

2022 TAX RETURN

NEW YORK INDIVIDUAL

Client: MAZELADA

Prepared for: ADAM M MAZEL AND ELIZABETH SARAH KAZIUNAS
914 N FAIRVIEW ST
BLOOMINGTON, IN 47404
WORK : (212) 301-6954

Prepared by: NISSAN A. LEBOWITZ
LEVINE & SCHMUTTER CPA LLP
666 OLD COUNTRY ROAD #510
GARDEN CITY, NY 11530
(212) 244-6611

Date: APRIL 10, 2023

Comments:

Route to: _____



New York State E-File Signature Authorization for Tax Year 2022

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name ADAM M MAZEL	Spouse's name (jointly filed return only) ELIZABETH SARAH KAZIUNAS
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Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105*.

Part A – Tax return information

1 Federal adjusted gross income (from applicable line)	1. 168194
2 Refund	2. 943
3 Amount you owe	3.
4 Financial institution routing number	4. 074000010
5 Financial institution account number	5. 865278029
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings	

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature 	Date 12-Apr-1-2023
Spouse's signature (jointly filed return only) 	Date 4/12/23

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature NISSAN A. LEBOWITZ	Print name NISSAN A. LEBOWITZ	Date
Paid preparer's signature NISSAN A. LEBOWITZ	Print name NISSAN A. LEBOWITZ	Date

TR-579-IT (9/22)



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, 2022, through December 31, 2022, or fiscal year beginning

IT-203

22

and ending

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

Your first name and middle initial ADAM M		Your last name (for a joint return, enter spouse's name on line below) MAZEL		Your date of birth (mmddyyyy) 09281976		Your Social Security number 100627425	
Spouse's first name and middle initial ELIZABETH S		Spouse's last name KAZIUNAS		Spouse's date of birth (mmddyyyy) 11071980		Spouse's Social Security number 197643632	
Mailing address (see instructions) (number and street or PO Box) 914 N FAIRVIEW ST				Apartment number		New York State county of residence NR	
City, village, or post office BLOOMINGTON		State IN	ZIP code 47404	Country		School district name NR	
Taxpayer's permanent home address (see instructions) (no. and street or rural route)				Apartment no.		City, village, or post office	
						School district code number	
State		ZIP code		Country		Taxpayer's date of death	
						Spouse's date of death	
				Decedent information			

- A Filing status** (mark an X 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 surviving spouse
- B** Did you itemize your deductions on your 2022 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? Yes ☐ No ☒

D2 Yonkers part-year residents only:

- (1) Did you receive a homeowner tax rebate credit? (see instructions) Yes ☐ No ☐

(2) Enter the amount. .00

E New York City part-year residents only

- (1) Number of months you lived in NY City in 2022...
- (2) Number of months your spouse lived in NY City in 2022...

F Enter your 2-character special condition code(s) if applicable

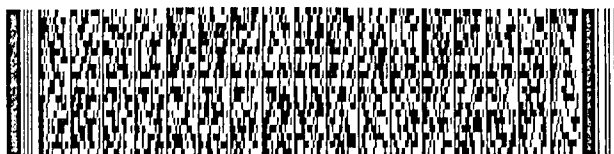
G New York State part-year residents

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

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 Did you or your spouse maintain living quarters in NYS in 2022? Yes ☐ No ☒
(if Yes, complete Form IT-203-B)



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. ☐

203001221032



For office use only

ADAM M MAZEL AND EL

100627425

Federal income and adjustments**Federal amount**
Whole dollars only**New York State amount**
Whole dollars only

1	Wages, salaries, tips, etc.	1	168350.00	1	104510.00
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 federal Sch. C, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <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 Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16.	17	168350.00	17	104510.00
18	Total federal adjustments to income Identify: SEE STATEMENT 1	18	156.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	168194.00	19	104510.00
19a	Recomputed federal adjusted gross income (see Line 19a worksheets)	19a	168194.00	19a	104510.00

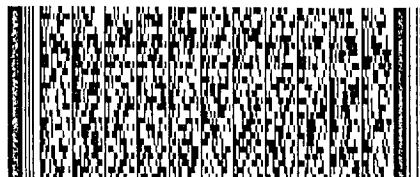
New York additions

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 19a through 22.	23	168194.00	23	104510.00

New York subtractions

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.	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	168194.00	31	104510.00
32	Enter the amount from line 31, Federal amount column.	32	168194.00	32	168194.00

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ADAM M MAZEL AND ELIZABETH SARAH KAZIU

100627425

Standard deduction or itemized deduction33 Enter your **standard deduction** or your **itemized deduction** (from Form IT-196).Mark an X in the appropriate box: ☒ **Standard** - or - ☐ **Itemized**

33	16050.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	152144.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	000.00
36 New York taxable income (subtract line 35 from line 34)	152144.00

Tax computation, credits, and other taxes

37 New York taxable income (from line 36)	152144.00
38 New York State tax on line 37 amount	8900.00
39 New York State household credit	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	8900.00
41 New York State child and dependent care credit	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	8900.00
43 New York State earned income credit	.00
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	8900.00

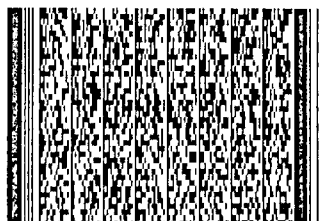
45 Income percentage	New York State amount from line 31	Federal amount from line 31	Round result to 4 decimal places
	104510.00	168194.00	0.6214

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	5530.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	5530.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 Total New York State taxes (add lines 48 and 49)	5530.00

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

51 Part-year New York City resident tax (Form IT-360.1)	.00	See instructions 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	.00	
52 a Subtract line 52 from 51	.00	
52 b MCTMT net earnings base	.00	
52 c MCTMT	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	.00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	.00	
56 Sales or use tax (Do not leave blank.)	0.00	
57 Voluntary contributions (Form IT-227, Part 2, line 1)	.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)	5530.00	

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Enter your Social Security number

100627425

ADAM M MAZEL AND ELIZABETH SARAH KAZIUNAS

59 Enter amount from line 58. 59 5530.00

Payments and refundable credits

60	Part-year NYC school tax credit (fixed amount) (also complete E on front)	60	.00
60a	NYC school tax credit (rate reduction amount)	60a	.00
61	Other refundable credits (Form IT-203-ATT, line 17)	61	.00
62	Total New York State tax withheld	62	6473.00
63	Total New York City tax withheld	63	.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	6473.00

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

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

Your refund, amount you owe, and account information

67	Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)	67	943.00
68	Amount of line 67 available for refund (subtract line 69 from line 67) TIP: Use this amount to check your refund status online.	68	943.00
68a	Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	68a	.00
68b	Total refund after NYS 529 account deposit (subtract line 68a from line 68)	68b	943.00

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

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

See instructions for payment options.

69	Amount of line 67 that you want applied to your 2023 estimated tax (see instructions)	69	.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 <input type="checkbox"/> 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)	71	.00
72	Other penalties and interest	72	.00
73	Account information for direct deposit or electronic funds withdrawal. 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 <input type="checkbox"/>		

See instructions for the proper assembly of your return.

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

73b Routing number 074000010 73c Account number 865278029

74 Electronic funds withdrawal. Date Amount .00

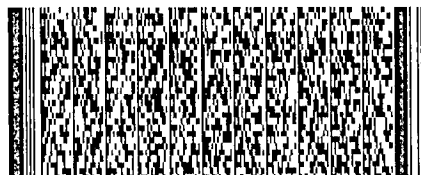
Third-party designee? (see instructions) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name NISSAN A. LEBOWITZ	Designee's phone number (212) 244-6611	Personal identification number (PIN) 11230
Email: NISSANCPA@GMAIL.COM			

Paid preparer must complete (see instructions)		Preparer's NYTPRN 03
Preparer's signature NISSAN A. LEBOWITZ	Preparer's printed name NISSAN A. LEBOWITZ	
Firm's name (or yours, if self-employed) LEVINE & SCHMUTTER CPA LLP	Preparer's PTIN or SSN P01405432	
Address 666 OLD COUNTRY ROAD #510 GARDEN CITY, NY 11530	Employer identification number 112679418	
Email: NISSANCPA@GMAIL.COM	Date	

Taxpayer(s) must sign here	
Your signature <i>Adam Mazel</i>	
Your occupation FACULTY	
Spouse's signature and occupation (if joint return) <i>Elizabeth Kaziunas</i> FACULTY	
Date 12-April-2025	Daytime phone number (212) 301-6954
Email: amazel@protonmail.com	

See instructions for where to mail your return.

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Department of Taxation and Finance

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

197643632

Box b Employer identification number (EIN)

135562308

Box c Employer's information

Employer's name

NEW YORK UNIVERSITY

Employer's address (number and street)

105 E17TH ST 4TH FLOOR

City

NEW YORK

State

NY

ZIP code

10003

Country

Box 1 Wages, tips, other compensation

76033.00

Box 12a Amount

4062.00

Code

E

Box 14a Amount

22.00

Description

STATE DISABILIT

Box 8 Allocated tips

.00

Box 12b Amount

7616.00

Code

D D

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

Box 13 Statutory employee

☐

Retirement plan

☒

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a
NY State

N Y

Box 16a NYS wages, tips, etc.

76033.00

Box 17a NYS income tax withheld

4846.00

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

Locality b

Box 18 Local wages, tips, etc.

.00

Locality a

Locality b

Box 19 Local income tax withheld

.00

Locality a

Locality b

Box 20 Locality name

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

100627425

Box b Employer identification number (EIN)

141338580

Box c Employer's information

Employer's name

UNION COLLEGE

Employer's address (number and street)

807 UNION STREET

City

SCHENECTADY

State

NY

ZIP code

12308

Country

Box 1 Wages, tips, other compensation

28477.00

Box 12a Amount

8.00

Code

C

Box 14a Amount

157.00

Description

NYPFL

Box 8 Allocated tips

.00

Box 12b Amount

1847.00

Code

E

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

2770.00

Code

B B

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

4420.00

Code

D D

Box 14d Amount

.00

Description

Box 13 Statutory employee

☐

Retirement plan

☒

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a
NY State

N Y

Box 16a NYS wages, tips, etc.

28477.00

Box 17a NYS income tax withheld

1627.00

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

Locality b

Box 18 Local wages, tips, etc.

.00

Locality a

Locality b

Box 19 Local income tax withheld

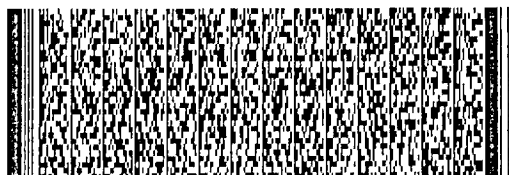
.00

Locality a

Locality b

Box 20 Locality name

102001221032





Department of Taxation and Finance

NYIA6601 07/18/22

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

100627425

Box b Employer identification number (EIN)

356001673

Box c Employer's information

Employer's name			
INDIANA UNIVERSITY			
Employer's address (number and street)			
1024 E 3RD ST			
City	State	ZIP code	Country
BLOOMINGTON	IN	47405	

Box 1 Wages, tips, other compensation

15462.00

Box 12a Amount

788.00

Code

E

Box 14a Amount

.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

63.00

Code

G

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

788.00

Code

B | B

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

3824.00

Code

D | D

Box 14d Amount

.00

Description

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

NY State information:

Box 15a
NY State

N | Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b
other state

I | N

Box 16b Other state wages, tips, etc.

15462.00

Box 17b Other state income tax withheld

489.00

NYC and Yonkers

information (see instr.):

Locality a	.00
Locality b	.00

Box 19 Local income tax withheld

Locality a	.00
Locality b	.00

Box 20 Locality name

Locality a	
Locality b	

Do not detach.

W-2 Record 2

Box a Employee's Social Security number
for this W-2 Record

197643632

Box b Employer identification number (EIN)

356001673

Box c Employer's information

Employer's name			
INDIANA UNIVERSITY			
Employer's address (number and street)			
1024 E 3RD ST			
City	State	ZIP code	Country
BLOOMINGTON	IN	47405	

Box 1 Wages, tips, other compensation

48378.00

Box 12a Amount

1820.00

Code

E

Box 14a Amount

10000.00

Description

OTHER

Box 8 Allocated tips

.00

Box 12b Amount

260.00

Code

G

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

1820.00

Code

B | B

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

3824.00

Code

D | D

Box 14d Amount

.00

Description

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

NY State information:

Box 15a
NY State

N | Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b
other state

I | N

Box 16b Other state wages, tips, etc.

48378.00

Box 17b Other state income tax withheld

1552.00

NYC and Yonkers

information (see instr.):

Locality a	.00
Locality b	.00

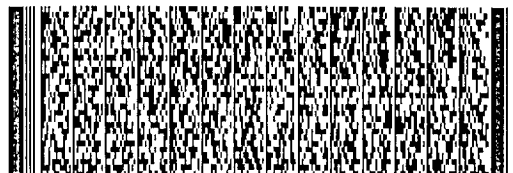
Box 19 Local income tax withheld

Locality a	.00
Locality b	.00

Box 20 Locality name

Locality a	
Locality b	

102001221032





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

100627425

Box b Employer identification number (EIN)

356001673

Box c Employer's information

Employer's name

INDIANA UNIVERSITY

Employer's address (number and street)

1024 E 3RD ST

City

BLOOMINGTON

State

IN

ZIP code

47405

Country

Box 1 Wages, tips, other compensation

.00

Box 12a Amount

63.00

Code

EE

Box 14a Amount

.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

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

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

197643632

Box b Employer identification number (EIN)

356001673

Box c Employer's information

Employer's name

INDIANA UNIVERSITY

Employer's address (number and street)

1024 E 3RD ST

City

BLOOMINGTON

State

IN

ZIP code

47405

Country

Box 1 Wages, tips, other compensation

.00

Box 12a Amount

260.00

Code

EE

Box 14a Amount

.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

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

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

102001221032



2022

NEW YORK STATEMENTS

PAGE 1

ADAM M MAZEL AND ELIZABETH SARAH KAZIUNAS

100-62-7425

STATEMENT 1
FORM IT-203, LINE 18
ADJUSTMENTS TO INCOME

	FEDERAL	NEW YORK
STUDENT LOAN INTEREST DEDUCTION.....	\$ 156.	
TOTAL	<u>\$ 156.</u>	<u>\$ 0.</u>