

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 ...

Fc	or help completing yo	ur re	turn, see the ii	nstruc	tions, Forn	n IT-201	I-I.				and e	ending			
Your first name MI Your last name (for a joint return, enter spouse's na							e below)	Yo	ur date of birth (mmddyyyy)	Your	Social Secu	rity numl	ber		
S	pouse's first name	MI	Spouse's last name							Spouse's date of birth (mmddyyyy) Spouse's Social Se			Security	number	
M	ailing address (see instruction	ทร) (ทเ	 ımber and street or P	O Box)						Apartment number	New	York State c	ounty of	residence	
													-		
С	ity, village, or post office	ZIP code	(Cou	intry			Scho	ool district na	me					
Ta	axpayer's permanent home	addre	ss (see instructions	(numbe	er and street or i	rural route))		Apa	rtment number		ool district			
С	ity, village, or post office	ZIP code		Doo	edent	Tax	payer's date of death (mmddy				h (mmddyyyy)				
NY								rmation							
A	Filing ① Single					D)1			ave a financial account l			res	No	
	(mark an (enter spouse's Social Security number) X in one				mber above)	er above) qu				ou or your spouse maint ers in Yonkers for any p			res	No	
	box): 3 (Marrie enter s	ed filing separate i spouse's Social Sec	eturn urity nur	mber above)				Yes umb	er of months you lived	n Yor	nkers in 202	23		
	4 F	Head (of household (with	qualifyi	ng person)			(3) N	umb	er of months your spo u	se liv	ed in Yonke	ers in 20)23	
	(5)	Dualif	ying surviving spo	use					No:						
				- G		_		(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 Yes No							
В	Did you itemize your of your 2023 federal incor			Yes	No			(1) Did you or your spouse maintain living quarters in							
C Can you be claimed as a dependent on another taxpayer's federal return?								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								
Н	Dependent informat	ion				G	;			2-character special c					
	First name	М	II Last	name		Relation	ationship Social Security nun				nber Date of birth (mmddyyyy)			(mmddyyyy)	
									\perp						
									+						
lf ı	more than 7 dependent	ts, m	ark an X in the l	oox.											
					For office	e use onl	'y								
	201001231963														

Fe	deral income and adjustments			Whole dollars only
1	Wages, salaries, tips, etc.		1	.00.
2	Taxable interest income		2	.00
3	Ordinary dividends	3	.00	
	Taxable refunds, credits, or offsets of state and local incom	4	.00	
5	Alimony received	5	.00	
6	Business income or loss (submit a copy of federal Schedule C,	6	.00	
7	Capital gain or loss (if required, submit a copy of federal Schedu		7	.00
8		8	.00	
9	Taxable amount of IRA distributions. If received as a benef	9	.00	
10	Taxable amount of pensions and annuities. If received as a b	==	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc.		_	.00
12	Rental real estate included in line 11	12 .00		
	Farm income or loss (submit a copy of federal Schedule F, For		13	.00
	Unemployment compensation		14	.00
15	Taxable amount of Social Security benefits (also enter on line		15	.00
16	Other income Identify:		16	.00
17	Add lines 1 through 11 and 13 through 16		17	00
	Total federal adjustments to income Identify:		18	.00
10	lotal lederal adjustifierts to income memmy.		10	.00
19	Federal adjusted gross income (subtract line 18 from line 17)		19	.00
21 22 23	Interest income on state and local bonds and obligations (but Public employee 414(h) retirement contributions from your with New York's 529 college savings program distributions Other (Form IT-225, line 9)	20 21 22 23 24	.00. 00. 00. 00.	
	w York subtractions		24	.00
25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25 .00	1	
	Pensions of NYS and local governments and the federal government			
	Taxable amount of Social Security benefits (from line 15)	27 .00	1	
	Interest income on U.S. government bonds	28 .00		
29	Pension and annuity income exclusion	29 .00	1	
30	New York's 529 college savings program deduction/earnings	30 .00	1	
31	Other (Form IT-225, line 18)	31 .00	1	
32	Add lines 25 through 31		32	.00
	New York adjusted gross income (subtract line 32 from line	33	.00	
		,		
Sta	andard deduction or itemized deduction			
34	Enter your standard deduction or your itemized deduction Mark an X in the appropriate box:	on (from Form IT-196) tandard - or - Itemized	34	.00
25				
	Subtract line 34 from line 33 (if line 34 is more than line 33, lead Dependent exemptions (enter the number of dependents listed		35 36	.00 00.00
	Taxable income (subtract line 36 from line 35)		37	.00
91	TUNUDIO HICCHIE (SUBLIGOLINE SU HUITI IIIIC SU)		91	1



IVAII	ne(s) as shown on page 1		Your Social Security number	1	11-201 (2023) Page 3 of 4
				_	
Tax	c 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		
	NYS household credit		.00		100
	Resident credit		.00	1	
	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)		.00	1	
	Add lines 40, 41, and 42			43	.00.
11	Subtract line 43 from line 39 (if line 43 is more than line 39, le	ava bl	ank)	44	00
	Net other NYS taxes (Form IT-201-ATT, line 30)		,		.00
	· · · · · · · · · · · · · · · · · · ·				.00
46	Total New York State taxes (add lines 44 and 45)			46	.00
Ne	w York City and Yonkers taxes, credits, and surcharges	, and	мстмт		
47	NIVO tavable income	47		1	
	NYC taxable income		.00	1	See instructions to
	NYC resident tax on line 47 amount		.00	1	compute New York City and
	NYC household credit	48	.00	J	Yonkers taxes, credits, and
49	line 47a, leave blank)	49	00	1	surcharges.
5 0	,		.00	-	
	Part-year NYC resident tax (Form IT-360.1)		.00	1	
	Add lines 49, 50, and 51		.00	1	
	NYC nonrefundable credits (Form IT-201-ATT, line 10)		.00	1	
	Subtract line 53 from line 52 (if line 53 is more than	- 33	.00	_	
5 7	line 52, leave blank)	54	.00]	
54a	MCTMT net earnings	04	•00	J	
0-Tu	base for Zone 1 54a .00]			
54b	MCTMT net earnings	J			
	base for Zone 2 54b .00]			
54c	MCTMT for Zone 1	54c	.00]	
54d	MCTMT for Zone 2	54d	.00	1	See instructions to compute
54e	Total MCTMT (add lines 54c and 54d)	54e	.00	1	the MCTMT for each zone.
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 M	ICTM1	$m{\Gamma}$ (add lines 54 and 54e through 57)	58	.00.
50	Colon on the fact (de mediant block)			50	00
อฮ	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 sal voluntary contributions (add lines 46, 58, 59, and 60)			61	.00.



Pag	e 4 of 4	IT-201	(2023)	[Your Social S	Security I	number								
62	Enter ar	mount fr	om line 61						<u></u>		62		.00		
Pay	ments	and ref	undable credits												
63	Empire	State o	hild credit			. 63				.0	0				
64	NYS/N	YC child	d and dependent o	are credit		. 64				.0	0				
65	NYS ea	arned in	come credit (EIC)			65				.0	0				
			dial parent EIC			. 66				.0	0				
			ax credit							.0	0				
68	68 College tuition credit									.0	0				
69	NYC scl	hool tax	credit (fixed amount	e F on page 1	1) 69				.0	0					
69a	69a NYC school tax credit (rate reduction amount)														
			come credit			70				.0	0				
			ionally left blank .												
			ole credits (Form IT							.0			complete Form(s) IT-2		
			k State tax withhe							.0		and/or IT-1099-R and submit ther with your return.			
73			k City tax withheld							.0	0 0	-			
74			tax withheld							.0	[□] wi	Do not send federal Form W-2 with your return.			
75	Total est	timated t	ax payments and ar	nount paid with	Form IT-370	0 75				.0	0				
76	Total p	aymen	ts (add lines 63 thro	ugh 75)							76	6	.00		
You	ur refun	d, amo	unt you owe, and	account inf	ormation)							1			
77	Amour	nt over	paid (if line 76 is mo	re than line 62	2. subtract lin	ne 62 fr	om line 76)				77	,	.00		
	Amoun	t of line	77 available for is amount to check	refund (subtra	act line 79 fro	om line	,						.00		
78a			B that you want to de	-			IT-195, line 4	l) (also	o submi	t Form IT-19	5) 78 a	1	.00		
78h	Total re	fund af	ter NYS 529 accou	ınt denosit (s	uhtract line 7	78a fror	m line 78)				78b		.00		
79	Amoun		one refund choice 77 that you want	ce: 🗀 savin	ct deposit t igs account ur 2024	to ched t (fill in	cking or line 83)	or -		paper check	ea		ect deposit is the est way to get your		
	estim	nated ta	x (see instructions)			. 79				.0			ions for payment		
80	Amoun	t you o v	we (if line 76 is less	than line 62, s	ubtract line	76 from	n line 62). T	o pa	y by e	electronic	options.				
	funds	s withdr	awal, mark an X ir	the box	and fill in	in lines 83 and 84. If you pay by check									
	or mo	oney or	der you must com	plete Form IT	Γ-201-V and	d mail	it with you	ır ret	urn		. 80)	.00		
81			penalty (include this erpayment on line 77			. 81				.0	0 Se	e instruct	ions for the proper		
82			s and interest							.0	o as	sembly of	f your return.		
83			nation for direct de								_				
			, , , ,	,		` `	,		int ou				in this box		
	83a Ac	,		checking - or	¬ —		savings -	[business	спескі	ing - or -	Business savings		
0.4	83b Ro	Ü					ccount num	iber [A	4		20		
84		ı	ls withdrawal		Date			- :		Amo	unt _		.00		
des	Third-pa signee? (se		Print designee's nam	e			()	signe	es pric	one number			Personal identification number (PIN)		
	Paid pre	parer m	ust complete ▼ F	reparer's NYTPF	RIN N	NYTPRII				▼ Taxı	payer	(s) must s	sign here ▼		
	<i>see instru</i> arer's sign			Preparer's prir		excl. cod	c	Yo	our sign				-		
Firm	's name <i>(o</i>	or yours, if	self-employed)		Preparer's P	TIN or S	SSN	Yo	our occi	upation					
Address Employe				Employer ide	er identification number Spouse's signature an					nd occupation (if joint return)					
						Date		D	ate			Daytime	phone number		
<u> </u>								↓ ⊢					·		





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		rer's name	11					
Box a Employee's Social Security number for this W-2 Record	Employ	ver's address (number a	and street)					
		,	ĺ					
Box b Employer identification number (EIN)	City			Sta	te	ZIP code	Country	
Box 1 Wages, tips, other compensation	Box 12a A	mount	Cod	de	Box	t 14a Amount		Description
.00			.00				.00	
Box 8 Allocated tips	Box 12b A	mount	Cod	de	Вох	14b Amount		Description
.00			.00					
Box 10 Dependent care benefits	Box 12c A	mount	Cod	de	Вох	14c Amount		Description
.00			.00				.00	
Box 11 Nonqualified plans	Box 12d A	mount	Cod	le	Вох	14d Amount	_	Description
.00			.00					
			_					
Box 13 Statutory employee Retires	ment plan	Third-party sid	ck pay					Corrected (W-2c)
NY State information: Box 15a		Box 16a NYS wages	, tips, etc.		Box 1	7a NYS income tax with		
NY State	NIX			.00			.00	
Other state information: Box 15b		Box 16b Other state	wages, tips,		Box 1	7b Other state income tax		
other state				.00			.00	
NYC and Yonkers Box 1	I 8 Local wa	iges, tips, etc.		Box 19	Loca	I income tax withheld		Box 20 Locality name
information (see instr.):	LOCAL WA	.00	1 124		LOGG			Box 20 Locality Harrie
Locality a		.00.	Locality a			.00. 00.	Locality a Locality b	
Locality b		.00	Locality b			.00	Locality b	
Do not detach.	Box c E	mployer's information	n					
W-2 Record 2		er's name						
Box a Employee's Social Security number								
for this W-2 Record	Employ	rer's address (number a	and street)					
Box b Employer identification number (EIN)	City			Sta	te	ZIP code	Country	
Box 1 Wages, tips, other compensation	Box 12a A	mount	Cod	de	Вох	14a Amount		Description
.00			.00				.00	
Box 8 Allocated tips	Box 12b A	mount	Cod	de	Box	t 14b Amount		Description
.00			.00	Ш	Ļ		.00	
Box 10 Dependent care benefits	Box 12c A	mount	Cod	de 	Вох	14c Amount	2.2	Description
.00	Box 12d A		.00			. 4.4.1.	.00	December 1
Box 11 Nonqualified plans	BOX 120 A	mount	Coo	ie i	Вох	t 14d Amount	00	Description
.00			.00				.00	
Box 13 Statutory employee Retire	ment plan	Third-party sid	ck pay					Corrected (W-2c)
NY State information: Box 15a		Box 16a NYS wages	, tips, etc.		Box 1	7a NYS income tax with	held	
NY State	NIX			.00			.00	
Other state information: Box 15b		Box 16b Other state	wages, tips,		Box 1	7b Other state income tax		
other state				.00			.00	
NYC and Yonkers Box 1	IQ Localisia	ugos tins oto		Boy 40	Loos	I income tax withheld		Roy 20 Locality name
information (see instr.):	LUCAI WA	iges, tips, etc.			Luca		1 .	Box 20 Locality name
Locality a		.00.	Locality a			.00	Locality a	
Locality b		.00	Locality b			.00	Locality b	



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 $\bf a$ your entire 9-digit SSN (or your spouse's SSN) depending on whose federal Form W-2 it is. Enter in boxes $\bf b$ and $\bf c$ 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 $\bf b$ 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.





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W-2 Record 1		rer's name	11					
Box a Employee's Social Security number for this W-2 Record	Employ	ver's address (number a	and street)					
		,	ĺ					
Box b Employer identification number (EIN)	City			Sta	te	ZIP code	Country	
Box 1 Wages, tips, other compensation	Box 12a A	mount	Cod	de	Вох	t 14a Amount		Description
.00			.00				.00	
Box 8 Allocated tips	Box 12b A	mount	Cod	de	Вох	14b Amount		Description
.00			.00					
Box 10 Dependent care benefits	Box 12c A	mount	Cod	de	Вох	14c Amount		Description
.00			.00				.00	
Box 11 Nonqualified plans	Box 12d A	mount	Cod	le	Вох	14d Amount	_	Description
.00			.00					
			_					
Box 13 Statutory employee Retires	ment plan	Third-party sid	ck pay					Corrected (W-2c)
NY State information: Box 15a		Box 16a NYS wages	, tips, etc.		Box 1	7a NYS income tax with		
NY State	NIX			.00			.00	
Other state information: Box 15b		Box 16b Other state	wages, tips,		Box 1	7b Other state income tax		
other state				.00			.00	
NYC and Yonkers Box 1	I 8 Local wa	iges, tips, etc.		Box 19	Loca	I income tax withheld		Box 20 Locality name
information (see instr.):	LOCAI WA	.00	1 124		LOGG			Box 20 Locality Harrie
Locality a		.00.	Locality a			.00. 00.	Locality a Locality b	
Locality b		.00	Locality b			.00	Locality b	
Do not detach.	Box c E	mployer's information	n					
W-2 Record 2		er's name						
Box a Employee's Social Security number								
for this W-2 Record	Employ	rer's address (number a	and street)					
Box b Employer identification number (EIN)	City			Sta	te	ZIP code	Country	
Box 1 Wages, tips, other compensation	Box 12a A	mount	Cod	de	Вох	14a Amount		Description
.00			.00				.00	
Box 8 Allocated tips	Box 12b A	mount	Cod	de	Box	t 14b Amount		Description
.00			.00	Ш	Ļ		.00	
Box 10 Dependent care benefits	Box 12c A	mount	Cod	de 	Вох	14c Amount	2.2	Description
.00	Box 12d A		.00			. 4.4.1.	.00	December 1
Box 11 Nonqualified plans	BOX 120 A	mount	Coo	ie i	Вох	t 14d Amount	00	Description
.00			.00				.00	
Box 13 Statutory employee Retire	ment plan	Third-party sid	ck pay					Corrected (W-2c)
NY State information: Box 15a		Box 16a NYS wages	, tips, etc.		Box 1	7a NYS income tax with	held	
NY State	NIX			.00			.00	
Other state information: Box 15b		Box 16b Other state	wages, tips,		Box 1	7b Other state income tax		
other state				.00			.00	
NYC and Yonkers Box 1	IQ Localisia	ugos tins oto		Boy 40	Loos	I income tax withheld		Roy 20 Locality name
information (see instr.):	LUCAI WA	iges, tips, etc.			Luca		1 .	Box 20 Locality name
Locality a		.00.	Locality a			.00	Locality a	
Locality b		.00	Locality b			.00	Locality b	



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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 $\bf a$ your entire 9-digit SSN (or your spouse's SSN) depending on whose federal Form W-2 it is. Enter in boxes $\bf b$ and $\bf c$ 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 $\bf b$ 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.

