

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2018)

Form 1040 (2018)

Attach Form(s)  
W-2. Also attach  
Form(s) W-2G and  
1099-R if tax was  
withheld.

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

## **Refund**

Direct deposit?  
See instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1	60,991.	
2a	Tax-exempt interest . . . . .	2a		
3a	Qualified dividends . . . . .	3a		
4a	IRAs, pensions, and annuities . . . . .	4a		
5a	Social security benefits . . . . .	5a		
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	0 . . . . .	6	60,991.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	60,991.
8	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		8	12,000.
9	Qualified business income deduction (see instructions) . . . . .		9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- . . . . .		10	48,991.
11	a Tax (see inst.) <u>6,714</u> . (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____)		11	6,714.
	b Add any amount from Schedule 2 and check here	► <input type="checkbox"/>	12	624.
12	a Child tax credit/credit for other dependents _____ b Add any amount from Schedule 3 and check here	► <input checked="" type="checkbox"/>	13	6,090.
13	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .		14	0.
14	Other taxes. Attach Schedule 4 . . . . .		15	6,090.
15	Total tax. Add lines 13 and 14 . . . . .		16	9,326.
16	Federal income tax withheld from Forms W-2 and 1099 . . . . .		17	
17	Refundable credits: a EIC (see inst.) No _____ b Sch. 8812 _____ c Form 8863 _____		18	9,326.
	Add any amount from Schedule 5 _____		19	3,236.
18	Add lines 16 and 17. These are your total payments . . . . .		20a	3,236.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b> . . . . .		21	
20a	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here	► <input type="checkbox"/>	22	
► b	Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		23	
► d	Account number <input type="checkbox"/>			
21	Amount of line 19 you want <b>applied to your 2019 estimated tax</b> . . . . .	► 21	22	
22	<b>Amount you owe.</b> Subtract line 18 from line 15. For details on how to pay, see instructions . . . . .			
23	Estimated tax penalty (see instructions) . . . . .	► 23		

**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.

**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

0.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

Code

Box 14a Amount

Description

.00

.00

Box 12b Amount

Code

Box 14b Amount

Description

.00

.00

Box 12c Amount

Code

Box 14c Amount

Description

.00

.00

Box 12d Amount

Code

Box 14d Amount

Description

.00

.00

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

.00

Other state information:

Box 15b

other state

N|J

Box 16b Other state wages, tips, etc.

3668.00

Box 17a NYS income tax withheld

.00

Box 17b Other state income tax withheld

128.00

NYC and Yonkers information (see instr.):

Locality a

Box 18 Local wages, tips, etc.

.00

Box 19 Local income tax withheld

.00

Locality b

.00

Locality b

.00

Box 20 Locality name

Do not detach.

**W-2 Record 2**

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

071822684

Box b Employer identification number (EIN)

134039945

Box 1 Wages, tips, other compensation

16666.00

Box 12a Amount

Code

Box 14a Amount

Description

9.00

100.00

CLA

Box 8 Allocated tips

.00

Box 12b Amount

Code

Box 14b Amount

Description

462.00

.00

Box 10 Dependent care benefits

.00

Box 12c Amount

Code

Box 14c Amount

Description

.00

.00

Box 11 Nonqualified plans

.00

Box 12d Amount

Code

Box 14d Amount

Description

.00

.00

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.

16666.00

Box 17a NYS income tax withheld

877.00

Other state information:

Box 15b

other state

I|J

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Locality a

Box 18 Local wages, tips, etc.

.00

Box 19 Local income tax withheld

.00

Locality b

.00

Locality b

.00

Box 20 Locality name

NO HANDWRITTEN ENTRIES ON THIS FORM

102001181555





Department of Taxation and Finance  
**Summary of W-2 Statements**

REV 10/18/18 TTW

**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.

**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

44325.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 13** Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

**NY State information:**

Box 15a  
NY State

N|Y

.00

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

**Other state information:**

Box 15b  
other state

C|T

44325.00

Box 16b Other state wages, tips, etc.

1172.00

Box 17b Other state income tax withheld

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

Locality a

Box 18 Local wages, tips, etc.

.00

Box 19 Local income tax withheld

.00

Box 20 Locality name

Locality b

.00

Locality b

.00

**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 13** Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

**NY State information:**

Box 15a  
NY State

N|Y

44325.00

Box 16a NYS wages, tips, etc.

885.00

**Other state information:**

Box 15b  
other state

C|T

.00

Box 16b Other state wages, tips, etc.

.00

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

Locality a

Box 18 Local wages, tips, etc.

.00

Box 19 Local income tax withheld

.00

Box 20 Locality name

Locality b

.00

Locality b

.00

NO HANDWRITTEN ENTRIES ON THIS FORM



102001181555

