

**Prepared For:**

DANIEL J. MCCLELLAN AND JENNIFER S.
MCCLELLAN
01/27/2018

Today's Savings

- * By participating in a qualified retirement plan through your employer this year and making your contributions with pretax dollars, you reduced your taxes by: \$52.00
- * In simple terms, the Marginal Tax Rate is the tax rate that you pay on your last dollar of taxable income. It is the highest federal tax bracket that affects your tax calculation. The Effective Tax Rate is the percentage of your total income that you paid in taxes. For 2017, your Marginal Tax Rate is 15% and your Effective Tax Rate is 10%.

Total Savings **\$52.00**

Filing, Refund and Balance Due Information

Tax Return	efile	Refund / (Balance Due)	Summary		Message
Federal	Yes	\$3,657.00	Refund	\$3,657.00	See the Filing Checklist for instructions.
New York	No	\$2,282.00	Refund	\$2,282.00	See the Filing Checklist for mailing instructions.

2017 Tax Return Summary

Federal Year over Year Comparison

INCOME	Year 2017	Year 2016	Change(\$)
Wages, salaries, tips	\$81,488	\$0	\$81,488
Total income	\$81,488	\$0	\$81,488
ADJUSTED GROSS INCOME			
Total income less total adjustments	\$81,488	\$0	\$81,488
TAXABLE INCOME			
Standard deductions	\$12,700	\$0	\$12,700
Exemptions	\$8,100	\$0	\$8,100
Taxable income	\$60,688	\$0	\$60,688
TAX COMPUTATION			
Income tax	\$8,169	\$0	\$8,169
Tax before credits	\$8,169	\$0	\$8,169
OTHER TAXES			
ACA Tax Penalty (Shared Responsibility Payment)	\$253	\$0	\$253
Total tax	\$8,422	\$0	\$8,422
PAYMENTS			
Federal withholding	\$12,079	\$0	\$12,079
Total payments	\$12,079	\$0	\$12,079
REFUND			
Overpayment	\$3,657	\$0	\$3,657
Refund due	\$3,657	\$0	\$3,657
OTHER COMPUTATIONS			
Alternative minimum taxable income	\$81,488	\$0	\$81,488
Marginal tax bracket	15%		
Effective tax bracket	10%		
Filing status	Married Filing Jointly		

DANIEL J MCCLELLAN
JENNIFER S MCCLELLAN

**Tax Return Signature/Consent to Disclosure
On-Line Self Select PIN without Direct Debit**

Perjury Statement

Under penalties for perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgement of receipt or reason for rejection of transmission; b) an indication of any refund offset; c) the reason for any delay in processing or refund; and, d) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self Select PIN below.

Taxpayer's PIN:		Date:.....
Taxpayer's Date of Birth:	06/08/1993	
Taxpayer's Prior Year Adjusted Gross Income:	0.	
Taxpayer's Prior year PIN		
Taxpayer's Electronic Filing PIN		
Spouse's PIN:		
Spouse's Date of Birth:	01/04/1993	
Spouse's Prior Year Adjusted Gross Income:	0.	
Spouse's Prior year PIN		
Spouse's Electronic Filing PIN		

FILE

Prepared for	DANIEL J MCCLELLAN JENNIFER S MCCLELLAN																								
Tax Summary	<table> <tr> <td>Gross Income</td> <td>\$</td> <td>81,488</td> </tr> <tr> <td>Adjusted Gross Income</td> <td>\$</td> <td>81,488</td> </tr> <tr> <td>Total Deductions</td> <td>\$</td> <td>20,800</td> </tr> <tr> <td>Total Taxable Income</td> <td>\$</td> <td>60,688</td> </tr> <tr> <td>Total Tax</td> <td>\$</td> <td>8,422</td> </tr> <tr> <td>Total Payments</td> <td>\$</td> <td>12,079</td> </tr> <tr> <td>Refund Amount</td> <td>\$</td> <td>3,657</td> </tr> <tr> <td>Amount You Owe</td> <td>\$</td> <td>0</td> </tr> </table>	Gross Income	\$	81,488	Adjusted Gross Income	\$	81,488	Total Deductions	\$	20,800	Total Taxable Income	\$	60,688	Total Tax	\$	8,422	Total Payments	\$	12,079	Refund Amount	\$	3,657	Amount You Owe	\$	0
Gross Income	\$	81,488																							
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Total Tax	\$	8,422																							
Total Payments	\$	12,079																							
Refund Amount	\$	3,657																							
Amount You Owe	\$	0																							
Make check payable to	United States Treasury																								
Mailing Address																									

Instructions

STEP 1 - Once your e-filed return has been accepted, you will receive an e-mail

STEP 2 - Check E-File Status

When your e-mail arrives, log back in to your account with your username and click the link on the main menu to check your e-file status. Follow the instructions in the program to complete any necessary steps.

STEP 3 - Keep a copy

Print a copy of the return for your records.

Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.

For the year Jan. 1- Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

DANIEL J MCCLELLAN
JENNIFER S MCCLELLAN
1 ARDEN STREET APT. 408
NEW YORK, NY 10040

Your social security number
621-80-2238
Spouse's social security number
608-64-4858
Make sure the SSN(s) above
and on line 6c are correct.
Presidential Election Campaign
Check here if you, or your spouse if filing
jointly, want \$3 to go to this fund. Checking
a box below will not change your tax or
refund.
☐ You ☐ Spouse

Foreign country name Foreign province/state/country Foreign postal code

Filing Status 1 Single 4 Head of household (with qualifying person). (See instructions.) If
2 Married filing jointly (even if only one had income) the qualifying person is a child but not your dependent, enter this
3 Married filing separately Enter spouse's SSN above & full name here. child's name here.
Check only one box. 5 Qualifying widow(er) (see instructions)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 2
b Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child <17 for qual. for child tax cr. (see inst)
If more than four dependents, see inst and check here ☐
Add numbers on lines above 2
d Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 81,488.
8a Taxable interest. Attach Schedule B if required 8a
b Tax-exempt interest. Do not include on line 8a 8b
9a Ordinary dividends. Attach Schedule B if required 9a
b Qualified dividends 9b
10 Taxable refunds, credits, or offsets of state and local income taxes 10
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. ☐ 13
14 Other gains or (losses). Attach Form 4797. 14
15a IRA distributions 15a b Taxable amt 15b
16a Pensions and annuities 16a b Taxable amt 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
18 Farm income or (loss). Attach Schedule F. 18
19 Unemployment compensation 19
20a Social security benefits. 20a b Taxable amount 20b
21 Other income. List type and amount 21
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 81,488.

Adjusted Gross Income 23 Educator expenses 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
25 Health savings account deduction. Attach Form 8889. 25
26 Moving expenses. Attach Form 3903 26
27 Deductible part of self-employment tax. Attach Schedule SE. 27
28 Self-employed SEP, SIMPLE, and qualified plans 28
29 Self-employed health insurance deduction 29
30 Penalty on early withdrawal of savings 30
31a Alimony paid b Recipient's SSN 31a
32 IRA deduction 32
33 Student loan interest deduction 33
34 Reserved for future use 34
35 Domestic production activities deduction. Attach Form 8903 35
36 Add lines 23 through 35 36
37 Subtract line 36 from line 22. This is your adjusted gross income. 37 81,488.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2017)

Tax and Credits

38	Amount from line 37 (adjusted gross income).	38	81,488.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,700.
41	Subtract line 40 from line 38	41	68,788.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0-	43	60,688.
44	Tax (see inst.) Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	8,169.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	8,169.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credit. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add in 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter - 0-	56	8,169.

Standard Deduction for -

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$6,350
 - Married filing jointly or Qualifying widow(er), \$12,700
 - Head of household, \$9,350

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	253.
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	8,422.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	12,079.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Re-served c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	12,079.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,657.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	3,657.
b	Routing number 124000054 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 041484882		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

Designee's name _____ Phone no. _____ Personal ID number (PIN) ☐

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Your signature _____	Date _____	Your occupation SOFTWARE ENGINEER	Daytime phone number _____
	Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation WRITER	If the IRS sent you an ID Protection PIN, enter it here (see inst.) _____

Paid Preparer Use Only

Print/Type preparer's name _____	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed	PTIN _____
Firm's name _____	Firm's EIN _____			Phone no. _____
Firm's address _____				

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.**2017**
Attachment
Sequence No. **52**

Name(s) shown on Form 1040 or Form 1040NR

DANIEL J MCCLELLANSocial security number of HSA
beneficiary. If both spouses have
HSAs, see instructions▶**621-80-2238****Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.****Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions)	▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2		
3	If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others , see instructions for the amount to enter	3		6,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs	4		
5	Subtract line 4 from line 3. If zero or less, enter -0-	5		6,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter	6		6,750.
7	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions)	7		
8	Add lines 6 and 7	8		6,750.
9	Employer contributions made to your HSAs for 2017	9		2,000.
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10	11		2,000.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		4,750.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13		0.
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).				

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2017 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here	▶	<input type="checkbox"/>
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

KBA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8889 (2017)

2017 STATE TAX RETURN FILING INSTRUCTIONS

NEW YORK

FOR THE YEAR ENDING
December 31, 2017

Prepared for	DANIEL J MCCLELLAN and JENNIFER S MCCLELLAN																								
Tax Summary	<table><tr><td>Gross Income</td><td>\$</td><td>81,488</td></tr><tr><td>Adjusted Gross Income</td><td>\$</td><td>81,488</td></tr><tr><td>Total Deductions</td><td>\$</td><td>16,050</td></tr><tr><td>Total Taxable Income</td><td>\$</td><td>65,438</td></tr><tr><td>Total Tax</td><td>\$</td><td>5,968</td></tr><tr><td>Total Payments</td><td>\$</td><td>8,003</td></tr><tr><td>Refund Amount</td><td>\$</td><td>2,282</td></tr><tr><td>Amount You Owe</td><td>\$</td><td>0</td></tr></table>	Gross Income	\$	81,488	Adjusted Gross Income	\$	81,488	Total Deductions	\$	16,050	Total Taxable Income	\$	65,438	Total Tax	\$	5,968	Total Payments	\$	8,003	Refund Amount	\$	2,282	Amount You Owe	\$	0
Gross Income	\$	81,488																							
Adjusted Gross Income	\$	81,488																							
Total Deductions	\$	16,050																							
Total Taxable Income	\$	65,438																							
Total Tax	\$	5,968																							
Total Payments	\$	8,003																							
Refund Amount	\$	2,282																							
Amount You Owe	\$	0																							
Make check payable to	Not Applicable																								
Mailing Address	State Processing Center P.O. Box 61000 Albany, NY 12261-0001																								
Special Instructions	<p>SIGN AND DATE YOUR RETURN</p> <p>Please sign and date Form NY IT-203. When filing a joint return, both you and your spouse need to sign the form.</p> <p>ASSEMBLE WHAT YOU NEED TO MAIL</p> <p>Attach any schedules and forms behind Form NY IT-203. If there are supporting statements, arrange them in the same order as the schedules and forms they support and attach them last. Attach a copy of each W-2G and 1099G for which NY tax has been withheld. You do not need to attach your W-2 and 1099R forms.</p> <p>MAIL FORM NY IT-203 & OTHER DOCUMENTS TO:</p> <p>Mailing Address listed above.</p> <p>To retain the proof of mailing, we recommend using certified mail to send your form(s). When mailing to an address without a P.O. box, you may also use:</p> <p>Airborne Express, DHL Worldwide Express, FedEx, or UPS.</p> <p>KEEP A COPY</p> <p>Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.</p>																								



Department of Taxation and Finance

**Nonresident and Part-Year Resident
Income Tax Return**

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2017, through December 31, 2017, or fiscal year beginning . . .

IT-203

and ending . . .

17**For help completing your return, see the instructions, Form IT-203-I.**

Your first name and middle initial DANIEL		Your last name (for a joint return, enter spouse's name on line below) J MCCLELLAN		Your date of birth (mmddyyyy) 06081993		Your social security number 621802238	
Spouse's first name and MI JENNIFER		Spouse's last name S MCCLELLAN		Spouse's DOB (mmddyyyy) 01041993		Spouse's social security number 608644858	
Mailing address (see instructions, page 13) (number and street or PO box) 1 ARDEN STREET				Apartment number 408		New York State county of residence NEW YORK	
City, village, or post office NEW YORK			State NY	ZIP code 10040	Country (if not United States)		School district name MANHATTAN
Taxpayer's permanent home address (see instr., pg. 13) (no. and street or rural route)				Apartment no.	City, village, or post office		School district code number 369
State NY			ZIP code 10040		Country (if not United States)		Decedent information
				Taxpayer's date of death		Spouse's date of death	

- A Filing status** (mark **one** in one box):
- ① ☐ Single
- ② ☒ Married filing joint return (enter both spouses' social security numbers above)
- ③ ☐ Married filing separate return (enter both spouses' social security numbers above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2017 federal income tax return? Yes ☐ No ☒

C Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒

D1 Did you have a financial account located in a foreign country? (see page 14) Yes ☐ No ☒

D2 Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see pg. 14) Yes ☐ No ☐

(2) Enter the amount00

D3 Were you required to report, under P.L. 110-343, Div. C, §801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14) Yes ☐ No ☒

E New York City part-year residents only (see page 14)

(1) Number of months **you** lived in NY City in 2017 10

(2) Number of months **your spouse** lived in NY City in 2017 10

F Enter your 2-character special condition code(s) if applicable (see page 15).

G New York State part-year residents (see page 15)

Enter the date you moved into or out of NYS (mmddyyyy) 03012017

On the last day of the tax year (mark an **X** in one box):

1) Lived in NYS. ☒

2) Lived outside NYS; received income from NYS sources during nonresident period. ☐

3) Lived outside NYS; received no income from NYS sources during nonresident period. ☐

H New York State nonresidents (see page 15)

Did you or your spouse maintain living quarters in NYS in 2017? Yes ☐ No ☐
(if Yes, complete Form IT-203-B)

**I Dependent exemption information** (see page 16)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an **X** in the box. ☐

203001171029



For office use only

NONRESIDENT AND PART-YEAR RESIDENT INCOME TAX RETURN

Enter your social security number
621802238

Federal income and adjustments (see page 17)

	Federal amount Whole dollars only	New York State amount Whole dollars only
1 Wages, salaries, tips, etc.	1 81488.00	1 81488.00
2 Taxable interest income	2 .00	2 .00
3 Ordinary dividends	3 .00	3 .00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4 .00	4 .00
5 Alimony received	5 .00	5 .00
6 Business income or loss (submit a copy of fed Sch. C or C-EZ, Fm 1040)	6 .00	6 .00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Fm 1040)	7 .00	7 .00
8 Other gains or losses (submit a copy of federal Form 4797)	8 .00	8 .00
9 Taxable amt of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/> <input type="checkbox"/>	9 .00	9 .00
10 Taxable amount of pensions/annuities, Beneficiaries: mark X in box <input type="checkbox"/> <input type="checkbox"/>	10 .00	10 .00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11 .00	11 .00
12 Rental real estate included in line 11 (federal amount) 12 .00		
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13 .00	13 .00
14 Unemployment compensation	14 .00	14 .00
15 Taxable amount of social security benefits (also enter on line 26)	15 .00	15 .00
16 Other income (see page 23) Identify:	16 .00	16 .00
17 Add lines 1 through 11 and 13 through 16.	17 81488.00	17 81488.00
18 Total federal adjustments to income (see page 23) Identify:	18 .00	18 .00
19 Federal adjusted gross income (subtract line 18 from line 17)	19 81488.00	19 81488.00

New York additions (see page 25)

20 Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20 .00	20 .00
21 Public employee 414(h) retirement contributions	21 .00	21 .00
22 Other (Form IT-225, line 9)	22 .00	22 .00
23 Add lines 19 through 22	23 81488.00	23 81488.00

New York subtractions (see page 26)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24 .00	24 .00
25 Pensions of NYS and local governments and the federal government (see page 26)	25 .00	25 .00
26 Taxable amount of social security benefits (from line 15)	26 .00	26 .00
27 Interest income on U.S. government bonds	27 .00	27 .00
28 Pension and annuity income exclusion	28 .00	28 .00
29 Other (Form IT-225, line 18)	29 .00	29 .00
30 Add lines 24 through 29.	30 .00	30 .00
31 New York adjusted gross income (subtract line 30 from line 23)	31 81488.00	31 81488.00

32 Enter the amount from line 31, Federal amount column. 32 81488.00

Standard deduction or itemized deduction (see page 28)

33 Enter your standard deduction (table on page 28) or your itemized deduction (from Form IT-203-D). Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard -or- <input type="checkbox"/> Itemized	33 16050.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34 65438.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 28)	35 000.00
36 New York taxable income (subtract line 35 from line 34)	36 65438.00

NO HANDWRITTEN ENTRIES OTHER THAN SIGNATURE ON THIS FORM



Name(s) as shown on page 1
DANIEL J MCCLELLAN

Enter your social security number
621802238

IT-203 (2017) Page 3 of 4

Tax computation, credits, and other taxes

37	New York taxable income (from line 36 on page 2)	37	65438.00	
38	New York State tax on line 37 amount (see page 29)	38	3540.00	
39	New York State household credit (page 29, table 1, 2, or 3)	39	.00	
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	3540.00	
41	New York State child and dependent care credit (see page 30)	41	.00	
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	3540.00	
43	New York State earned income credit (see page 30)	43	.00	
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	3540.00	
45	Income percentage (see page 30)	New York State amount from line 31	Federal amount from line 31	Round result to 4 decimal places
		81488.00	81488.00	1.0000
46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	3540.00	
47	New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00	
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	3540.00	
49	Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00	
50	Total New York State taxes (add lines 48 and 49)	50	3540.00	

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

51	Part-year New York City resident tax (Form IT-360.1)	51	2428.00	See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52	Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a	Subtract line 52 from line 51	52a	2428.00	
52b	MCTMT net earnings base	52b	.00	
52c	MCTMT	52c	.00	
53	Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	2428.00	
56	Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	56	0.00	

Voluntary contributions (see page 33)

57a	Return a Gift to Wildlife	57a	.00
57b	Missing/Exploited Children Fund	57b	.00
57c	Breast Cancer Research Fund	57c	.00
57d	Alzheimer's Fund	57d	.00
57e	Olympic Fund (\$2 or \$4)	57e	.00
57f	Prostate and Testicular Cancer Research and Education Fund	57f	.00
57g	9/11 Memorial	57g	.00
57h	Volunteer Firefighting & EMS Recruitment Fund	57h	.00
57i	Teen Health Education	57i	.00
57j	Veterans Remembrance	57j	.00
57k	Homeless Veterans	57k	.00
57l	Mental Illness Anti-Stigma Fund	57l	.00
57m	Women's Cancers Education and Prevention Fund	57m	.00
57n	Autism Fund	57n	.00
57o	Veterans Homes	57o	.00
57	Total voluntary contributions (add lines 57a through 57o)	57	.00
58	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	5968.00

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Enter your social security number
621802238

59 Enter amount from line 58. 59 5968.00

Payments and refundable credits (see page 34)

60	Part-year NYC school tax credit (fixed amount) (also complete E on front).	60	104.00
60a	NYC school tax credit (rate reduction amount)	60a	143.00
61	Other refundable credits (Form IT-203-ATT, line 17)	61	.00
62	Total New York State tax withheld	62	4927.00
63	Total New York City tax withheld	63	3076.00
64	Total Yonkers tax withheld	64	.00
65	Total estimated tax payments/amount paid with Form IT-370.	65	.00
66	Total payments and refundable credits (add lines 60 through 65).	66	8250.00

If applicable, complete
Form(s) IT-2 and/or IT-1099-R
and submit them with your
return (see page 12).

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

Your refund, amount you owe, and account information (see pages 36 through 38)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66). 67 2282.00

68 Amount of line 67 to be refunded

Mark one refund choice: ☐ direct deposit to checking or savings account (fill in line 73) -or- ☐ paper check. 68 2282.00

69 Amount of line 67 that you want applied to your 2018 estimated tax (see instructions) 69 .00

69a Amount of line 67 that you want as a NYS 529 account deposit (submit Form IT-195) 69a .00

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an **X** in the box ☐ and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return 70 .00

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 37) 71 .00

72 Other penalties and interest (see page 37) 72 .00

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 37 for payment options.

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 38).
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 38) ☐

73a Account type: ☐ Personal checking -or- ☐ Personal savings -or- ☐ Business checking -or- ☐ Business savings

73b Routing number 73c Account number

74 Electronic funds withdrawal (see page 38) Date Amount .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Print designee's name Designee's phone number Personal identification number (PIN)	
E-mail:			
▼ Paid preparer must complete ▼ (see instructions) Preparer's signature Preparer's NYTPRIN NYTPRIN excl. code Firm's name (or yours, if self-employed) Preparer's PTIN or SSN Address Employer identification number Date E-mail:		▼ Taxpayer(s) must sign here ▼ Your signature Your occupation SOFTWARE ENGINEER Spouse's signature and occupation (if joint return) WRITER Date Daytime phone number 3852692834 E-mail: HARUPHOENIX@GMAIL.COM	

See instructions for where to mail your return.

203004171029



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**Nonresident and Part-Year Resident Income Allocation
And College Tuition Itemized Deduction Worksheet**

Name(s) and occupation(s) as shown on Form IT-203

D MCCLELLAN & J MCCLELLAN SOFTWARE E WRITER

Your social security number

621802238

Complete all parts that apply to you; see instructions (Form IT- 203- I). Submit this form with your Form IT- 203.**Schedule A - Allocation of wage and salary income to New York State**

Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation.

An additional Schedule A section is provided on the back of this form. If you are required to complete more than one Schedule A, total the amounts from line p on all schedules and include this total on Form IT- 203, line 1, in the *New York State amount* column.

Do not use this schedule for income based on the volume of business transacted. See the Schedule A instructions if:

- You had more than one job;
- You had a job for only part of the year; or
- You and your spouse each had a job that requires allocation.

1a Total days (see instructions)		1a	
Nonworking days included in line 1a:	1b Saturdays and Sundays (not worked)	1b	
	1c Holidays (not worked)	1c	
	1d Sick leave	1d	
	1e Vacation	1e	
	1f Other nonworking days	1f	
	1g Total nonworking days (add lines 1b through 1f)	1g	
1h Total days worked in year at this job (subtract line 1g from line 1a)	1h		
1i Total days included in line 1h worked outside New York State	1i		
1j Enter number of days worked at home included in line 1i amount	1j		
1k Subtract line 1j from line 1i	1k		
1l Days worked in New York State (subtract line 1k from line 1h)	1l		
1m Enter number of days from line 1h above	1m		
1n Divide line 1l by line 1m; round the result to the fourth decimal place		1n	
1o Wages, salaries, tips, etc. (to be allocated)		1o	.00
1p New York State allocated wage and salary income (multiply line 1n by line 1o)		1p	.00

Include the line 1p amount on Form IT- 203, line 1, in the *New York State amount* column.**Schedule B -Living quarters maintained in New York State by a nonresident**Mark an **X** in the box if NYS living quarters were maintained for you or by you for the entire tax year ☐If you or your spouse maintained living quarters in NYS during any part of the year, give address(es) below. Submit additional sheets if necessary. For column E, mark an **X** in the box if the living quarters are still maintained for or by you.

A — Street address	B — City, village, or post office	C	D — ZIP code	E
1 ARDEN STREET	NYC	NY	10040	<input checked="" type="checkbox"/>
		NY		<input type="checkbox"/>
		NY		<input type="checkbox"/>
		NY		<input type="checkbox"/>

Enter the number of days spent in New York State in this tax year

306

Any part of a day spent in New York State is considered a day spent in New York State.



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NO HANDWRITTEN ENTRIES ON THIS FORM

Enter your social security number
621802238

Schedule C - College tuition itemized deduction worksheet (See the instructions for Schedule C.)

1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? 1 Yes ☐ No ☐

- If **Yes**, **stop; you do not qualify for the college tuition itemized deduction.**
- If **No**, continue. Complete lines A through H below for each eligible student for whom you paid qualified college tuition expenses. Use additional sheets if necessary.

	1 – Student 1	2 – Student 2	3 – Student 3
A Eligible student's name			
B Eligible student's social security number (SSN)			
C Is the student claimed as a dependent on your NYS return? (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
D EIN of college or university (see instr.)			
E Name of college or university (see instr.)			
F Were expenses for undergraduate tuition? (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
G Amount of qualified college tuition expenses (see instructions)00	.00	.00
H Enter the lesser of line G or 10,00000	.00	.00

2 **College tuition itemized deduction** (add line H, columns 1, 2, and 3; include amounts from any additional sheets).

Also enter this amount on your itemized deduction schedule 2 .00

Schedule A - Allocation of wage and salary income to New York State

2a	Total days (see instructions)	2a	
Nonworking days included in line 2a:	2b Saturdays and Sundays (not worked)	2b	
	2c Holidays (not worked)	2c	
	2d Sick leave	2d	
	2e Vacation	2e	
	2f Other nonworking days	2f	
	2g Total nonworking days (add lines 2b through 2f)	2g	
2h Total days worked in year at this job (subtract line 2g from line 2a)	2h		
2i Total days included in line 2h worked outside New York State	2i		
2j Enter number of days worked at home included in line 2i amount	2j		
2k Subtract line 2j from line 2i	2k		
2l Days worked in New York State (subtract line 2k from line 2h)	2l		
2m Enter number of days from line 2h above	2m		
2n Divide line 2l by line 2m; round the result to the fourth decimal place	2n		
2o Wages, salaries, tips, etc. (to be allocated)	2o	.00	
2p New York State allocated wage and salary income (multiply line 2n by line 2o)	2p	.00	

Include the line 2p amount on Form IT- 203, line 1, in the **New York State amount** column.





Change of City Resident Status

New York City • Yonkers

IT-360.1

Submit this form with Form IT-201 or Form IT-203.

Name(s) as shown on return DANIEL J & JENNIFER S MCCLELLAN	Social security number 621802238
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Change of resident status - If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I, front page).

Mark an X in only one box

- (A) ☒ **New York City change of residence** - Complete Parts 1, 2, 3, and 4.
- (B) ☐ **Yonkers change of residence** - Complete Parts 1 and 5.
- (C) ☐ **New York City and Yonkers change of residence** - Complete the entire form.

Part 1 - New York adjusted gross income (see instructions, page 3)		Column A Federal income and adjustments (all sources)	Column B Amount of Column A for New York City resident period	Column C Amount of Column A for Yonkers resident period
1 Wages, salaries, tips, etc.	1	81488 .00	81488 .00	.00
2 Taxable interest income	2	.00	.00	.00
3 Ordinary dividends	3	.00	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	.00	.00	.00
5 Alimony received	5	.00	.00	.00
6 Business income or loss (submit copy of federal Schedule C or C-EZ, Form 1040)	6	.00	.00	.00
7 Capital gain or loss (submit copy of federal Schedule D, Form 1040)	7	.00	.00	.00
8 Other gains or losses (submit copy of federal Form 4797)	8	.00	.00	.00
9 Taxable amount of IRA distributions.	9	.00	.00	.00
10 Taxable amount of pensions and annuities.	10	.00	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00	.00	.00
12 Farm income or loss (submit copy of federal Schedule F, Form 1040)	12	.00	.00	.00
13 Unemployment compensation	13	.00	.00	.00
14 Taxable amount of social security benefits	14	.00	.00	.00
15 Other income				
Identify:				
	15	.00	.00	.00
16 Total (add lines 1 through 15).	16	81488 .00	81488 .00	.00
17 Total federal adjustments to income				
Identify:				
	17	.00	.00	.00
18 Federal adjusted gross income (subtract line 17 from line 16)	18	81488 .00	81488 .00	.00
19 New York adjustments (submit schedule)	19	.00	.00	.00
20 New York adjusted gross income (line 18 and add or subtract line 19; transfer the amount from Column B to line 43)	20	81488 .00	81488 .00	.00

NO HANDWRITTEN ENTRIES ON THIS FORM



Part 2 - Itemized deductions for New York City (see instr., page 3)
If you are claiming the standard deduction, do not complete Part 2.

		Column A Itemized deductions (see instructions)	Column B Amount of Column A for New York City resident period
21	Medical and dental expenses	21 .00	.00
22	Taxes you paid	22 .00	.00
23	Interest you paid	23 .00	.00
24	Gifts to charity	24 .00	.00
25	Casualty and theft losses	25 .00	.00
26	Job expenses and most other miscellaneous deductions	26 .00	.00
27	Other miscellaneous deductions	27 .00	.00
28	Add lines 21 through 27	28 .00	.00
29	Reduction for federal itemized deduction limitation (from federal Form 1040 Schedule A instr., Itemized Deductions Worksheet, line 9)	29 .00	.00
30	Total itemized deductions (subtract line 29 from line 28)	30 .00	.00
31	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments	31 .00	.00
32	Subtract line 31 from line 30	32 .00	.00
33	Addition adjustments and college tuition itemized deduction (see instructions)	33 .00	.00
34	Add lines 32 and 33	34 .00	.00
35	Itemized deduction adjustment (if line 20, Column B, is more than \$100,000, see instructions, page 5; all others enter 0 on line 35)	35 .00	.00
36	Itemized deduction (subtract line 35 from line 34, enter here and on line 44)	36 .00	.00

Part 3 - Dependent exemptions (see instructions, page 5)

37 Enter the period you were a New York City **resident** during 2017; use a two-digit number to represent the month and day
(see instructions)

From: month day To: month day
(mm) (dd) (mm) (dd)

38 Enter the county where you resided while a **nonresident** of New York City

39 Enter the number of full months in the New York City resident period 39 10

40 Enter the prorated value of one dependent exemption (use Proration chart; see instructions, page 2) 40 .00

41 Enter the number of dependent exemptions you claimed on Form IT-201, line 36,
or Form IT-203, line 35 41 .00

42 Multiply the amount on line 40 by the number of dependent exemptions claimed
on line 41 (enter here and on line 46) 42 .00

Part 4 - Part-year New York City resident tax (see instructions, page 5)

43	New York adjusted gross income (from line 20, Column B)	43 81488.00
44	Resident period standard deduction (see instructions, page 2) or resident period itemized deduction (from line 36)	44 13375.00
45	Subtract line 44 from line 43	45 68113.00
46	Dependent exemption amount (from line 42)	46 .00
47	New York City taxable income (subtract line 46 from line 45)	47 68113.00
48	New York City tax on line 47 amount (see instructions, page 5)	48 2428.00
49	Total New York City household credit and accumulation distribution credit (see instructions, page 6)	49 .00
50	Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0)	50 2428.00
51	Part-year New York City separate tax on lump-sum distributions (from Form IT-230)	51 .00
52	Part-year New York City resident tax on capital gain portion of lump-sum distributions (from Form IT-230)	52 .00
53	Add lines 50, 51, and 52	53 2428.00
54	Credit for part-year New York City unincorporated business tax paid (see instructions, page 8)	54 .00
55	Part-year New York City resident tax (subtract line 54 from line 53 and enter tax on Form IT-201, line 50, or Form IT-203, line 51; if line 54 is larger than line 53, enter 0)	55 2428.00



Part 5 - Part-year Yonkers resident income tax surcharge (see instructions, page 8)

	Full-year NYS resident	Part-year NYS resident
56 Total New York State taxes (Form IT-201, line 46)	56 .00	
57 Empire State child credit (Form IT-201, line 63)	57 .00	
58 NYS child and dependent care credit (Form IT-216, line 14)	58 .00	
59 Earned income credit (Form IT-201, line 65)	59 .00	
60 Noncustodial parent New York State earned income credit (Form IT- 201, line 66)	60 .00	
61 Real property tax credit (Form IT-201, line 67)	61 .00	
61a New York City school tax credit (Form IT-201, lines 69 and 69a)	61a .00	
62 College tuition credit (Form IT-201, line 68)	62 .00	
62a Property tax relief credit (see instructions)	62a .00	
63 Amount from Form IT-201-ATT, line 13	63 .00	
64 Add lines 57 through 63.	64 .00	
65 Subtract line 64 from line 56 (if line 64 is more than line 56, enter 0 here and on Form IT- 201, line 57)	65 .00	
66 Base tax (Form IT-203, line 44)	66	.00
67 New York State nonrefundable credits (Form IT-203-ATT, line 8)	67	.00
68 Subtract line 67 from line 66 (if line 67 is more than line 66, enter 0)	68	.00
69 Net other New York State taxes (Form IT-203-ATT, line 33)	69	.00
70 Add lines 68 and 69.	70	.00
71 Total of amounts from Form IT- 203- ATT, lines 9, 10, and 12	71	.00
71a Property tax relief credit (see instructions)	71a	.00
71b New York City school tax credit (Form IT-203, lines 60 and 60a)	71b	.00
71c Add lines 71, 71a, and 71b	71c	.00
72 Subtract line 71c from line 70 (if line 71c is more than line 70, enter 0)	72	.00
73 Income percentage (see worksheet on page 8 of the instructions)	73	
74 Multiply line 65 by line 73. This is the net state tax for full- year state residents.	74 .00	
75 Multiply line 72 by line 73. This is the net state tax for part- year state residents.	75	.00
76 Yonkers resident tax rate.	76 .1675	

77 Part- year Yonkers resident income tax surcharge

(Full- year NYS residents: Multiply line 74 by line 76. Part- year NYS residents: Multiply line 75 by line 76.)

77 .00

Enter the line 77 amount on Form IT- 201, line 57, or Form IT- 203, line 54.

See Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I, if you received wages or net earnings from self-employment from Yonkers sources during your nonresident period.

NO HANDWRITTEN ENTRIES ON THIS FORM





Summary of W-2 Statements

IT-2

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 with your return. See instructions.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

621802238

Box b Employer ID number (EIN)

770493581

Box c Employer's information

Employer's name

GOOGLE LLC

Employer's address (number and street)

1600 AMPHITHEATRE PARKWAY

City

MOUNTAIN VIEW

State

CA

ZIP code

94043

Country (if not United States)

Box 1 Wages, tips, other compens

81488.00

Box 12a Amount

107.00

Code

C

Box 14a Amount

Description

Box 8 Allocated tips

.00

Box 12b Amount

325.00

Code

D

Box 14b Amount

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

2000.00

Code

W

Box 14c Amount

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

12915.00

Code

DD

Box 14d Amount

Description

Box 13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

Box 15a
NY State

NY

Box 16a NYS wages, tips, etc.

81488.00

Box 17a NYS income tax withheld

4927.00

Other state information:

Box 15b
other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers

information (see instr.):

Locality a

81488.00

Locality b

.00

Locality a

Box 19 Local income tax withheld

3076.00

Locality b

.00

Box 20 Locality name

NYC

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's social security number for this W-2 Record

Box b Employer ID number (EIN)

Box c Employer's information

Employer's name

Employer's address (number and street)

City

State

ZIP code

Country (if not United States)

Box 1 Wages, tips, other comp

.00

Box 12a Amount

.00

Code

Box 14a Amount

Description

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

Description

Box 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

Box 15a
NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b
other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers

information (see instr.):

Locality a

.00

Locality b

.00

Locality a

Box 19 Local income tax withheld

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

102001171029



NO HANDWRITTEN ENTRIES ON THIS FORM

Worksheet B

Do not complete this worksheet unless the amount on line 10 of the Shared Responsibility Payment Worksheet is less than \$2085		
For each month, is the amount on line 5 of the Shared Responsibility Payment Worksheet less than the amount on line 10 of the Shared Responsibility Payment Worksheet?*	Yes Enter the amount from line 10	No Enter the amount from line 5
1. January	1,517	
2. February	1,517	
3. March		
4. April		
5. May		
6. June		
7. July		
8. August		
9. September		
10. October		
11. November		
12. December		
13. Add the amounts in each column	3,034	
14. Add the amounts on line 13 of both columns. Enter the result on line 11 of the Shared Responsibility Payment Worksheet		3,034

* If the amount on line 1 of the Shared Responsibility Payment Worksheet is - 0- for any month, leave both columns of this worksheet blank for that month.

FILE