

Some Financial Group, LLC

Uniform Residential Loan Application

This application is designed to be completed by the applicant(s) with the Lender's assistance. Applicants should complete this form as "Borrower" or "Co-Borrower", as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when the income or assets of a person other than the Borrower (including the Borrower's spouse) will be used as a basis for loan qualification or the income or assets of the Borrower's spouse or other person who has community property rights pursuant to state law will not be used as a basis for loan qualification, but his or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property located in a community property state as a basis for repayment of the loan.
If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below).

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Borrower	Co-Borrower			
I. TYPE OF MORTGAGE AND TERMS OF LOAN				
Mortgage <input type="checkbox"/> VA <input type="checkbox"/> Conventional <input type="checkbox"/> Other (explain): Applied for: <input checked="" type="checkbox"/> FHA <input type="checkbox"/> USDA/Rural Housing Service			Agency Case Number 012-8765111-703 Lender Case Number 112708192	
Amount \$ 71,186.00	Interest Rate 4.25 %	No. of Months 360	Amortization Type: <input checked="" type="checkbox"/> Fixed Rate <input type="checkbox"/> Other (explain): <input type="checkbox"/> GPM <input type="checkbox"/> ARM (type):	
II. PROPERTY INFORMATION AND PURPOSE OF LOAN				
Subject Property Address (street, city, state, & ZIP) 748 Thompson Island, Milwaukee, WI 53288			No. of Units 1	
Legal Description of Subject Property (attach description if necessary)			Year Built	
Purpose of Loan: <input checked="" type="checkbox"/> Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Other (explain): <input type="checkbox"/> Refinance <input type="checkbox"/> Construction-Permanent			Property will be: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Investment Residence	
Complete this line if construction or construction-permanent loan.				
Year Lot Acquired	Original Cost \$	Amount Existing Liens \$	(a) Present Value of Lot \$	
			(b) Cost of Improvements \$	
Total (a+b) \$				
Complete this line if this is a refinance loan.				
Year Acquired	Original Cost \$	Amount Existing Liens \$	Purpose of Refinance	
			Describe Improvements <input type="checkbox"/> made <input type="checkbox"/> to be made Cost \$	
Title will be held in what Name(s) Samuel Schultz, Jenna Johnson		Manner in which Title will be held Joint tenants		
Estate will be held in <input checked="" type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold (show expiration date)				
Borrower III. BORROWER INFORMATION Co-Borrower				
Borrower's Name (include Jr. or Sr. if applicable) Samuel Schultz		Co-Borrower's Name (include Jr. or Sr. if applicable)		
Social Security Number 112-09-0000	Home Phone (incl. area code) 607-279-0708	DOB (MM/DD/YYYY) 03/29/1979	Yrs. School 14	
<input type="checkbox"/> Married <input checked="" type="checkbox"/> Unmarried (include single, divorced, widowed)	Dependents (not listed by Co-Borrower) no. 0 ages	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed)	Dependents (not listed by Borrower) no. ages	
<input type="checkbox"/> Separated		<input type="checkbox"/> Separated		
Present Address (street, city, state, ZIP) 4695 Hinkle Deegan Lake Road		Own <input type="checkbox"/> Rent 0Y6M	No. Yrs.	
Syracuse, NY 13224				
Mailing Address, if different from Present Address		Mailing Address, if different from Present Address		
If residing at present address for less than two years, complete the following:				
Former Address (street, city, state, ZIP) 8995 Reina Points		Own <input type="checkbox"/> Rent 1Y0M	No. Yrs.	
Willard, WI 54493				
Borrower IV. EMPLOYMENT INFORMATION Co-Borrower				
Name & Address of Employer Thompson-Bartoletti Group	Self Employed 3Y6M	Yrs. on this job 3Y6M	Name & Address of Employer	Self Employed
597 Bryon Gardens Apt. 624 Binghamton, NY 13903		Yrs. employed in this line of work/profession 3		Yrs. on this job 3Y6M
Position/Title/Type of Business Warehouse Manager	Business Phone (incl. area code) 862-244-1001	Position/Title/Type of Business	Business Phone (incl. area code)	
If employed in current position for less than two years or if currently employed in more than one position, complete the following:				
Name & Address of Employer		Self Employed	Dates (from-to)	Self Employed
				Dates (from-to)
			Monthly Income \$	Monthly Income \$
Position/Title/Type of Business	Business Phone (incl. area code)		Position/Title/Type of Business	Business Phone (incl. area code)
Name & Address of Employer	Self Employed	Dates (from-to)	Self Employed	Dates (from-to)
		Monthly Income \$	Monthly Income \$	
Position/Title/Type of Business	Business Phone (incl. area code)		Position/Title/Type of Business	Business Phone (incl. area code)
Name & Address of Employer	Self Employed	Dates (from-to)	Self Employed	Dates (from-to)
		Monthly Income \$	Monthly Income \$	
Position/Title/Type of Business	Business Phone (incl. area code)		Position/Title/Type of Business	Business Phone (incl. area code)

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V. MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION						
Gross Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expense	Present	Proposed
Base Empl. Income*	\$ 1,733.00	\$	\$ 1,733.00	Rent	\$ 0.00	
Overtime	580.00		580.00	First Mortgage (P&I)		\$ 350.19
Bonuses				Other Financing (P&I)		
Commissions				Hazard Insurance		70.00
Dividends/Interest				Real Estate Taxes		12.00
Net Rental Income				Mortgage Insurance		49.18
Other (before completing, see the notice in "describe other income," below)				Homeowner Assn. Dues		
Total	\$ 2,313.00	\$	\$ 2,313.00	Total	\$	\$ 481.37

* Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

Described Other Income Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower (B) or Co-Borrower (C) does not choose to have it considered for repaying this loan.

B/C	Monthly Amount
	\$

VI. ASSETS AND LIABILITIES						
This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-Borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise separate Statements and Schedules are required. If the Co-Borrower section was completed about a non-applicant spouse or other person, this Statement and supporting schedules must be completed about that spouse or other person also.						
Completed <input type="checkbox"/> Jointly <input type="checkbox"/> Not Jointly						
ASSETS	Cash or Market Value	Liabilities and Pledged Assets. List the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet, if necessary. Indicate by (*) those liabilities which will be satisfied upon sale of real estate owned or upon refinancing of the subject property.				
Cash deposit toward purchase held by:	\$					
<i>List checking and savings accounts below</i>		LIABILITIES	Monthly Payment & Months Left to Pay	Unpaid Balance		
Name and address of Bank, S&L, or Credit Union		Name and address of Company	\$ Payment/Months	\$		
			413.00	18,310.00		
			48			
Acct. no.	\$	Acct. no. [REDACTED]				
Acct. no.	\$ 4,000.00	Name and address of Company	\$ Payment/Months	\$		
Name and address of Bank, S&L, or Credit Union			139.00	4,878.00		
			36			
Acct. no.	\$	Acct. no. [REDACTED]				
Name and address of Bank, S&L, or Credit Union		Name and address of Company	\$ Payment/Months	\$		
			114.00	3,772.00		
Acct. no.	\$	Acct. no. [REDACTED]				
Name and address of Bank, S&L, or Credit Union		Name and address of Company	\$ Payment/Months	\$		
			65.00	1,046.00		
Acct. no.	\$	Acct. no. [REDACTED]				
Stocks & Bonds (Company name/number & description)	\$	Name and address of Company	\$ Payment/Months	\$		
			56.00	933.00		
Acct. no.	\$	Acct. no. [REDACTED]				
Life insurance net cash value	\$	Name and address of Company	\$ Payment/Months	\$		
Face amount: \$			50.00	726.00		
Subtotal Liquid Assets	\$ 4,000.00	[REDACTED]				
Real estate owned (enter market value from schedule of real estate owned)	\$	Acct. no. [REDACTED]				
Vested interest in retirement fund	\$	Name and address of Company	\$ Payment/Months	\$		
Net worth of business(es) owned (attach financial statement)	\$		25.00	32.00		
Automobiles owned (make and year)	\$		2			
Other Assets (itemize)	\$	Acct. no. [REDACTED]1				
		Alimony/Child Support/Separate Maintenance Payments Owed to:	\$			
		Job-Related Expense (child care, union dues, etc.)	\$			
		Total Monthly Payments	\$ 862.00			
Total Assets a.	\$ 4,000.00	Net Worth (a minus b)	\$ -25,697.00	Total Liabilities b.	\$ 29,697.00	

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VI. ASSETS AND LIABILITIES (cont.)

Schedule of Real Estate Owned (If additional properties are owned, use continuation sheet.)

Property Address (enter S if sold, PS if pending sale or R if rental being held for income)	Type of Property	Present Market Value	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payments	Insurance, Maintenance, Taxes & Misc.	Net Rental Income
		\$	\$	\$	\$	\$	\$
Totals		\$	\$	\$	\$	\$	\$

List any additional names under which credit has previously been received and indicate appropriate creditor name(s) and account number(s):

Alternate Name	Creditor Name	Account Number
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VII. DETAILS OF TRANSACTION

a. Purchase Price	\$ 72,500.00
b. Alterations, improvements, repairs	
c. Land (if acquired separately)	
d. Refinance (incl. debts to be paid off)	
e. Estimated prepaid items	1,210.33
f. Estimated closing costs	6,311.00
g. PMI, MIP, Funding Fee	1,224.34
h. Discount (if Borrower will pay)	
i. Total costs (add items a through h)	81,245.67
j. Subordinate financing	0.00
k. Borrower's closing costs paid by Seller	3,600.00
l. Other Credits (explain)	
Cash Deposit On Sales Contract	500.00
Total Lender Credit	2,194.66
m. Loan amount (exclude PMI, MIP, Funding Fee financed)	69,962.00
n. PMI, MIP, Funding Fee financed	1,224.00
o. Loan amount (add m & n)	71,186.00
p. Cash from / to Borrower (subtract j, k, l & o from i)	3,865.01

VIII. DECLARATIONS

If you answer "Yes" to any questions a through i, please use continuation sheet for explanation.	Borrower	Co-Borrower
	Yes	No
a. Are there any outstanding judgments against you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Are you a party to a lawsuit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? (This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee. If "Yes," provide details, including date, name and address of Lender, FHA or VA case number, if any, and reasons for the action.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond or loan guarantee? If "Yes," give details as described in the preceding question.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Is any part of the down payment borrowed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

j. Are you a U.S. citizen?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Are you a permanent resident alien?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l. Do you intend to occupy the property as your primary residence? If "Yes," complete question m below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m. Have you had an ownership interest in a property in the last three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(1) What type of property did you own – principal residence (PR), second home (SH), or investment property (IP)?		
(2) How did you hold title to the home – solely by yourself (S), jointly with your spouse (SP), or jointly with another person (O)?		

IX. ACKNOWLEDGEMENT AND AGREEMENT

Each of the undersigned specifically represents to Lender and to Lender's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges, that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; (2) the loan requested pursuant to this application (the "Loan") will be secured by a mortgage or deed of trust on the property described in this application; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in this application are made for the purpose of obtaining a residential mortgage loan; (5) the property will be occupied as indicated in this application; (6) the Lender, its servicers, successors or assigns may retain the original and/or electronic record of this application, whether or not the Loan is approved; (7) the Lender and its agents, brokers, insurers, servicers, successors and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to closing of the Loan; (8) in the event that my payments on the Loan become delinquent, the Lender, its servicers, successors or assigns may, in addition to any other rights and remedies that it may have relating to such delinquency, report my name and account information to one or more consumer reporting agencies; (9) ownership of the Loan and/or administration of the Loan account may be transferred with such notice as may be required by law; (10) neither Lender nor its agents, brokers, insurers, servicers, successors or assigns has made any representation or warranty, express or implied, to me regarding the property or the condition or value of the property; and (11) my transmission of this application as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.

Acknowledgement: Each of the undersigned hereby acknowledges that any owner of the Loan, its servicers, successors and assigns, may verify or reverify any information contained in this application or obtain any information or data relating to the Loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

Borrower's Signature	Date	Co-Borrower's Signature	Date
X		X	

X. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER <input type="checkbox"/> I do not wish to furnish this information.	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information.
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	Race: <input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

To be Completed by Loan Originator:

This information was provided:

- In a face-to-face interview By the applicant and submitted by fax or mail
 In a telephone interview By the applicant and submitted via e-mail or the Internet

Loan Originator's Signature	Loan Originator Identifier	Loan Originator's Phone Number (including area code)
X	211000	222-555-5555
Loan Origination Company's Name Some Financial Group, LLC	Loan Origination Company Identifier	Loan Origination Company's Address

Some Financial Group, LLC

Continuation Sheet/Residential Loan Application

Use this continuation sheet if you need more space to complete the Residential Loan Application.

Borrower:
Samuel Schulte

Agency Case Number:
012-8765111-703

Co-Borrower

Lender Case Number:
112708192

I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

Borrower's Signature:

Date

Co-Borrower's Signature

Date

x

x

The University of North Carolina at Chapel Hill
103 South Building, Campus Box 9100
Chapel Hill, NC 27599-9100

Pay Group: SPN-SHRA Non-Exempt
Pay Begin Date: 07/10/2017
Pay End Date: 07/23/2017

Business Unit: UNCCH
Advice #: 000000002214873
Advice Date: 08/04/2017

				TAX DATA:	Federal	NC State
Employee Name	Employee ID:	00000000		Tax Status:	Single	Single
123 Franklin St CHAPEL HILL, NC 27517	Department:	260108-WSEE-HR Information Mgmt		Allowances:	0	0
	Location:	OHR-Ofc of the Vice Chancellor		Addl. Percent:		
	Job Title:	Admin Support Specialist		Addl. Amount:		
	Pay Rate:	\$45,000.00 Annual				

HOURS AND EARNINGS					TAXES			
Description	Rate	Current Hours	Earnings	YTD	Description	Current	YTD	
Regular	20.346846	74.50	1,515.84	855.00	17,446.65	Fed Withholding	182.98	3,319.78
Sick	20.346846	3.50	71.21	19.50	395.51	Fed MED/EE	22.12	394.81
Bonus Leave	20.346846	2.00	40.69	16.00	325.27	Fed OASDI/EE	94.58	1,688.15
Adverse Weather Cond III Close			0.00	3.00	60.81	NC Withholding	61.00	1,126.00
Civil Leave			0.00	8.00	162.23			
Holiday			0.00	72.00	1,459.97			
MobileCommunication Device-\$70			0.00		560.00			
Overtime @ .50 Time			0.00	14.50	147.50			
Overtime - Straight Time			0.00	14.50	295.04			
Regular (Overtime Week)			0.00	360.00	7,296.84			
Vacation			0.00	27.50	557.39			
TOTAL:		80.00	1,627.74	1,390.00	28,707.21	TOTAL:	360.68	6,528.74

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
TSERS - Retirement	97.66	1,688.82	NC State Empl Credit Union	25.00	425.00	TSERS - Retirement	278.83	4,685.51
Critical Illness	32.10	513.60	Reliance Standard AD&D Emplyee	2.00	32.00	State Health Plan 80/20	239.74	3,835.84
UNC Traffic Office - Parking	26.51	425.84				Imputed Income for LIF600*	0.00	157.48
NC Flex Group Life Employee	12.70	203.20						
Dental Plan	10.61	169.76						
Cancer Plan	7.59	121.44						
State Health Plan 80/20	7.52	120.32						
Vision Plan	4.29	68.64						
NC Flex Voluntary AD&D Empl	0.85	13.60						
TOTAL:	199.83	3,325.22	TOTAL:	27.00	457.00	*TAXABLE		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,627.74	1,427.91	360.68	226.83
YTD	28,707.21	25,539.47	6,528.74	3,782.22

LEAVE BALANCES/ACTIVITY	VACATION	SICK	NET PAY DISTRIBUTION		
			Account Type	Account Number	Deposit Amount
Year Begin Balance	167.83	244.00			
Earned This Year	79.33	56.00			
Used This Year	33.50	27.50			
End Balance	213.66	272.50			
LEAVE DATA VALID THRU:		07/23/2017			
For current and detailed leave information, log into TIM			TOTAL:		1,040.23

MESSAGE:

	a Employee's social security number 999-60-5555	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. OMB No. 1545-0008		
b Employer identification number (EIN) 12-3476543		1 Wages, tips, other compensation 96000	2 Federal income tax withheld 9867.72	
c Employer's name, address, and ZIP code Butter Builders 123 Main Street Denver, CO 80202		3 Social security wages 96000	4 Social security tax withheld 3635.88	
		5 Medicare wages and tips 96000	6 Medicare tax withheld 6089.16	
		7 Social security tips	8 Allocated tips	
d Control number		9	10 Dependent care benefits	
e Employee's first name and initial Sandy Last name America 2910 S Madison Ave Denver, CO 39531		Suff.	11 Nonqualified plans	12a See instructions for box 12
			13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Statutory employee Retirement plan Third-party sick pay	12b
			14 Other	12c
				12d
f Employee's address and ZIP code				
15 State Employer's state ID number 	16 State wages, tips, etc. 96000	17 State income tax 2909.4	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name

Form **W-2** Wage and Tax Statement

Copy C—For EMPLOYEE'S RECORDS
(See Notice to Employee on the back of Copy B.)

2020

Department of the Treasury—Internal Revenue Service

Safe, accurate,
FAST! Use



d Control number D645645646	Form W-2 Wage and Tax Statement 2017 This information is being furnished to the Internal Revenue Service		1 Wages, tips, other compensation 385000.00	2 Federal income tax withheld 102255.00	3 Social security wages 89700.00	
c Employer's name, address, and ZIP code BEST BROKERAGE SERVICES LLC 245 Summer Street Boston, MA, 02210	4 Social security tax withheld 7886.40		5 Medicare wages and tips 400000.00	6 Medicare tax withheld 7600.00		
	7 Social security tips 37500.00		8 Allocated tips 32000.00	9 Verification code FF30-32C3-4D43-403E		
	10 Dependent care benefits 9750.00		11 Nonqualified plans	12a Code S 15000.00		
e Employee's name, address, and ZIP code JOHN WILLOW 33 MAIN 17 STREET APT 2101 NEW YORK NY 10003-2005	13 Statutory employee X	Retirement plan	14 Other AUTO 12475.43	12b Code V 52500.00		
	a Employee's social security no. 123-11-1234		NYSD 31.20	12c Code DD 9340.00		
	b Employer identification no. (EIN) 12-3523123			12d Code		
15 State NY	Employers state ID number 123456735	16 State wages, tips, etc. 325000.00	17 State income tax 62500.00	18 Local wages, tips, etc. 300000.00	19 Local income tax 18750.00	20 Locality name NYC
NJ	12345673500	60000.00	8750.00			

Copy B To Be Filed With EMPLOYEE'S Federal Tax Return

OMB No. 1545-0008

Dept. of the Treasury -- IRS