

Arthur Langer CPA PC
18 Blanche St
Plainview, NY 11803-4607

CAROLYN SIMON
71 TONJES ROAD
CALLICOON, NY 12723
llllllllllllllllllll

Filing Instructions



COPY

Form 1040 US Individual Income Tax Return

Taxable Year Ended December 31, 2018

Name: CAROLYN SIMON

Date Due: April 15, 2019

Remittance: None is required. No amount is due or overpaid.

Mail To: Department of the Treasury
Internal Revenue Service
Kansas City, MO 64999-0002

Signature: You should sign and date the return on Page 1.

Other: Retain a copy of the signed and dated return for your records.

msm
msm

Carolyn

Carolyn

Form 1040 (2018)

CAROLYN SIMON

149-46-3469 Page 2

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	7,540
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	6	7,540
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	7,540
8	Standard deduction or itemized deductions (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	0
11	a Tax (see instr.) 0 (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	0
	b Add any amount from Schedule 2 and check here	12	
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here	13	0
13	Subtract line 12 from line 11. If zero or less, enter -0-	14	0
14	Other taxes. Attach Schedule 4	15	0
15	Total tax. Add lines 13 and 14	16	
16	Federal income tax withheld from Forms W-2 and 1099	17	
17	Refundable credits: a EIC (see instr.) b Sch 8812 c Form 8863	18	
	Add any amount from Schedule 5	19	
18	Add lines 16 and 17. These are your total payments	20a	
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	22	0
b	Routing number	23	
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		
21	Amount of line 19 you want applied to your 2019 estimated tax		
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions		
23	Estimated tax penalty (see instructions)		

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

Standard Deduction for -

- 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.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2018)

SCHEDULE 6
(Form 1040)**Foreign Address and Third Party Designee**

OMB No. 1545-0074

2018Attachment
Sequence No. **05A**Department of the Treasury
Internal Revenue Service▶ **Attach to Form 1040.**▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

Name(s) shown on Form 1040

CAROLYN SIMON

Your social security number

149-46-3469**Foreign
Address**

Foreign country name

Foreign province/county

Foreign postal code

**Third Party
Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)?

☐ **Yes. Complete below.**☒ **No**Designee's
name ▶Phone
no. ▶Personal identification number
(PIN) ▶

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 6 (Form 1040) 2018

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2018**

a Employee's social security number 149-46-3469	1 Wages, tips, other comp. 7539.96	2 Federal income tax withheld
	3 Social security wages 7539.96	4 Social security tax withheld 467.52
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 7539.96	6 Medicare tax withheld 109.32
	c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001	
d Control number		
e Employee's name, address, and ZIP code CAROLYN J. SIMON 71 TONJES ROAD CALLICOON NY 12723		
7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI 35.94		
NY	7539.96	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.
DXA

Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2018**

a Employee's social security number 149-46-3469	1 Wages, tips, other comp. 7539.96	2 Federal income tax withheld
	3 Social security wages 7539.96	4 Social security tax withheld 467.52
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 7539.96	6 Medicare tax withheld 109.32
	c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001	
d Control number		
e Employee's name, address, and ZIP code CAROLYN J. SIMON 71 TONJES ROAD CALLICOON NY 12723		
7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI 35.94		
NY	7539.96	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy C - For EMPLOYEE'S RECORDS (See Notice on back.)
DXA

Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2018**

a Employee's social security number 149-46-3469	1 Wages, tips, other comp. 7539.96	2 Federal income tax withheld
	3 Social security wages 7539.96	4 Social security tax withheld 467.52
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d Control number		
e Employee's name, address, and ZIP code CAROLYN J. SIMON 71 TONJES ROAD CALLICOON NY 12723		
7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI 35.94		
NY	7539.96	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2 - To be Filed With Employee's State, City, or Local Income Tax Return
DXA

Dept. of the Treasury - IRS

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2018**

a Employee's social security number 149-46-3469	1 Wages, tips, other comp. 7539.96	2 Federal income tax withheld
	3 Social security wages 7539.96	4 Social security tax withheld 467.52
b Employer ID number (EIN) 13-2804148	5 Medicare wages and tips 7539.96	6 Medicare tax withheld 109.32
	c Employer's name, address, and ZIP code VERATEX INC. 254 FIFTH AVENUE 3RD FLOOR NEW YORK NY 10001	
d Control number		
e Employee's name, address, and ZIP code CAROLYN J. SIMON 71 TONJES ROAD CALLICOON NY 12723		
7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI 35.94		
NY	7539.96	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy 2 - To be Filed With Employee's State, City, or Local Income Tax Return
DXA

Dept. of the Treasury - IRS

Filing Instructions



COPY

Form IT-201 - New York Income Tax Return

Taxable Year Ended December 31, 2018

Name: CAROLYN SIMON

Date Due: April 15, 2019

Remittance: None is required. No amount is due or overpaid.

Mail To: State Processing Center
P.O. Box 61000
Albany, NY 12261-0001

Signature: Sign and date the return.



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning ..
and ending ..

For help completing your return, see the instructions, Form IT-201-I.

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
CAROLYN		SIMON	03151968	149463469
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
				106501158
Mailing address (see instructions, page 14) (number and street or PO box)			Apartment number	New York State county of residence
71 TONJES ROAD				Sull
City, village, or post office		State	ZIP code	Country (if not United States)
CALLICOON		NY	12723	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)			Apartment number	School district name
				Sullivan West
			School district code number	143
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)
		NY		
		Decedent information	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 widow(er)

B Did you itemize your deductions on your 2018 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? (see page 15) Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 15) Yes ☐ No ☐
- (2) Enter the amount

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) Yes ☐ No ☒**E** (1) Did you or your spouse maintain living quarters in NYC during 2018? (see page 15) Yes ☐ No ☒
(2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day) **F NYC residents and NYC part-year residents only (see page 15):**

- (1) Number of months you lived in NYC in 2018
- (2) Number of months your spouse lived in NYC in 2018

G Enter your 2-character special condition code(s) if applicable (see page 15) **H Dependent information (see page 16)**

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

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

201001181022



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number

149463469

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	7540.00
2	Taxable interest income	.00
3	Ordinary dividends	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	.00
5	Alimony received	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	.00
8	Other gains or losses (submit a copy of federal Form 4797)	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	.00
12	Rental real estate included in line 11	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	.00
14	Unemployment compensation	.00
15	Taxable amount of social security benefits (also enter on line 27)	.00
16	Other income (see page 16) Identify:	.00
17	Add lines 1 through 11 and 13 through 16	7540.00
18	Total federal adjustments to income (see page 16) Identify:	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	7540.00

New York additions (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	.00
22	New York's 529 college savings program distributions (see page 17)	.00
23	Other (Form IT-225, line 9)	.00
24	Add lines 19 through 23	7540.00

New York subtractions (see page 18)

25	Taxable refunds, credits, or offsets of state & local income taxes (from line 4)	.00
26	Pensions of NYS & local governments & the federal government (see page 18)	.00
27	Taxable amount of social security benefits (from line 15)	.00
28	Interest income on U.S. government bonds	.00
29	Pension and annuity income exclusion (see page 19)	.00
30	New York's 529 college savings program deduction/earnings	.00
31	Other (Form IT-225, line 18)	.00
32	Add lines 25 through 31	.00
33	New York adjusted gross income (subtract line 32 from line 24)	7540.00

Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	000.00
37	Taxable income (subtract line 36 from line 35)	.00

201002181022



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1

CAROLYN SIMON

Your social security number

149463469

IT-201 (2018)

Page 3 of 4

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38		.00
39	NYS tax on line 38 amount (see page 22)	39		.00
40	NYS household credit (page 21, table 1, 2, or 3)	40	30	.00
41	Resident credit (see page 23)	41		.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42		.00
43	Add lines 40, 41, and 42	43	30	.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 (see instructions)	47		.00
47a	NYC resident tax on line 47 amount (see page 23)	47a		.00
48	NYC household credit (page 23)	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	54a		.00
54b	MCTMT	54b		.00
55	Yonkers resident income tax surcharge (see page 26)	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 54b through 57)	58		.00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



59 Sales or use tax (see page 27; do not leave line 59 blank)

59 0 .00

Voluntary contributions (see page 28)

60a	Return a Gift to Wildlife	60a		.00	60o	Veterans' Homes	60o		.00
60b	Missing/Exploited Children	60b		.00	60p	Love Your Library Fund	60p		.00
60c	Breast Cancer Research	60c		.00	60q	Lupus Fund	60q		.00
60d	Alzheimer's Fund	60d		.00	60r	Military Family Fund	60r		.00
60e	Olympic Fund (\$2 or \$4)	60e		.00	60s	CUNY Fund	60s		.00
60f	Prostate Cancer	60f		.00					
60g	9/11 Memorial	60g		.00					
60h	Volunteer Firefighting	60h		.00					
60i	Teen Health Education	60i		.00					
60j	Veterans Remembrance	60j		.00					
60k	Homeless Veterans	60k		.00					
60l	Mental Illness Anti-Stigma	60l		.00					
60m	Women's Cancers Fund	60m		.00					
60n	Autism Fund	60n		.00					

60 Total voluntary contributions (add lines 60a through 60s)

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

201003181022



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number

149463469

62 Enter amount from line 61

62 .00

Payments and refundable credits (see pages 29 through 32)

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) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	NYC enhanced real property tax credit	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18)	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 (add lines 63 through 75)	76	.00

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13).

Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 33 through 35)

77	Amount overpaid (see instructions)	77	.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	.00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	.00

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

79 Amount of line 77 that you want applied to your 2019 estimated tax (see instructions) 79 .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box ☐ 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.

See page 34 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) 81 .00

82 Other penalties and interest (see page 34) 82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

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 (see pg. 35) ☐

See page 37 for the proper assembly of your return.

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

83b Routing number

83c Account number

84 Electronic funds withdrawal (see page 35) Date Amount .00

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

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code 03
Preparer's signature Arthur Langer CPA		Preparer's printed name Arthur Langer CPA	
Firm's name (or yours, if self-employed) Arthur Langer CPA PC		Preparer's PTIN or SSN P01396073	
Address 18 Blanche St Plainview NY 118034607		Employer identification number 814277329	
E-mail:		Date 01212019	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation CLERICAL	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone #
E-mail:	

201004181022

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



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.

W-2 Record 1

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

149463469

Box b Employer identification number (EIN)

132804148

Box c Employer's information

Employer's name

VERATEX INC

Employer's address (number and street)

254 FIFTH AVENUE 3RD FLOOR

City

NEW YORK

State

NY

ZIP code

10001

Country (if not United States)

Box 1 Wages, tips, other compensation

7540.00

Box 12a Amount

.00

Code

Box 14a Amount

36.00

Description

SDI

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

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.

7540.00

Box 17a NYS income tax withheld

.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

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 (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 12a Amount

.00

Code

Box 14a Amount

.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

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**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

102001181022



NO HANDWRITTEN ENTRIES ON THIS FORM