credits (Form IT-203-ATT, line 17)				.00			it them with your
62	Total <b>New York State</b> tax withheld				3183.00		eturn.	
63	Total New York City tax withheld				.00			end federal
64	Total <b>Yonkers</b> tax withheld				.00	ı	-orm vv-2	2 with your return.
65	Total estimated tax payments/amount paid with Form IT-370				.00			
	Total payments and refundable credits (add lines 60 through					66		3183.00
		ugri 65)				00		3103.00
	ur refund, amount you owe, and account information				ı			
	Amount overpaid (if line 66 is more than line 59, subtract line					67		10.00
68	Amount of line 67 available for refund (subtract line 69 from	m line 67)				68		10.00
	<b>TIP:</b> Use this amount to check your refund status online.				ı			
	Amount of line 68 that you want to deposit into a NYS 529 account	•	, ,		,			.00
8b	Total refund after NYS 529 account deposit (subtract line 68	Ba from line	68)			68b		10.00
	Mark one refund choice: Amount of line 67 that you want applied to your 2024 estimated tax (see instructions)  Amount you owe (if line 66 is less than line 59, subtract line 66 funds withdrawal, mark an X in the box and fill in line 10.	(fill in line 73	3) - <b>or</b> 59). To p d 74. If	ay by ele	by check	r	easiest, fa efund.	Direct deposit is the stest way to get your uctions for payment
	or money order you <b>must</b> complete Form IT-201-V and	mail it with	n your re	eturn		70		.00
71	Estimated tax penalty (include this amount on line 70,						e inetr	uctions for the
	or reduce the overpayment on line 67)				.00			sembly of your
	Other penalties and interest				.00		eturn.	oombly of your
73	Account information for direct deposit or electronic funds v							
	If the funds for your payment (or refund) would come from (	or go to) ar	n accou	nt outside	the U.S.,	mark	an <b>X</b> in th	is box
	73a Account type: X Personal checking - or - Personal checking	sonal savinç	gs <b>-or</b>	- D	Business ch	eckin	g - <b>or</b> -	Business savings
	<b>73b</b> Routing number 031201360 <b>73c</b>	Account n	number			4352	2075430	)
74	Electronic funds withdrawal	Date			Amoun	, [		.00
, 4	Electronic funds withdrawar	Date			Amoun			.00
	Third-party Print designee's name		Design	nee's phone	e number			Personal identification
des	signee? (see instr.)		(	)				number (PIN)
Yes	No X Email:			,				
		YTPRIN	19		▼ Taxpa	yer(s	) must si	gn here ▼
	(see instructions) ex arer's signature Preparer's printed name	ioi. code   U	1 <sup>9</sup>	Your signat				
SŸ	AM PŘIYA RAM SAGAR GUP SÝAM PRIYA RAM		UP					
	's name (or yours, if self-employed)  OBAL TAXES LLC  Policy  Preparer's PT  P020	IN or SSN 082703		Your occup SUPPLY	ation CHAIN	MAN	IAGER	
			1 1					

See instructions for where to mail your return.

Daytime phone number

(848)248 1418

Spouse's signature and occupation (if joint return)

Email: KARAN.D.GUJAR@GMAIL.COM





Date

Employer identification number

Date

843171965

02012024



# Passive Activity Loss Limitations For Nonresidents and Part-Year Residents

Submit with your Form IT-203 or IT-205.

· · · · · · · · · · · · · · · · · · ·				
Name as shown on return		Identifying number as	shown on	return
KARAN GUJAR		7	028495	71
See the instructions on page 4, before completing this form.				
Part I – Passive activity loss (see instructions)				
Rental real estate activities with active participation				
1a Activities with net income from Part IV, column (a)	1а	.00		
1b Activities with net loss from Part IV, column (b)	1b	.00		
1c Prior years unallowed losses from Part IV, column (c) (see instructions)	1с	.00		
1d Add lines 1a, 1b, and 1c			1d	.00
All other passive activities				
2a Activities with net income from Part V, column (a)	2a	0 .00	-	
2b Activities with net loss from Part V, column (b)		-6810.00		
2c Prior years unallowed losses from Part V, column (c) (see instructions)	2c	.00		
2d Add lines 2a, 2b, and 2c			2d	-6810 <b>.</b> 00
entered on line 1c or 2c. Report the losses on the forms and schedul If line 3 is a loss and:  • Line 1d is a loss, go to Part II.  • Line 2d is a loss (and line 1d is zero or more), Caution: If married filing separately, filing status ③, and you lived with your stated, go to line 10.  Part II – Special allowance for rental real estate activities with account of the state activities with a sta	skip Part II spouse at a	and go to Part III, lind any time during the ye cipation (see instruc	ar, <b>do n</b> o	<b>זנ</b> complete Part II.
Note: Enter all numbers in Part II as positive amounts (greater than zer				
4 Enter the smaller of the loss on line 1d or the loss on line 3			4	.00
5 Enter 150,000 (if married filing separately, see instructions)		.00	1	
<ul> <li>6 Enter federal modified adjusted gross income, but not less than zero (see Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8, an leave line 9 blank. Otherwise, go to line 7.</li> <li>7 Subtract line 6 from line 5</li></ul>	nd	.00	1	
8 Multiply line 7 by 50% (.5). Do not enter more than 25,000. (If married filing s	eparately, fili	ng status ③, see instr.)	8	.00
9 Enter the smaller of line 4 or line 8 (if line 3 includes any CRD, see instruction	ons)		9	0.00
Part III – Total losses allowed				
40 Add the income if any frame lines 4s and 0s and antended to			40	
10 Add the income, if any, from lines 1a and 2a and enter the total			10	0.00
11 Total losses allowed from all passive activities for this year. (Add line instructions to find out how to report the losses on your return.)			11	0.00



## Part IV - For Part I, lines 1a, 1b, and 1c (see instructions)

			Current year		Current year Prior years		Overall gain or loss	
			(a)	(b)	(c)	(d)	(e)	
Name of activity/property description and address	Date of acquisition	Date of sale	Net income (line 1a)	Net loss (line 1b)	Unallowed loss (line 1c)	Gain	Loss	
			.00	.00	.00	.00	.00	
			<b>.</b> 00	.00	.00	.00	.00	
			.00	.00	.00	.00	<b>.</b> 00	
			<b>.</b> 00	.00	.00	.00	.00	
			.00	.00	.00	.00	.00	
Totals. Enter on Part I, lines	.00	.00	.00					

### Part V - For Part I, lines 2a, 2b, and 2c (see instructions)

			Current year		Prior years	Overall gain or loss	
			(a)	(b)	(c)	(d)	(e)
Name of activity/property description and address	Date of acquisition	Date of sale	Net income (line 2a)	Net loss (line 2b)	Unallowed loss (line 2c)	Gain	Loss
E-503, MANDLIK NAGAR, S.V.RD			0 .00	6810.00	.00	.00	6810 <b>.00</b>
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			<b>.</b> 00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
Totals. Enter on Part I, lines	s 2a, 2b, and 2	C	0.00	6810 <b>.00</b>	.00		

### Part VI – Use this Part if an amount is shown on Part II, line 9 (see instructions)

Name of activity/property description and address	Form or schedule and line number		(b)	(c) Special	(d) Subtract column (c)
description and address	to be reported on	Loss	Ratio	Allowance	from column (a) ´
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
Totals		.00	1.00	.00	.00

### Part VII - Allocation of unallowed losses (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	<b>(b)</b> Ratio	(c) Unallowed loss
E-503, MANDLIK NAGAR, S.V.RD	E LN 22	6810 <b>.00</b>	1.00000000	6810.00
		.00		.00
		.00		.00
		.00		.00
Totals		6810.00	1.00	6810.00



# Part VIII - Allowed losses (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	<b>(b)</b> Unallowed loss	(c) Allowed loss
E-503, MANDLIK NAGAR, S.V.RD	E LN 22	6810 <b>.00</b>	6810 <b>.00</b>	0.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
Totals		6810 <b>.00</b>	6810 <b>.00</b>	0.00

Part IY _	Activities with	losses reported	on two or more	different forms of	r schodulos /	see instructions)
Pail IX -	ACUVIUES WIUI	102262 Lenotred	on two or more	uniterent forms d	n Schedules (	see instructions)

Name of activity/property description and address:	(a)	(b)	(c)	(d) Unallowed loss	<b>(e)</b> Allowed loss
Form or schedule and line number to be			Natio	1088	1088
reported on (see instructions):		1			
1a Net loss plus prior year unallowed loss from form or schedule	.00				
<b>1b</b> Net income from form or schedule	.00				
1c Subtract line 1b from line 1a. If zero or less,	leave blank	.00		.00	.00
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule	.00				
<b>1b</b> Net income from form or schedule	.00				
1c Subtract line 1b from line 1a. If zero or less,	leave blank	.00		.00	.00
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule	.00				
1b Net income from form or schedule	.00				
1c Subtract line 1b from line 1a. If zero or less,	leave blank	.00		.00	.00
Totals		.00	1.00	.00	.00



Department of Taxation and Finance

# 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 with your return. See instructions on the back.

	_		c Employer's information	on						
W-2 Record	1	Emp	loyer's name							
Box a Employee's Social So	ecurity number		W TRENDS INC							
for this W-2 Record		1	loyer's address (number		-					
70284957			886 COLUMBIA	STREE	ΞT					
Box b Employer identification	n number (EIN)	City				State	ZIP code		Country	
95484579	8	TC	RRANCE			CA	9050	03		
Box 1 Wages, tips, other cor	mpensation	Box 12a	a Amount		Code	Во	x 14a Amount			Description
680	688.00		438	4.00	D				33.00	NYSDI
Box 8 Allocated tips		Box 12b	Amount		Code	Во	x 14b Amount			Description
	.00			.00					332.00	NYPFL
Box 10 Dependent care ben	nefits	Box 120	Amount		Code	Во	x 14c Amount			Description
	.00			.00					.00	
Box 11 Nonqualified plans		Box 120	d Amount		Code	Во	x 14d Amount			Description
	.00			.00					.00	
Box 13 Statutory employee	Retire	ement pla			<u></u>	D	17- NVO :	4	-	Corrected (W-2c)
NY State information:	Box 15a	NIV	Box 16a NYS wage			1	17a NYS incon			
	NY State	NIY	D. 481 OIL 11		688.00		171 011 11		33.00	
Other state information:	Box 15b		Box 16b Other state	e wages,		1 -	17b Other state	income tax		
	other state				.00				.00	
NYC and Yonkers	Pov	<b>10</b> Local	wagon tine etc		Pos	<b>4.10</b> Loo	ıl income tax wi	ithhold		Pay 20 Locality name
information (see instr.):	DOX	16 Local	wages, tips, etc.	٦	B02	K 19 LOCA	ii income tax wi			Box 20 Locality name
, ,	Locality a		.00.	-	ality a			.00	Locality a	
	Locality b		.00.	Loc	ality b			.00	Locality b	
Do no										
	ot detach.		Employer's information	on						
			c Employer's information loyer's name	on						
W-2 Record 2  Box a Employee's Social	2	Emp	loyer's name		4)					
W-2 Record	2	Emp	· ·		et)					
W-2 Record 2 Box a Employee's Social Sofor this W-2 Record	<b>2</b> ecurity number	Emp	loyer's name		et)		700			
W-2 Record 2  Box a Employee's Social	<b>2</b> ecurity number	Emp	loyer's name		et)	State	ZIP code		Country	
W-2 Record 2  Box a Employee's Social Sofor this W-2 Record  Box b Employer identification	ecurity number	Emp Emp	lloyer's name		et)				Country	
W-2 Record 2 Box a Employee's Social Sofor this W-2 Record	ecurity number	Emp Emp	loyer's name		Code		ZIP code		Country	Description
W-2 Record 2  Box a Employee's Social Sofor this W-2 Record  Box b Employer identification  Box 1 Wages, tips, other cor	ecurity number	Emp Emp	lloyer's name						Country .00	Description
W-2 Record 2  Box a Employee's Social Sofor this W-2 Record  Box b Employer identification	ecurity number n number (EIN)	Emp City Box 12a	lloyer's name	r and stree		Во				Description Description
W-2 Record 2  Box a Employee's Social Sofor this W-2 Record  Box b Employer identification  Box 1 Wages, tips, other cor	ecurity number n number (EIN)	Emp City Box 12a	oloyer's name  lloyer's address (number	r and stree	Code	Во	x 14a Amount			
W-2 Record 2  Box a Employee's Social Sofor this W-2 Record  Box b Employer identification  Box 1 Wages, tips, other cor	ecurity number n number (EIN) mpensation .00	Emp City Box 12a	oloyer's name  lloyer's address (number	and stree	Code	Bo	x 14a Amount		.00	
W-2 Record 2  Box a Employee's Social Sofor this W-2 Record  Box b Employer identification  Box 1 Wages, tips, other cord  Box 8 Allocated tips	ecurity number n number (EIN) mpensation .00	Emp City Box 12a	oloyer's name cloyer's address (number a Amount b Amount	and stree	Code Code	Bo	x 14a Amount		.00	Description
W-2 Record 2  Box a Employee's Social Sofor this W-2 Record  Box b Employer identification  Box 1 Wages, tips, other cord  Box 8 Allocated tips	ecurity number n number (EIN) mpensation .00 .00 nefits	Emp  City  Box 12a  Box 12b	oloyer's name cloyer's address (number a Amount b Amount	.00	Code Code	Bo Bo	x 14a Amount		.00	Description
W-2 Record 2  Box a Employee's Social Sofor this W-2 Record  Box b Employer identification  Box 1 Wages, tips, other cor  Box 8 Allocated tips  Box 10 Dependent care ben	ecurity number n number (EIN) mpensation .00 .00 nefits	Emp  City  Box 12a  Box 12b	oloyer's name  loyer's address (number  A Amount  Amount  Amount	.00	Code Code Code	Bo Bo	x 14a Amount x 14b Amount x 14c Amount		.00	Description  Description
W-2 Record  Box a Employee's Social Sofor this W-2 Record  Box b Employer identification  Box 1 Wages, tips, other cor  Box 8 Allocated tips  Box 10 Dependent care ben  Box 11 Nonqualified plans	ecurity number n number (EIN) mpensation .00 .00 nefits .00	Emp  City  Box 12a  Box 12b  Box 12c	a Amount Amount Amount Amount Amount	.00 .00 .00	Code Code Code	Bo Bo Bo	x 14a Amount x 14b Amount x 14c Amount		.00	Description  Description  Description
W-2 Record 2  Box a Employee's Social Sofor this W-2 Record  Box b Employer identification  Box 1 Wages, tips, other cor  Box 8 Allocated tips  Box 10 Dependent care ben	ecurity number n number (EIN) mpensation .00 .00 nefits .00	Emp  City  Box 12a  Box 12b	a Amount Amount Amount Amount Amount	.00 .00 .00	Code Code Code	Bo Bo Bo	x 14a Amount x 14b Amount x 14c Amount		.00	Description  Description
W-2 Record  Box a Employee's Social Sofor this W-2 Record  Box b Employer identification  Box 1 Wages, tips, other cor  Box 8 Allocated tips  Box 10 Dependent care ben  Box 11 Nonqualified plans  Box 13 Statutory employee	ecurity number n number (EIN) mpensation .00 .00 nefits .00 Retire	Emp  City  Box 12a  Box 12c  Box 12c  ement plan	a Amount Amount Amount Amount Amount	.00 .00 .00 .00 .ick pay	Code Code Code Code	Bo Bo Bo	x 14a Amount x 14b Amount x 14c Amount	ne tax with	.00	Description  Description  Description
W-2 Record  Box a Employee's Social Sofor this W-2 Record  Box b Employer identification  Box 1 Wages, tips, other cor  Box 8 Allocated tips  Box 10 Dependent care ben  Box 11 Nonqualified plans	ecurity number n number (EIN) mpensation .00 .00 nefits .00	Emp  City  Box 12a  Box 12b  Box 12c	a Amount  Amount  Amount  Amount  Third-party s	.00 .00 .00 .00 .ick pay	Code Code Code Code	Bo Bo Bo	x 14a Amount x 14b Amount x 14c Amount x 14d Amount	ne tax with	.00	Description  Description  Description
W-2 Record  Box a Employee's Social Sofor this W-2 Record  Box b Employer identification  Box 1 Wages, tips, other cord  Box 8 Allocated tips  Box 10 Dependent care ben  Box 11 Nonqualified plans  Box 13 Statutory employee  NY State information:	ecurity number n number (EIN) mpensation .00 .00 nefits .00 Retire Box 15a NY State	Emp  City  Box 12a  Box 12c  Box 12c  ement plan	a Amount  Amount  Amount  Amount  Third-party s	.00 .00 .00 .00 .ick pay	Code Code Code Code Code Code Code Code	Bo Bo Bo Box	x 14a Amount x 14b Amount x 14c Amount x 14d Amount		.00 .00 .00 .00	Description  Description  Description
W-2 Record  Box a Employee's Social Sofor this W-2 Record  Box b Employer identification  Box 1 Wages, tips, other cor  Box 8 Allocated tips  Box 10 Dependent care ben  Box 11 Nonqualified plans  Box 13 Statutory employee	ecurity number n number (EIN) mpensation .00 .00 nefits .00 Retire	Emp  City  Box 12a  Box 12c  Box 12c  ement plan	a Amount  Amount  Amount  Third-party s  Box 16a NYS wage	.00 .00 .00 .00 .ick pay	Code Code Code Code Code Code Code Code	Bo Bo Box	x 14a Amount x 14b Amount x 14c Amount x 14d Amount		.00 .00 .00 .00	Description  Description  Description
W-2 Record  Box a Employee's Social Sofor this W-2 Record  Box b Employer identification  Box 1 Wages, tips, other cor  Box 8 Allocated tips  Box 10 Dependent care ben  Box 11 Nonqualified plans  Box 13 Statutory employee  NY State information:  Other state information:	ecurity number n number (EIN) mpensation .00 .00 .00 Retire Box 15a NY State Box 15b	Emp  City  Box 12a  Box 12c  Box 12c  ement plan	a Amount  Amount  Amount  Third-party s  Box 16a NYS wage	.00 .00 .00 .00 .ick pay	Code Code Code Code Code Code Code Code	Bo Bo Box	x 14a Amount x 14b Amount x 14c Amount x 14d Amount		.00 .00 .00 .00 .00 withheld	Description  Description  Description
W-2 Record  Box a Employee's Social Sofor this W-2 Record  Box b Employer identification  Box 1 Wages, tips, other cor  Box 8 Allocated tips  Box 10 Dependent care ben  Box 11 Nonqualified plans  Box 13 Statutory employee  NY State information:  Other state information:  NYC and Yonkers	ecurity number n number (EIN) mpensation .00 .00 .00 Retire Box 15a NY State Box 15b other state	Box 12c  Box 12c  Box 12c  N Y	a Amount  Amount  Amount  Third-party s  Box 16a NYS wage	.00 .00 .00 .00 .ick pay	Code Code Code Code ttc. 000 tips, etc.	Bo Bo Bo Box	x 14a Amount x 14b Amount x 14c Amount x 14d Amount	income tax	.00 .00 .00 .00 .00 withheld	Description  Description  Description
W-2 Record  Box a Employee's Social Sofor this W-2 Record  Box b Employer identification  Box 1 Wages, tips, other cor  Box 8 Allocated tips  Box 10 Dependent care ben  Box 11 Nonqualified plans  Box 13 Statutory employee  NY State information:  Other state information:	ecurity number n number (EIN) mpensation .00 .00 .00 Retire Box 15a NY State Box 15b other state	Box 12c  Box 12c  Box 12c  N Y	a Amount  Amount  Third-party s  Box 16a NYS wage  Box 16b Other state	.00 .00 .00 .00 ick pay s, tips, e	Code Code Code Code ttc. 000 tips, etc.	Bo Bo Bo Box	x 14a Amount x 14b Amount x 14c Amount x 14d Amount x 14d Amount 17a NYS incom	income tax	.00 .00 .00 .00 .00 withheld	Description  Description  Description  Corrected (W-2c)



