



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
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. ☐

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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 X in the box .. <input type="checkbox"/>	9	.00
10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12 Rental real estate included in line 11	12	.00
13 Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14 Unemployment compensation	14	.00
15 Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16 Other income 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 New York's 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 New York's 529 college savings program deduction/earnings	30	.00
31 Other (Form IT-225, line 18)	31	.00
32 Add lines 25 through 31	32	.00
33 New York adjusted gross income (subtract line 32 from line 24)	33	.00

Standard deduction or itemized deduction

34 Enter your standard deduction or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	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	000.00
37 Taxable income (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

38	Taxable income (from line 37 on page 2)	38	.00
39	NYS tax on line 38 amount	39	.00
40	NYS household credit	40	.00
41	Resident credit	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	42	.00
43	Add lines 40, 41, and 42	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	.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	.00

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

47	NYC taxable income	47	.00
47a	NYC resident tax on line 47 amount	47a	.00
48	NYC household credit	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.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	.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	.00
54a	MCTMT net earnings base for Zone 1 ..	54a	.00
54b	MCTMT net earnings base for Zone 2 ..	54b	.00
54c	MCTMT for Zone 1	54c	.00
54d	MCTMT for Zone 2	54d	.00
54e	Total MCTMT (add lines 54c and 54d)	54e	.00
55	Yonkers resident income tax surcharge	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1) ..	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54e through 57) ..	58	.00
59	Sales or use tax (do not leave blank)	59	.00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	.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	63	.00
64 NYS/NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	.00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	.00
68 College tuition credit	68	.00
69 NYC school tax credit (fixed amount) <i>(also complete F on page 1)</i>	69	.00
69a NYC school tax credit (rate reduction amount)	69a	.00
70 NYC earned income credit	70	.00
70a This line intentionally left blank	70a	
71 Other refundable credits <i>(Form IT-201-ATT, line 18)</i>	71	.00
72 Total New York State tax withheld	72	.00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00
76 Total payments <i>(add lines 63 through 75)</i>	76	.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>	77	.00
78 Amount of line 77 available for refund <i>(subtract line 79 from line 77)</i>	78	.00
TIP: 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>	78a	.00
78b Total refund after NYS 529 account deposit <i>(subtract line 78a from line 78)</i>	78b	.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>	79	.00
80 Amount you owe <i>(if line 76 is less than line 62, subtract line 76 from line 62)</i> . To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	80	.00
81 Estimated tax penalty <i>(include this amount in line 80 or reduce the overpayment on line 77)</i>	81	.00
82 Other penalties and interest	82	.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

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

▼ Paid preparer must complete ▼ <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:			

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

See instructions for where to mail your return.



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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

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

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

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Box 13 Statutory employee ☐

Retirement plan ☐

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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.





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.

Locality a	<input type="text"/>
Locality b	<input type="text"/>

Box 19 Local income tax withheld

Locality a	<input type="text"/>
Locality b	<input type="text"/>

Box 20 Locality name

Locality a	<input type="text"/>
Locality b	<input type="text"/>

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

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Code

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Box 14a Amount

Box 14b Amount

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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	<input type="text"/>
Locality b	<input type="text"/>

Box 19 Local income tax withheld

Locality a	<input type="text"/>
Locality b	<input type="text"/>

Box 20 Locality name

Locality a	<input type="text"/>
Locality b	<input type="text"/>



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Instructions

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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.

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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.

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- **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.

