

# Electronic Filing Instructions for your 2008 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 1040EZ) shows a refund due to you in the amount of \$2,753.00. Your tax refund should be mailed to you by check within three to four weeks after your return is accepted.		
<b>Where's My Refund?</b>	Before you call the Internal Revenue Service with questions about your refund, give them three to four weeks 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 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>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 federal return		
<b>2008 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	53,009.00
	Taxable Income	\$	44,059.00
	Total Tax	\$	7,363.00
	Total Payments/Credits	\$	10,116.00
	Amount to be Refunded	\$	2,753.00
	Effective Tax Rate		13.89%

Form  
**1040EZ**

Department of the Treasury — Internal Revenue Service

**Income Tax Return for Single and  
Joint Filers With No Dependents (99) 2008**

OMB No. 1545-0074

**Label**  
(See instructions)**Use the IRS  
label.**  
Otherwise,  
please print  
or type.**Presidential  
Election  
Campaign**  
(see instrs)

L A B E L  H E R E	Your first name	MI	Last name	Your social security number
	Mark	T	Hazel	039-42-0131
	If a joint return, spouse's first name	MI	Last name	Spouse's social security number
	Home address (number and street). If you have a P.O. box, see instructions.			Apt no.
214 whittier Rd				▲ You <b>must</b> enter your SSN(s) above. ▲
City, town or post office. If you have a foreign address, see instructions.			State ZIP code	
rochester			NY 14624-0000	Checking a box below will not change your tax or refund.

Check here if you, or your spouse if a joint return, want \$3 to go to this fund? . . . . . ☐ You ☐ Spouse**Income****Attach  
Form(s)  
W-2 here.**  
Enclose,  
but do not  
attach, any  
payment.

1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2 . . . . .	1	53,009.
2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ . . . . .	2	
3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions). . . . .	3	
4	Add lines 1, 2, and 3. This is your <b>adjusted gross income</b> . . . . .	4	53,009.
5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$8,950 if <b>single</b> ; \$17,900 if <b>married filing jointly</b> . See instructions . . . . .	5	8,950.
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your <b>taxable income</b> . . . . .	6	44,059.

**Payments  
and tax**

7	Federal income tax withheld from box 2 of your Form(s) W-2 . . . . .	7	10,116.
8 a	<b>Earned income credit (EIC)</b> (see instructions) . . . . .	8 a	
b	Nontaxable combat pay election . . . . .	8 b	
9	Recovery rebate credit (see instructions) . . . . .	9	0.
10	Add lines 7, 8a, and 9. These are your <b>total payments</b> . . . . .	10	10,116.
11	<b>Tax.</b> Use the amount on <b>line 6 above</b> to find your tax in the tax table in the instruction booklet. Then, enter the <b>tax from the table</b> on this line . . . . .	11	7,363.

**Refund**

Have it directly deposited! See instructions and fill in 12b, 12c, and 12d or Form 8888.

12 a	If line 10 is larger than line 11, subtract line 11 from line 10. This is your <b>refund</b> . If Form 8888 is attached, check here <input type="checkbox"/> . . . . .	12 a	2,753.
b	Routing number . . . XXXXXXXXX	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number . . . XXXXXXXXXXXXXXXXXXXX		

**Amount  
you owe**

13	If line 11 is larger than line 10, subtract line 10 from line 11. This is the <b>amount you owe</b> . For details on <b>how to pay</b> , see instructions . . . . .	13	
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**Third party  
designee**Do you want to allow another person to discuss this return with the IRS (see instructions)? . . . . . ☐ Yes. Complete the following. ☒ No

Designee's name	Phone no.	Personal ID no. (PIN)
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**Sign  
here**

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone no.
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid  
preparer's  
use only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	Self-Prepared		EIN
			Phone no.

# Tax Payments Worksheet

**2008**

► Keep for your records

Name(s) Shown on Return <u>Mark T Hazel</u>	Social Security Number <u>039-42-0131</u>
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**Estimated Tax Payments for 2008** (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	<u>04/15/08</u>		<u>04/15/08</u>			<u>04/15/08</u>		
2	<u>06/16/08</u>		<u>06/16/08</u>			<u>06/16/08</u>		
3	<u>09/15/08</u>		<u>09/15/08</u>			<u>09/15/08</u>		
4	<u>01/15/09</u>		<u>01/15/09</u>			<u>01/15/09</u>		
5								
<b>Tot Estimated Payments . . .</b>								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2008 . . . . .					
7 Credited by estates and trusts . . . . .					
8 <b>Totals</b> Lines 1 through 7 . . . . .					
9 2008 extensions . . . . .					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2 . . . . .	10,116.	3,795.	
11 Forms W-2G . . . . .			
12 Forms 1099-R . . . . .			
13 Forms 1099-MISC and 1099-G . . . . .			
14 Schedules K-1 . . . . .			
15 Forms 1099-INT, DIV and OID . . . . .			
16 Social Security and Railroad Benefits . . . . .			
17 Form 1099-B . . . . .			
18 a Other withholding . . . . .			
b Other withholding . . . . .			
c Other withholding . . . . .			
19 <b>Total Withholding</b> Lines 10 through 18c . . . . .	10,116.	3,795.	
20 <b>Total Tax Payments for 2008</b> . . . . .	10,116.	3,795.	

Prior Year Taxes Paid In 2008 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2007 extensions . . . . .				
22 2007 estimated tax paid after 12/31/07 . . . . .				
23 Balance due paid with 2007 return . . . . .				
24 Other (amended returns, installment payments, etc) . .				

# Federal Carryover Worksheet

2008

► Keep for your records

Name(s) Shown on Return Mark T Hazel	Social Security Number 039-42-0131
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## 2007 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NY			3,944.		1,072.	
<b>Totals . .</b>			3,944.		1,072.	

## Other Tax and Income Information

	2007	2008
1 Filing status . . . . .	1 <u>Single</u>	1 <u>Single</u>
2 Number of exemptions for blind or over 65 (0 - 4) . . . . .	2	
3 Itemized deductions after limitation . . . . .	3 3,944.	3 3,795.
4 Check box if required to itemize deductions . . . . .	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5 Adjusted gross income . . . . .	5 55,214.	5 53,009.
6 Tax liability for Form 2210 or Form 2210-F . . . . .	6 8,043.	6 7,363.
7 Alternative minimum tax . . . . .	7	
8 Federal overpayment applied to next year estimated tax . . . . .	8	

QuickZoom to the IRA Information Worksheet for IRA information (see Tax Help) . . . . . ►

## Excess Contributions

	2007	2008
9 a Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a	
b Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b	
10 a Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a	
b Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b	
11 a Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a	
b Spouse's excess HSA contributions as of 12/31 . . . . .	b	

## Loss and Expense Carryovers

	2007	2008
12 a Short-term capital loss . . . . .	12 a	
b AMT Short-term capital loss . . . . .	b	
13 a Long-term capital loss . . . . .	13 a	
b AMT Long-term capital loss . . . . .	b	
14 a Net operating loss available to carry forward . . . . .	14 a	
b AMT Net operating loss available to carry forward . . . . .	b	
15 a Investment interest expense disallowed . . . . .	15 a	
b AMT Investment interest expense disallowed . . . . .	b	
16 Nonrecaptured net Section 1231 losses from:	16 a	
a 2008 . . . . .	a	
b 2007 . . . . .	b	
c 2006 . . . . .	c	
d 2005 . . . . .	d	
e 2004 . . . . .	e	
f 2003 . . . . .	f	

Mark T Hazel

039-42-0131

Loss and Expense Carryovers (cont'd)				2007	2008
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2008 . . .	17 a	
		b	2007 . . .	b	
		c	2006 . . .	c	
		d	2005 . . .	d	
		e	2004 . . .	e	
		f	2003 . . .	f	
<b>Credit Carryovers</b>				<b>2007</b>	<b>2008</b>
18	General business credit . . . . .			18	
19	Adoption credit from:	a	2008 . . . . .	19 a	
		b	2007 . . . . .	b	
		c	2006 . . . . .	c	
		d	2005 . . . . .	d	
		e	2004 . . . . .	e	
		f	2003 . . . . .	f	
20	Mortgage interest credit from:	a	2008 . . . . .	20 a	
		b	2007 . . . . .	b	
		c	2006 . . . . .	c	
		d	2005 . . . . .	d	
21	Credit for prior year minimum tax . . . . .			21	
22	District of Columbia first-time homebuyer credit . . . . .			22	
23	Residential energy efficient property credit . . . . .			23	
24	Amount overpaid less earned income credit . . . . .			24	2,684.
<b>Other Carryovers</b>				<b>2007</b>	<b>2008</b>
25	Section 179 expense deduction disallowed . . . . .			25	
26	Excess	a	Taxpayer (Form 2555, line 46) . . . . .	26 a	
	foreign	b	Taxpayer (Form 2555, line 48) . . . . .	b	
	housing	c	Spouse (Form 2555, line 46) . . . . .	c	
	deduction:	d	Spouse (Form 2555, line 48) . . . . .	d	

Mark T Hazel

039-42-0131

**Charitable Contribution Carryovers**

27	2007 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2007 .....				
b	2006 .....				
c	2005 .....				
d	2004 .....				
e	2003 .....				

  

28	2008 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2008 .....				
b	2007 .....				
c	2006 .....				
d	2005 .....				
e	2004 .....				

**Estimated Rebate Due to Economic Stimulus Act of 2008**

29 Total estimated economic stimulus rebate calculated on your 2007 tax return . . . . . 600.

**2007 State Capital Loss Carryovers** (For users **not** transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

## SMART WORKSHEET FOR: Form 1040EZ: Individual Tax Return

**Earned Income Credit Smart Worksheet**

- A** Date of birth (mm/dd/yyyy) . . . . . Taxpayer . 03/20/1958 Spouse . . . . .
- B** Is the taxpayer or spouse a qualifying child for EIC for another person? . . . ▶ Yes ☐ No ☐
- C** Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2008? . . . . . ▶ Yes ☐ No ☐
- D** If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box . . . . . ▶ ☐
- E** Check if EIC was disallowed or reduced in a previous year and taxpayer is required to file Form 8862 this year . . . . . ▶ ☐
- F** Check if notified by the IRS that EIC cannot be claimed in 2008. . . . . ▶ ☐

Do Not File

# Electronic Filing Instructions for your 2008 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-150) shows a refund due to you in the amount of \$1,074.00. Your tax refund should be mailed to you by check within three to four weeks after your return is accepted.		
<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 three to four weeks 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 1-800-443-3200. You can also visit the New York State Department of Taxation and Finance web site at <a href="http://www.nystax.gov/">http://www.nystax.gov/</a> .		
<b>What You Need to Sign</b>	Sign and date E-File Signature Authorization within 1 day of acceptance.		
<b>Do Not Mail</b>	Do not mail a paper copy of your tax return. Since you filed electronically, the New York State Department of Taxation and Finance already has your return.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
<b>2008 New York Tax Return Summary</b>	Taxable Income	\$	45,509.00
	Total Tax	\$	2,721.00
	Total Payments/Credits	\$	3,795.00
	Amount to be Refunded	\$	1,074.00



For office use only

**Cover Sheet for Form IT-150**  
**Resident Income Tax Return**  
 New York State • New York City • Yonkers

2008

IT-150



This is the cover sheet of your return. For your return to be complete you **must** include this cover sheet with both pages of Form IT-150 and all required attachments.

<b>Taxpayer name and address</b>		Software vendor code 1030	
Your social security number 039-42-0131		Spouse's social security number	
Your first name and middle initial MARK T		Your last name HAZEL	
Spouse's first name and middle initial		Spouse's last name	
Mailing address (number and street or rural route) 214 WHITTIER RD		Apartment number	
City, village or post office ROCHESTER		State NY	ZIP code 14624-0000
<b>Summary of return data</b>			
Federal adjusted gross income . . . . .		53,009.	
Total NYS adjusted gross income . . . . .		53,009.	
Total New York State tax withheld . . . . .		3,795.	
Total New York City tax withheld . . . . .			
Total Yonkers tax withheld . . . . .			
Amount to be refunded to you . . . . .		1,074.	
Amount you owe . . . . .			



NYIA1204 10/20/08

Staple check or  
money order here.

0721081030



File this original scannable cover sheet  
with both pages of your tax return

## Resident Income Tax Return (short form)

IT-150

New York State • New York City • Yonkers

Print or type

**Important:** You must enter your social security number(s) in the spaces to the right.

Your first name and middle initial

Your last name (for a **joint return**, enter spouse's name on line below)

▼ Your social security number

MARK

T HAZEL

039-42-0131

Spouse's first name and middle initial

Spouse's last name

▼ Spouse's social security number

Mailing address (see instructions) (number and street or rural route)

Apartment number

New York State county of residence

214 WHITTIER RD

City, village, or post office

State

ZIP code

• MONR

School district name

ROCHESTER

NY

14624-0000

• SPENCERPORT

Permanent home address (see instructions) (number and street or rural route)

Apartment number

School district code number . . . . . 614

City, village, or post office

State

ZIP code

NY

Decedent information •

Taxpayer's date of death

Spouse's date of death

**(A) Filing status — mark an X in one box:**

1 X 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) with dependent child

**(C)** Were you a **New York City** resident for all of 2008? (Part-year residents must file Form IT-201; see instructions) . . . . . Yes No X**(D)** Can you be claimed as a dependent on another taxpayer's federal return? (see instructions) . . . . . Yes No X**(E)** Enter your 2-digit special condition number if applicable (see instructions) . . . . . •

If applicable, also enter your second 2-digit special condition code number . . . . . •

**(B)** Have you underreported your tax due on past returns?  
To correct this without penalty, visit us at [www.nystax.gov](http://www.nystax.gov)

Staple check or money order here

For help completing your return, see the combined instructions for Forms IT-150 and IT-201.

Dollars

1	Wages, salaries, tips, etc . . . . .	1.	53,009.
2	Taxable interest income . . . . .	2.	
3	Ordinary dividends . . . . .	3.	
4	Capital gain distributions . . . . .	4.	
5	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box . . . . .	5.	
6	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box . . . . .	6.	
7	Unemployment compensation . . . . .	7.	
8	Taxable amount of social security benefits (also enter on line 17 below). . . . .	8.	
9	Add lines 1 through 8 . . . . .	9.	53,009.
10	Total federal adjustments to income (see instructions) Identify: . . . . .	10.	
11	Federal adjusted gross income (subtract line 10 from line 9) . . . . .	11.	53,009.
12	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) . . . . .	12.	
13	Public employee 414(h) retirement contributions from your wage and tax statements (see instrs) . . . . .	13.	
14	Other (see instrs) Identify: . . . . .	14.	
15	Add lines 11 through 14. . . . .	15.	53,009.
16	Pensions of NYS and local governments and federal government (see instructions) . . . . .	16.	
17	Taxable amount of social security benefits (from line 8 above) . . . . .	17.	
18	Pension and annuity income exclusion (see instructions) . . . . .	18.	
19	Other (see instrs) Identify: . . . . .	19.	
20	Add lines 16 through 19 . . . . .	20.	
21	New York adjusted gross income (subtract line 20 from line 15) . . . . .	21.	53,009.
22	New York standard deduction (see instructions) . . . . .	22.	7,500.
23	Dependent exemptions (not the same as total federal exemptions; see instructions) . . . . .	23.	
24	Add lines 22 and 23 . . . . .	24.	7,500.
25	Taxable income (subtract line 24 from line 21) . . . . .	25.	45,509.



26	<b>Taxable income</b> (enter the amount from line 25 on page 1) . . . . .	26.	45,509.
27	New York State tax on line 26 amount (see <i>Tax Computation in the instructions</i> ) . . . . .	27.	2,721.
28	New York State (NYS) household credit (from table 1, 2, or 3 in the instructions) . . . . .	28.	
29	Subtract line 28 from line 27 (if line 28 is more than line 27, leave blank) . . . . .	29.	2,721.
30	New York City (NYC) resident tax (see instructions) . . . . .	30.	
31	NYC household credit (from table 4, 5 or 6 in the instructions) . . . . .	31.	
32	Subtract line 31 from line 30 (if line 31 is more than line 30, leave blank) . . . . .	32.	
33	Yonkers resident income tax surcharge (from Yonkers worksheet in the instructions) . . . . .	33.	
34	Yonkers <b>nonresident</b> earnings tax (attach Form Y-203) . . . . .	34.	
35	<b>Sales or use tax</b> (see instructions. <b>Do not leave line 35 blank</b> ) . . . . .	35.	0.
36	<b>Voluntary contributions</b> (whole dollars amounts only; see instructions)	Return a Gift to Wildlife 36a.	
	Missing/Exploited Children Fund 36b.	Breast Cancer Research Fund 36c.	
	Prostate Cancer Research Fund 36d.	Alzheimer's Fund 36e.	
	Olympic Fund 36f.	National 9/11 Memorial 36g.	
		<b>Total</b> (add lines 36a through 36g) . . . . .	36.
37	<b>Add line 29 and lines 32 through 36</b> . . . . .	37.	2,721.
38	Empire State child credit (attach Form IT-213) . . . . .	38.	
39	NYS/NYC child and dependent care credit (attach Form IT-216) . . . . .	39.	
40	NYS earned income credit (attach Form IT-215 or Form IT-209) . . . . .	40.	
41	NYS noncustodial parent earned income credit (attach Form IT-209) . . . . .	41.	
42	Real property tax credit (attach Form IT-214) . . . . .	42.	
43	College tuition credit (attach Form IT-272) . . . . .	43.	
44	NYC school tax credit . . . . .	44.	
45	NYC earned income credit (attach Form IT-215 or Form IT-209) . . . . .	45.	
46	Total <b>New York State</b> tax withheld . . . . .	46.	3,795.
47	Total <b>New York City</b> tax withheld . . . . .	47.	
48	Total <b>Yonkers</b> tax withheld . . . . .	48.	
49	Total estimated tax payments / Amount paid with Form IT-370 . . . . .	49.	
50	Add lines 38 through 49 . . . . .	50.	3,795.
51	Total Amount <b>overpaid</b> — If line 50 is <b>more than</b> line 37, subtract line 37 from line 50 . . . . .	51.	1,074.
52	Amount of line 51 that you want refunded to you. <b>Complete line 56.</b> . . . . .	Refund 52.	1,074.
53	Amount of line 51 that you want applied to your 2009 estimated tax (see instrs) . . . . .	53.	
54	Total amount you owe (if line 50 is <b>less than</b> line 37, subtract line 50 from line 37) . <b>Complete line 56.</b> . . . . .	Owe 54.	
55	Estimated tax penalty (Include this amount in line 54 or reduce the overpayment on line 51; See instrs) . . . . .	55.	

Forms IT-2 and/or IT-1099-R must be completed and attached to your return instead of the wage and tax statements provided by your employer. Staple them to the top of this page.

See the *Step 11* instructions for the proper assembly of your return and attachments.

56 **Account information** (see instructions) Mark one: • Refund — Direct deposit • Owe — Electronic funds withdrawal  
56a Routing number • Electronic funds withdrawal effective date  
56b Account number • 56c Account type • Checking • Savings

Third-party designee?  
(see instrs)

Print designee's name

Designee's phone number

Personal identification  
number (PIN)

Yes No

E-mail:

▼ Paid preparer's use only ▼

▼ Taxpayer(s) sign here ▼

Preparer's signature

▼ SSN or PTIN:

Your signature

Firm's name (or yours, if self-employed)

• Employer ID Number

Your occupation

SELF-PREPARED

• IT SUPPORT

Address

Mark an **X** if  
self-employed

Spouse's signature and occupation (if joint return)

Date

▼ Daytime phone number

Date

585-594-5217

E-mail:

E-mail: MTHAZEL2151@YAHOO.COM

Mail your completed return and any attachments to:  
**STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.**  
For information about private delivery services, see instructions.

Please file this original scannable return with the Tax Department.

NYIA1212 11/04/08

1502081030



# 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.

Taxpayer's first name and middle initial

MARK

Taxpayer's last name

T HAZEL

▼ Your social security number

039-42-0131

Spouse's first name and middle initial

Spouse's last name

▼ Spouse's social security number

## W-2 Record 1

Box c Employer's name and full address (including ZIP code)

ITT INDUSTRIES SPACE SYSTEMS LLC PO BOX 60488

1919 W. COOK ROAD

FORT WAYNE

IN 46818

Box b Employer identification number (EIN)

02-0728173

Box 12a Amount

▼ Code

Box 15 State

NY

Box 16 State wages, tips, etc (for NYS)

53,009.

Box 12b Amount

▼ Code

Box 17 New York State income tax withheld

3,795.

Box 12c Amount

▼ Code

Box 18 Local wages, tips, etc

Box 12d Amount

▼ Code

Locality a

Locality b

Box 19 Local income tax withheld

Box 1 Wages, tips, other compensation

53,009.

Box 8 Allocated tips

Box 13 Statutory employee

Locality a

Locality b

Box 9 Advance EIC payment

Box 14a Amount

▼ Description

Box 20 Locality name

Locality a

Locality b

Box 10 Dependent care benefits

Box 14b Amount

▼ Description

Box 11 Nonqualified plans

Box 14c Amount

▼ Description

Corrected (W-2c)

Do not detach.

Box c Employer's name and full address (including ZIP code)

## W-2 Record 2

Box 12a Amount

▼ Code

Box 15 State

Box 16 State wages, tips, etc (for NYS)

Box b Employer identification number (EIN)

Box 12b Amount

▼ Code

Box 17 New York State income tax withheld

Box 12c Amount

▼ Code

Box 18 Local wages, tips, etc

Box 12d Amount

▼ Code

Locality a

Locality b

Box 19 Local income tax withheld

Box 1 Wages, tips, other compensation

Box 8 Allocated tips

Box 13 Statutory employee

Locality a

Locality b

Box 9 Advance EIC payment

Box 14a Amount

▼ Description

Box 20 Locality name

Locality a

Locality b

Box 10 Dependent care benefits

Box 14b Amount

▼ Description

Box 11 Nonqualified plans

Box 14c Amount

▼ Description

Corrected (W-2c)

Please file this original scannable form with the Tax Department.

If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small boxes and white spaces. This barcode will be used to efficiently process your entries on this form.

1021081030



## Two-Year Comparison

2008

Name as Shown on Return  
MARK T HAZELSocial Security No.  
039-42-0131

	2007	2008	Difference	%
<b>Federal Adjusted Gross Income</b>	55,214.	53,009.	-2,205.	-3.99
<b>New York Additions</b>				
State and local interest income . . . . .				
Public employee 414(h) retirement contributions . . . . .				
New York's 529 college savings program distributions . . . . .				
Other New York additions . . . . .				
<b>Total New York Additions</b> . . . . .				
<b>New York Subtractions</b>				
State tax refund . . . . .				
Government pension exclusion . . . . .				
Taxable social security benefits . . . . .				
U.S. government interest income . . . . .				
Pension and annuity income exclusion . . . . .				
New York's 529 college savings program deductions/earnings . . . . .				
Other New York subtractions . . . . .				
<b>Total New York Subtractions</b> . . . . .				
<b>New York Adjusted Gross Income</b> . . . . .	55,214.	53,009.	-2,205.	-3.99
Standard or Itemized Deduction . . . . .	7,500.	7,500.	0.	0.00
Dependent exemptions . . . . .				
<b>New York Taxable Income</b> . . . . .	47,714.	45,509.	-2,205.	-4.62
New York State tax . . . . .	2,872.	2,721.	-151.	-5.26
New York State nonrefundable credits . . . . .				
Other New York State taxes . . . . .				
<b>Total New York State taxes</b> . . . . .	2,872.	2,721.	-151.	-5.26
New York City taxes . . . . .				
Yonkers City taxes . . . . .				
Use tax . . . . .	0.	0.	0.	
Voluntary gifts/contributions . . . . .				
<b>Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions</b> . . . . .	2,872.	2,721.	-151.	-5.26
Withholding . . . . .	3,944.	3,795.	-149.	-3.78
Estimated tax payments, extension payment, and amount applied from prior year return . . . . .	0.		0.	
Refundable credits . . . . .				
<b>Total payments and refundable credits</b> . . . . .	3,944.	3,795.	-149.	-3.78
Underpayment penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	1,072.	1,074.	2.	0.19
<b>Balance Due</b> . . . . .				