

Filing status:  Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

Your first name and initial: Boris J Last name: Santos Your social security number: ~~00000000~~

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)

Spouse is blind  Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. If more than four dependents, see inst. and  here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_ Your occupation: Councilmatic Aide

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Paid Preparer Use Only**

Preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ PTIN: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_ Check if:  3rd Party Designee  Self-employed

Firm's name: Self-Prepared Phone no.: \_\_\_\_\_

Firm's address: \_\_\_\_\_

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2		<b>1</b>	47,976.
	<b>2a</b> Tax-exempt interest	<b>2a</b>	<b>2b</b> Taxable interest	<b>2b</b>
	<b>3a</b> Qualified dividends	<b>3a</b>	<b>3b</b> Ordinary dividends	<b>3b</b>
	<b>4a</b> IRAs, pensions, and annuities	<b>4a</b>	<b>4b</b> Taxable amount	<b>4b</b>
	<b>5a</b> Social security benefits	<b>5a</b>	<b>5b</b> Taxable amount	<b>5b</b>
	<b>6</b> Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	0.	<b>6</b>	47,976.
	<b>7</b> 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		<b>7</b>	47,482.
	<b>8</b> Standard deduction or itemized deductions (from Schedule A)		<b>8</b>	12,000.
	<b>9</b> Qualified business income deduction (see instructions)		<b>9</b>	
	<b>10</b> Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		<b>10</b>	35,482.
	<b>11</b> a Tax (see inst.) 4,067. (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )		<b>11</b>	4,067.
	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>		<b>12</b>	4,067.
	<b>12</b> a Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>		<b>13</b>	4,067.
	<b>13</b> Subtract line 12 from line 11. If zero or less, enter -0-		<b>14</b>	0.
	<b>14</b> Other taxes. Attach Schedule 4		<b>15</b>	4,067.
	<b>15</b> Total tax. Add lines 13 and 14		<b>16</b>	5,554.
	<b>16</b> Federal income tax withheld from Forms W-2 and 1099		<b>17</b>	
	<b>17</b> Refundable credits: <b>a</b> EIC (see inst.) No <b>b</b> Sch. 8812 <b>c</b> Form 8863		<b>18</b>	5,554.
	<b>Add</b> any amount from Schedule 5		<b>19</b>	1,487.
	<b>18</b> Add lines 16 and 17. These are your total payments		<b>20a</b>	1,487.
	<b>19</b> If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		<b>21</b>	
	<b>20a</b> Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		<b>22</b>	
	<b>b</b> Routing number <del>000000000000000000</del> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		<b>23</b>	
	<b>d</b> Account number <del>000000000000000000</del>			
	<b>21</b> Amount of line 19 you want applied to your 2019 estimated tax			
<b>Amount You Owe</b>	<b>22</b> Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions			
	<b>23</b> Estimated tax penalty (see instructions)			

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

Boris J Santos

Your social security number

||~~00000000~~

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .	<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	0.
	<b>11</b>	Alimony received . . . . .	<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
	<b>15a</b>	Reserved . . . . .	<b>15b</b>	
	<b>16a</b>	Reserved . . . . .	<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>17</b>	
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .	<b>19</b>	
	<b>20a</b>	Reserved . . . . .	<b>20b</b>	
<b>21</b>	Other income. List type and amount ▶ _____	<b>21</b>		
<b>22</b>	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . . . .	<b>22</b>	0.	
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>	
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>	
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>	
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>	
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>	
	<b>32</b>	IRA deduction . . . . .	<b>32</b>	
<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>	494.	
<b>34</b>	Reserved . . . . .	<b>34</b>		
<b>35</b>	Reserved . . . . .	<b>35</b>		
<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>	494.	

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

Schedule 1 (Form 1040) 2018



# Resident Income Tax Return

# IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning ... 18

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

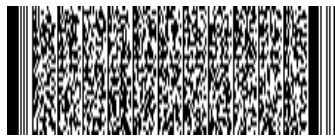
and ending ...

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
BORIS	J	SANTOS	BBBBD	BBBBBB
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 14) (number and street or PO box)		Apartment number		New York State county of residence
BBBBD				KINGS
City, village, or post office	State	ZIP code	Country (if not United States)	School district name
BROOKLYN	NY	BBB		BROOKLYN
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)		Apartment number		School district code number
				071
City, village, or post office	State	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy) / Spouse's date of death (mmddyyyy)
	NY			

- 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 ... .00

**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 ..... 12

(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.



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For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number  
XXXXXXXXXX

**Federal income and adjustments** (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	47976.00
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 or C-EZ, 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 <b>X</b> in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> 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 ..... <span style="border: 1px solid black; padding: 2px;">12</span> .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 (see page 16) <i>Identify:</i> .....	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	47976.00
18	Total federal adjustments to income (see page 16) <i>Identify:</i> STUDENT LOAN INT	18	494.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	47482.00

**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)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	21	2224.00
22	<b>New York's</b> 529 college savings program distributions (see page 17) .....	22	.00
23	Other (Form IT-225, line 9) .....	23	.00
24	Add lines 19 through 23 .....	24	49706.00

**New York subtractions** (see page 18)

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 (see page 18)	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 (see page 19) .....	29	.00
30	<b>New York's</b> 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	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	49706.00



**Standard deduction or itemized deduction** (see page 21)

34	Enter your <b>standard deduction</b> (table on page 21) or your <b>itemized deduction</b> (from Form IT-196) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	41706.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21) .....	36	000.00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	41706.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1  
BORIS J SANTOS

Your social security number  
00000000

**Tax computation, credits, and other taxes**

<b>38</b> Taxable income (from line 37 on page 2) .....	<b>38</b>	41706 .00
<b>39</b> NYS tax on line 38 amount (see page 22) .....	<b>39</b>	2329 .00
<b>40</b> NYS household credit (page 21, table 1, 2, or 3) .....	<b>40</b>	.00
<b>41</b> Resident credit (see page 23) .....	<b>41</b>	.00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	<b>42</b>	.00
<b>43</b> Add lines 40, 41, and 42 .....	<b>43</b>	.00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>	2329 .00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30) .....	<b>45</b>	.00
<b>46</b> Total New York State taxes (add lines 44 and 45) .....	<b>46</b>	2329 .00

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

<b>47</b> NYC taxable income (see instructions) .....	<b>47</b>	41706 .00
<b>47a</b> NYC resident tax on line 47 amount (see page 23) .....	<b>47a</b>	1497 .00
<b>48</b> NYC household credit (page 23) .....	<b>48</b>	.00
<b>49</b> Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) .....	<b>49</b>	1497 .00
<b>50</b> Part-year NYC resident tax (Form IT-360.1) .....	<b>50</b>	.00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34) .....	<b>51</b>	.00
<b>52</b> Add lines 49, 50, and 51 .....	<b>52</b>	1497 .00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10) .....	<b>53</b>	.00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	<b>54</b>	1497 .00
<b>54a</b> MCTMT net earnings base ....	<b>54a</b>	.00
<b>54b</b> MCTMT .....	<b>54b</b>	.00
<b>55</b> Yonkers resident income tax surcharge (see page 26) .....	<b>55</b>	.00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203) .....	<b>56</b>	.00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>57</b>	.00
<b>58</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	<b>58</b>	1497 .00
<b>59</b> Sales or use tax (see page 27; do not leave line 59 blank) .....	<b>59</b>	0 .00

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



**Voluntary contributions** (see page 28)

<b>60a</b> Return a Gift to Wildlife	<b>60a</b>	.00	<b>60o</b> Veterans' Homes	<b>60o</b>	.00
<b>60b</b> Missing/Exploited Children	<b>60b</b>	.00	<b>60p</b> Love Your Library Fund	<b>60p</b>	.00
<b>60c</b> Breast Cancer Research	<b>60c</b>	.00	<b>60q</b> Lupus Fund	<b>60q</b>	.00
<b>60d</b> Alzheimer's Fund	<b>60d</b>	.00	<b>60r</b> Military Family Fund	<b>60r</b>	.00
<b>60e</b> Olympic Fund (\$2 or \$4)	<b>60e</b>	.00	<b>60s</b> CUNY Fund	<b>60s</b>	.00
<b>60f</b> Prostate Cancer	<b>60f</b>	.00			
<b>60g</b> 9/11 Memorial	<b>60g</b>	.00			
<b>60h</b> Volunteer Firefighting	<b>60h</b>	.00			
<b>60i</b> Teen Health Education	<b>60i</b>	.00			
<b>60j</b> Veterans Remembrance	<b>60j</b>	.00			
<b>60k</b> Homeless Veterans	<b>60k</b>	.00			
<b>60l</b> Mental Illness Anti-Stigma	<b>60l</b>	.00			
<b>60m</b> Women's Cancers Fund	<b>60m</b>	.00			
<b>60n</b> Autism Fund	<b>60n</b>	.00			
<b>60</b> Total voluntary contributions (add lines 60a through 60s) .....	<b>60</b>	.00			
<b>61</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) .....	<b>61</b>	3826 .00			

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Claim for New York City Enhanced Real Property Tax Credit For Homeowners and Renters

Step 1 – Enter identifying information

Form with fields for name, date of birth, social security number, and address. Includes redacted areas with 'BBBBB' and 'BBBBBBB'.

Step 2 – Determine eligibility (For lines 1 through 5, mark an X in the appropriate box.)

- 1 Were you a New York City resident for all of 2018?
2 Did you occupy the same residence for at least six months during 2018?
3 Can you be claimed as a dependent on another taxpayer's 2018 federal return?
4 Did you reside in public housing, or other residence completely exempted from real property taxes in 2018?
5 Did you live in a nursing home during 2018?

6 Complete below for all household members (submit additional sheets if needed; see instructions).

Table with 3 columns: A - First name, Last name, B - Social security number. Row 1: BORIS J, SANTOS, [redacted].



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**Step 3 – Determine household gross income**

Enter the total of all amounts, even if not taxable, that you, your spouse (if married), and all other household members received during 2018.

7	Federal adjusted gross income If any household members do not have to file a federal return, see instructions .....	7	47482 .00
8	New York State additions to federal adjusted gross income .....	8	2224 .00
9	Social security payments not included on line 7 .....	9	.00
10	Supplemental security income (SSI) payments .....	10	.00
11	Pensions and annuities (including railroad retirement benefits) not included on lines 7 through 10 .....	11	.00
12	Cash public assistance and relief .....	12	.00
13	Other income .....	13	.00
14	Household gross income (add lines 7 through 13; see instructions) .....	14	49706 .00
If line 14 is \$200,000 or more, <b>stop</b> ; you do not qualify for this credit.			
15	Enter rate from Table 1 (see instructions) .....	15	.04
16	Multiply line 14 by line 15 .....	16	1988 .00

**Step 4 – Compute real property tax**

<b>Renters only</b>	17	Enter the <b>total</b> amount of rent you and all members of your household paid during 2018. (Do not include any subsidized part of your rental charge.) .....	17	18000 .00
	18	<b>Adjusted rent – If line 17 includes charges for:</b> <b>Enter on line 18</b> heat, gas, electricity, furnishings, and board..... 80% (.8) of line 17 heat, gas, electricity, and furnishings..... 90% (.9) of line 17 heat, gas, and electricity ..... 92% (.92) of line 17 heat <b>or</b> heat and gas ..... 94% (.94) of line 17 none of the above ..... 100% of line 17 .....	18	14400 .00
	19	Multiply line 18 by 15.75% (.1575); enter here and on line 23 .....	19	2268 .00
	20	Real property taxes paid during 2018 (see instructions).....	20	.00
<b>Homeowners only</b>	21	Special assessments .....	21	.00
	22	Add lines 20 and 21; enter here and on line 23 .....	22	.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

264002181555





Your social security number  
XXXXXXXXXX

Step 5 – Compute credit amount

<b>23 Renters:</b> Enter amount from line 19. <b>Homeowners:</b> Enter amount from line 22 (see instructions) .....	<b>23</b>	2268 .00
If line 23 is zero or less, <b>stop</b> ; no credit is allowed.		
<b>24</b> Enter amount from line 16 .....	<b>24</b>	1988 .00
If line 24 is equal to or more than line 23, <b>stop</b> ; you do not qualify for this credit.		
<b>25</b> Subtract line 24 from line 23 .....	<b>25</b>	280 .00
<b>26</b> Enter rate from Table 2 (see instructions) .....	<b>26</b>	.045
<b>27</b> Multiply line 25 by the rate on line 26 .....	<b>27</b>	13 .00
<b>28</b> Credit limit .....	<b>28</b>	500.00
<b>29</b> Enter the amount from line 28 or 27, whichever is less. This is the credit for your household. (If more than one member of your household is filing Form NYC-208, see instructions.) .....	<b>29</b>	13 .00

- If you are **filing this claim with your New York State income tax return:**  
Enter the line 29 amount on Form IT-201, line 70a.
- If you are **not filing this claim with a New York State income tax return** (see instructions):  
Mark one refund choice:  direct deposit (fill in line 30) - or -  paper check

Step 6 – Enter account information for direct deposit (see instructions)

If the funds for your refund would go to an account outside the U.S., mark an **X** in this box (see instructions) .....

**30 Direct deposit** (see instructions): Complete the following to have your refund deposited directly to your bank account.

**30a** Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

**30b** Routing number

**30c** Account number

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

<b>▼ Paid preparer must complete ▼</b> (see instructions)	Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature	Preparer's printed name	
Firm's name (or yours, if self-employed) SELF-PREPARED	Preparer's PTIN or SSN	
Address	Employer identification number	
	Date	
E-mail:		

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation COUNCILMATIC AIDE	
Spouse's signature and occupation (if joint claim)	
Date	Daytime phone number (XXXXXXXXXX)
E-mail: XXXXXXXXXXXXXXXX	

- If you **are filing** a NYS income tax return, submit this form with your return.
- If you **are not filing** a NYS income tax return, mail this form to:  
**NYS TAX PROCESSING, PO BOX 15192, ALBANY NY 12212-5192**



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



# Summary of W-2 Statements

# IT-2

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

BBBBBBB

Box b Employer identification number (EIN)

136400434

### Box c Employer's information

Employer's name			
THE CITY OF NEW YORK			
Employer's address (number and street)			
450 WEST 33RD STREET			
City	State	ZIP code	Country (if not United States)
NEW YORK	NY	10001	

Box 1 Wages, tips, other compensation

47976.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

1006.00

Code

E

Box 12b Amount

8972.00

Code

DD

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

2224.00

Description

414HSUB

Box 14b Amount

1328.00

Description

IRC125

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

NY

Box 16a NYS wages, tips, etc.

47976.00

Box 17a NYS income tax withheld

2453.00

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 47976.00  
Locality b .00

Box 19 Local income tax withheld

Locality a 1601.00  
Locality b .00

Box 20 Locality name

Locality a NYC  
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 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

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

NY

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

NO HANDWRITTEN ENTRIES ON THIS FORM

102001181555

