

IT-2



Department of Taxation and Finance

## 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 security number for this W-2 Record

075548153

Box b Employer identification number (EIN)

911223280

## Box c Employer's information

Employer's name

COSTCO WHOLESALE CORPORATION

Employer's address (number and street)

999 LAKE DRIVE

City

ISSAQUAH

State

WA

ZIP code

98027

Country (if not United States)

Box 1 Wages, tips, other compensation

54517.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

2268.00

Code

A | A

Box 12b Amount

501.00

Code

C |

Box 12c Amount

14364.00

Code

D | D

Box 12d Amount

.00

Code

| |

Box 14a Amount

5.00

Box 14b Amount

.00

Box 14c Amount

.00

Box 14d Amount

.00

Description

UWAY

Description

Description

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.

54517.00

Box 17a NYS income tax withheld

421.00

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.):

Box 18 Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Do not detach.

## W-2 Record 2

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

Box b Employer identification 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 compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

| |

Box 12b Amount

.00

Code

| |

Box 12c Amount

.00

Code

| |

Box 12d Amount

.00

Code

| |

Box 14a Amount

.00

Box 14b Amount

.00

Box 14c Amount

.00

Box 14d Amount

.00

Description

Description

Description

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

| |

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

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

102001161555



NO HANDWRITTEN ENTRIES ON THIS FORM