

New York State 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. See instructions on the back.

Taxpayer's first name and middle initial	Тахрау	Taxpayer's last name			▼ Your social security number		
Spouse's first name and middle initial	Spous	Spouse's last name			Spouse's social security number		
	I						
Box c Employer's n	ame and full address (incl	uding ZIP code)					
W-2							
Record 1							
Box b Employer identification number (EIN)	Box 12a Amount		▼ Code	Box 15 State	Box 16 State	wages, tips, etc. (for NYS)	)
		•				•	
	Box 12b Amount		▼ Code		Box 17 New	York State income tax withh	eld
This W-2 record is for (mark an X in one box):		•				•	
Taxpayer Spouse	Box 12c Amount		▼ Code		Box 18 Loca	I wages, tips, etc. (see instr.)	)
	Bay 10d Amount	•		Locality a		•	_
Box 1 Wages, tips, other compensation	Box 12d Amount		▼ Code	Locality b	Box 10 Loop	l income tax withheld	
Box 8 Allocated tips		•			BUX 19 LOCA		
Box 8 Allocated tips	Box 13 Statutory empl			Locality a		•	—
•	Box 14a Amount		▼ Descrip	Locality b		Box 20 Locality name	
					Locality a		
Box 10 Dependent care benefits	Box 14b Amount			Description			-
					Locality b		
Box 11 Nonqualified plans	Box 14c Amount	•	▼ Descrip	tion		_	
•		•				Corrected (W-2c)	
Burnel data da la companya da							
	ame and full address (incl	uding ZIP code)					
W-2							
Record 2					-		
Box b Employer identification number (EIN)	Box 12a Amount		▼ Code	Box 15 State	Box 16 State	e wages, tips, etc. (for NYS)	)
	Devi 10k American	•			David 7 Maria	•	
	Box 12b Amount		▼ Code		Box 17 New	York State income tax withh	ela
This W-2 record is for (mark an X in one box):	Box 12c Amount	•	└ Code		Box 19 Loop		
Taxpayer Spouse	BOX 12C Amount				BUX IO LUCA	I wages, tips, etc. (see instr.)	
Box 1 Wages, tips, other compensation	Box 12d Amount	•	└ Code	Locality a		•	—
Box 1 Wages, tips, other compensation	Box 120 Amount			Locality b	Box 19 Loca	l income tax withheld	
Box 8 Allocated tips		•					
	Box 13 Statutory empl	ovee		Locality a		•	—
•	Box 14a Amount		▼ Descrip	Locality b		Box 20 Locality name	
			200011011		Locality a		
Box 10 Dependent care benefits	Box 14b Amount		▼ Description		Locality a		$\neg$
					Locality D		
Box 11 Nonqualified plans	Box 14c Amount		▼ Descrip	tion		_	
						Corrected (W-2c)	

