



# Tips for Estimated Tax

**Did you know?** You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at [www.tax.ny.gov](http://www.tax.ny.gov) to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- **Social Security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

**Note:** If there is **no amount** to be entered for one or more lines, **leave them blank.**

**Do not** staple or clip the check or money order to the voucher. Detach any check stubs before mailing.

## Need help?



Visit our website at [www.tax.ny.gov](http://www.tax.ny.gov)

- get information and manage your taxes online
- check for new online services and features

### Telephone assistance

Automated income tax refund status:	518-457-5149
Personal Income Tax Information Center:	518-457-5181
To order forms and publications:	518-457-5431
Text Telephone (TTY) or TDD equipment users	Dial 7-1-1 for the New York Relay Service

◀ Detach (cut) here ▶



# Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

## IT-2105

**Calendar-year filer due dates:** April 15, 2024; June 17, 2024; September 16, 2024; and January 15, 2025. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2024 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

### Estimated tax amounts

Full SSN or taxpayer ID number 800217178		Enter your <b>2-character special condition code</b> if applicable (see instr.) ..... <input type="text"/>		New York State	<input type="text"/>	<input type="text"/>	. <b>00</b>
Taxpayer's first name and middle initial FNU		Taxpayer's last name SOHRAB SINGH		New York City	<input type="text"/>	493	. <b>00</b>
Mailing address (number and street or PO Box; see instructions) 756 MYRTLE AVENUE		Apartment number 5M		Yonkers	<input type="text"/>		. <b>00</b>
City, village, or post office BROOKLYN		State NY	ZIP code 11205	MCTMT	<input type="text"/>		. <b>00</b>
Taxpayer's email address SINGH.SOHRAB2@GMAIL.COM				<b>Total payment</b>	<input type="text"/>	493	. <b>00</b>

	Dollars	Cents
New York State	<input type="text"/>	<input type="text"/>
New York City	<input type="text"/>	<input type="text"/>
Yonkers	<input type="text"/>	<input type="text"/>
MCTMT	<input type="text"/>	<input type="text"/>
<b>Total payment</b>	<input type="text"/>	<input type="text"/>

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	<input type="text"/>	<input type="text"/>
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**STOP:** Pay this electronically on our website

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# Instructions for Form IT-201-V

## Payment Voucher for Income Tax Returns

**Did you know?** You can pay personal income tax owed with your return through your Individual Online Services account, no matter how you file your return. You can pay—or schedule a payment for—any day up to and including the due date. To learn about your payment options, visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: *pay*).

### When to use this form

If you are paying New York State income tax by check or money order, you must use Form IT-201-V and submit it with your payment.

### Caution

Do **not** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax. For more information, visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: *pay a bill*).

If you received a bill from us for the amount you owe with your return **and** want to request an installment payment agreement (IPA), visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: *IPA*); do **not** use Form IT-201-V.

### How to fill out your check or money order

1. Make your check or money order payable in U.S. funds to **New York State Income Tax**.
2. Write the last four digits of your Social Security number (SSN), the tax year, and **Income Tax** on it.

### Completing the voucher

You must complete **all** information on the voucher to be sure your payment is credited to your account.

1. Enter the tax year from the income tax return you are filing and your **entire** SSN. If you do not enter this information completely and accurately, your payment may not be properly credited to your account.

2. If you are filing a joint return, include information for both spouses.
3. If you are entering a foreign address:
  - a. Enter the city, province, or state all in the *City, village, or post office* box,
  - b. Enter the **full** country name in the *Country* box. Do **not** abbreviate.
  - c. Enter the postal code, if any, in the *ZIP code* box.
4. Do not staple or clip your payment to Form IT-201-V. Place it loose in the envelope.

### Mailing address

#### E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX  
PROCESSING CENTER  
PO BOX 4124  
BINGHAMTON NY 13902-4124**

#### Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER  
PO BOX 15555  
ALBANY NY 12212-5555**

If you are not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*.

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**STOP:** Pay this electronically on our website.

Department of Taxation and Finance

## Payment Voucher for Income Tax Returns



REV 01/17/24 PRO

# IT-201-V

(12/23)

Tax year (yyyy) 2023		Make your check or money order payable in U.S. funds to <b>New York State Income Tax</b> . Write on your check or money order the last four digits of your SSN, the tax year, and <b>Income Tax</b> .	
Your first name and middle initial FNU		Your last name (for a joint return, enter spouse's name on line below) SOHRAB SINGH	
Spouse's first name and middle initial SUKHJEET		Spouse's last name KAUR	
Your full SSN 800217178		Spouse's full SSN (only if filing a joint return) 100802225	
Mailing address 756 MYRTLE AVENUE		Apartment number 5M	Country
City, village or post office BROOKLYN		State NY	ZIP code 11205
Email: SINGH.SOHRAB2@GMAIL.COM			

Payment amount	Dollars	Cents
	1332	00



040001233555

For office use only

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# 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 FNU SOHRAB SINGH	Spouse's name (jointly filed return only) SUKHJEET KAUR
-------------------------------------	--

### 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.	108680.
2 Refund.....	2.	
3 Amount you owe.....	3.	1332.
4 Financial institution routing number.....	4.	
5 Financial institution account number.....	5.	
6 Account type: <input 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 designated 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	Date 03152024



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, 2023, through December 31, 2023, or fiscal year beginning ... **23**

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

and ending ...

Your first name FNU		MI	Your last name (for a joint return, enter spouse's name on line below) SOHRAB SINGH		Your date of birth (mmddyyyy) 02221994	Your Social Security number 800217178	
Spouse's first name SUKHJEET		MI	Spouse's last name KAUR		Spouse's date of birth (mmddyyyy) 08081992	Spouse's Social Security number 100802225	
Mailing address (see instructions) (number and street or PO Box) 756 MYRTLE AVENUE					Apartment number 5M	New York State county of residence QUEENS	
City, village, or post office BROOKLYN			State NY	ZIP code 11205	Country UNITED STATES	School district name QUEENS	
Taxpayer's permanent home address (see instructions) (number and street or rural route)					Apartment number	School district code number ..... 519	
City, village, or post office			State NY	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)

- 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 ..... 12

(2) Number of months **your spouse** lived in NYC in 2023 ..... 12

**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 (mmddyyyy)

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  
800217178

Federal income and adjustments

Whole dollars only

Table with 19 rows for Federal income and adjustments. Includes items like Wages, salaries, tips, etc. (108680.00), Taxable interest income (.00), Ordinary dividends (.00), etc. Total federal adjusted gross income is 108680.00.

New York additions

Table with 4 rows for New York additions. Includes Interest income on state and local bonds (20), Public employee 414(h) retirement contributions (21), New York's 529 college savings program distributions (22), and Other (23). Total is 108680.00.

New York subtractions

Table with 8 rows for New York subtractions. Includes Taxable refunds, credits, or offsets of state and local income taxes (25), Pensions of NYS and local governments (26), Taxable amount of Social Security benefits (27), Interest income on U.S. government bonds (28), Pension and annuity income exclusion (29), New York's 529 college savings program deduction/earnings (30), Other (31), and Total (32). Total New York adjusted gross income is 108680.00.



Standard deduction or itemized deduction

Table with 4 rows for Standard deduction or itemized deduction. Includes Enter your standard deduction or your itemized deduction (34), Subtract line 34 from line 33 (35), Dependent exemptions (36), and Taxable income (37). Taxable income is 92630.00.

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Name(s) as shown on page 1  
 FNU SOHRAB SINGH AND SUKHJEET KAUR

Your Social Security number  
 800217178

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

<b>38</b> Taxable income (from line 37 on page 2) .....	<b>38</b>	92630 .00
<b>39</b> NYS tax on line 38 amount .....	<b>39</b>	4769 .00
<b>40</b> NYS household credit .....	<b>40</b>	.00
<b>41</b> Resident credit .....	<b>41</b>	.00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	<b>42</b>	.00
<b>43</b> Add lines 40, 41, and 42 .....	<b>43</b>	.00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>	4769 .00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30) .....	<b>45</b>	.00
<b>46</b> Total New York State taxes (add lines 44 and 45) .....	<b>46</b>	4769 .00

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

<b>47</b> NYC taxable income .....	<b>47</b>	92630 .00
<b>47a</b> NYC resident tax on line 47 amount .....	<b>47a</b>	3366 .00
<b>48</b> NYC household credit .....	<b>48</b>	.00
<b>49</b> Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) .....	<b>49</b>	3366 .00
<b>50</b> Part-year NYC resident tax (Form IT-360.1) .....	<b>50</b>	.00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34) .....	<b>51</b>	.00
<b>52</b> Add lines 49, 50, and 51 .....	<b>52</b>	3366 .00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10) .....	<b>53</b>	.00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	<b>54</b>	3366 .00
<b>54a</b> MCTMT net earnings base for Zone 1..	<b>54a</b>	.00
<b>54b</b> MCTMT net earnings base for Zone 2 ..	<b>54b</b>	.00
<b>54c</b> MCTMT for Zone 1 .....	<b>54c</b>	.00
<b>54d</b> MCTMT for Zone 2 .....	<b>54d</b>	.00
<b>54e</b> Total MCTMT (add lines 54c and 54d) .....	<b>54e</b>	.00
<b>55</b> Yonkers resident income tax surcharge .....	<b>55</b>	.00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203) .....	<b>56</b>	.00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) ..	<b>57</b>	.00
<b>58</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54e through 57) ..	<b>58</b>	3366 .00
<b>59</b> Sales or use tax (do not leave blank) .....	<b>59</b>	0 .00
<b>60</b> Voluntary contributions (Form IT-227, Part 2, line 1) .....	<b>60</b>	.00
<b>61</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) .....	<b>61</b>	8135 .00

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



See instructions to compute the MCTMT for each zone.

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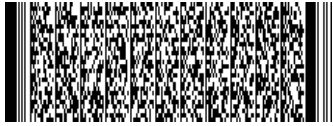


Your Social Security number  
800217178

62 Enter amount from line 61 ..... **62** 8135 .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	125 .00
69a	NYC school tax credit (rate reduction amount)	69a	199 .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	5085 .00
73	Total New York City tax withheld	73	1394 .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	6803 .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	.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	.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	.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	1332 .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  83c Account number

84 Electronic funds withdrawal ..... 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 245 ROONEY CT E BRUNSWICK NJ 08816		Employer identification number Date 03152024	
Email:			

Taxpayer(s) must sign here	
Your signature	
Your occupation RESIDENT PHYSICIAN	
Spouse's signature and occupation (if joint return) RESIDENT PHYSICIAN	
Date	Daytime phone number (541)918 1232
Email: SINGH.SOHRAB2@GMAIL.COM	

201004233555

See instructions for where to mail your return.



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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

800217178

**Box b** Employer identification number (EIN)

131624096

**Box c** Employer's information

<b>Employer's name</b> THE MOUNT SINAI HOSPITAL			
<b>Employer's address (number and street)</b> ONE GUSTAVE LEVY PLACE			
City NEW YORK	State NY	ZIP code 10029	Country

**Box 1** Wages, tips, other compensation

38067.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

15.00

Code

C

**Box 12b** Amount

3334.00

Code

DD

**Box 12c** Amount

.00

Code

**Box 12d** Amount

.00

Code

**Box 14a** Amount

.00

Description

**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.

38067.00

**Box 17a** NYS income tax withheld

1855.00

**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 38067.00

Locality b .00

**Box 19** Local income tax withheld

Locality a 1394.00

Locality b .00

**Box 20** Locality name

Locality a NYC

Locality b

Do not detach.

## W-2 Record 2

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

100802225

**Box b** Employer identification number (EIN)

274504501

**Box c** Employer's information

<b>Employer's name</b> STAFFCO OF BROOKLYN D/B/A SOUTHAMPTON PEO			
<b>Employer's address (number and street)</b> 240 MEETING HOUSE LA			
City SOUTHAMPTON	State NY	ZIP code 11968	Country

**Box 1** Wages, tips, other compensation

70613.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

14475.00

Code

DD

**Box 12b** Amount

.00

Code

**Box 12c** Amount

.00

Code

**Box 12d** Amount

.00

Code

**Box 14a** Amount

1500.00

Description

BO

**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.

69113.00

**Box 17a** NYS income tax withheld

3230.00

**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

NO HANDWRITTEN ENTRIES ON THIS FORM

102001233555

