



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, 2023, through December 31, 2023, or fiscal year beginning ...

**23**

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        |
| Spouse's first name   | MI | Spouse's last name   | Spouse's date of birth (mmddyyyy)   | Spouse's Social Security number    |
| Mailing address (see instructions) (number and street or PO Box)                        |    |  | Apartment number                    | New York State county of residence |
| City, village, or post office   |    | State  | ZIP code                            | Country                            |
| Taxpayer's permanent home address (see instructions) (number and street or rural route) |    |  | Apartment number                    | School district name               |
| City, village, or post office   |    | State  | ZIP code                            | Country                            |
| Taxpayer's permanent home address (see instructions) (number and street or rural route) |    |  | Apartment number                    | School district code number        |
| City, village, or post office   |    | State  | ZIP code                            | Country                            |
| 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 surviving spouse

**B** Did you itemize your deductions on your 2023 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** (1) Did you or your spouse maintain living quarters in Yonkers for any part of 2023? ... Yes ☐ No ☐  
If Yes:

(2) Number of months you lived in Yonkers in 2023 .....

(3) Number of months your spouse lived in Yonkers in 2023 .....

If No:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023? ... Yes ☐ No ☐**E** (1) Did you or your spouse maintain living quarters in NYC (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island) during 2023? ... Yes ☐ No ☐

(2) Enter the number of days spent in NYC in 2023 (any part of a day spent in NYC is considered a day) .....

**F NYC residents and NYC part-year residents only:**  
(1) Number of months you lived in NYC in 2023 .....

(2) Number of months your spouse lived in NYC in 2023 .....

**G** Enter your 2-character special condition code(s) if applicable .....**H Dependent information**

| First name | MI | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|------------|----|-----------|--------------|------------------------|--------------------------|
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |

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

201001231963

For office use only

Your Social Security number

**Federal income and adjustments**

Whole dollars only

|    |  |    |     |
|----|--|----|-----|
| 1  | Wages, salaries, tips, etc. ....   | 1  | .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, 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 <b>X</b> in the box <input type="checkbox"/>      | 9  | .00 |
| 10 | Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> 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 ..... <b>12</b>   |    | .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 Identify: .....   | 16 | .00 |
| 17 | Add lines 1 through 11 and 13 through 16 .....   | 17 | .00 |
| 18 | Total federal adjustments to income Identify: .....  | 18 | .00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) .....  | 19 | .00 |

**New York additions**

|    |  |    |     |
|----|--|----|-----|
| 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 .....                  | 21 | .00 |
| 22 | <b>New York's</b> 529 college savings program distributions .....  | 22 | .00 |
| 23 | Other (Form IT-225, line 9) .....  | 23 | .00 |
| 24 | Add lines 19 through 23 .....  | 24 | .00 |

**New York subtractions**

|    |  |    |     |
|----|--|----|-----|
| 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 .....             | 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 .....   | 29 | .00 |
| 30 | <b>New York's</b> 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 | <b>New York adjusted gross income</b> (subtract line 32 from line 24) .....        | 33 | .00 |

**Standard deduction or itemized deduction**

|    |  |    |               |
|----|--|----|---------------|
| 34 | Enter your <b>standard deduction</b> or your <b>itemized deduction</b> (from Form IT-196)<br>Mark an <b>X</b> in the appropriate box: <input type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b> | 34 | .00           |
| 35 | Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....   | 35 | .00           |
| 36 | Dependent exemptions (enter the number of dependents listed in item H) .....   | 36 | <b>000.00</b> |
| 37 | <b>Taxable income</b> (subtract line 36 from line 35) .....  | 37 | .00           |



Name(s) as shown on page 1

Your Social Security number

**Tax computation, credits, and other taxes**

|           |   |           |     |
|-----------|---|-----------|-----|
| <b>38</b> | <b>Taxable income</b> (from line 37 on page 2) .....                                      | <b>38</b> | .00 |
| <b>39</b> | <b>NYS tax on line 38 amount</b> .....  | <b>39</b> | .00 |
| <b>40</b> | <b>NYS household credit</b> .....   | <b>40</b> | .00 |
| <b>41</b> | <b>Resident credit</b> .....  | <b>41</b> | .00 |
| <b>42</b> | <b>Other NYS nonrefundable credits</b> (Form IT-201-ATT, line 7) ...                      | <b>42</b> | .00 |
| <b>43</b> | <b>Add lines 40, 41, and 42</b> .....   | <b>43</b> | .00 |
| <b>44</b> | <b>Subtract line 43 from line 39</b> (if line 43 is more than line 39, leave blank) ..... | <b>44</b> | .00 |
| <b>45</b> | <b>Net other NYS taxes</b> (Form IT-201-ATT, line 30) .....                               | <b>45</b> | .00 |
| <b>46</b> | <b>Total New York State taxes</b> (add lines 44 and 45) .....                             | <b>46</b> | .00 |

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

|            |  |            |     |
|------------|--|------------|-----|
| <b>47</b>  | <b>NYC taxable income</b> .....  | <b>47</b>  | .00 |
| <b>47a</b> | <b>NYC resident tax on line 47 amount</b> .....  | <b>47a</b> | .00 |
| <b>48</b>  | <b>NYC household credit</b> .....  | <b>48</b>  | .00 |
| <b>49</b>  | <b>Subtract line 48 from line 47a</b> (if line 48 is more than line 47a, leave blank) .....  | <b>49</b>  | .00 |
| <b>50</b>  | <b>Part-year NYC resident tax</b> (Form IT-360.1) .....  | <b>50</b>  | .00 |
| <b>51</b>  | <b>Other NYC taxes</b> (Form IT-201-ATT, line 34) .....  | <b>51</b>  | .00 |
| <b>52</b>  | <b>Add lines 49, 50, and 51</b> .....  | <b>52</b>  | .00 |
| <b>53</b>  | <b>NYC nonrefundable credits</b> (Form IT-201-ATT, line 10) .....  | <b>53</b>  | .00 |
| <b>54</b>  | <b>Subtract line 53 from line 52</b> (if line 53 is more than line 52, leave blank) .....  | <b>54</b>  | .00 |
| <b>54a</b> | <b>MCTMT net earnings</b><br>base for Zone 1 ..  | <b>54a</b> | .00 |
| <b>54b</b> | <b>MCTMT net earnings</b><br>base for Zone 2 ..  | <b>54b</b> | .00 |
| <b>54c</b> | <b>MCTMT for Zone 1</b> .....  | <b>54c</b> | .00 |
| <b>54d</b> | <b>MCTMT for Zone 2</b> .....  | <b>54d</b> | .00 |
| <b>54e</b> | <b>Total MCTMT</b> (add lines 54c and 54d) .....   | <b>54e</b> | .00 |
| <b>55</b>  | <b>Yonkers resident income tax surcharge</b> .....   | <b>55</b>  | .00 |
| <b>56</b>  | <b>Yonkers nonresident earnings tax</b> (Form Y-203) .....   | <b>56</b>  | .00 |
| <b>57</b>  | <b>Part-year Yonkers resident income tax surcharge</b> (Form IT-360.1) ..  | <b>57</b>  | .00 |
| <b>58</b>  | <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 54 and 54e through 57) ..   | <b>58</b>  | .00 |
| <b>59</b>  | <b>Sales or use tax</b> (do not leave blank) .....   | <b>59</b>  | .00 |
| <b>60</b>  | <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1) .....   | <b>60</b>  | .00 |
| <b>61</b>  | <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 46, 58, 59, and 60) ..... | <b>61</b>  | .00 |

See instructions to compute New York City and Yonkers taxes, credits, and surcharges.

See instructions to compute the MCTMT for each zone.



Your Social Security number

62 Enter amount from line 61 ..... **62** ..... .00

**Payments and refundable credits**

|  |            |     |
|--|------------|-----|
| 63 Empire State child credit .....   | <b>63</b>  | .00 |
| 64 NYS/NYC child and dependent care credit .....                                 | <b>64</b>  | .00 |
| 65 NYS earned income credit (EIC) .....  | <b>65</b>  | .00 |
| 66 NYS noncustodial parent EIC .....   | <b>66</b>  | .00 |
| 67 Real property tax credit .....  | <b>67</b>  | .00 |
| 68 College tuition credit .....  | <b>68</b>  | .00 |
| 69 NYC school tax credit (fixed amount) <i>(also complete F on page 1)</i> ..... | <b>69</b>  | .00 |
| 69a NYC school tax credit (rate reduction amount) .....                          | <b>69a</b> | .00 |
| 70 NYC earned income credit .....  | <b>70</b>  | .00 |
| 70a This line intentionally left blank .....                                     | <b>70a</b> |     |
| 71 Other refundable credits <i>(Form IT-201-ATT, line 18)</i> .....              | <b>71</b>  | .00 |
| 72 Total <b>New York State</b> tax withheld .....                                | <b>72</b>  | .00 |
| 73 Total <b>New York City</b> tax withheld .....                                 | <b>73</b>  | .00 |
| 74 Total <b>Yonkers</b> tax withheld .....                                       | <b>74</b>  | .00 |
| 75 Total estimated tax payments and amount paid with Form IT-370 .....           | <b>75</b>  | .00 |
| 76 Total payments <i>(add lines 63 through 75)</i> .....                         | <b>76</b>  | .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**

|  |            |     |
|--|------------|-----|
| 77 Amount overpaid <i>(if line 76 is more than line 62, subtract line 62 from line 76)</i> .....                                   | <b>77</b>  | .00 |
| 78 Amount of line 77 available for refund <i>(subtract line 79 from line 77)</i> .....   | <b>78</b>  | .00 |
| <b>TIP:</b> Use this amount to check your refund status online.  |            |     |
| 78a Amount of line 78 that you want to deposit into a NYS 529 account <i>(Form IT-195, line 4) (also submit Form IT-195)</i> ..... | <b>78a</b> | .00 |
| 78b Total refund after NYS 529 account deposit <i>(subtract line 78a from line 78)</i> .....                                       | <b>78b</b> | .00 |

**Mark one refund choice:** ☐ **direct deposit** to checking or savings account *(fill in line 83)* - or - ☐ **paper check**

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

**See instructions for payment options.**

|  |           |     |
|--|-----------|-----|
| 79 Amount of line 77 that you want applied to your 2024 estimated tax <i>(see instructions)</i> .....  | <b>79</b> | .00 |
| 80 Amount you <b>owe</b> <i>(if line 76 is less than line 62, subtract line 76 from line 62)</i> . To pay by electronic funds withdrawal, mark an <b>X</b> in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you <b>must</b> complete Form IT-201-V and mail it with your return. .... | <b>80</b> | .00 |
| 81 Estimated tax penalty <i>(include this amount in line 80 or reduce the overpayment on line 77)</i> .....  | <b>81</b> | .00 |
| 82 Other penalties and interest .....  | <b>82</b> | .00 |

**See instructions for the proper assembly of your return.**

83 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..... ☐

83a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number  83c Account number

84 Electronic funds withdrawal ..... Date  Amount  .00

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

|   |  |                                |                    |
|---|--|--------------------------------|--------------------|
| <b>▼ Paid preparer must complete ▼</b><br><i>(see instructions)</i> |  | Preparer's NYTPRIN             | NYTPRIN excl. code |
| Preparer's signature  |  | Preparer's printed name        |                    |
| Firm's name <i>(or yours, if self-employed)</i>                     |  | Preparer's PTIN or SSN         |                    |
| Address   |  | Employer identification number |                    |
|   |  | Date                           |                    |
| Email:  |  |                                |                    |

|  |                             |
|--|-----------------------------|
| <b>▼ Taxpayer(s) must sign here ▼</b>                      |                             |
| Your signature   |                             |
| Your occupation  |                             |
| Spouse's signature and occupation <i>(if joint return)</i> |                             |
| Date   | Daytime phone number<br>( ) |
| Email:   |                             |

**See instructions for where to mail your return.**



201004231963



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

**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 |

**Box 1** Wages, tips, other compensation

**Box 8** Allocated tips

**Box 10** Dependent care benefits

**Box 11** Nonqualified plans

**Box 12a** Amount

Code

**Box 12b** Amount

Code

**Box 12c** Amount

Code

**Box 12d** Amount

Code

**Box 14a** Amount

Description

**Box 14b** Amount

Description

**Box 14c** Amount

Description

**Box 14d** Amount

Description

**Box 13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐

Corrected (W-2c) ☐

**NY State information:**

**Box 15a**

NY State

**Box 16a** NYS wages, tips, etc.

**Box 17a** NYS income tax withheld

**Other state information:**

**Box 15b**

other state

**Box 16b** Other state wages, tips, etc.

**Box 17b** Other state income tax withheld

**NYC and Yonkers**  
information (see instr.):

**Box 18** Local wages, tips, etc.

Locality a

Locality b

Locality a

Locality b

**Box 19** Local income tax withheld

**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

**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 |

**Box 1** Wages, tips, other compensation

**Box 8** Allocated tips

**Box 10** Dependent care benefits

**Box 11** Nonqualified plans

**Box 12a** Amount

Code

**Box 12b** Amount

Code

**Box 12c** Amount

Code

**Box 12d** Amount

Code

**Box 14a** Amount

Description

**Box 14b** Amount

Description

**Box 14c** Amount

Description

**Box 14d** Amount

Description

**Box 13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐

Corrected (W-2c) ☐

**NY State information:**

**Box 15a**

NY State

**Box 16a** NYS wages, tips, etc.

**Box 17a** NYS income tax withheld

**Other state information:**

**Box 15b**

other state

**Box 16b** Other state wages, tips, etc.

**Box 17b** Other state income tax withheld

**NYC and Yonkers**  
information (see instr.):

**Box 18** Local wages, tips, etc.

Locality a

Locality b

Locality a

Locality b

**Box 19** Local income tax withheld

**Box 20** Locality name

Locality a

Locality b



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# Instructions

## General instructions

**Who must file this form** – You must complete Form IT-2, *Summary of W-2 Statements*, if you file a New York State (NYS) income tax return and you received federal Form(s) W-2, *Wage and Tax Statement*. Complete one *W-2 Record* section for **each** federal Form W-2 you (and if filing jointly, your spouse) received even if your federal Form W-2 does not show any NYS, New York City (NYC), or Yonkers wages or tax withheld.

If you received foreign earned income but did not receive a federal Form W-2 you must also complete Form IT-2. *Foreign earned income* includes, but is not limited to salaries, wages, commissions, bonuses, professional fees, certain noncash income, and allowances or reimbursements.

## Specific instructions

**How to complete each W-2 Record** – each box in the *W-2 Record* corresponds to a similarly named or numbered box or area on federal Form W-2. Enter the amount, code, or description provided on your federal Form W-2 in the corresponding boxes in the *W-2 Record*. Enter only the information requested on Form IT-2. Complete additional Forms IT-2 if necessary.

**Multiple W-2 Records for one federal Form W-2** – If your federal Form W-2 shows more than four items in box 12 or box 14, complete an additional *W-2 Record*. Fill in boxes **a**, **b**, and **c** with the same information as on the first *W-2 Record* for the same federal Form W-2. Then enter the additional items in box 12 or box 14. Do not fill in additional *W-2 Records* to report withholding by more than one other state for the same wages.

**Entering whole dollar amounts** – When entering amounts, enter **whole dollar amounts only** (zeros have been preprinted). Use the following rounding rules when entering your amounts; drop amounts below 50 cents and increase amounts from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3.

Enter in box **a** your entire 9-digit SSN (or your spouse's SSN) depending on whose federal Form W-2 it is. Enter in boxes **b** and **c** the EIN and employer's name and address (including ZIP code) as they appear on the federal Form W-2. Filers with foreign earned income: if the employer's identification number exceeds the space allowed, leave box **b** blank.

**Box 1** – Enter federal wages, tips, and other compensation shown in Box 1 of federal Form W-2.

**Boxes 8, 10, and 11** – If applicable, enter the amounts from federal Form W-2 for allocated tips, dependent care benefits, and nonqualified plans.

**Boxes 12a through 12d** – Enter the amount(s) and code(s), if any, shown in the corresponding boxes on federal Form W-2 (such as code J, *nontaxable sick pay*, or code AA, *designated Roth contributions under a section 401(k) plan*, etc.). If there are more than four coded amounts, see *Multiple W-2 Records for one federal Form W-2* above.

**Box 13** – If your federal Form W-2 has a check mark in any of the following boxes: *Statutory employee*, *Retirement plan*, or *Third-party sick pay*, mark an **X** in the corresponding box of the *W-2 Record*. Otherwise, leave blank.

**Corrected (W-2c) box** – Mark an **X** in this box if the *W-2 Record* is for a federal Form W-2c, *Corrected Wage and Tax Statement*. Enter the corrected information from the W-2c in addition to all other requested information from your federal Form W-2.

**Boxes 14a through 14d** – Enter the amount(s) and description(s), if any, shown in box 14 of federal Form W-2 (such as 414(h) or IRC 125 contributions, union dues, or uniform allowances, etc.). If there are more than four amounts and descriptions, see *Multiple W-2 Records for one federal Form W-2* above.

**Boxes 15a through 17a (NYS only)** – Complete **only for New York State** wage and withholding information (the corresponding box 15a has been prefilled with NY). Enter in box 16a the New York State wages exactly as reported on federal Form W-2. Enter in box 17a the NYS withholding, labeled as *State income tax* on federal Form W-2. If you have no New York State wages or withholding, leave boxes 16a and 17a blank.

**Boxes 15b through 17b (Other state information)** – If the federal Form W-2 has wages and withholding for a state other than New York, complete boxes 15b, 16b, and 17b with the corresponding W-2 box information for the other state information **only**.

**Boxes 18 through 20 (NYC or Yonkers only)** – Complete the locality boxes 18 through 20 only for NYC or Yonkers (or both) wages and withholding, if reported on federal Form W-2. Do not enter locality information from any other state. If applicable, enter in the *Locality a* boxes the local wages, income tax, and locality name (write **NYC** for New York City or **Yonkers** for Yonkers) from Form W-2. To report both localities, enter the other local wages, income tax, and locality name (**NYC** or **Yonkers**) in the *Locality b* boxes.

**Transfer** the tax withheld amounts to your income tax return. Include the total NYS tax withheld amounts, the total NYC tax withheld amounts, and the total Yonkers tax withheld amounts from all your Form(s) IT-2 as follows:

- **NYS tax withheld** – Include on Form IT-201, line 72; Form IT-203, line 62; or Form IT-205, line 34.
- **NYC tax withheld** – Include on Form IT-201, line 73; Form IT-203, line 63; or Form IT-205, line 35.
- **Yonkers tax withheld** – Include on Form IT-201, line 74; Form IT-203, line 64; or Form IT-205, line 36.

**Submit** Form(s) IT-2 (as an entire page; do not separate records; however, you do not need to submit instructions from the back page) with your New York State income tax return. **Do not submit your federal Form(s) W-2**; keep them for your records. See the instructions for Form IT-201, IT-203, or IT-205 for information on assembling your return.





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

**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              |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Box 1** Wages, tips, other compensation

**Box 8** Allocated tips

**Box 10** Dependent care benefits

**Box 11** Nonqualified plans

**Box 12a** Amount

**Box 12b** Amount

**Box 12c** Amount

**Box 12d** Amount

Code

Code

Code

Code

**Box 14a** Amount

**Box 14b** Amount

**Box 14c** Amount

**Box 14d** Amount

Description

Description

Description

Description

**Box 13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐

Corrected (W-2c) ☐

**NY State information:**

**Box 15a**

NY State

**Box 16a** NYS wages, tips, etc.

**Box 17a** NYS income tax withheld

**Other state information:**

**Box 15b**

other state

**Box 16b** Other state wages, tips, etc.

**Box 17b** Other state income tax withheld

**NYC and Yonkers**  
information (see instr.):

**Box 18** Local wages, tips, etc.

**Box 19** Local income tax withheld

**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              |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Box 1** Wages, tips, other compensation

**Box 8** Allocated tips

**Box 10** Dependent care benefits

**Box 11** Nonqualified plans

**Box 12a** Amount

**Box 12b** Amount

**Box 12c** Amount

**Box 12d** Amount

Code

Code

Code

Code

**Box 14a** Amount

**Box 14b** Amount

**Box 14c** Amount

**Box 14d** Amount

Description

Description

Description

Description

**Box 13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐

Corrected (W-2c) ☐

**NY State information:**

**Box 15a**

NY State

**Box 16a** NYS wages, tips, etc.

**Box 17a** NYS income tax withheld

**Other state information:**

**Box 15b**

other state

**Box 16b** Other state wages, tips, etc.

**Box 17b** Other state income tax withheld

**NYC and Yonkers**  
information (see instr.):

**Box 18** Local wages, tips, etc.

**Box 19** Local income tax withheld

**Box 20** Locality name



102001231963



# Instructions

## General instructions

**Who must file this form** – You must complete Form IT-2, *Summary of W-2 Statements*, if you file a New York State (NYS) income tax return and you received federal Form(s) W-2, *Wage and Tax Statement*. Complete one *W-2 Record* section for **each** federal Form W-2 you (and if filing jointly, your spouse) received even if your federal Form W-2 does not show any NYS, New York City (NYC), or Yonkers wages or tax withheld.

If you received foreign earned income but did not receive a federal Form W-2 you must also complete Form IT-2. *Foreign earned income* includes, but is not limited to salaries, wages, commissions, bonuses, professional fees, certain noncash income, and allowances or reimbursements.

## Specific instructions

**How to complete each W-2 Record** – each box in the *W-2 Record* corresponds to a similarly named or numbered box or area on federal Form W-2. Enter the amount, code, or description provided on your federal Form W-2 in the corresponding boxes in the *W-2 Record*. Enter only the information requested on Form IT-2. Complete additional Forms IT-2 if necessary.

**Multiple W-2 Records for one federal Form W-2** – If your federal Form W-2 shows more than four items in box 12 or box 14, complete an additional *W-2 Record*. Fill in boxes **a**, **b**, and **c** with the same information as on the first *W-2 Record* for the same federal Form W-2. Then enter the additional items in box 12 or box 14. Do not fill in additional *W-2 Records* to report withholding by more than one other state for the same wages.

**Entering whole dollar amounts** – When entering amounts, enter **whole dollar amounts only** (zeros have been preprinted). Use the following rounding rules when entering your amounts; drop amounts below 50 cents and increase amounts from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3.

Enter in box **a** your entire 9-digit SSN (or your spouse's SSN) depending on whose federal Form W-2 it is. Enter in boxes **b** and **c** the EIN and employer's name and address (including ZIP code) as they appear on the federal Form W-2. Filers with foreign earned income: if the employer's identification number exceeds the space allowed, leave box **b** blank.

**Box 1** – Enter federal wages, tips, and other compensation shown in Box 1 of federal Form W-2.

**Boxes 8, 10, and 11** – If applicable, enter the amounts from federal Form W-2 for allocated tips, dependent care benefits, and nonqualified plans.

**Boxes 12a through 12d** – Enter the amount(s) and code(s), if any, shown in the corresponding boxes on federal Form W-2 (such as code J, *nontaxable sick pay*, or code AA, *designated Roth contributions under a section 401(k) plan*, etc.). If there are more than four coded amounts, see *Multiple W-2 Records for one federal Form W-2* above.

**Box 13** – If your federal Form W-2 has a check mark in any of the following boxes: *Statutory employee*, *Retirement plan*, or *Third-party sick pay*, mark an **X** in the corresponding box of the *W-2 Record*. Otherwise, leave blank.

**Corrected (W-2c) box** – Mark an **X** in this box if the *W-2 Record* is for a federal Form W-2c, *Corrected Wage and Tax Statement*. Enter the corrected information from the W-2c in addition to all other requested information from your federal Form W-2.

**Boxes 14a through 14d** – Enter the amount(s) and description(s), if any, shown in box 14 of federal Form W-2 (such as 414(h) or IRC 125 contributions, union dues, or uniform allowances, etc.). If there are more than four amounts and descriptions, see *Multiple W-2 Records for one federal Form W-2* above.

**Boxes 15a through 17a (NYS only)** – Complete **only for New York State** wage and withholding information (the corresponding box 15a has been prefilled with NY). Enter in box 16a the New York State wages exactly as reported on federal Form W-2. Enter in box 17a the NYS withholding, labeled as *State income tax* on federal Form W-2. If you have no New York State wages or withholding, leave boxes 16a and 17a blank.

**Boxes 15b through 17b (Other state information)** – If the federal Form W-2 has wages and withholding for a state other than New York, complete boxes 15b, 16b, and 17b with the corresponding W-2 box information for the other state information **only**.

**Boxes 18 through 20 (NYC or Yonkers only)** – Complete the locality boxes 18 through 20 only for NYC or Yonkers (or both) wages and withholding, if reported on federal Form W-2. Do not enter locality information from any other state. If applicable, enter in the *Locality a* boxes the local wages, income tax, and locality name (write **NYC** for New York City or **Yonkers** for Yonkers) from Form W-2. To report both localities, enter the other local wages, income tax, and locality name (**NYC** or **Yonkers**) in the *Locality b* boxes.

**Transfer** the tax withheld amounts to your income tax return. Include the total NYS tax withheld amounts, the total NYC tax withheld amounts, and the total Yonkers tax withheld amounts from all your Form(s) IT-2 as follows:

- **NYS tax withheld** – Include on Form IT-201, line 72; Form IT-203, line 62; or Form IT-205, line 34.
- **NYC tax withheld** – Include on Form IT-201, line 73; Form IT-203, line 63; or Form IT-205, line 35.
- **Yonkers tax withheld** – Include on Form IT-201, line 74; Form IT-203, line 64; or Form IT-205, line 36.

**Submit** Form(s) IT-2 (as an entire page; do not separate records; however, you do not need to submit instructions from the back page) with your New York State income tax return. **Do not submit your federal Form(s) W-2**; keep them for your records. See the instructions for Form IT-201, IT-203, or IT-205 for information on assembling your return.







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

**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              |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Box 1** Wages, tips, other compensation

**Box 8** Allocated tips

**Box 10** Dependent care benefits

**Box 11** Nonqualified plans

**Box 12a** Amount

**Box 12b** Amount

**Box 12c** Amount

**Box 12d** Amount

Code

Code

Code

Code

**Box 14a** Amount

**Box 14b** Amount

**Box 14c** Amount

**Box 14d** Amount

Description

Description

Description

Description

**Box 13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐

Corrected (W-2c) ☐

**NY State information:**

**Box 15a**

NY State

**Box 16a** NYS wages, tips, etc.

**Box 17a** NYS income tax withheld

**Other state information:**

**Box 15b**

other state

**Box 16b** Other state wages, tips, etc.

**Box 17b** Other state income tax withheld

**NYC and Yonkers**  
information (see instr.):

**Box 18** Local wages, tips, etc.

**Box 19** Local income tax withheld

**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              |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Box 1** Wages, tips, other compensation

**Box 8** Allocated tips

**Box 10** Dependent care benefits

**Box 11** Nonqualified plans

**Box 12a** Amount

**Box 12b** Amount

**Box 12c** Amount

**Box 12d** Amount

Code

Code

Code

Code

**Box 14a** Amount

**Box 14b** Amount

**Box 14c** Amount

**Box 14d** Amount

Description

Description

Description

Description

**Box 13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐

Corrected (W-2c) ☐

**NY State information:**

**Box 15a**

NY State

**Box 16a** NYS wages, tips, etc.

**Box 17a** NYS income tax withheld

**Other state information:**

**Box 15b**

other state

**Box 16b** Other state wages, tips, etc.

**Box 17b** Other state income tax withheld

**NYC and Yonkers**  
information (see instr.):

**Box 18** Local wages, tips, etc.

**Box 19** Local income tax withheld

**Box 20** Locality name



102001231963

# Instructions

## General instructions

**Who must file this form** – You must complete Form IT-2, *Summary of W-2 Statements*, if you file a New York State (NYS) income tax return and you received federal Form(s) W-2, *Wage and Tax Statement*. Complete one *W-2 Record* section for **each** federal Form W-2 you (and if filing jointly, your spouse) received even if your federal Form W-2 does not show any NYS, New York City (NYC), or Yonkers wages or tax withheld.

If you received foreign earned income but did not receive a federal Form W-2 you must also complete Form IT-2. *Foreign earned income* includes, but is not limited to salaries, wages, commissions, bonuses, professional fees, certain noncash income, and allowances or reimbursements.

## Specific instructions

**How to complete each W-2 Record** – each box in the *W-2 Record* corresponds to a similarly named or numbered box or area on federal Form W-2. Enter the amount, code, or description provided on your federal Form W-2 in the corresponding boxes in the *W-2 Record*. Enter only the information requested on Form IT-2. Complete additional Forms IT-2 if necessary.

**Multiple W-2 Records for one federal Form W-2** – If your federal Form W-2 shows more than four items in box 12 or box 14, complete an additional *W-2 Record*. Fill in boxes **a**, **b**, and **c** with the same information as on the first *W-2 Record* for the same federal Form W-2. Then enter the additional items in box 12 or box 14. Do not fill in additional *W-2 Records* to report withholding by more than one other state for the same wages.

**Entering whole dollar amounts** – When entering amounts, enter **whole dollar amounts only** (zeros have been preprinted). Use the following rounding rules when entering your amounts; drop amounts below 50 cents and increase amounts from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3.

Enter in box **a** your entire 9-digit SSN (or your spouse's SSN) depending on whose federal Form W-2 it is. Enter in boxes **b** and **c** the EIN and employer's name and address (including ZIP code) as they appear on the federal Form W-2. Filers with foreign earned income: if the employer's identification number exceeds the space allowed, leave box **b** blank.

**Box 1** – Enter federal wages, tips, and other compensation shown in Box 1 of federal Form W-2.

**Boxes 8, 10, and 11** – If applicable, enter the amounts from federal Form W-2 for allocated tips, dependent care benefits, and nonqualified plans.

**Boxes 12a through 12d** – Enter the amount(s) and code(s), if any, shown in the corresponding boxes on federal Form W-2 (such as code J, *nontaxable sick pay*, or code AA, *designated Roth contributions under a section 401(k) plan*, etc.). If there are more than four coded amounts, see *Multiple W-2 Records for one federal Form W-2* above.

**Box 13** – If your federal Form W-2 has a check mark in any of the following boxes: *Statutory employee*, *Retirement plan*, or *Third-party sick pay*, mark an **X** in the corresponding box of the *W-2 Record*. Otherwise, leave blank.

**Corrected (W-2c) box** – Mark an **X** in this box if the *W-2 Record* is for a federal Form W-2c, *Corrected Wage and Tax Statement*. Enter the corrected information from the W-2c in addition to all other requested information from your federal Form W-2.

**Boxes 14a through 14d** – Enter the amount(s) and description(s), if any, shown in box 14 of federal Form W-2 (such as 414(h) or IRC 125 contributions, union dues, or uniform allowances, etc.). If there are more than four amounts and descriptions, see *Multiple W-2 Records for one federal Form W-2* above.

**Boxes 15a through 17a (NYS only)** – Complete **only for New York State** wage and withholding information (the corresponding box 15a has been prefilled with NY). Enter in box 16a the New York State wages exactly as reported on federal Form W-2. Enter in box 17a the NYS withholding, labeled as *State income tax* on federal Form W-2. If you have no New York State wages or withholding, leave boxes 16a and 17a blank.

**Boxes 15b through 17b (Other state information)** – If the federal Form W-2 has wages and withholding for a state other than New York, complete boxes 15b, 16b, and 17b with the corresponding W-2 box information for the other state information **only**.

**Boxes 18 through 20 (NYC or Yonkers only)** – Complete the locality boxes 18 through 20 only for NYC or Yonkers (or both) wages and withholding, if reported on federal Form W-2. Do not enter locality information from any other state. If applicable, enter in the *Locality a* boxes the local wages, income tax, and locality name (write **NYC** for New York City or **Yonkers** for Yonkers) from Form W-2. To report both localities, enter the other local wages, income tax, and locality name (**NYC** or **Yonkers**) in the *Locality b* boxes.

**Transfer** the tax withheld amounts to your income tax return. Include the total NYS tax withheld amounts, the total NYC tax withheld amounts, and the total Yonkers tax withheld amounts from all your Form(s) IT-2 as follows:

- **NYS tax withheld** – Include on Form IT-201, line 72; Form IT-203, line 62; or Form IT-205, line 34.
- **NYC tax withheld** – Include on Form IT-201, line 73; Form IT-203, line 63; or Form IT-205, line 35.
- **Yonkers tax withheld** – Include on Form IT-201, line 74; Form IT-203, line 64; or Form IT-205, line 36.

**Submit** Form(s) IT-2 (as an entire page; do not separate records; however, you do not need to submit instructions from the back page) with your New York State income tax return. **Do not submit your federal Form(s) W-2**; keep them for your records. See the instructions for Form IT-201, IT-203, or IT-205 for information on assembling your return.





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

**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 |

**Box 1** Wages, tips, other compensation

**Box 8** Allocated tips

**Box 10** Dependent care benefits

**Box 11** Nonqualified plans

**Box 12a** Amount

Code

**Box 12b** Amount

Code

**Box 12c** Amount

Code

**Box 12d** Amount

Code

**Box 14a** Amount

Description

**Box 14b** Amount

Description

**Box 14c** Amount

Description

**Box 14d** Amount

Description

**Box 13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐

Corrected (W-2c) ☐

**NY State information:**

**Box 15a**

NY State

**Box 16a** NYS wages, tips, etc.

**Box 17a** NYS income tax withheld

**Other state information:**

**Box 15b**

other state

**Box 16b** Other state wages, tips, etc.

**Box 17b** Other state income tax withheld

**NYC and Yonkers**  
information (see instr.):

**Box 18** Local wages, tips, etc.

**Box 19** Local income tax withheld

**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 |

**Box 1** Wages, tips, other compensation

**Box 8** Allocated tips

**Box 10** Dependent care benefits

**Box 11** Nonqualified plans

**Box 12a** Amount

Code

**Box 12b** Amount

Code

**Box 12c** Amount

Code

**Box 12d** Amount

Code

**Box 14a** Amount

Description

**Box 14b** Amount

Description

**Box 14c** Amount

Description

**Box 14d** Amount

Description

**Box 13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐

Corrected (W-2c) ☐

**NY State information:**

**Box 15a**

NY State

**Box 16a** NYS wages, tips, etc.

**Box 17a** NYS income tax withheld

**Other state information:**

**Box 15b**

other state

**Box 16b** Other state wages, tips, etc.

**Box 17b** Other state income tax withheld

**NYC and Yonkers**  
information (see instr.):

**Box 18** Local wages, tips, etc.

**Box 19** Local income tax withheld

**Box 20** Locality name



102001231963

# Instructions

## General instructions

**Who must file this form** – You must complete Form IT-2, *Summary of W-2 Statements*, if you file a New York State (NYS) income tax return and you received federal Form(s) W-2, *Wage and Tax Statement*. Complete one *W-2 Record* section for **each** federal Form W-2 you (and if filing jointly, your spouse) received even if your federal Form W-2 does not show any NYS, New York City (NYC), or Yonkers wages or tax withheld.

If you received foreign earned income but did not receive a federal Form W-2 you must also complete Form IT-2. *Foreign earned income* includes, but is not limited to salaries, wages, commissions, bonuses, professional fees, certain noncash income, and allowances or reimbursements.

## Specific instructions

**How to complete each W-2 Record** – each box in the *W-2 Record* corresponds to a similarly named or numbered box or area on federal Form W-2. Enter the amount, code, or description provided on your federal Form W-2 in the corresponding boxes in the *W-2 Record*. Enter only the information requested on Form IT-2. Complete additional Forms IT-2 if necessary.

**Multiple W-2 Records for one federal Form W-2** – If your federal Form W-2 shows more than four items in box 12 or box 14, complete an additional *W-2 Record*. Fill in boxes **a**, **b**, and **c** with the same information as on the first *W-2 Record* for the same federal Form W-2. Then enter the additional items in box 12 or box 14. Do not fill in additional *W-2 Records* to report withholding by more than one other state for the same wages.

**Entering whole dollar amounts** – When entering amounts, enter **whole dollar amounts only** (zeros have been preprinted). Use the following rounding rules when entering your amounts; drop amounts below 50 cents and increase amounts from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3.

Enter in box **a** your entire 9-digit SSN (or your spouse's SSN) depending on whose federal Form W-2 it is. Enter in boxes **b** and **c** the EIN and employer's name and address (including ZIP code) as they appear on the federal Form W-2. Filers with foreign earned income: if the employer's identification number exceeds the space allowed, leave box **b** blank.

**Box 1** – Enter federal wages, tips, and other compensation shown in Box 1 of federal Form W-2.

**Boxes 8, 10, and 11** – If applicable, enter the amounts from federal Form W-2 for allocated tips, dependent care benefits, and nonqualified plans.

**Boxes 12a through 12d** – Enter the amount(s) and code(s), if any, shown in the corresponding boxes on federal Form W-2 (such as code J, *nontaxable sick pay*, or code AA, *designated Roth contributions under a section 401(k) plan*, etc.). If there are more than four coded amounts, see *Multiple W-2 Records for one federal Form W-2* above.

**Box 13** – If your federal Form W-2 has a check mark in any of the following boxes: *Statutory employee*, *Retirement plan*, or *Third-party sick pay*, mark an **X** in the corresponding box of the *W-2 Record*. Otherwise, leave blank.

**Corrected (W-2c) box** – Mark an **X** in this box if the *W-2 Record* is for a federal Form W-2c, *Corrected Wage and Tax Statement*. Enter the corrected information from the W-2c in addition to all other requested information from your federal Form W-2.

**Boxes 14a through 14d** – Enter the amount(s) and description(s), if any, shown in box 14 of federal Form W-2 (such as 414(h) or IRC 125 contributions, union dues, or uniform allowances, etc.). If there are more than four amounts and descriptions, see *Multiple W-2 Records for one federal Form W-2* above.

**Boxes 15a through 17a (NYS only)** – Complete **only for New York State** wage and withholding information (the corresponding box 15a has been prefilled with NY). Enter in box 16a the New York State wages exactly as reported on federal Form W-2. Enter in box 17a the NYS withholding, labeled as *State income tax* on federal Form W-2. If you have no New York State wages or withholding, leave boxes 16a and 17a blank.

**Boxes 15b through 17b (Other state information)** – If the federal Form W-2 has wages and withholding for a state other than New York, complete boxes 15b, 16b, and 17b with the corresponding W-2 box information for the other state information **only**.

**Boxes 18 through 20 (NYC or Yonkers only)** – Complete the locality boxes 18 through 20 only for NYC or Yonkers (or both) wages and withholding, if reported on federal Form W-2. Do not enter locality information from any other state. If applicable, enter in the *Locality a* boxes the local wages, income tax, and locality name (write **NYC** for New York City or **Yonkers** for Yonkers) from Form W-2. To report both localities, enter the other local wages, income tax, and locality name (**NYC** or **Yonkers**) in the *Locality b* boxes.

**Transfer** the tax withheld amounts to your income tax return. Include the total NYS tax withheld amounts, the total NYC tax withheld amounts, and the total Yonkers tax withheld amounts from all your Form(s) IT-2 as follows:

- **NYS tax withheld** – Include on Form IT-201, line 72; Form IT-203, line 62; or Form IT-205, line 34.
- **NYC tax withheld** – Include on Form IT-201, line 73; Form IT-203, line 63; or Form IT-205, line 35.
- **Yonkers tax withheld** – Include on Form IT-201, line 74; Form IT-203, line 64; or Form IT-205, line 36.

**Submit** Form(s) IT-2 (as an entire page; do not separate records; however, you do not need to submit instructions from the back page) with your New York State income tax return. **Do not submit your federal Form(s) W-2**; keep them for your records. See the instructions for Form IT-201, IT-203, or IT-205 for information on assembling your return.





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

**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 |

**Box 1** Wages, tips, other compensation

**Box 8** Allocated tips

**Box 10** Dependent care benefits

**Box 11** Nonqualified plans

**Box 12a** Amount

Code

**Box 12b** Amount

Code

**Box 12c** Amount

Code

**Box 12d** Amount

Code

**Box 14a** Amount

Description

**Box 14b** Amount

Description

**Box 14c** Amount

Description

**Box 14d** Amount

Description

**Box 13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐

Corrected (W-2c) ☐

**NY State information:**

**Box 15a**

NY State

**Box 16a** NYS wages, tips, etc.

**Box 17a** NYS income tax withheld

**Other state information:**

**Box 15b**

other state

**Box 16b** Other state wages, tips, etc.

**Box 17b** Other state income tax withheld

**NYC and Yonkers**  
information (see instr.):

**Box 18** Local wages, tips, etc.

**Box 19** Local income tax withheld

**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 |

**Box 1** Wages, tips, other compensation

**Box 8** Allocated tips

**Box 10** Dependent care benefits

**Box 11** Nonqualified plans

**Box 12a** Amount

Code

**Box 12b** Amount

Code

**Box 12c** Amount

Code

**Box 12d** Amount

Code

**Box 14a** Amount

Description

**Box 14b** Amount

Description

**Box 14c** Amount

Description

**Box 14d** Amount

Description

**Box 13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐

Corrected (W-2c) ☐

**NY State information:**

**Box 15a**

NY State

**Box 16a** NYS wages, tips, etc.

**Box 17a** NYS income tax withheld

**Other state information:**

**Box 15b**

other state

**Box 16b** Other state wages, tips, etc.

**Box 17b** Other state income tax withheld

**NYC and Yonkers**  
information (see instr.):

**Box 18** Local wages, tips, etc.

**Box 19** Local income tax withheld

**Box 20** Locality name



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# Instructions

## General instructions

**Who must file this form** – You must complete Form IT-2, *Summary of W-2 Statements*, if you file a New York State (NYS) income tax return and you received federal Form(s) W-2, *Wage and Tax Statement*. Complete one *W-2 Record* section for **each** federal Form W-2 you (and if filing jointly, your spouse) received even if your federal Form W-2 does not show any NYS, New York City (NYC), or Yonkers wages or tax withheld.

If you received foreign earned income but did not receive a federal Form W-2 you must also complete Form IT-2. *Foreign earned income* includes, but is not limited to salaries, wages, commissions, bonuses, professional fees, certain noncash income, and allowances or reimbursements.

## Specific instructions

**How to complete each W-2 Record** – each box in the *W-2 Record* corresponds to a similarly named or numbered box or area on federal Form W-2. Enter the amount, code, or description provided on your federal Form W-2 in the corresponding boxes in the *W-2 Record*. Enter only the information requested on Form IT-2. Complete additional Forms IT-2 if necessary.

**Multiple W-2 Records for one federal Form W-2** – If your federal Form W-2 shows more than four items in box 12 or box 14, complete an additional *W-2 Record*. Fill in boxes **a**, **b**, and **c** with the same information as on the first *W-2 Record* for the same federal Form W-2. Then enter the additional items in box 12 or box 14. Do not fill in additional *W-2 Records* to report withholding by more than one other state for the same wages.

**Entering whole dollar amounts** – When entering amounts, enter **whole dollar amounts only** (zeros have been preprinted). Use the following rounding rules when entering your amounts; drop amounts below 50 cents and increase amounts from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3.

Enter in box **a** your entire 9-digit SSN (or your spouse's SSN) depending on whose federal Form W-2 it is. Enter in boxes **b** and **c** the EIN and employer's name and address (including ZIP code) as they appear on the federal Form W-2. Filers with foreign earned income: if the employer's identification number exceeds the space allowed, leave box **b** blank.

**Box 1** – Enter federal wages, tips, and other compensation shown in Box 1 of federal Form W-2.

**Boxes 8, 10, and 11** – If applicable, enter the amounts from federal Form W-2 for allocated tips, dependent care benefits, and nonqualified plans.

**Boxes 12a through 12d** – Enter the amount(s) and code(s), if any, shown in the corresponding boxes on federal Form W-2 (such as code J, *nontaxable sick pay*, or code AA, *designated Roth contributions under a section 401(k) plan*, etc.). If there are more than four coded amounts, see *Multiple W-2 Records for one federal Form W-2* above.

**Box 13** – If your federal Form W-2 has a check mark in any of the following boxes: *Statutory employee*, *Retirement plan*, or *Third-party sick pay*, mark an **X** in the corresponding box of the *W-2 Record*. Otherwise, leave blank.

**Corrected (W-2c) box** – Mark an **X** in this box if the *W-2 Record* is for a federal Form W-2c, *Corrected Wage and Tax Statement*. Enter the corrected information from the W-2c in addition to all other requested information from your federal Form W-2.

**Boxes 14a through 14d** – Enter the amount(s) and description(s), if any, shown in box 14 of federal Form W-2 (such as 414(h) or IRC 125 contributions, union dues, or uniform allowances, etc.). If there are more than four amounts and descriptions, see *Multiple W-2 Records for one federal Form W-2* above.

**Boxes 15a through 17a (NYS only)** – Complete **only for New York State** wage and withholding information (the corresponding box 15a has been prefilled with NY). Enter in box 16a the New York State wages exactly as reported on federal Form W-2. Enter in box 17a the NYS withholding, labeled as *State income tax* on federal Form W-2. If you have no New York State wages or withholding, leave boxes 16a and 17a blank.

**Boxes 15b through 17b (Other state information)** – If the federal Form W-2 has wages and withholding for a state other than New York, complete boxes 15b, 16b, and 17b with the corresponding W-2 box information for the other state information **only**.

**Boxes 18 through 20 (NYC or Yonkers only)** – Complete the locality boxes 18 through 20 only for NYC or Yonkers (or both) wages and withholding, if reported on federal Form W-2. Do not enter locality information from any other state. If applicable, enter in the *Locality a* boxes the local wages, income tax, and locality name (write **NYC** for New York City or **Yonkers** for Yonkers) from Form W-2. To report both localities, enter the other local wages, income tax, and locality name (**NYC** or **Yonkers**) in the *Locality b* boxes.

**Transfer** the tax withheld amounts to your income tax return. Include the total NYS tax withheld amounts, the total NYC tax withheld amounts, and the total Yonkers tax withheld amounts from all your Form(s) IT-2 as follows:

- **NYS tax withheld** – Include on Form IT-201, line 72; Form IT-203, line 62; or Form IT-205, line 34.
- **NYC tax withheld** – Include on Form IT-201, line 73; Form IT-203, line 63; or Form IT-205, line 35.
- **Yonkers tax withheld** – Include on Form IT-201, line 74; Form IT-203, line 64; or Form IT-205, line 36.

**Submit** Form(s) IT-2 (as an entire page; do not separate records; however, you do not need to submit instructions from the back page) with your New York State income tax return. **Do not submit your federal Form(s) W-2**; keep them for your records. See the instructions for Form IT-201, IT-203, or IT-205 for information on assembling your return.

