



Apr 09, 2016

SUBRAMANIAM SWAMYNATHAN
9523 85th Street
Ozone Park Queens
New York City, New York 11416

Dear SUBRAMANIAM,

Enclosed are two copies of your 2015 New York tax return. We have prepared your return based on the information you provided. File one copy with the state and retain the second copy for your records.

Please review, sign, and date your filing copy on page 4 before mailing.

Please attach copies of your payment document(s) (such as 1042-S, 1099-MISC, etc.) to your New York return when mailing it to the tax authorities. Do not attach your W-2 forms (if any) to your 2015 New York return.

You will receive a New York refund of \$41 directly deposited into your US bank account.

Your tax return must be received by April 18, 2016. We recommend that you mail your New York return as soon as possible, using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to the following:

STATE PROCESSING CENTER
PO BOX 61000
ALBANY NY 12261-0001
USA

If you have any questions, please email us at hello@sprintax.com.

Sincerely,

The Sprintax team



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2015, through December 31, 2015, or fiscal year beginning ...

15

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

and ending ...

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your social security number
SUBRAMANIAM		SWAMYNATHAN		697-49-4926
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 13) (number and street or PO box)			Apartment number	New York State county of residence
9523 85th Street, Ozone Park Queens				Queens
City, village, or post office		State	ZIP code	Country (if not United States)
New York City		NY	11416	
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)			Apartment number	School district code number
				519
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)
		NY		
		Decedent information	Spouse's date of death (mmddyyyy)	

A Filing status(mark an **X** in one box):

- ① ☒ Single
- ② ☐ Married filing joint return
(enter spouse's social security number above)
- ③ ☐ Married filing separate return
(enter spouse's social security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2015 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 residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax freeze credit? (see page 14) Yes ☐ No ☐
- (2) If Yes, enter the amount..... 00

E (1) Did you or your spouse **maintain living quarters in NYC** during 2015? (see page 14) .. Yes ☒ No ☐(2) Enter the number of days spent in NYC in 2015 (any part of a day spent in NYC is considered a day)..... **F NYC residents and NYC part-year residents only** (see page 14):

- (1) Number of months **you** lived in NYC in 2015 12
- (2) Number of months **your spouse** lived in NYC in 2015

G Enter your **2-character special condition code(s)** if applicable (see page 14) **H Dependent exemption information** (see page 15)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an **X** in the box. ☐

201001150094



For office use only

Your social security number

697-49-4926

Federal income and adjustments (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	1	15630	00
2	Taxable interest income	2		00
3	Ordinary dividends	3		00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4		00
5	Alimony received	5		00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6		00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7		00
8	Other gains or losses (submit a copy of federal Form 4797)	8		00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9		00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10		00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11		00
12	Rental real estate included in line 11	12		00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13		00
14	Unemployment compensation	14		00
15	Taxable amount of social security benefits (also enter on line 27)	15		00
16	Other income (see page 15) Identify:	16		00
17	Add lines 1 through 11 and 13 through 16	17	15630	00
18	Total federal adjustments to income (see page 15) Identify:	18		00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	15630	00

New York additions (see page 16)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20		00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	21		00
22	New York's 529 college savings program distributions (see page 16)	22		00
23	Other (Form IT-225, line 9)	23		00
24	Add lines 19 through 23	24	15630	00

New York subtractions (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25		00
26	Pensions of NYS and local governments and the federal government (see page 17)	26		00
27	Taxable amount of social security benefits (from line 15)	27		00
28	Interest income on U.S. government bonds	28		00
29	Pension and annuity income exclusion (see page 18)	29		00
30	New York's 529 college savings program deduction/earnings	30		00
31	Other (Form IT-225, line 18)	31		00
32	Add lines 25 through 31	32		00
33	New York adjusted gross income (subtract line 32 from line 24)	33	15630	00

Standard deduction or itemized deduction (see page 20)

34	Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	7900	00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	7730	00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	36	000	00
37	Taxable income (subtract line 36 from line 35)	37	7730	00

201002150094



Name(s) as shown on page 1	Your social security number
SUBRAMANIAM SWAMYNATHAN	697-49-4926

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	7730	00
39 NYS tax on line 38 amount (see page 21)	39	309	00
40 NYS household credit (page 21, table 1, 2, or 3)	40	45	00
41 Resident credit (see page 22)	41		00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42		00
43 Add lines 40, 41, and 42	43	45	00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	264	00
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45		00
46 Total New York State taxes (add lines 44 and 45)	46	264	00

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

47 NYC resident tax on line 38 amount (see page 22)	47	225	00
48 NYC household credit (page 22, table 4, 5, or 6)	48		00
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	225	00
50 Part-year NYC resident tax (Form IT-360.1)	50		00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51		00
52 Add lines 49, 50, and 51	52	225	00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53		00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	225	00
54a MCTMT net earnings base	54a		00
54b MCTMT	54b		00
55 Yonkers resident income tax surcharge (see page 25)	55		00
56 Yonkers nonresident earnings tax (Form Y-203)	56		00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57		00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	58	225	00
59 Sales or use tax (see page 26; do not leave line 59 blank)	59	0	00

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

Voluntary contributions (see page 27)

60a Return a Gift to Wildlife	60a		00
60b Missing/Exploited Children Fund	60b		00
60c Breast Cancer Research Fund	60c		00
60d Alzheimer's Fund	60d		00
60e Olympic Fund (\$2 or \$4; see page 27)	60e		00
60f Prostate and Testicular Cancer Research and Education Fund ..	60f		00
60g 9/11 Memorial	60g		00
60h Volunteer Firefighting & EMS Recruitment Fund	60h		00
60i Teen Health Education	60i		00
60j Veterans Remembrance	60j		00
60k Homeless Veterans	60k		00
60l Mental Illness Anti-Stigma Fund	60l		00
60m Women's Cancers Education and Prevention Fund	60m		00
60 Total voluntary contributions (add lines 60a through 60m)	60		00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	489	00



Your social security number

697-49-4926

62 Enter amount from line 61 62 489 00

Payments and refundable credits (see page 28)

63	Empire State child credit	63	00
63a	Family tax relief credit	63a	00
64	NYS/NYC child and dependent care credit	64	00
65	NYS earned income credit (EIC)	65	00
66	NYS noncustodial parent EIC	66	00
67	Real property tax credit	67	00
68	College tuition credit	68	00
69	NYC school tax credit (also complete F on page 1; see page 29)	69	63 00
70	NYC earned income credit	70	00
70a	NYC enhanced real property tax credit	70a	00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	00
72	Total New York State tax withheld	72	467 00
73	Total New York City tax withheld	73	0 00
74	Total Yonkers tax withheld	74	00
75	Total estimated tax payments and amount paid with Form IT-370	75	00

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

76 Total payments (add lines 63 through 75) 76 530 00

Your refund, amount you owe, and account information (see pages 31 through 33)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77 41 00

78 Amount of line 77 to be refunded
Mark one refund choice: ☒ direct deposit (fill in line 83) - or - ☐ debit card - or - ☐ paper check ... 78 41 0079 Amount of line 77 that you want applied to your 2016 estimated tax (see instructions) 79 00
See page 31 for information about your three refund choices.80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an **X** in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. 80 00
See page 32 for payment options.81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 32) 81 00
See page 35 for the proper assembly of your return.82 Other penalties and interest (see page 32) 82 00
83 Account information for direct deposit or electronic funds withdrawal (see page 33).
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. 33) ☐83a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 021000021 83c Account number 622799893

84 Electronic funds withdrawal (see page 33) Date Amount 00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN	
Address		Employer identification number	
E-mail:		Date	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation STUDENT-MASTER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ()
E-mail:	

See instructions for where to mail your return.

201004150094





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 on the back.

W-2 Record 1

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

697-49-4926

Box b Employer identification number (EIN)

13-5562308

Box c Employer's name and full address (including ZIP code)New York University
105 E 17th Street
New York, NY 10003-9580**Box 1** Wages, tips, other compensation

15630 00

Box 12a Amount

Code

00

Box 14a Amount

Description

Box 8 Allocated tips

00

Box 12b Amount

Code

00

Box 14b Amount

Description

Box 10 Dependent care benefits

00

Box 12c Amount

Code

00

Box 14c Amount

Description

Box 11 Nonqualified plans

00

Box 12d Amount

Code

00

Box 14d Amount

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.

15630 00

Box 17a NYS income tax withheld

467 00

Other state information:**Box 15b**
other state

00

Box 16b Other state wages, tips, etc.

00

Box 17b Other state income tax withheld

00

NYC and Yonkers
information (see instr.):**Box 18** Local wages, tips, etc.Locality a
Locality b00
00**Box 19** Local income tax withheldLocality a
Locality b00
00**Box 20** Locality nameLocality a
Locality b

Do not detach.

W-2 Record 2

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

697-49-4926

Box b Employer identification number (EIN)**Box c** Employer's name and full address (including ZIP code)**Box 1** Wages, tips, other compensation

00

Box 12a Amount

Code

00

Box 14a Amount

Description

Box 8 Allocated tips

00

Box 12b Amount

Code

00

Box 14b Amount

Description

Box 10 Dependent care benefits

00

Box 12c Amount

Code

00

Box 14c Amount

Description

Box 11 Nonqualified plans

00

Box 12d Amount

Code

00

Box 14d Amount

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

00

Box 16b Other state wages, tips, etc.

00

Box 17b Other state income tax withheld

00

NYC and Yonkers
information (see instr.):**Box 18** Local wages, tips, etc.Locality a
Locality b00
00**Box 19** Local income tax withheldLocality a
Locality b00
00**Box 20** Locality nameLocality a
Locality b

102001150094





Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2015, through December 31, 2015, or fiscal year beginning ...

15

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

and ending ...

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your social security number
SUBRAMANIAM		SWAMYNATHAN		697-49-4926
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 13) (number and street or PO box)			Apartment number	New York State county of residence
9523 85th Street, Ozone Park Queens				Queens
City, village, or post office		State	ZIP code	Country (if not United States)
New York City		NY	11416	
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)			Apartment number	School district name
				Queens
City, village, or post office			State	ZIP code
NY				
Decedent information			Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)

A Filing status(mark an **X** in one box):

- ① ☒ Single
- ② ☐ Married filing joint return
(enter spouse's social security number above)
- ③ ☐ Married filing separate return
(enter spouse's social security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2015 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 residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax freeze credit? (see page 14) Yes ☐ No ☐
- (2) If Yes, enter the amount: 00

E (1) Did you or your spouse maintain living quarters in NYC during 2015? (see page 14) .. Yes ☒ No ☐(2) Enter the number of days spent in NYC in 2015 (any part of a day spent in NYC is considered a day)..... **F NYC residents and NYC part-year residents only** (see page 14):

- (1) Number of months you lived in NYC in 2015 12
- (2) Number of months your spouse lived in NYC in 2015

G Enter your 2-character special condition code(s) if applicable (see page 14) **H Dependent exemption information** (see page 15)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an **X** in the box. ☐

201001150094



For office use only

Your social security number
697-49-4926

Federal income and adjustments (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	1	15630	00
2	Taxable interest income	2		00
3	Ordinary dividends	3		00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4		00
5	Alimony received	5		00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6		00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7		00
8	Other gains or losses (submit a copy of federal Form 4797)	8		00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9		00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10		00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11		00
12	Rental real estate included in line 11	12		00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13		00
14	Unemployment compensation	14		00
15	Taxable amount of social security benefits (also enter on line 27)	15		00
16	Other income (see page 15) Identify:	16		00
17	Add lines 1 through 11 and 13 through 16	17	15630	00
18	Total federal adjustments to income (see page 15) Identify:	18		00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	15630	00

New York additions (see page 16)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20		00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	21		00
22	New York's 529 college savings program distributions (see page 16)	22		00
23	Other (Form IT-225, line 9)	23		00
24	Add lines 19 through 23	24	15630	00

New York subtractions (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25		00
26	Pensions of NYS and local governments and the federal government (see page 17)	26		00
27	Taxable amount of social security benefits (from line 15)	27		00
28	Interest income on U.S. government bonds	28		00
29	Pension and annuity income exclusion (see page 18)	29		00
30	New York's 529 college savings program deduction/earnings	30		00
31	Other (Form IT-225, line 18)	31		00
32	Add lines 25 through 31	32		00
33	New York adjusted gross income (subtract line 32 from line 24)	33	15630	00

Standard deduction or itemized deduction (see page 20)

34	Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	7900	00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	7730	00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	36	000	00
37	Taxable income (subtract line 36 from line 35)	37	7730	00



Name(s) as shown on page 1
SUBRAMANIAM SWAMYNATHAN

Your social security number
697-49-4926

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	7730	00
39	NYS tax on line 38 amount (see page 21)	39	309	00
40	NYS household credit (page 21, table 1, 2, or 3)	40	45	00
41	Resident credit (see page 22)	41		00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42		00
43	Add lines 40, 41, and 42	43	45	00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	264	00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45		00
46	Total New York State taxes (add lines 44 and 45)	46	264	00

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

47	NYC resident tax on line 38 amount (see page 22)	47	225	00
48	NYC household credit (page 22, table 4, 5, or 6)	48		00
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	225	00
50	Part-year NYC resident tax (Form IT-360.1)	50		00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51		00
52	Add lines 49, 50, and 51	52	225	00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53		00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	225	00
54a	MCTMT net earnings base	54a		00
54b	MCTMT	54b		00
55	Yonkers resident income tax surcharge (see page 25)	55		00
56	Yonkers nonresident earnings tax (Form Y-203)	56		00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57		00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	225	00
59	Sales or use tax (see page 26; do not leave line 59 blank)	59	0	00

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

Voluntary contributions (see page 27)

60a	Return a Gift to Wildlife	60a		00
60b	Missing/Exploited Children Fund	60b		00
60c	Breast Cancer Research Fund	60c		00
60d	Alzheimer's Fund	60d		00
60e	Olympic Fund (\$2 or \$4; see page 27)	60e		00
60f	Prostate and Testicular Cancer Research and Education Fund	60f		00
60g	9/11 Memorial	60g		00
60h	Volunteer Firefighting & EMS Recruitment Fund	60h		00
60i	Teen Health Education	60i		00
60j	Veterans Remembrance	60j		00
60k	Homeless Veterans	60k		00
60l	Mental Illness Anti-Stigma Fund	60l		00
60m	Women's Cancers Education and Prevention Fund	60m		00
60	Total voluntary contributions (add lines 60a through 60m)	60		00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	489	00



Your social security number

697-49-4926

62 Enter amount from line 61 62 489 00

Payments and refundable credits (see page 28)

63 Empire State child credit	63	00
63a Family tax relief credit	63a	00
64 NYS/NYC child and dependent care credit	64	00
65 NYS earned income credit (EIC)	65	00
66 NYS noncustodial parent EIC	66	00
67 Real property tax credit	67	00
68 College tuition credit	68	00
69 NYC school tax credit (also complete F on page 1; see page 29)	69	63 00
70 NYC earned income credit	70	00
70a NYC enhanced real property tax credit	70a	00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	00
72 Total New York State tax withheld	72	467 00
73 Total New York City tax withheld	73	0 00
74 Total Yonkers tax withheld	74	00
75 Total estimated tax payments and amount paid with Form IT-370	75	00
76 Total payments (add lines 63 through 75)	76	530 00

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

Your refund, amount you owe, and account information (see pages 31 through 33)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77 41 00

78 Amount of line 77 to be refunded
Mark one refund choice: ☒ direct deposit (fill in line 83) - or - ☐ debit card - or - ☐ paper check ... 78 41 0079 Amount of line 77 that you want applied to your
2016 estimated tax (see instructions) 79 00
See page 31 for information about your three refund choices.
See page 32 for payment options.80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. 80 0081 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 32) 81 00
See page 35 for the proper assembly of your return.82 Other penalties and interest (see page 32) 82 00
83 Account information for direct deposit or electronic funds withdrawal (see page 33).
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. 33) ☐83a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 021000021 83c Account number 622799893

84 Electronic funds withdrawal (see page 33) Date Amount 00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN	
Address		Employer identification number	
E-mail:		Date	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation STUDENT-MASTER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ()
E-mail:	

See instructions for where to mail your return.

201004150094





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 on the back.

W-2 Record 1

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

697-49-4926

Box b Employer identification number (EIN)

13-5562308

Box c Employer's name and full address (including ZIP code)New York University
105 E 17th Street
New York, NY 10003-9580**Box 1** Wages, tips, other compensation

15630 00

Box 8 Allocated tips

00

Box 10 Dependent care benefits

00

Box 11 Nonqualified plans

00

Box 12a Amount

Code

00

Box 12b Amount

Code

00

Box 12c Amount

Code

00

Box 12d Amount

Code

00

Box 14a Amount

Description

00

Box 14b Amount

Description

00

Box 14c Amount

Description

00

Box 14d Amount

Description

00

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.

15630 00

Box 17a NYS income tax withheld

467 00

Other state information:**Box 15b**
other state

00

Box 16b Other state wages, tips, etc.

00

Box 17b Other state income tax withheld

00

NYC and Yonkers
information (see instr.):**Box 18** Local wages, tips, etc.Locality a
Locality b00
00**Box 19** Local income tax withheldLocality a
Locality b00
00**Box 20** Locality nameLocality a
Locality b

W-2 Record 2

Do not detach.

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

697-49-4926

Box b Employer identification number (EIN)**Box c** Employer's name and full address (including ZIP code)**Box 1** Wages, tips, other compensation

00

Box 8 Allocated tips

00

Box 10 Dependent care benefits

00

Box 11 Nonqualified plans

00

Box 12a Amount

Code

00

Box 12b Amount

Code

00

Box 12c Amount

Code

00

Box 12d Amount

Code

00

Box 14a Amount

Description

00

Box 14b Amount

Description

00

Box 14c Amount

Description

00

Box 14d Amount

Description

00

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

00

Box 16b Other state wages, tips, etc.

00

Box 17b Other state income tax withheld

00

NYC and Yonkers
information (see instr.):**Box 18** Local wages, tips, etc.Locality a
Locality b00
00**Box 19** Local income tax withheldLocality a
Locality b00
00**Box 20** Locality nameLocality a
Locality b

102001150094

