

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



Resident Income Tax Return

IT-201

New York State • New York City • Yonkers • MCTMT 15 For the full year January 1, 2015, through December 31, 2015, or fiscal year beginning For help completing your return, see the instructions, Form IT-201-I. 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 Country (if not United States) School district name State ZIP code New York City NY 11416 Queens Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route) | Apartment number School district 519 code number State ZIP code Taxpayer's date of death (mmddyyyy) Spouse's date of death (mmddyyyy) City, village, or post office Decedent NY information **D1** Did you have a financial account A Filing Single located in a foreign country? (see page 14) status D2 Yonkers residents and Yonkers part-year residents only: (mark an Married filing joint return (enter spouse's social security number above) (1) Did you receive a property tax freeze credit? X in one (see page 14) Yes box): Married filing separate return (enter spouse's social security number above) (2) If Yes, enter 00 the amount..... Head of household (with qualifying person) (1) Did you or your spouse maintain living quarters in NYC during 2015? (see page 14) .. Yes Qualifying widow(er) with dependent child (2) Enter the number of days spent in NYC in 2015 (any part of a day spent in NYC is considered a day)...... Did you itemize your deductions on your 2015 federal income tax return? NYC residents and NYC part-year residents only (see page 14): Can you be claimed as a dependent 12 on another taxpayer's federal return? Yes (1) Number of months you lived in NYC in 2015 (2) Number of months your spouse lived in NYC in 2015 Enter your 2-character special condition code(s) if applicable (see page 14) 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

Fe	deral income and adjustments (see page 15)		Whole dollars only
1	Wages, salaries, tips, etc.	1	15630 00
2	Taxable interest income	_	00
2		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	9	00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	00
12	Rental real estate included in line 11		
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
47	Add East Atherisals 44 and 40 theresals 40	47	15620 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
23	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) New York's 529 college savings program distributions (see page 16)	21 22 23 24	00 00 00 15630 00
_	ew York subtractions (see page 17)	1	
	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	-	
	Pensions of NYS and local governments and the federal government (see page 17) 26 00 7	-	
	Taxable amount of social security benefits (from line 15) 27 00	-	
28	Interest income on U.S. government bonds	-	
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)	_	
32	Add lines 25 through 31	32	00
33	New York adjusted gross income (subtract line 32 from line 24)	33	15630 00
	andard deduction or itemized deduction (see page 20) Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-201-D)		
	Mark an X in the appropriate box: X Standard - or - 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



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
	Subtract line 43 from line 39 (if line 43 is more than line 39, lea		,	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

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

54a MCTMT net

earnings base 54a 54b MCTMT..... 54b

55 Yonkers resident income tax surcharge (see page 25) 00 **56** Yonkers nonresident earnings tax (Form Y-203) 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

0 00

Voluntary contributions (see page 27)

60a	Return a Gift to Wildlife	60a	00	0	
60b	Missing/Exploited Children Fund	60b	00	0	
60c	Breast Cancer Research Fund	60c	00	0	
60d	Alzheimer's Fund	60d	00	0	
60e	Olympic Fund (\$2 or \$4; see page 27)	60e	00	0	
60f	Prostate and Testicular Cancer Research and Education Fund		00	0	
60g	9/11 Memorial	60g	00	0	
60h	Volunteer Firefighting & EMS Recruitment Fund	60h	00	0	
60i	Teen Health Education	60i	00	0	
60j	Veterans Remembrance	60j	00	0	
60k	Homeless Veterans	60k	00	0	
60I	Mental Illness Anti-Stigma Fund	601	00	0	
60m	Women's Cancers Education and Prevention Fund	60m	00	0	
Total	voluntary contributions (add lines 60a through 60m)				6

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)

489 00

Pag	ge 4 of 4 IT-201 (2015)	Your social sec	curity n	umber					
62	Enter amount from line 61	697-49-492	26			62		489	00
_				•••••					
	yments and refundable credits (see page 28)								
	Empire State child credit				00				
	Family tax relief credit				00				
	NYS/NYC child and dependent care credit				00				
	NYS earned income credit (EIC)		65		00				
	NYS noncustodial parent EIC				00				
	Real property tax credit				00				
	College tuition credit		-		00				
	NYC school tax credit (also complete F on page 1;				63 00				
	NYC earned income credit		70		00				
	NYC enhanced real property tax credit				00				
/1	Other refundable credits (Form IT-201-ATT, line 1	8)	71		00				
72	Total New York State tax withheld		72		467 00				
73	Total New York City tax withheld		73		0 00			complete Form(s) IT-	
74	Total Yonkers tax withheld	onkers tax withheld				and	l/or IT-1099	I-R and submit them rn (see page 12).	l
75	Total estimated tax payments and amount paid wit	h Form IT-370	75		00	WIL	i your retu	ili (see page 12).	
76	Total payments (add lines 63 through 75)					76		530	00
_	our refund, amount you owe, and account inf							330	
	Amount overpaid (if line 76 is more than line 62,					77		41	00
		, cabiract in to	02 110						
78	Amount of line 77 to be refunded Mark one refund choice: Mirct deposit	(fill in line 83)	- or -	debit card - o	r - paper check	70		41	
	mark one retund choice: A deposit	(IIII In line 83)		card	cneck	78		41	UU
79	Amount of line 77 that you want applied to you							for information abo	u
	2016 estimated tax (see instructions)		79		00	,		fund choices.	
80	Amount you owe (if line 76 is less than line 62, su	ubtract line 76	from	line 62). To pay	by electronic	See	e page 32 f	for payment option	s.
	funds withdrawal, mark an X in the box			-					_
	or money order you must complete Form IT-		mail i	t with your retu	ırn	80			00
81	Estimated tax penalty (include this amount in line					Sec	nage 35 f	for the proper	
	reduce the overpayment on line 77; see page 32)				00			your return.	
	Other penalties and interest (see page 32)			1.7	00				
83	Account information for direct deposit or electrons. If the funds for your payment (or refund) would on					nark	an V in thi	s boy (222 ng 22)	_
	if the funds for your payment (or refund) would to		n go i	o) an account	outside the O.S., i	IIain	an A in this	s box (see pg. 55) ∟	_
	83a Account type: X Personal checking - or	- Per	sonal	savings - or -	Business ch	eckir	ng - or -	Business savin	ıgs
		1		ı					1
	83b Routing number 021000021	8	3c A	count number		62	22799893]
0.4	Flootropic fundo withdrowol (22)	Dete			Δ	. [00]
64	Electronic funds withdrawal (see page 33)	Date			Amoun	τ		00	J
	Third-party Print designee's name			Designe	e's phone number			Personal identificatio	n
de	signee? (see instr.)			()			number (PIN)	
Ye	s No E-mail:								
•	Paid preparer must complete ▼ Preparer's NYTPF	I	YTPRII		▼ Taxpa	yer(s	s) must si	gn here ▼	
Pre	(see instructions) parer's signature Preparer's prin		cl. cod		our signature	• (
			INI ar C						
Lirn	n's name (or yours, if self-employed)	Preparer's PT	IN Or S		our occupation TUDENT-MASTE	R			
Add	ress	Employer ider	ntificati	on number S	pouse's signature and	occup	ation (if joint	return)	
		Da	ate	D	ate		Daytime p	hone number	_

See instructions for where to mail your return.

E-mail:



E-mail:



Summary of W-2 Statements 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 on the back.

W-2 Record	1							
Box a Employee's social se	ecurity number	Вох с	Employer's nar	me and full ac	ldress (inclu	ding ZIP code)		
for this W-2 Record		New	York Univers	sity				
697-49-492		105 E	17th Street	•				
Box b Employer identificatio		New	York, NY 100	003-9580				
13-556230								
Box 1 Wages, tips, other co		Box 12a	Amount		Code	Box 14a Amount		Description
	5630 00			00			00	
Box 8 Allocated tips		Box 12b /	Amount		Code	Box 14b Amount		Description
D 40 D 1 1	00			00			00	
Box 10 Dependent care ber		Box 12c A	mount		Code	Box 14c Amount		Description
D 44 N 155 1 1	00	D 401		00		D 441.4	00	
Box 11 Nonqualified plans		Box 12d A	Amount		Code	Box 14d Amount		Description
	00			00			00	
Box 13 Statutory employee	Retire	ment plan	Third-pa	arty sick pay				Corrected (W-2c)
, , , , , , , , , , , , , , , , , , , ,			Box 16a NYS		etc.	Box 17a NYS income tax with	held	2011-2012-4 (11 20)
NY State information:	Box 15a	NIY	DOX TOU TITE		5630 00		67 00	
	NY State	14 1	Box 16b Other			Box 17b Other state income tax		
Other state information:	Box 15b			. otato magoo	00		00	
	other state				00		00	
NYC and Yonkers	Вох	18 Local w	ages, tips, etc.		Box	19 Local income tax withheld		Box 20 Locality name
information (see instr.):	Locality a			00 Loc	cality a	00	Locality a	a
	Locality b				cality b	00	Locality b	
W-2 Record	3			Do no	ot detach.			
	_	Day a	Francesca var	ma and full as	lduooo (in alı	ding ZID anda)		
Box a Employee's social see for this W-2 Record	ecurity number	DOX C	Employer's nar	ne and full ac	idress (incit	ding ZIP code)		
697-49-492	26							
Box b Employer identification								
	,							
Box 1 Wages, tips, other co	mpensation	Box 12a /	Amount		Code	Box 14a Amount		Description
	00			00			00	
Box 8 Allocated tips		Box 12b A	Amount		Code	Box 14b Amount	00	Description
·	00			00			00	·
Box 10 Dependent care ber		Box 12c /	mount	100	Code	Box 14c Amount	15.5	Description
	00			00			00	
Box 11 Nonqualified plans		Box 12d A	Amount		Code	Box 14d Amount		Description
	00			00			00	
	<u> </u>							
Box 13 Statutory employee	Retire	ment plan	Third-pa	arty sick pay				Corrected (W-2c)
NV Ctata information	Box 15a		Box 16a NYS	wages, tips, e	etc.	Box 17a NYS income tax with	held	
NY State information:	NY State	N Y			00		00	
Other state information:	Box 15b		Box 16b Other	r state wages	, tips, etc.	Box 17b Other state income tax	withheld	
Other state information:	other state				00		00	
NYC and Yonkers information (see instr.):	Вох	18 Local w	ages, tips, etc.		Box	19 Local income tax withheld	1	Box 20 Locality name
	Locality a				cality a	00	Locality a	a
	Locality b			00 Loc	cality b	00	Locality b	





Resident Income Tax Return

IT-201

\leq	STATE		New Yo	ork Sta	ate • New York Ci	ty • Yonke	ers • MCTMT		
2	015		For the full y	year Ja	nuary 1, 2015, thro	ugh Decem	ber 31, 2015, or fiscal year	beginning	15
Fο	r help completing yo	ur re	turn see the i	nstruc	ctions Form IT-20	01-I		and ending	
_	our first name	MI			eturn, enter spouse's name		Your date of birth (mmddyyyy)	Your social secu	urity number
SI	JBRAMANIAM		SWAMYNATH	IAN				697-49-492	26
	ouse's first name	MI	Spouse's last name				Spouse's date of birth (mmddyyyy)	Spouse's social	security number
М	ailing address (see instruction	ns, pa	ge 13) (number and	street or	PO box)		Apartment number	New York State	county of residence
9	523 85th Street, Ozoi	ne P	ark Queens					Queens	
Ci	City, village, or post office			State	ZIP code	Country (if r	not United States)	School district n	ame
N	ew York City			NY	11416			Queens	
Ta	xpayer's permanent home	addre	ess (see instruction	s, page	13) (number and street o	r rural route)	Apartment number	School district	
								code number	
Ci	ty, village, or post office			State	ZIP code	Decedent	Taxpayer's date of death (mmddy)	yyy) Spouse's d	late of death (mmddyyyy)
				NY		information			
Α	Filing ① X s	Single)				ou have a financial account d in a foreign country? (see	nage 14)	Yes No X
	status		160				ers residents and Yonkers		
	(mam an		ed filing joint retur spouse's social secur		er above)		id you receive a property tax		zents only.
	A III One		•	•			ee page 14)ee		Yes No
	. (3)1 1.		ed filing separate spouse's social secur		er above)		Yes, enter		
						` '	e amount	00	
	4 H	lead	of household (with	h qualify	ring person)	E (1) Di	id you or your spouse mainta	ain living	
							uarters in NYC during 2015?		Yes No
	\$	Qualif	ying widow(er) w	ith depe	endent child	(2) Er	nter the number of days spe	nt in NYC in 20	15
В	Did you itemize your d	educ	tions on	Г		(a	ny part of a day spent in NYC is	considered a day	/)
_	your 2015 federal incor	ne ta	x return?	Yes L	No L	F NYC r	esidents and NYC part-ye	ar	
С	Can you be claimed a			Г			ents only (see page 14):		12
	on another taxpayer's f	edera	al return?	Yes L	□ No □	(1) Ni	umber of months you lived i	n NYC in 2015	12
						(2) No	umber of months your spous	se	
						liv	red in NYC in 2015		
							your 2-character special c		
						code	s) if applicable (see page 14)	
н	Dependent exemption	on ir	nformation (see	page '	15)				
	First name	N	II Last	name	Relati	ionship	Social security numb	per Dat	e of birth (mmddyyyy)
_		-							
lf r	more than 7 dependent	s, m	ark an X in the	box.					
	•			_					
	201001150094				For office use of	nlv			
						•			

Your social security number

697-49-4926

Le	(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	9	00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	00
	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	00
''	Tremai real estate, royalites, partiterships, 3 corporations, trusts, etc. (submit copy of rederal schedule E, roint 1040)	11	00
12	Rental real estate included in line 11		
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	00
	Unemployment compensation	14	00
	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
	Total federal adjustments to income (see page 15) Identify:	18	00
10	Federal adjusted gross income (subtract line 18 from line 17)	19	15630 00
13	rederal adjusted gross income (Subtract line 10 from line 17)	19	10000 000
21 22 23	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) New York's 529 college savings program distributions (see page 16) Other (Form IT-225, line 9)	20 21 22 23	00 00 00 00
24	Add lines 19 through 23	24	15630 00
Ne	w York subtractions (see page 17)		
$\overline{}$		1	
	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25 00 Particle of NVC and local represents and the fideral representation of the fideral representat		
	Pensions of NYS and local governments and the federal government (see page 17) Total the government of a solid an applied to government (see page 17) 26		
	Taxable amount of social security benefits (from line 15)		
	Interest income on U.S. government bonds		
	Pension and annuity income exclusion (see page 18) 29 00		
	New York's 529 college savings program deduction/earnings 30 00 Other (Form IT-225, line 18)		
	Other (Form IT-225, line 18)	32	00
33	New York adjusted gross income (subtract line 32 from line 24)	33	15630 00
St	andard 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)	0.4	7000
	Mark an <i>X</i> in the appropriate box: Standard - or - Itemized	34	7900 00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	7730 00
	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	36	000 00
	Taxable income (subtract line 36 from line 35)	37	7730 00
91	TRANSPIR HISTORIA ISBURIO DE PORTE DE SERVICIO DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DEL CONTRA DE LA CONTRA DEL C		1130100



Voluntary contributions	(see page 27)
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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		
601	Mental Illness Anti-Stigma Fund	601	00		
60m	Women's Cancers Education and Prevention Fund	60m	00		
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)





60

Page 4 of 4 IT-201 (2015)	Your social secu	rity numbe	er				
62 Enter amount from line 61	697-49-4926	5			62		489 00
					02		
Payments and refundable credits (see page 28					٦		
63 Empire State child credit	-	63		00	1		
63a Family tax relief credit				00	-		
64 NYS/NYC child and dependent care credit		64		00	1		
65 NYS earned income credit (EIC)		65		00	1		
66 NYS noncustodial parent EIC		66		00	1		
67 Real property tax credit		67		00	-		
68 College tuition credit		68		00	-		
69 NYC school tax credit (also complete F on page		69		63 00	1		
70 NYC earned income credit		70		00	1		
70a NYC enhanced real property tax credit	F	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		licable, co	mplete Form(s) IT-2
74 Total Yonkers tax withheld		74		00			R and submit them
75 Total estimated tax payments and amount paid w	ith Form IT-370	75		00	with	our return	ı (see page 12).
76 Total payments (add lines 63 through 75)					76		530 00
					10		330 00
Your refund, amount you owe, and account in							44
77 Amount overpaid (if line 76 is more than line 62	2, subtract line 6	32 from lii	ne 76)		77		41 00
78 Amount of line 77 to be refunded direct		_	¬ debit	paper			
Mark one refund choice: X deposi	it (fill in line 83)	or -	card - c	check	78		41 00
70 Amount of line 77 that you want applied to yo							
79 Amount of line 77 that you want applied to you		70		00			r information about
2016 estimated tax (see instructions)	[19		00	, ,		nd choices.
80 Amount you owe (if line 76 is less than line 62, s	subtract line 76 t	from line	62). To pay	y by electronic	See p	age 32 to	r payment options.
funds withdrawal, mark an X in the box	and fill in lin	es 83 a	nd 84. If yo	ou pay by check			
or money order you must complete Form I	T-201-V and m	ail it wit	h your retu	ırn	80		00
81 Estimated tax penalty (include this amount in line	e 80 or					OF f-	41
reduce the overpayment on line 77; see page 32,)	81		00	2886		r the proper our return.
82 Other penalties and interest (see page 32)		82		00			ar rotarri
83 Account information for direct deposit or elect							
If the funds for your payment (or refund) would	come from (or	go to) a	n account	outside the U.S.,	mark ar	n X in this	box (see pg. 33)
V						Г	\neg
83a Account type: X Personal checking - o	r - Perso	onal savii	ngs - or -	Business cl	necking	- or -	Business savings
02400024					620	700003	
83b Routing number 021000021	83	c Accou	nt number		022	799893	
O4 Floatenia funda with drawal (**** **** 00)	D. (.						
84 Electronic funds withdrawal (see page 33)	Date _			Amoui	11		00
Third-party Print designee's name			Designe	e's phone number			Personal identification
Third-party Print designee's name designee? (see instr.)			/)		'	number (PIN)
Yes No E-mail:)			
165 110	DIN INV						
▼ Paid preparer must complete ▼ Preparer's NYTF (see instructions)		TPRIN I. code		▼ Taxpa	yer(s)	must sig	n here ▼
Preparer's signature Preparer's pr	rinted name		Y	our signature			
Firm's name (or yours, if self-employed)	Preparer's PTIN	N or SSN		our occupation			
	<u> </u>		s	TUDENT-MASTE			
Address	Employer identi	fication nu	mber S	pouse's signature and	occupat	on (if joint re	turn)
	Date	е		ate		Daytime pho	ne number
						()	
E-mail:			E	-mail:			

See instructions for where to mail your return.





Summary of W-2 Statements 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 on the back.

W-2 Record 1

Box a Employee's social secur	ity number	Box c E	mployer's name an	d full add	dress (includ	ing ZIP code)		
for this W-2 Record 697-49-4926		New Y	ork University					
Box b Employer identification nu	ımber (FINI)	105 E	17th Street					
13-5562308	iniber (Liiv)	New Y	ork, NY 10003-9	9580				
Box 1 Wages, tips, other compe	ensation F	3ox 12a A	mount		Code	Box 14a Amount		Description
1563		JOX IZU /	nount	00		Box 1-ta / tillount	00	Decemption
Box 8 Allocated tips		3 ox 12b A	mount	00	Code	Box 14b Amount	[00]	Description
	00			00			00	
Box 10 Dependent care benefits		30x 12c A	mount	100	Code	Box 14c Amount	00	Description
	00			00			00	
Box 11 Nonqualified plans		3ox 12d A	mount		Code	Box 14d Amount		Description
	00			00			00	
Pay 42 Statutani amplayaa	Detiror	ant plan	Third north of	ale maye				Carra et a d (/// 2a)
Box 13 Statutory employee	Retirem	ent plan	Third-party si					Corrected (W-2c)
NY State information:	Sox 15a		Box 16a NYS wages			Box 17a NYS income tax within		
N	IY State	N Y	D 401 011 11		630 00		67 00	
Other state information:	ox 15b		Box 16b Other state	wages,		Box 17b Other state income tax		
0	ther state				00		00	
NYC and Yonkers	Box 18	3 Local wa	ges, tips, etc.		Box 1	9 Local income tax withheld		Box 20 Locality name
information (see instr.):	cality a		00	Loca	ality a	00	Locality a	
	cality b		00		ality b	00	Locality a	
200	Julie J		100] 2000	ay 5	[55]	200anty 2	
W-2 Record 2 Box a Employee's social secur for this W-2 Record 697-49-4926	ity number	Box c E	Employer's name an		t detach.	ing ZIP code)		
Box b Employer identification nu	ımber (EIN)							
Box 1 Wages, tips, other compe	ensation E	3 ox 12a A	mount		Code	Box 14a Amount		Description
	00			00			00	
Box 8 Allocated tips	Ē	3ox 12b A	mount		Code	Box 14b Amount		Description
	00			00			00	
Box 10 Dependent care benefits	s E	3ox 12c Ai	mount		Code	Box 14c Amount		Description
	00			00			00	
Box 11 Nonqualified plans	E	Box 12d A	mount		Code	Box 14d Amount		Description
	00			00			00	
Box 13 Statutory employee								0 (1000)
	Retirem	ent plan	Third-party si			Pay 17a NVS income toy with	aold	Corrected (W-2c)
NY State information:	∟ Sox 15a		Third-party si			Box 17a NYS income tax withh		Corrected (W-2c)
NY State information:	 Rov 15a _ =	NIX	Box 16a NYS wage:	s, tips, et	00		00	Corrected (W-2c)
NY State information: B N Other state information: B	∟ Sox 15a	NIX		s, tips, et	00	Box 17a NYS income tax withit	00	Corrected (W-2c)
NY State information: Other state information: B N	Sox 15a IY State	NIX	Box 16a NYS wage:	s, tips, et	00 tips, etc.		00 withheld	Corrected (W-2c)
NY State information: Other state information: B N N NYC and Yonkers	Sox 15a IY State Sox 15b ther state	N Y	Box 16a NYS wage:	s, tips, et	tips, etc.		00 withheld	Box 20 Locality name
NY State information: Other state information: NYC and Yonkers information (see instr.):	Sox 15a IY State Sox 15b ther state	N Y	Box 16a NYS wage: Box 16b Other state	s, tips, et	tips, etc.	Box 17b Other state income tax	00 withheld	Box 20 Locality name

