

# Electronic Filing Instructions for your 2018 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Mark T Hazel  
214 whittier Rd  
rochester, NY 14624-0000

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$3,043.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 24018617 Routing Transit Number: 222371863.		
<b>When Will You Get Your Refund?</b>	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2019. To get your estimated refund date from TurboTax, log into My TurboTax at <a href="http://www.turbotax.com">www.turbotax.com</a> . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
<b>2018 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	57,929.00
	Taxable Income	\$	45,929.00
	Total Tax	\$	6,043.00
	Total Payments/Credits	\$	9,086.00
	Amount to be Refunded	\$	3,043.00
	Effective Tax Rate		10.43%



Hi Mark,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Deluxe:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2018 taxes:

Your federal refund is: \$ 3,043.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

Filing status:  Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

Your first name and initial: **Mark T** Last name: **Hazel** Your social security number: **039-42-0131**

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

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

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)  
 Spouse is blind  Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **214 whittier Rd** Apt. no. Presidential Election Campaign (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **rochester NY 14624-0000** If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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.

Joint return? See instructions. Keep a copy for your records. Your signature: \_\_\_\_\_ Date: \_\_\_\_\_ Your occupation: **Software Test Engineer** 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 you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only** Preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ PTIN: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_ Check if:  3rd Party Designee  Self-employed  
 Firm's name ▶ **Self-Prepared** Phone no.: \_\_\_\_\_  
 Firm's address ▶ \_\_\_\_\_

	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	57,929.
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
			<b>b</b>	Taxable interest . . . . .
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
			<b>b</b>	Ordinary dividends . . . . .
	<b>4a</b>	IRAs, pensions, and annuities . . . . .	<b>4a</b>	
			<b>b</b>	Taxable amount . . . . .
	<b>5a</b>	Social security benefits . . . . .	<b>5a</b>	
			<b>b</b>	Taxable amount . . . . .
	<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <u>0</u> . . . . .	<b>6</b>	57,929.
	<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 . . . . .	<b>7</b>	57,929.
	<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>8</b>	12,000.
	<b>9</b>	Qualified business income deduction (see instructions) . . . . .	<b>9</b>	
	<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- . . . . .	<b>10</b>	45,929.
	<b>11</b>	<b>a</b> Tax (see inst.) <u>6,043</u> . (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> _____ )	<b>11</b>	
		<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>11</b>	6,043.
	<b>12</b>	<b>a</b> Child tax credit/credit for other dependents _____ <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>12</b>	
	<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b>	6,043.
	<b>14</b>	Other taxes. Attach Schedule 4 . . . . .	<b>14</b>	0.
	<b>15</b>	Total tax. Add lines 13 and 14 . . . . .	<b>15</b>	6,043.
	<b>16</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>16</b>	9,086.
	<b>17</b>	Refundable credits: <b>a</b> EIC (see inst.) <u>No</u> <b>b</b> Sch. 8812 _____ <b>c</b> Form 8863 _____	<b>17</b>	
		Add any amount from Schedule 5 _____ . . . . .	<b>17</b>	
	<b>18</b>	Add lines 16 and 17. These are your total payments . . . . .	<b>18</b>	9,086.
	<b>19</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b> . . . . .	<b>19</b>	3,043.
	<b>20a</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>20a</b>	3,043.
	<b>b</b>	Routing number <u>2 2 2 3 7 1 8 6 3</u> <b>c</b> Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
	<b>d</b>	Account number <u>2 4 0 1 8 6 1 7</u>		
	<b>21</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b> . . . . .	<b>21</b>	
<b>Amount You Owe</b>	<b>22</b>	<b>Amount you owe</b> . Subtract line 18 from line 15. For details on how to pay, see instructions . . . . .	<b>22</b>	
	<b>23</b>	Estimated tax penalty (see instructions) . . . . .	<b>23</b>	

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

**Standard Deduction for —**

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

**Refund**

Direct deposit? See instructions.

## Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:  
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

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### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Mark

Hazel

Please type the date below:

01/14/2019

Date



# Electronic Filing Instructions for your 2018 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



MARK T HAZEL  
214 WHITTIER RD  
rochester, NY 14624-0000

<b>Balance Due/Refund</b>	Your New York state tax return (Form IT-201) shows a refund due to you in the amount of \$1,070.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 24018617 Routing Transit Number: 222371863.												
<b>Where's My Refund?</b>	Before you call the New York State Department of Taxation and Finance with questions about your refund, give them 30 business days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at <a href="https://www.tax.ny.gov/">https://www.tax.ny.gov/</a> .												
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.												
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns												
<b>2018 New York Tax Return Summary</b>	<table><tr><td>Taxable Income</td><td>\$</td><td>49,929.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>2,848.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>3,918.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>1,070.00</td></tr></table>	Taxable Income	\$	49,929.00	Total Tax	\$	2,848.00	Total Payments/Credits	\$	3,918.00	Amount to be Refunded	\$	1,070.00
Taxable Income	\$	49,929.00											
Total Tax	\$	2,848.00											
Total Payments/Credits	\$	3,918.00											
Amount to be Refunded	\$	1,070.00											



# Resident Income Tax Return

# IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning ... **18**

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

and ending ...

Your first name MARK		MI T	Your last name (for a joint return, enter spouse's name on line below) HAZEL		Your date of birth (mmddyyyy) 03201958	Your social security number 039420131
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 14) (number and street or PO box) 214 WHITTIER RD					Apartment number	New York State county of residence MONROE
City, village, or post office ROCHESTER			State NY	ZIP code 14624-0000	Country (if not United States)	School district name SPENCERPORT
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number	School district code number ..... 614
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 widow(er)

**B Did you itemize** your deductions on your 2018 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 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 15) ..... Yes  No
- (2) Enter the amount ...  .00

**D3** Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) ..... Yes  No

**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2018? (see page 15) .. Yes  No

(2) Enter the number of days spent in NYC in 2018 (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 2018 .....
- (2) Number of months **your spouse** lived in NYC in 2018 .....

**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 (mmddyyyy)

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



201001181555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number  
039420131

**Federal income and adjustments** (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	57929 .00
2	Taxable interest income .....	2	.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 or C-EZ, 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 <b>X</b> in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> 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 ..... <input type="text" value="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) <i>Identify:</i> <input type="text"/>	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	57929 .00
18	Total federal adjustments to income (see page 16) <i>Identify:</i> <input type="text"/>	18	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	57929 .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	<b>New York's</b> 529 college savings program distributions (see page 17) .....	22	.00
23	Other (Form IT-225, line 9) .....	23	.00
24	Add lines 19 through 23 .....	24	57929 .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	<b>New York's</b> 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	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	57929 .00



**Standard deduction or itemized deduction** (see page 21)

34	Enter your <b>standard deduction</b> (table on page 21) or your <b>itemized deduction</b> (from Form IT-196) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	8000 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	49929 .00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21) .....	36	<b>000.00</b>
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	49929 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1  
 MARK T HAZEL

Your social security number  
 039420131

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

<b>38</b> Taxable income (from line 37 on page 2)	<b>38</b>	49929 .00
<b>39</b> NYS tax on line 38 amount (see page 22)	<b>39</b>	2848 .00
<b>40</b> NYS household credit (page 21, table 1, 2, or 3)	<b>40</b>	.00
<b>41</b> Resident credit (see page 23)	<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>	2848 .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>	2848 .00

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

<b>47</b> NYC taxable income (see instructions)	<b>47</b>	.00
<b>47a</b> NYC resident tax on line 47 amount (see page 23)	<b>47a</b>	.00
<b>48</b> NYC household credit (page 23)	<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>	.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>	.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>	.00
<b>54a</b> MCTMT net earnings base	<b>54a</b>	.00
<b>54b</b> MCTMT	<b>54b</b>	.00
<b>55</b> Yonkers resident income tax surcharge (see page 26)	<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 54b through 57)	<b>58</b>	.00
<b>59</b> Sales or use tax (see page 27; do not leave line 59 blank)	<b>59</b>	0 .00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



**Voluntary contributions** (see page 28)

<b>60a</b> Return a Gift to Wildlife	<b>60a</b>	.00	<b>60o</b> Veterans' Homes	<b>60o</b>	.00
<b>60b</b> Missing/Exploited Children	<b>60b</b>	.00	<b>60p</b> Love Your Library Fund	<b>60p</b>	.00
<b>60c</b> Breast Cancer Research	<b>60c</b>	.00	<b>60q</b> Lupus Fund	<b>60q</b>	.00
<b>60d</b> Alzheimer's Fund	<b>60d</b>	.00	<b>60r</b> Military Family Fund	<b>60r</b>	.00
<b>60e</b> Olympic Fund (\$2 or \$4)	<b>60e</b>	.00	<b>60s</b> CUNY Fund	<b>60s</b>	.00
<b>60f</b> Prostate Cancer	<b>60f</b>	.00			
<b>60g</b> 9/11 Memorial	<b>60g</b>	.00			
<b>60h</b> Volunteer Firefighting	<b>60h</b>	.00			
<b>60i</b> Teen Health Education	<b>60i</b>	.00			
<b>60j</b> Veterans Remembrance	<b>60j</b>	.00			
<b>60k</b> Homeless Veterans	<b>60k</b>	.00			
<b>60l</b> Mental Illness Anti-Stigma	<b>60l</b>	.00			
<b>60m</b> Women's Cancers Fund	<b>60m</b>	.00			
<b>60n</b> Autism Fund	<b>60n</b>	.00			
<b>60</b> Total voluntary contributions (add lines 60a through 60s)	<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>	2848 .00			

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your social security number  
039420131

62 Enter amount from line 61 ..... **62** 2848 .00

**Payments and refundable credits** (see pages 29 through 32)

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	NYC enhanced real property tax credit	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	3918 .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



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** 3918 .00

**Your refund, amount you owe, and account information** (see pages 33 through 35)

77	Amount overpaid (see instructions)	77	1070 .00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	1070 .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	1070 .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 page 34 for payment options.**

79 Amount of line 77 that you want applied to your 2019 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  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; see page 34) ..... **81** .00

**See page 37 for the proper assembly of your return.**

82 Other penalties and interest (see page 34) ..... **82** .00

83 Account information for direct deposit or electronic funds withdrawal (see page 35). 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. 35)

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

83b Routing number 222371863 83c Account number 24018617

84 Electronic funds withdrawal (see page 35) ..... Date ..... Amount .....00

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

<b>▼ Paid preparer must complete ▼</b> (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed) SELF - PREPARED		Preparer's PTIN or SSN	
Address		Employer identification number	
		Date	
E-mail:			

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation SOFTWARE TEST ENGINEER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ( 585 ) 281 3665
E-mail: MTHAZEL2151@YAHOO.COM	

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



# 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.

## W-2 Record 1

Box a Employee's social security number for this W-2 Record

039420131

Box b Employer identification number (EIN)

813657805

### Box c Employer's information

Employer's name			
HARRIS GLOBAL COMMUNICATIONS INC			
Employer's address (number and street)			
1025 WEST NASA BLVD,			
City	State	ZIP code	Country (if not United States)
MELBOURNE	FL	32919	

Box 1 Wages, tips, other compensation

57929.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

128.00

Code C

Box 12b Amount

4629.00

Code D

Box 12c Amount

7457.00

Code DD

Box 12d Amount

.00

Code

Box 14a Amount

83.00

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.

57929.00

Box 17a NYS income tax withheld

3918.00

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

## 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 (if not United States)

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

Code

Box 12b Amount

.00

Code

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. .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

NO HANDWRITTEN ENTRIES ON THIS FORM

102001181555

