

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

| | | | | | |
|---|--|-------------------------------|-------------|--|-----------------------|
| Your first name and middle initial Mark T | | Last name Hazel | | Your social security number 039-42-0131 | |
| 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. 214 Whittier Rd | | | | Apt. no. | |
| City, town, or post office. If you have a foreign address, also complete spaces below. Rochester | | | State NY | | ZIP code 146241031 |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |
| Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse | | | | | |

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ 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, 1957 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): | |
|--|-----------|----------------------------|-------------------------|--|-----------------------------|
| (1) First name | Last name | | | Child tax credit | Credit for other dependents |
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|---|------------|---|------------|---------|
| Attach Sch. B if required. | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 60,890. |
| | 2a | Tax-exempt interest | 2b | |
| | 3a | Qualified dividends | 3b | |
| Standard Deduction for— <ul style="list-style-type: none">• Single or Married filing separately, \$12,550• Married filing jointly or Qualifying widow(er), \$25,100• Head of household, \$18,800• If you checked any box under Standard Deduction, see instructions. | 4a | IRA distributions | 4b | |
| | 5a | Pensions and annuities | 5b | |
| | 6a | Social security benefits | 6b | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 7 | |
| | 8 | Other income from Schedule 1, line 10 | 8 | 0. |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | 9 | 60,890. |
| | 10 | Adjustments to income from Schedule 1, line 26 | 10 | |
| | 11 | Subtract line 10 from line 9. This is your adjusted gross income ▶ | 11 | 60,890. |
| | 12a | Standard deduction or itemized deductions (from Schedule A) | 12a | 12,550. |
| | b | Charitable contributions if you take the standard deduction (see instructions) | 12b | |
| | c | Add lines 12a and 12b | 12c | 12,550. |
| | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 | |
| | 14 | Add lines 12c and 13 | 14 | 12,550. |
| | 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 48,340. |

| | | | |
|--------------------------------------|--|------------|--------|
| 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 | 6,380. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 6,380. |
| 19 | Nonrefundable 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 | 6,380. |
| 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 | 6,380. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 9,172. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 9,172. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) No | 27a | |
| | Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | | |
| b | Nontaxable combat pay election | 27b | |
| c | Prior year (2019) earned income | 27c | |
| 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | |
| 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 9,172. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,792. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,792. |
| Direct deposit? See instructions. | b Routing number 2 2 2 3 7 1 8 6 3 c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings | | |
| | d Account number 2 4 0 1 8 6 1 7 | | |
| | 36 Amount of line 34 you want applied to your 2022 estimated tax | 36 | |
| Amount You Owe | 37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, 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

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. (585) 281-3665

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶ Self-Prepared

Phone no.

Firm's address ▶

Firm's EIN ▶



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, 2021, through December 31, 2021, or fiscal year beginning ... **21**

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

and ending ...

| | | | | |
|---|--------------|---|--|---|
| Your first name | MI | Your last name (for a joint return, enter spouse's name on line below) | Your date of birth (mmddyyyy) | Your Social Security number |
| MARK | T | HAZEL | 03201958 | 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 12) (number and street or PO Box) | | | Apartment number | New York State county of residence |
| 214 WHITTIER RD | | | | MONROE |
| City, village, or post office | State | ZIP code | Country | School district name |
| ROCHESTER | NY | 14624-1031 | | SPENCERPORT |
| Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route) | | | Apartment number | School district code number |
| | | | | 614 |
| City, village, or post office | State | ZIP code | Taxpayer's date of death (mmddyyyy) | Spouse's date of death (mmddyyyy) |
| | 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 widow(er)

B Did you itemize your deductions on your 2021 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 13) Yes ☐ No ☒

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) Yes ☐ No ☒

E (1) Did you or your spouse **maintain living quarters in NYC** during 2021? (see page 13) .. Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2021 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 13):

(1) Number of months **you** lived in NYC in 2021

(2) Number of months **your spouse** lived in NYC in 2021

G Enter your **2-character special condition code(s) if applicable** (see page 13)

H Dependent information (see page 14)

| First name | MI | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|------------|----|-----------|--------------|------------------------|--------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

201001214555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

| |
|-----------------------------|
| Your Social Security number |
| 039420131 |

Federal income and adjustments (see page 14)

Whole dollars only

| | | | |
|-----|--|-----|----------|
| 1 | Wages, salaries, tips, etc. | 1 | 60890.00 |
| 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, 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 X in the box <input type="checkbox"/> | 9 | .00 |
| 10 | Taxable amount of pensions and annuities. If received as a beneficiary, mark an X 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 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 14) Identify: | 16 | .00 |
| 17 | Add lines 1 through 11 and 13 through 16 | 17 | 60890.00 |
| 18 | Total federal adjustments to income (see page 14) Identify: | 18 | .00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) | 19 | 60890.00 |
| 19a | Recomputed federal adjusted gross income (see page 14, Line 19a worksheet) | 19a | 60890.00 |

New York additions (see page 15)

| | | | |
|----|--|----|----------|
| 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 15) | 21 | .00 |
| 22 | New York's 529 college savings program distributions (see page 15) | 22 | .00 |
| 23 | Other (Form IT-225, line 9) | 23 | .00 |
| 24 | Add lines 19a through 23 | 24 | 60890.00 |

New York subtractions (see page 16)

| | | | |
|----|--|----|----------|
| 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 16) | 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 17) | 29 | .00 |
| 30 | New York's 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 | New York adjusted gross income (subtract line 32 from line 24) | 33 | 60890.00 |

Standard deduction or itemized deduction (see page 19)

| | | | |
|----|--|----|----------|
| 34 | Enter your standard deduction (table on page 19) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized | 34 | 8000.00 |
| 35 | Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) | 35 | 52890.00 |
| 36 | Dependent exemptions (enter the number of dependents listed in item H; see page 19) | 36 | 000.00 |
| 37 | Taxable income (subtract line 36 from line 35) | 37 | 52890.00 |

201002214555



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

| | | |
|--|-----------|-----------|
| 38 Taxable income (from line 37 on page 2) | 38 | 52890 .00 |
| 39 NYS tax on line 38 amount (see page 20) | 39 | 2921 .00 |
| 40 NYS household credit (page 20, table 1, 2, or 3) | 40 | .00 |
| 41 Resident credit (see page 21) | 41 | .00 |
| 42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ... | 42 | .00 |
| 43 Add lines 40, 41, and 42 | 43 | .00 |
| 44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) | 44 | 2921 .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 | 2921 .00 |

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

| | | |
|---|------------|----------|
| 47 NYC taxable income (see page 21) | 47 | .00 |
| 47a NYC resident tax on line 47 amount (see page 21) | 47a | .00 |
| 48 NYC household credit (page 21) | 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 | 54a | .00 |
| 54b MCTMT | 54b | .00 |
| 55 Yonkers resident income tax surcharge (see page 24) | 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 54b through 57) .. | 58 | .00 |
| 59 Sales or use tax (see page 25; do not leave line 59 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 | 2921 .00 |

See instructions on pages 21 through 24 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your Social Security number

039420131

62 Enter amount from line 61 **62** 2921 .00**Payments and refundable credits** (see pages 26 through 29)

| | | | |
|-----|--|-----|----------|
| 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 | 3995 .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 | 3995 .00 |



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 11).

Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 30 through 32)

| | | | |
|---|---|-----|----------|
| 77 | Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 30) | 77 | 1074 .00 |
| 78 | Amount of line 77 available for refund (subtract line 79 from line 77) | 78 | 1074 .00 |
| TIP: Use this amount to check your refund status online. | | | |
| 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 | 1074 .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 31 for payment options.

| | | | |
|----|---|----|-----|
| 79 | Amount of line 77 that you want applied to your 2022 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; see page 31) | 81 | .00 |
| 82 | Other penalties and interest (see page 31) | 82 | .00 |

See page 34 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 32).

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. 32) ☐

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 32) Date Amount00

| | | | |
|---|-----------------------|--------------------------------|--------------------------------------|
| 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) |
| | Email: | | |

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

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

201004214555

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

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

MELBOURNE FL

State

FL

ZIP code

32919

Country (if not United States)

Box 1 Wages, tips, other compensation

51522.00

Box 12a Amount

121.00

Code

C

Box 14a Amount

292.00

Description

NY-PFL

Box 8 Allocated tips

.00

Box 12b Amount

4006.00

Code

D

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

6112.00

Code

D D

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

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

N Y

Box 16a NYS wages, tips, etc.

51522.00

Box 17a NYS income tax withheld

3377.00

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

039420131

Box b Employer identification number (EIN)

340276860

Box c Employer's information

Employer's name

L3HARRIS TECHNOLOGIES INC

Employer's address (number and street)

1025 W NASA BLVD

City

MELBOURNE

State

FL

ZIP code

32919

Country (if not United States)

Box 1 Wages, tips, other compensation

9368.00

Box 12a Amount

22.00

Code

C

Box 14a Amount

53.00

Description

NY-PFL

Box 8 Allocated tips

.00

Box 12b Amount

728.00

Code

D

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

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

N Y

Box 16a NYS wages, tips, etc.

9368.00

Box 17a NYS income tax withheld

618.00

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

102001214555



NO HANDWRITTEN ENTRIES ON THIS FORM