



Department of Taxation and Finance

REV 11/13/17 TTW

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

071822684

Box b Employer identification number (EIN)

135565207

Box 1 Wages, tips, other compensation

60996.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box c Employer's information

Employer's name

KPMG LLP

Employer's address (number and street)

SUITE 1400 2323 ROSS AVE.

City

STAMFORD

State

CT

ZIP code

06907

Country (if not United States)

Box 12a Amount

24.00

Code

D D

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

☐

Retirement plan

☒

Third-party sick pay

☐Corrected (W-2c) ☐

NY State information:

Box 15a

NY State

N Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b

other state

C T

Box 16b Other state wages, tips, etc.

60996.00

Box 17b Other state income tax withheld

2440.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

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

071822684

Box b Employer identification number (EIN)

135565207

Box 1 Wages, tips, other compensation

0.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box c Employer's information

Employer's name

KPMG LLP

Employer's address (number and street)

2323 ROSS AVENUE SUITE 1400

City

DALLAS

State

TX

ZIP code

75201-2709

Country (if not United States)

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

☐

Retirement plan

☒

Third-party sick pay

☐Corrected (W-2c) ☐

NY State information:

Box 15a

NY State

N Y

Box 16a NYS wages, tips, etc.

60996.00

Box 17a NYS income tax withheld

301.00

Other state information:

Box 15b

other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

102001171555



NO HANDWRITTEN ENTRIES ON THIS FORM