

IRS e-file Signature Authorization

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <u>DIVYA MALKAPURAM</u>	Social security number <u>728-30-6416</u>
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	4,182.
2	Total tax	2	0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	22.
4	Amount you want refunded to you	4	22.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

0	6	4	1	6
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 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Divya Malkapuram Date ▶ 1/29/2024

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20____ See separate instructions.

Your first name and middle initial: DIVYA; Last name: MALKAPURAM; Your social security number: 728 30 6416

If joint return, spouse's first name and middle initial; Last name; Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 49 WORRALL AVENUE; Apt. no.; Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. POUGHKEEPSIE; State: NY; ZIP code: 12603; Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.

Foreign country name; Foreign province/state/county; Foreign postal code; You; Spouse

Filing Status: [X] Single; [] Head of household (HOH); [] Married filing jointly; [] Married filing separately (MFS); [] Qualifying surviving spouse (QSS)

Digital Assets: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset... [] Yes [X] No

Standard Deduction: Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness: You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1: 4,182.

Table with columns 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 6a, 6b. Includes rows for Tax-exempt interest, Taxable interest, Qualified dividends, Ordinary dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Additional income from Schedule 1, line 10, Total income, Adjustments to income, Adjusted gross income, Standard deduction, Business income deduction, Taxable income.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . .	16	0.
	17	Amount from Schedule 2, line 3.....	17	
	18	Add lines 16 and 17	18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812.....	19	
	20	Amount from Schedule 3, line 8.....	20	
	21	Add lines 19 and 20.....	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	0.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2.....	25a	22.
	b	Form(s) 1099.....	25b	
	c	Other forms (see instructions).....	25c	
	d	Add lines 25a through 25c	25d	22.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	22.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	22.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	22.
	b	Routing number: 0 2 6 0 1 3 6 7 3 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number: 4 4 0 9 3 8 8 2 0 7		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions.....	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation STUDENT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (845) 330-8579	Email address divya.malkapuraml@marist.edu		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/28/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN				84-3171965



New York State E-File Signature Authorization for Tax Year 2023

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 DIVYA MALKAPURAM	Spouse's name (jointly filed return only)
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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).

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.

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)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

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 2023 Form IT-370 and Tax Year 2024 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.	4182.
2 Refund	2.	74.
3 Amount you owe.....	3.	
4 Financial institution routing number.....	4.	026013673
5 Financial institution account number	5.	4409388207
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 2023 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 2023 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 designate financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2023 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 2023 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 2023 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2023 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 2023 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 GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01282024



Resident Income Tax Return

IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2023, through December 31, 2023, or fiscal year beginning ... 23

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 (mmdyyy)	Your Social Security number	
DIVYA			MALKAPURAM		08271999	728306416	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmdyyy)	Spouse's Social Security number	
Mailing address (see instructions) (number and street or PO Box)					Apartment number	New York State county of residence	
49 WORRALL AVENUE						DUTCHESS	
City, village, or post office			State	ZIP code	Country		School district name
POUGHKEEPSIE			NY	12603	UNITED STATES		POUGHKEEPSIE
Taxpayer's permanent home address (see instructions) (number and street or rural route)					Apartment number	School district code number	
						514	
City, village, or post office			State	ZIP code	Decedent information	Taxpayer's date of death (mmdyyy)	Spouse's date of death (mmdyyy)
			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 surviving spouse

B Did you itemize your deductions on your 2023 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? Yes No

D2 (1) Did you or your spouse maintain living quarters in Yonkers for any part of 2023? ... Yes No
If Yes:

(2) Number of months you lived in Yonkers in 2023

(3) Number of months your spouse lived in Yonkers in 2023

If No:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 Yes No

E (1) Did you or your spouse maintain living quarters in NYC (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island) during 2023? Yes No

(2) Enter the number of days spent in NYC in 2023 (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 2023

(2) Number of months your spouse lived in NYC in 2023

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

H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmdyyy)

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



201001233555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
728306416

Federal income and adjustments

Whole dollars only

Table with 19 rows for Federal income and adjustments. Includes items like Wages, salaries, tips, etc. (line 1) with amount 4182.00, and Total federal adjustments to income (line 18) with amount 0.00. Total federal adjusted gross income (line 19) is 4182.00.

New York additions

Table with 4 rows for New York additions. Includes Interest income on state and local bonds (line 20) with amount 0.00, and Add lines 19 through 23 (line 24) with amount 4182.00.

New York subtractions

Table with 8 rows for New York subtractions. Includes Taxable refunds, credits, or offsets of state and local income taxes (line 25) with amount 0.00, and New York adjusted gross income (line 33) with amount 4182.00. A barcode is present on the right side of the table.

Standard deduction or itemized deduction

Table with 4 rows for Standard deduction or itemized deduction. Includes Enter your standard deduction or your itemized deduction (line 34) with amount 8000.00, and Taxable income (line 37) with amount 0.00.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1
 DIVYA MALKAPURAM

Your Social Security number
 728306416

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	.00
39	NYS tax on line 38 amount	39	0 .00
40	NYS household credit	40	75 .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	75 .00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	.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	.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 for Zone 1	54a	.00
54b	MCTMT net earnings base for Zone 2	54b	.00
54c	MCTMT for Zone 1	54c	.00
54d	MCTMT for Zone 2	54d	.00
54e	Total MCTMT (add lines 54c and 54d)	54e	.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 54e through 57)	58	.00

See instructions to compute New York City and Yonkers taxes, credits, and surcharges.



See instructions to compute the MCTMT for each zone.

59	Sales or use tax (do not leave 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	.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

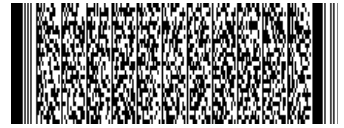


Your Social Security number
728306416

62 Enter amount from line 61 62 .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	74 .00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT -370	75	.00
76	Total payments (add lines 63 through 75)	76	74 .00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return.
Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)	77	74 .00
78	Amount of line 77 available for refund (subtract line 79 from line 77) TIP: Use this amount to check your refund status online.	78	74 .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	74 .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.
See instructions for payment options.

79	Amount of line 77 that you want applied to your 2024 estimated tax (see instructions)	79	.00
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 <input type="checkbox"/> 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
81	Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77)	81	.00
82	Other penalties and interest	82	.00

See instructions for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal.
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.....

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

83b Routing number 026013673 83c Account number 4409388207

84 Electronic funds withdrawal Date Amount00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name Email:	Designee's phone number ()	Personal identification number (PIN)
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▼ 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 245 ROONEY CT E BRUNSWICK NJ 08816		Employer identification number 843171965	
Email: SYAM@GTAXFILE.COM		Date 01282024	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation STUDENT	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (845)330 8579
Email: DIVYA.MALKAPURAMI@MARIST.EDI	

See instructions for where to mail your return.

201004233555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, 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.

Box c Employer's information

W-2 Record 1

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

728306416

Box b Employer identification number (EIN)

141442493

Employer's name			
MARIST COLLEGE			
Employer's address (number and street)			
3399 NORTH ROAD			
City	State	ZIP code	Country
POUGHKEEPSIE	NY	12601	

Box 1 Wages, tips, other compensation

4182.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Code

| |

Code

| |

Code

| |

Code

| |

Box 14a Amount

5.00

Box 14b Amount

19.00

Box 14c Amount

.00

Box 14d Amount

.00

Description

NYSDIS

Description

NYS PF

Description

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.

4182.00

Box 17a NYS income tax withheld

74.00

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

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Code

| |

Code

| |

Code

| |

Code

| |

Box 14a Amount

.00

Box 14b Amount

.00

Box 14c Amount

.00

Box 14d Amount

.00

Description

Description

Description

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.

.00

Box 17a NYS income tax withheld

.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

102001233555



NO HANDWRITTEN ENTRIES ON THIS FORM