£1040

Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return**

2021

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the reson is a child but not your depender	— name of	ed filing separately your spouse. If you	,	_		,	, –	_	, ,	, , , ,
Your first name	and m	iddle initial	Last na	ame					١	our so	cial securit	ty number
Edda L			Jain	mes					:	124-9	98-655	3
If joint return, s	pouse's	s first name and middle initial	Last na	ame					S	Spouse's	s social sec	curity numbe
Home address	,	er and street). If you have a P.O. box, see St	instruct	ions.				Apt. no.		Check h	nere if you,	•
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete :	spaces below.	Sta	te	ZIF	code				ntly, want \$3 Checking a
Fresh Me	eado	ws			N.	Z	1	136531	- ^ 1	_	ow will not	•
Foreign country	y name			Foreign province/state	e/count	ty	Fo	reign postal o	ode y	our tax	or refund.	. Spouse
At any time du	ıring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ıncial inte	rest in a	ny virtual c	urrenc	y?	Yes	⊠ No
Standard Deduction	_	neone can claim: You as a de Spouse itemizes on a separate retu	•			•	ent					
Age/Blindness	s You:	: Were born before January 2,	1957	Are blind S	oouse	: □ Wa	s born b	efore Janu	arv 2.	1957	☐ Is bl	lind
Dependents	-			(2) Social secur		(3) Relat					r (see instru	ections):
If more	,	irst name Last name		number	,	to y		1	tax cred	1	•	her dependents
than four												
dependents, see instruction												
and check	S											
here ▶ 🗌												
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1		84,153.
Attach	2a	Tax-exempt interest	2a		b T	axable int	erest			2b		
Sch. B if required.	3a	Qualified dividends	3a		b C	rdinary di	ividends			3b		
	4a	IRA distributions	4a		b T	axable an	nount .			4b		
	5a	Pensions and annuities	5a		b T	axable an	nount .			5b		
Standard	6a	Social security benefits	6a		b T	axable an	nount .			6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D	if required. If not re	quired	, check he	ere .		▶ □	7		
Married filing	8	Other income from Schedule 1, lin	ne 10							8		0.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total in	come				. ▶	9	3	84,153.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26						10		
jointly or Qualifying	11_	Subtract line 10 from line 9. This i	s your a	djusted gross inc	ome				. ▶	11		84,153.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedu	le A)		12a	12,	550			
Head of	b	Charitable contributions if you take	the sta	ndard deduction (se	e instr	uctions)	12b		280			
household, \$18,800	С	Add lines 12a and 12b								12c	; .	12,830.
If you checked	13	Qualified business income deduc-	tion fror	n Form 8995 or For	m 899	5-A				13		
any box under Standard	14	Add lines 12c and 13								14		12,830.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less	s, ente	r -0				15		71,323.

Form 1040 (2021))								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	11,440.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	11,440.
	19	Nonrefundable child tax cred	dit or credit for c	ther depender	nts from Schedule	e 8812		19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	11,440.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				▶	24	11,440.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 10	0,576.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	10,576.
If	26	2021 estimated tax payment						26	
If you have a qualifying child,	27a	Earned income credit (EIC)			No	27a			
attach Sch. EIC.		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	ction	. 27b					
	С	Prior year (2019) earned inco	ome	. 27c					
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Recovery rebate credit. See	instructions .			30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27a and 28 throug		•				32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			▶	33	10,576.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	ınt you overpaid		34	
	35a	Amount of line 34 you want			3 is attached, che	ck here	. ▶ 🗌	35a	
Direct deposit?	►b	Routing number X X X		 .			Savings		
See instructions.	►d	Account number X X X				X X X			
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax ►	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For details	s on how to pay,	see instructions	. ▶	37	864.
You Owe	38	Estimated tax penalty (see in	nstructions) .		<u> </u>	38			
Third Party Designee		you want to allow another structions	person to disc		rn with the IRS?		omplete	below.	X No
		signee's		Phone			sonal ident		
		me ▶		no. ►			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature	,	Date	Your occupation		1		nt you an Identity
		ar signature		Date	Tour occupation		I .		IN, enter it here
Joint return?					Patternmal	ker	(see	inst.) ►	
See instructions. Keep a copy for	Spe	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an
	,						I .	inst.) ▶	ection PIN, enter it here
your records.		one no. (718)521-967	0	Email address			(
your records.	Dh		()	Linai addiess					
your records.		(110/321)01		ure		Date	PTIN	1	Check if:
your records. Paid		eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid Preparer	Pre	eparer's name	Preparer's signat	ure		Date	<u> </u>	20.00	Check if: Self-employed
Paid	Pre Firr	(110/321)01	Preparer's signat	ure		Date	Pho	ne no.	Self-employed



Department of Taxation and Finance

Resident Income Tax Return New York State • New York City • Yonkers • MCTMT

IT-201

	i year bandary i	, 2021, 111101	igh Decem	ber 31, 2021, or fiscal year	r beginning	2
For help completing your return, see the	instructions,	Form IT-20)1-I.		and ending	
Your first name MI Your last name (i	or a joint return , ente	er spouse's name	on line below)	Your date of birth (mmddyyyy)	Your Social Sec	curity number
EDDA L JAIMES				05111968		4986553
Spouse's first name MI Spouse's last na	ne			Spouse's date of birth (mmddyyyy)	Spouse's Socia	I Security number
Mailing address (see instructions, page 12) (number an	d street or PO Box)			Apartment number	New York State	county of residence
6910 164TH ST	<u> </u>			2L	QUEENS	county of recidence
City, village, or post office	State ZIP cod	le	Country		School district r	name
FRESH MEADOWS	NY 1136	55-3150			QUEENS	
Taxpayer's permanent home address (see instruction	ons, page 12) (numb	er and street or	rural route)	Apartment number	School district	
Oite villana and afficia	Ct-t- 71D	1-		Taypayar's data of dooth (mmddy)	code number	519 Mate of death (mmddyyyy)
City, village, or post office	State ZIP cod	ie	Decedent	Taxpayer's date of death (mmddy)] Spouse's (date of death (minddyyyy
	INI		information			
A Filing ① X Single status				u have a financial account l n country? (see page 13)		Yes No
(mark an ② Married filing joint ret X in one			deferre	ou required to report any nor d compensation, as required r 2021 federal return? (see pa	by IRC § 457A,	
box): Married filing separat (enter spouse's Social S		ove)	E (1) Die	d you or your spouse mainta parters in NYC during 2021?	in living	
4 Head of household (v	ith qualifying perso	on)	(2) Er	nter the number of days spe ny part of a day spent in NYC is	nt in NYC in 20)21
⑤ Qualifying widow(er)			F NYC re	esidents and NYC part-ye	ar	
3 Did you itemize your deductions on				ents only (see page 13):		12
your 2021 federal income tax return?	Yes LLL N	o X	(1) Nu	umber of months you lived i	in NYC in 2021	
Can you be claimed as a dependent on another taxpayer's federal return?	Yes N			umber of months your spous		in 2021
				your 2-character special c s) if applicable (see page 13		
Dependent information (see page 14)						
First name MI La	st name	Relation	onship	Social Security numl	per Dat	e of birth (mmddyyyy)
f more than 7 dependents, mark an X in th	e box.					
•						
201001214555	For	office use or	nlv			

76153.00

Your Social Security number 124986553

Federal income and adjustments (see page 14)		Whole dollars only
1 Wages, salaries, tips, etc	. 1	84153.00
2 Taxable interest income	. 2	.00
3 Ordinary dividends		.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)		.00
5 Alimony received		.00
6 Business income or loss (submit a copy of federal Schedule C, Form 1040)		.00
7 Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)		.00
8 Other gains or losses (submit a copy of federal Form 4797)	· — -	.00
9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9	.00
10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 104)		.00
12 Rental real estate included in line 11	5	
13 Farm income or loss (submit a copy of federal Schedule F, Form 1040)	+	.00
14 Unemployment compensation	_	.00
15 Taxable amount of Social Security benefits (also enter on line 27)		.00
16 Other income (see page 14) Identify:	16	.00
17 Add lines 1 through 11 and 13 through 16	17	84153.00
18 Total federal adjustments to income (see page 14) Identify:	18	.00
19 Federal adjusted gross income (subtract line 18 from line 17)	19	84153.00
19a Recomputed federal adjusted gross income (see page 14, Line 19a worksheet)	19a	84153.00
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 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 15) 22 New York's 529 college savings program distributions (see page 15)) 21	.00. 00. 00.
23 Other (Form IT-225, line 9)		.00
24 Add lines 19a through 23		84153.00
New York subtractions (see page 16)		
Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government (see page 16) Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds	0 0 0 0	
32 Add lines 25 through 31	. 32	.00
33 New York adjusted gross income (subtract line 32 from line 24)		84153.00
Standard deduction or itemized deduction (see page 19) 34 Enter your standard deduction (table on page 19) or your itemized deduction (from Form IT-19) Mark an X in the appropriate box: X Standard - or - Itemized		00.008
35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	. 35	76153.00
36 Dependent exemptions (enter the number of dependents listed in item H; see page 19)		000.00

37



37 Taxable income (subtract line 36 from line 35)

7138.00

Nan	ne(s) as shown on page 1		Your Social Security number		IT-201 (2021) Page 3 of 4
ED	DA L JAIMES		124986553		REV 03/10/22 INTUIT.CG.CFP.SP
Tax	c computation, credits, and other taxes				
38	Taxable income (from line 37 on page 2)			38	76153.00
39	NYS tax on line 38 amount (see page 20)			39	4311.00
	NYS household credit (page 20, table 1, 2, or 3)		.00		
	Resident credit (see page 21)		.00		
	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)		.00		
	Add lines 40, 41, and 42			43	.00.
44	Subtract line 42 from line 20 (if line 42 is mary than line 20 lea	61.		44	4311.00
	Subtract line 43 from line 39 (if line 43 is more than line 39, lea Net other NYS taxes (Form IT-201-ATT, line 30)		•	_	4311.00
	· · · · · · · · · · · · · · · · · · ·				
46	Total New York State taxes (add lines 44 and 45)			46	4311.00
Ne	w York City and Yonkers taxes, credits, and surcharges,	and	MCTMT		
				1	
	NYC taxable income (see page 21)		76153.00	-	See instructions on
	NYC resident tax on line 47 amount (see page 21)		2827.00	-	pages 21 through 24 to
	NYC household credit (page 21)	48	.00		compute New York City and
49	Subtract line 48 from line 47a (if line 48 is more than				Yonkers taxes, credits, and
	line 47a, leave blank)	49	2827.00	-	surcharges, and MCTMT.
	Part-year NYC resident tax (Form IT-360.1)	50	.00	-	
	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00		
	Add lines 49, 50, and 51	52	2827.00	-	BILLING N. COMICA MAC BEOFFED SINCE FOR NACONALISMOS BILLIN
	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00		
54	Subtract line 53 from line 52 (if line 53 is more than		000= 00	1	
54 -	line 52, leave blank)	54	2827.00	J	
54a	MCTMT net				HILL IN EACH COURT ENGINEERING CALLS AND CONTRACT AND AND AND AND HILL
F.4h	earnings base 54a .00	F.4h	00	1	
		54b 55	.00	1	
	Yonkers resident income tax surcharge (see page 24) Yonkers nonresident earnings tax (Form Y-203)	56	.00.	1	
	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00	1	
	Total New York City and Yonkers taxes / surcharges and M			58	2827.00
50	Total New Tork Oily and Tollkers taxes / suicharges and IN	O I IVI I	i (auu iiries 54 ariu 545 trirougri 57)	50	2027.00
59	Sales or use tax (see page 25; do not leave line 59 blank) .			59	0.00
60	Voluntary contributions (Form IT 227 Port 2 line 4)			60	00
00	Voluntary contributions (Form IT-227, Part 2, line 1)	•••••	•••••	00	.00

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



Pag	e 4 of 4 IT-201 (2021) REV 03/10/22 INTUIT.CG.CFP.SP	Your Social Se	curity numb	ber				
62	Enter amount from line 61	12	498655	3		62		7138.00
_	yments and refundable credits (see pages 26							
63	Empire State child credit		63		.00			
	NYS/NYC child and dependent care credit		-		.00			
	NYS earned income credit (EIC)		65		.00			CENSTRE POSICEMENTAL BUILD
	NYS noncustodial parent EIC				. 00			
	Real property tax credit				. 00		100 (A) (A) (A)	
	College tuition credit				. 00			
69	NYC school tax credit (fixed amount) (also complete	F on page 1)	69		63.00			
69a	NYC school tax credit (rate reduction amount)		69a		167.00			
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			mplete Form(s) IT-2
72	Total New York State tax withheld		72		5257.00			R and submit them (see page 11).
73	Total New York City tax withheld				3053.00		-	deral Form W-2
	Total Yonkers tax withheld				.00		not send le 1 your retur	
75	Total estimated tax payments and amount paid with	Form IT-370	75		.00			
76	Total payments (add lines 63 through 75)					76		8540.00
	Total paymonto (add miod oo amodgii 10)							100
Yo	ur refund, amount you owe, and account inf	ormation)	(see page	s 30 throug	h 32)			
77	Amount overpaid (if line 76 is more than line 62	2, subtract line	e 62 from l	line 76; see	page 30)	77		1402.00
78	Amount of line 77 available for refund (subtra					78		1402.00
700	TIP: Use this amount to check your refund s			05 line 4) (ele	on and mail Farms (T. 105)	700		00
	Amount of line 78 that you want to deposit into a NYS		•	, ,	,	/8a		.00
78b	Total refund after NYS 529 account deposit (s					78b		1402.00
	Mark one refund choice: X direction saving	t deposit to gs account	checkin	g or - or -	paper check	Refu	und? Direct	deposit is the
70	Amount of line 77 that you want applied to you	•	(IIII III IIIIe	03)	CHECK	easi	est, fastest	way to get your
19	estimated tax (see instructions)		79		.00	refu	nd.	
80	Amount you owe (if line 76 is less than line 62, s			e 62) To pa		See	page 31 fo	r payment options.
	funds withdrawal, mark an X in the box	7						
	or money order you must complete Form IT	-		•		80		.00
81	Estimated tax penalty (include this amount in line			,				
	reduce the overpayment on line 77; see page 31)				.00			r the proper
82	Other penalties and interest (see page 31)		82		.00	ass	embly of yo	our return.
	Account information for direct deposit or election			al (see pag	e 32).			
	If the funds for your payment (or refund) would	come from ((or go to)	an accour	t outside the U.S.,	mark	an X in this	s box (see pg. 32)
	83a Account type: Personal checking - or	- X Per	sonal savi	ings - or -	Business ch	ecking	g - or -	Business savings
	83b Routing number 021000089	8:	3c Accou	unt number		999	5718221	
84	Electronic funds withdrawal (see page 32)	 Date			Amoun	ıt		.00
	Third-narty Print designee's name			Design	ee's phone number			Personal identification
des	Third-party Print designee's name signee? (see instr.)			()		'	number (PIN)
Yes				1	,			
	Paid preparer must complete ▼ Preparer's NYTPF	NN N	YTPRIN			,		
(see instructions)	ex	cl. code	_		yer(s) must sigi	n nere ▼
	arer's signature Preparer's prii LF – PREPARED	nted name			our signature			
_	s name (or yours, if self-employed)	Preparer's PT	IN or SSN		our occupation			
Addr	000	Employer ider	ntification n		PATTERNMAKER Spouse's signature and	000110	ation (if joint ro	turn)
Addi	555	Limpioyer ider	iuiicaüUii III		pouse s signature and	occupa	auon (<i>n jonn le</i>	tuiii)
		Da	ate		Date		Daytime pho (718) 52	
Ema	il:				mail: EDDALEON	OR@H		





Department of Taxation and Finance

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

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

		mployer's information					
W-2 Record 1		er's name					
Box a Employee's Social Security number		-MART ASSOCIATE		! •			
or this W-2 Record		er's address (number and stre	et)				
124986553		SW 8TH STREET			I = ·	T	
Box b Employer identification number (EIN)	City			State	ZIP code	Country (if n	ot United States)
710794409	BENT	TONVILLE		AR	72716-0135		
3ox 1 Wages, tips, other compensation	Box 12a A	mount	Code	Box	c 14a Amount		Description
84153.00		8170.00	DD			385.00	NYPFML
3ox 8 Allocated tips	Box 12b A	mount	Code	Box	c 14b Amount		Description
.00		15434.00	D			.00	
Box 10 Dependent care benefits	Box 12c A	mount	Code	Box	c 14c Amount		Description
.00		.00				.00	
Box 11 Nonqualified plans	Box 12d A	mount	Code	Box	c 14d Amount		Description
.00		.00				.00	
		Third-party sick pay Box 16a NYS wages, tips,	etc.	Box 1	17a NYS income tax witl	nheld	Corrected (W-2c)
NY State information: Box 15a NY State	NIY	84	153.00		52	57.00	
		Box 16b Other state wages		Box 1	17b Other state income ta		
Other state information: Box 15b other state			.00			.00	
	I8 Local wa	ges, tips, etc.	Вох	19 Loca	I income tax withheld	_	Box 20 Locality name
nformation (see instr.): Locality a		84153.00 Loc	cality a		3053.00	Locality a	NYC
		00					
Do not detach. W-2 Record 2		.00 Loc imployer's information er's name	cality b		00.) Locality b	
Do not detach. W-2 Record 2 Box a Employee's Social Security number	Employ	mployer's information			.00.) Locality b	
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record	Employ	mployer's information er's name	et)				
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record	Employ	mployer's information er's name	et)	State	ZIP code		ot United States)
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN)	Employ	imployer's information er's name er's address (number and stre	et)				
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN)	Employ City	imployer's information er's name er's address (number and stre	et)		ZIP code		ot United States)
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00	Employ City	mployer's information er's name er's address (number and streen) mount	et)	Вох	ZIP code	Country (if r.	ot United States)
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00	Employ City Box 12a A	mployer's information er's name er's address (number and streen) mount	et) Code	Вох	ZIP code	Country (if r.	ot United States) Description
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00	Employ City Box 12a A	mployer's information er's name er's address (number and stree mount .00 mount .00	et) Code	Box	ZIP code	Country (if n	ot United States) Description Description
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00	Employ City Box 12a A	mployer's information er's name er's address (number and stree mount .00 mount .00	Code Code	Box	ZIP code c 14a Amount c 14b Amount	Country (if n	ot United States) Description
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00	Employ City Box 12a A	mployer's information er's name er's address (number and streemount .00 mount .00 mount .00	Code Code	Box	ZIP code c 14a Amount c 14b Amount	.00	ot United States) Description Description
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans	Employ City Box 12a A Box 12b A Box 12c A	mployer's information er's name er's address (number and stree mount .00 mount .00 mount .00 mount .00	Code Code Code	Box	ZIP code c 14a Amount c 14b Amount c 14c Amount	.00 .00 .00	Description Description Description
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Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record Box b Employer identification number (EIN) Box 1 Wages, tips, other compensation .00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retirer NY State information: Box 15a NY State Other state information: Box 15b other state	Employ City Box 12a A Box 12b A Box 12c A Box 12d A	mployer's information er's name er's address (number and stree mount .00 mount .00 mount .00 Third-party sick pay Box 16a NYS wages, tips, e Box 16b Other state wages ges, tips, etc.	Code Code Code Code Code Code Code Code	Box 1 Box 1	ZIP code (14a Amount (14b Amount (14c Amount (14d Amount 17a NYS income tax with	.00 .00 .00 .00 .00 .00 .00 x withheld .00	Description Description Description Corrected (W-2c) Box 20 Locality name



