Electronic Filing Instructions for your 2011 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
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14624-0000									
Your federal tax return (Form 1040EZ) shows a refund due to you in the amount of \$2,896.00. Your tax refund should be direct deposited into your account within 7 to 14 days after your return is accepted. The account information you entered - Account Number: 0024018617 Routing Transit Number: 222371863.									
Before you call the Internal Revenue Service with questions about your refund, give them 7 to 14 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 Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.									
No signature form is required since you s: electronically.	igned your return								
Your Electronic Filing Instructions (this Printed copy of your federal return	form)								
Adjusted Gross Income \$ Taxable Income \$ Total Tax \$ Total Payments/Credits \$ Amount to be Refunded \$ Effective Tax Rate	56,749.00 47,249.00 7,931.00 10,827.00 2,896.00 13.98%								
	Your federal tax return (Form 1040EZ) show the amount of \$2,896.00. Your tax refunds into your account within 7 to 14 days after The account information you entered - According Transit Number: 222371863. Before you call the Internal Revenue Service your refund, give them 7 to 14 days procest your return is accepted. If then you have or the amount is not what you expected, conservice directly at 1-800-829-4477. You cannot select the "Where's my refund?" link. No signature form is required since you simple electronically. Your Electronic Filing Instructions (this Printed copy of your federal return Adjusted Gross Income \$ Taxable Income \$ Taxable Income \$ Total Tax \$ Total Payments/Credits \$ Amount to be Refunded								



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 2011 taxes:

Your federal refund is: \$ 2,896.00

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.

Form **1040EZ** **Income Tax Return for Single and** Joint Filers With No Dependents (99)

2011

1040EZ	Joir	nt Filers With	No Depend	dents	(99)	2011			C	OMB No. 1545-00)74
Your first name a	nd initial		Last name						Your so	ocial security r	umber
Mark T Hazel									039-	42-0131	
If a joint return, s	pouse's first	name and initial	Last name						Spouse	's social security	y number
Home address (n	umber and s	street). If you have a P.O	box, see instruc	tions.			A	ot. no.		Make sure the	SSN(e)
214 whitt										above are co	٠,
City, town or post of	office, state, a	nd ZIP code. If you have a	foreign address, als	so complete	e spaces below (se	e instructions).			Preside	ntial Election Ca	mpaign
rochester	NY 14	624-0000								e if you, or your spo nt \$3 to go to this fu	
Foreign country r	name			Foreign p	rovince/county		Foreign pos	stal code		w will not change y	
									refund.	You [Spouse
Income	1	Wages, salaries, and Attach your Form(s	ages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2.								5.40
Attach		Attach your Form(s	5) VV -2.						1	56	,749.
Form(s) W-2 here.	2	Taxable interest. If	the total is ove	er \$1,500,	you cannot us	e Form 1040E	Z.		2		,
Enclose, but do not attach, any	3	Unemployment cor	npensation and	l Alaska F	Permanent Fun	d dividends (se	ee instructio	ons).	3		
payment.	4	Add lines 1, 2, and	3. This is your	adjusted	l gross income	: .			4	56	,749.
	5	If someone can clai					nt, check				,
		the applicable box(es) below and e	enter the	amount from t	he worksheet o	n back.				
		You	Spouse								
		If no one can claim	you (or your s	pouse if a	i joint return),	enter \$9,500 if	single;				
		\$19,000 if married	filing jointly.	See back	for explanation	on.			5	9	,500.
	6	Subtract line 5 from	n line 4. If line	5 is large	r than line 4, e	nter -0					
		This is your taxabl	e income.					>	6	47	,249.
Payments,	7	Federal income tax	withheld from	Form(s)	W-2 and 1099				7		,827.
Credits,	8a	Earned income cre	edit (EIC) (see	e instruct	ions).				8a		
and Tax	b	Nontaxable combat pay election. 8b							·		
and rax	9	Add lines 7 and 8a. These are your total payments and credits.							9	10	,827.
	10	Tax. Use the amount on line 6 above to find your tax in the tax table in the									
		instructions. Then,	enter the tax fro	om the ta	ble on this line).			10	7	<u>,9</u> 31.
Refund	11a	If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund. If Form 8888 is attached, check here						11a	2	,896.	
Have it directly deposited! See instructions and	▶ b	Routing number	2 2 2 3	3 7 1	8 6 3	►c Type:	Checking	× Savi	ngs		
fill in 11b, 11c, and 11d or Form 8888.	▶ d	Account number	0 0 2 4	1 0 1	8 6 1	7					
Amount	12	If line 10 is larger th	nan line 9, subtr	ract line 9	from line 10.	This is					
You Owe		the amount you ow	e. For details of	n how to	pay, see instru	ctions.		>	12		
Third Party	Do you	u want to allow anoth	er person to dis	scuss this	return with the	e IRS (see instr	uctions)?	Yes	. Comp	lete below.	⊠ No
Designee	Designed name	e's ▶			Phone no. ►			onal identi ber (PIN)	fication		
Sign Here	accurat	oenalties of perjury, I de ely lists all amounts and formation of which the p	sources of incor	me I receiv	ed during the tax						
Joint return? See instructions.	Your sig	gnature			Date	Your occupation			Daytime p	phone number	
Keep a copy for your records.	Spouse	's signature. If a joint ret	urn, both must si	ign.	Date	Spouse's occu		F	f the IRS se PIN, enter it nere (see in:		Protection
Paid	Print/Type	preparer's name	Preparer's sign	nature		D	ate	(Check Self-emple	if PTIN	
Preparer	Firm's nam	ne ▶ SELF PRE	PARED				Firm's EIN ▶	<u> </u>	-		
Use Only	Firm's add						Phone no.				
								_	_	_	



Audit Defense Order Confirmation

Thank you for choosing Audit Defense for your 2011 tax return. This service is provided by TaxResources, Inc. (TRI) an independent tax firm.

Name: Mark T Hazel

Confirmation Number: TTWGS6A114310602

Amount Paid: 39.95

When TRI defends your tax return during an IRS audit, you will have professional representation throughout the entire process.

TRI:

- Defends your 2011 tax return in an audit through the highest level of appeals
- Schedules and attends all audit appointments
- Reviews your tax return for additional problem areas
- Reviews your source documentation before the IRS sees it
- Handles all audit correspondence and makes all audit phone calls
- Prepares requests for appeals conferences and U.S. Tax Court Petition, if necessary
- Minimizes the financial impact of an audit

If you paid for Audit Defense by credit card:

- You'll receive an email from TaxResources in two to five days notifying you that your membership has been processed
- 2. View and print your certificate at http://intuit.taxaudit.com
- 3. To ensure you receive your confirmation email, please add AuditDefenseCertificates@taxaudit.com to your email address book

If you choose to pay for Audit Defense with your tax refund (e-filed returns only):

- You'll need notice that the IRS has accepted your efiled return and your refund has been processed
- Two to five days after this, you'll receive an email from TaxResources notifying you that your membership has been processed
- 3. View and print your certificate at http://intuit.taxaudit.com
- 4. To ensure you receive your confirmation email, please add AuditDefenseCertificates@taxaudit.com to your email address book

IMPORTANT: If you're **filing by mail** and **did not pay** for Audit Defense with a credit card, your order will not go through. We recommend going back and either efiling your return or paying by credit card.

If you receive an audit or tax notice from the IRS or state taxing agency, contact TRI immediately at 877-829-9695. TRI's customer service office hours are 9 to 5 p.m. PST, Monday through Friday. TRI must be your only contact with the IRS (please read the Audit Defense Membership Agreement).

For more information or to purchase Audit Defense for other tax returns, visit TRI's website at http://intuit.taxaudit.com.



Electronic Filing Instructions for your 2011 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

rochester, NY	14624-0000							
Balance Due/ Refund	Your New York state tax return (F you in the amount of \$1,076.00. Y deposited into your account within accepted. The account information 0024018617 Routing Transit Number	our tax re n 7 to 14 o you enter	fund should be direct days after your return is ed - Account Number:					
Where's My Refund?	Before you call the New York State Department of Taxation and Finance with questions about your refund, give them 7 to 14 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 http://www.nystax.gov/.							
No Signature Document Needed	 No signature form is required sin electronically. 	ce you sig	ned your return					
What You Need to Keep		Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns						
2011 New York Tax Return Summary	Taxable Income Total Tax Total Payments/Credits Amount to be Refunded	***	49,249.00 2,975.00 4,051.00 1,076.00					

Resident Income Tax Return

2011

IT-201

New York State ● New York City ● Yonkers

For the full year January 1, 2011, through December 31, 2011, or fiscal year beginning

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

You must enter your date(s) of birth and social security number(s) below.

Your	first name and r	niddle i	nitial		Your last	name (fo	or a joint return ,	, enter spous	e's name	on line	below	·)	Your date of	of birth (MM-DD-YYYY)	▼ Your socia	l security number
MARK Spouse's first name and middle initial			T tial	T HAZEL Spouse's last name									-0131 ocial security number			
Mailin	g address (see	instruci	tions, p	age 13)	(number a	nd street	or rural route))		Ар	artm	ent number		New York	k State county	of residence
	WHITTIE)		State	ZIP co	nde	,	Country	(if not	l Init	ed States)			ONR istrict name	
-		11100							Journay	(II TIOL	Oim	ou olulos)		•		000
	HESTER anent home ad	dress	leaa ine	truction	NY s nage 13)		24-0000					Apartment nu	mher	• S	PENCERP(OR'I'
	anoni nomo aa	u. 000	(000 1110	ii dolloii	o, page 10)	nambor c	and outcot of rai	rarroutoj				tpartmont na		School dist		614
Citv. v	village, or post o	ffice			St	ate	ZIP code					Taxpa	yer's date o	code num of death	per Spouse's date	
,,	9-, p					Υ				Deced			,			
					11	•				iniorni	lation	. •		•		
										(D)	E-	file this retu	rn. Most	taxpayers mus	t now e-file (see page 12)
(A)	Filing status —	1	Х	Sing	е					(E)	(1)			se maintain livir ing 2011 <i>(see pag</i>		No X
	mark an X in	2			ied filing j		urn al security n	umber al	oove)		(2)	Enter the r	umber of o	days spent in NY	C in 2011	
	one box:	3			ied filing s		e return al security n	umber al	oove)	(F)		/C residen	s and NY	nt in NYC is cons 'C part-year	ndered a day)	
		a		Hoos	d of bound	bold (اندائل میرمانایین		- N			sidents on			0011	_
Staple ci	heck	4		пеас	o nouse	пои (и	vith qualifyii	ng perso	ii)		(1,	Number of	montns yo	u lived in NYC in	2011	•
or mone order he	y	(5)		Qualifying widow(er) with dependent				dent child				Number of lived in NY	f months your spouse /C in 2011			
(- , ·		•		ctions on ax return?	Υ	′es	No	Х	(G)		iter your 2-c applicable		special condi	tion code	•
(•,				dependen al return?		′es	No	Х			applicable, ecial condit		r your second	2-character	•
	on anoth	or tan	payor	0 10001	ai rotairi.						υp	ooiai ooriait				•
Fe	deral inco	me	and a	adju	stment	S	your ince	ome item	ns and	total a	adju	-	they appe	orm. For lines 1 ar on your fede	-	ee page 15).
4	Wagaa aal	orioo	tino	oto			700 000	page .						4	Dollars	
1 2	Wages, sal		-											1. 2.		56,749.
3	Ordinary di			16										2. 3.		
4	Taxable ref			ite or	offsets o	f state	and local	income	tayes	(also	onto	er on line 25)		3. 4.		
5	Alimony red			113, 01	Onocio c	1 State	and local	moonic	luxoc	(aiso	Gine	i on line 20)		5.		
6	Business in			ss (att	ach a coi	ov of fe	deral Schei	dule C o	r C-F7	Form	10	40)		6.		
	Capital gair													7.		
8	Other gains								0 0, 1 .	51111 1	0.10,	•		8.		
9	Taxable amo			•				,	ark an	X in th	ne b	ΩX		9.		
10	Taxable amo							•						10.		
11	Rental real es		•						•				Form 1040)	11.		
12	Farm incom											,	,	12.		
13	Unemployn							•	,					13.		
14	Taxable an		-			nefits	(also enter	on line 2	27)					14.		
15	Other incom	ne (see	page 15) Iden	ntify:									15.		

REV 11/17/11 TTO

16 Add lines 1 through 15

17 Total federal adjustments to income (see page 15) Identify:

18 Federal adjusted gross income (subtract line 17 from line 16)



56,749.

56,749.

16.

17.

18.

	039-42-0131		Dollars
19	Federal adjusted gross income (from line 18 on the front page)	19.	56,749.
Ne	w York additions (see page 15)		
20	Interest income on state and local bonds and obligations (but not those of NY State or its local governments)	20.	
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	21.	
22	New York's 529 college savings program distributions (see page 16)	22.	
23	Other (see page 17) Identify:	23.	
24	Add lines 19 through 23	24.	56,749.

Nev	v York subtractions (see page 20)			
25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25.		
26	Pensions of NYS and local governments and the federal government (see page 20)	26.		
27	Taxable amount of social security benefits (from line 14)	27.		
28	Interest income on U.S. government bonds	28.		
29	Pension and annuity income exclusion (see page 20)	29.		
30	New York's 529 college savings program deduction/earnings	30.		
31	Other (see page 21) Identify:	31.		
32	Add lines 25 through 31		32.	
33	New York adjusted gross income (subtract line 32 from line 24)		33.	56.749

Standard deduction or itemized deduction (see page 25)

Enter your standard deduction (from table below) or your itemized deduction (from workshee		
below). Mark an X in the appropriate box : • X Standard or • Ite	mized 34.	7,500.
Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35.	49,249.
Dependent exemptions (not the same as total federal exemptions; see page 28)	36.	
Taxable income (subtract line 36 from line 35)	37.	49,249.
	below). Mark an X in the appropriate box : • X Standard or • Ite Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) Dependent exemptions (not the same as total federal exemptions; see page 28)	below). Mark an X in the appropriate box: • X Standard or • Itemized 34. Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) Dependent exemptions (not the same as total federal exemptions; see page 28) 35.

New York State
standard deduction table

⋖ or **▶**

New York State itemized deduction worksheet

Filing status (from the front page)		Standard dedu (enter on line 34 a		Medical and dental expenses (federal Sch. A, line 4) Taxes you paid (federal Sch. A, line 9)	a. b.
			С	Interest you paid (federal Sch. A, line 15)	C.
1	Single and you ma	arked	d	Gifts to charity (federal Sch. A, line 19)	d.
	item C Yes	\$ 3	,000 е	Casualty and theft losses (federal Sch. A, line 20)	e.
			f	Job expenses/misc. deductions (federal Sch. A, line 27)	f.
1	Single and you ma	arked	g	Other misc. deductions (federal Sch. A, line 28)	g.
	item C No	7	,500 h	Enter amount from federal Schedule A, line 29	h.
			i	State, local, and foreign income taxes (or general sales tax,	
2	Married filing joint	return 15	,000	if applicable) and other subtraction adjustments (see pg. 26)	i.
			j	Subtract line i from line h	j.
3	Married filing sepa	arate	k	Addition adjustments (see page 26)	k.
	return	7	,500 I	Add lines j and k	I.
			m	Itemized deduction adjustment (see page 27)	m.
4	Head of househole	d (with	n	Subtract line m from line I	n.
	qualifying person)	10	,500 o	College tuition itemized deduction (see Form IT-272)	ο.
			р	New York State itemized deduction	
(5)	Qualifying widow(,	.000	(add lines n and o; enter on line 34 above)	p.
	acpendent cilla	13	,000		

REV 11/17/11 TTO



MARK T HAZEL

039-42-0131

Tax	computation, credits, and other taxes (see page 29)			Dollars
38	Taxable income (from line 37 on page 2)		38.	49,249.
	New York State tax on line 38 amount (see page 29 and Tax Comp	utation on pages 60 and 61)	39.	2,975.
	New York State household credit	,		2,575.
	(from table 1, 2, or 3 on page 29)	40.		
41	Resident credit (attach Form IT-112-R or IT-112-C,			
	or both; see page 30)	41.		
42	Other New York State nonrefundable credits			
	(from Form IT-201-ATT, line 7; attach form)	42.		
43	Add lines 40, 41, and 42		43.	
	Subtract line 43 from line 39 (if line 43 is more than line 39, leave black		44.	2,975.
	Net other New York State taxes (from Form IT-201-ATT, line 30; attack	ch form)	45.	
46	Total New York State taxes (add lines 44 and 45)		46.	2,975.
New	York City and Yonkers taxes, credits, and tax surcharges			
47	New York City resident tax on line 38 amount (see page 30)	47.		
	New York City household credit (from table 4, 5, or 6 on page 30)	48.		
	Subtract line 48 from line 47 (if line 48 is more than			See instructions on
	line 47, leave blank)	49.		pages 30, 31, and 32 to
50	Part-year New York City resident tax (attach Form IT-360.1)	50.		compute New York City
51	Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.		and Yonkers taxes,
52	Add lines 49, 50, and 51	52.		credits, and tax surcharges.
53	NY City nonrefundable credits (from Form IT-201-ATT,			suicharges.
	line 10; attach form)	53.		
54	Subtract line 53 from line 52 (if line 53 is more than			
	line 52, leave blank)	54.		
55	Yonkers resident income tax surcharge (see page 32)	55.		
56	Yonkers nonresident earnings tax (attach Form Y-203)	56.		
57	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.		
58	Total New York City and Yonkers taxes / surcharges (add lines	54 through 57)	58.	
59	Sales or use tax (See the instructions on page 33. Do not leave	line 59 blank.)	59.	0.
Volu	60b Missing/Exploited Children Fund 60c Breast Cancer Research Fund 60d Alzheimer's Fund 60e Olympic Fund (\$2 or \$4; see page 34) 60 f Prostate Cancer Research Fund 60g 9/11 Memorial	60a. 60b. 60c. 60d. 60e. 60 f. 60g.		

REV 11/17/11 TTO



2,975.

60.

61.

61 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary

60 Total voluntary contributions (add lines 60a through 60h)

contributions (add lines 46, 58, 59, and 60)

039-42-0131

62	Total New Yor	k State,	New York City, an	d Yonkers taxes	s, sales or	use tax, a	and volunta	ry		Dollars
			line 61 on page 3)					62.		2,975.
Pav	ments and re	fundab	le credits (see pa	ge 35)						
63			edit (attach Form IT-2	• ,	63.				16 !! !.	
64	=		pendent care credit		(6) 64.					le, complete 2, IT-1099-R, and/or
			t (EIC) (attach Form IT-2		65.					and attach them to
			nt EIC (attach Form I		66.				your retur	n (see <i>page</i> 37).
67		-	t (attach Form IT-214)	,	67.				Staple the	m (and any other
68			ttach Form IT-272)		68.					forms) to the top of
69			also complete (F) on p	page 1; see page 35					this page	4.
			edit (attach Form IT-21		70.				See Sten 1	1 on page 41 for
71			from Form IT-201-ATT		-					assembly of your
	Total New Yor	,		,	72.		4 ()51.	four-page	return and all
	Total New Yor				73.		1,	,,,,,	attachmen	its.
	Total Yonkers	-			74.					
			ments / Amount pai	d with Form IT-3						
			ines 63 through 75)		., 0			76.		4,051.
			erpaid (see page					. 0.		1,031.
			ne 76 is more than	•	line 62 from	line 76)		77.		1,076.
	Amount of line 7	-		o 02, 0abira0t	02 011	1 11110 1 0)				1,070.
, 0	Amount of line 7	/ to be ie								
	Mark one refund	d choice:	direct X deposit (fill	in line 82) -or-	debit card	-or-	paper check	78.		1,076.
79			you want applied to		Caru	-01-	CHECK	70.		1,070.
, ,		-	ee instructions)	your	79.				See page 71	for information
Δm	ount you owe		·		70.				about your to	three refund
	-		76 is less than line 6	2 subtract line 76 t	from line 62)				choices.	
00	-		ds withdrawal, mark th		II in line 82			80.		
21			include this amount in		11 111 11116 02			00.		
01	-		nent on line 77; see pa		81.					
Δαα	ount information		ent on line 11, see pa	ge 30)	01.					
			direct deposit or ele	actronic funde wi	thdrawal (so	a naga 30)			
-			ent (or refund) would o					ın X in th	nis box (see p	og. 39) •
82a	Routing number	:	222371863	E	lectronic fun	ds withdra	wal effective	date		
006	A	_	0004010615	O	00 1		- 01		• v	Ocadora
82D	Account number	•	0024018617	8.	2c Account	type	• Cr	necking	X	Savings
	Third – party ignee? (see instr.)	Print de	signee's name				Designee	e's phon	e number	Personal identification number (PIN)
Yes	No	E-mail:								
	▼ Paid p	reparer	must complete (se	e instructions) ▼			▼ Taxpa	ver(s)	must sign h	nere ▼
Prepa	arer's signature	. opu. o.	maor complete (se	Date		Your signa	-	, 0. (0)		
				▶ Preparer's NYT	ΓPRIN					
•				•		•				
Firm's	s name (or yours, if seli	f-employed)		▼ Preparer's PTI	N or SSN	Your occup	pation • Tr	r SUP	ידק∩ם	
CET	F-PREPARED			•		•	signature and o		-	
Addre				 Employer identific 	cation number		J		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
									₩ ₽.	avtime phone number
				Mark an X if		Data				aytime phone number
F	:1.			self-employed		Date				-269-5377
E-ma	II.					E-mail: N	MTHAZEL21	L51@Y	AHOO.COM	I
See	instructions for v	vhere to	mail your return.							

2014111555

2011

IT-2

Summary of W-2 Statements New York State • New York City • Yonkers

MARK

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 Taxpayer's last name

T HAZEL Spouse's first name and middle initial Spouse's last name ▼ Your social security number

039-42-0131

▼ Spouse's social security number

	Box c Employer's nam	e and full ad	dress (includ	ng ZIP code	e)					
W-2	ITT SPACE SY	STEMS 1	LLC PO	BOX 60	488					
Record 1	1919 W. COOK						WAYNE			IN 46818
		Box 12a	Amount		▼	Code	Box 15	State	Box 16	State wages, tips, etc. (for NYS)
Box b Employer identific	cation number (EIN)	D 40		19.	_	0.1		NY	D 47	56,749.
02-0728173 This W-2 record is for		Box 12b	Amount		•	Code			Box 1/	New York State income tax withhele
(mark an X in one box):		Pov 120	Amount		_	Code			Doy 10	4,051. Local wages, tips, etc. (see instr.)
Taxpayer X Spouse		DUX 12C	Amount		•	Code			DUX 10	Local wages, tips, etc. (see irisii.)
Box 1 Wages, tips, other compensation		Box 12d	Amount		•	Code		ocality a		
• •		DOX 120	Amount		•	Couc	L	ocality b	Box 19	Local income tax withheld
56,749. Box 8 Allocated tips									DOX 17	Edda income tax withinitia
		Box 13	Statutory e	mplovee				ocality a		
		Box 14 a	•	1 3	•	Description	L	ocality b		Box 20 Locality name
						·				Locality a
Box 10 Dependent care benefits		Box 14 b	Amount		▼	Description				Locality b
										Ecoculity D
Box 11 Nonqualified plans		Box 14 c	Amount		\blacksquare	Description				
										Corrected (W-2c)
Do not detach.	Box c Employer's nam	e and full ad	dress (includ	ng ZIP code	e)					
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
This W-2 record is for										
(mark an X in one box	•	Box 12c	Amount		▼	Code			Box 18	Local wages, tips, etc. (see instr.)
, ,	pouse						L	ocality a		
Box 1 Wages, tips, oth	ner compensation	Box 12d	Amount		▼	Code	L	ocality b		
									Box 19	Local income tax withheld
Box 8 Allocated tips			0				L	ocality a		
		Box 13	Statutory e	mployee	_	D	L	ocality b		D. 00 L. 18
		Box 14 a	Amount		•	Description				Box 20 Locality name
Box 10 Dependent care benefits		Day 14 h	Amazınt		_	Description				Locality a
DUX IU Dependent care	e neugiliz	Box 14 b	AMOUNT		•	Description				Locality b
Box 11 Nonqualified pla	ans	Box 14 c	Amount		•	Description				
DOX 11 Noriqualineu pic		DOX 14 C	Amount		•	Description				Corrected (M. 2a)
										Corrected (W-2c)

REV 10/04/11 TTO

