

New York State Department of Taxation and Finance

## **IT-2**

## **Summary of Federal Form 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. See instructions on the back.

| Taxpayer's first name and middle initial       | Тахрау                       | Taxpayer's last name |             |                          | ▼ Your social security number              |                          |             |
|--|------------------------------|----------------------|-------------|--------------------------|--|--------------------------|-------------|
| Spouse's first name and middle initial         | Spous                        | Spouse's last name   |             |                          | ▼ Spouse's                                 | social security number   |             |
| W-2 Record 1                                   | name and full address (inclu | uding ZIP code)      |             |                          |  |                          |             |
| Box b Employer identification number (EIN)     | Box 12a Amount               |                      | ▼ Code      | Box 15 State             | e Box 16 State wages, tips, etc. (for NYS) |                          |             |
| Box b Employer Identification number (EIN)     | Day 40h America              | •                    |             |                          | D 47 N                                     | Vanis Otata in a a a a a | •           |
| Tit. W.O Liv. for                              | Box 12b Amount               |                      | ▼ Code      |                          | Box 17 New                                 | York State income to     | ax withheid |
| This W-2 record is for (mark an X in one box): | Box 12c Amount               | •                    | ▼ Code      |                          | Box 18 Loca                                | l wages, tips, etc.      |             |
| Taxpayer Spouse                                |                              | •                    |             | Locality a               |  |                          |             |
| Box 1 Wages, tips, other compensation          | Box 12d Amount               |                      | ▼ Code      | Locality b               |  |                          |             |
| •  |                              |                      |             |                          | Box 19 Loca                                | I income tax withhel     | d           |
| Box 8 Allocated tips                           | Pov 12 Statutory ample       | avec 🗀               |             | Locality a               |  |                          | <b></b>     |
| Pey 0 Advance FIC neument                      | Box 13 Statutory emple       | byee                 | ▼ Decerint  | Locality b               |  | Day 20. Locality no      |             |
| Box 9 Advance EIC payment                      | Box 14a Amount               |                      | ▼ Descripti | ion                      |  | Box 20 Locality nar      | ne          |
| Box 10 Dependent care benefits                 | Box 14b Amount               | •                    |             | ion                      | Locality a                                 |                          |             |
| DOX 10 Depondent care perionic                 | DOX 140 / WHOCH              |                      | ] [         |                          | Locality b                                 |                          |             |
| Box 11 Nonqualified plans                      | Box 14c Amount               | •                    | ✓ Descripti | ion                      |  |                          |             |
| •  | •                            |                      |             |                          | Corrected (W-2c)                           |                          |             |
| Do not detach. W-2 Record 2                    | name and full address (inclu | uding ZIP code)      |             | 5 45 0:                  | - 10 Oct                                   |                          |             |
| Box b Employer identification number (EIN)     | Box 12a Amount               |                      | ▼ Code      | Box 15 State             | Box 16 State                               | e wages, tips, etc. (fo  | or NYS)     |
|  | Box 12b Amount               |                      | ▼ Code      |                          | Box 17 Now                                 | York State income to     | •           |
| This W-2 record is for                         | BOX 12D AMOUNT               |                      |             |                          | BOX 17 New                                 | TOTA State income to     | 7 Millineid |
| (mark an <b>X</b> in one box):                 | Box 12c Amount               | •                    | ▼ Code      |                          | Box 18 Loca                                | ll wages, tips, etc.     | • L         |
| Taxpayer Spouse                                |                              |                      |             | Locality                 |  |                          | ٦.          |
| Box 1 Wages, tips, other compensation          | Box 12d Amount               |                      | ▼ Code      | Locality a<br>Locality b |  |                          | 1.          |
|  |                              |                      |             | Locality b               | Box 19 Loca                                | I income tax withhel     | •<br>.d     |
| Box 8 Allocated tips                           |                              |                      |             | Locality a               |  |                          | ٦.          |
|  | Box 13 Statutory emple       | oyee                 |             | Locality b               |  |                          | ٦.          |
| Box 9 Advance EIC payment                      | Box 14a Amount               |                      | ▼ Descript  |                          |  | Box 20 Locality nar      | me          |
| •  |                              |                      |             |                          | Locality a                                 |                          |             |
| Box 10 Dependent care benefits                 | Box 14b Amount               |                      | ▼ Descript  | ion                      | Locality b                                 |                          |             |
|  |                              |                      |             |                          |  |                          |             |
| Box 11 Nonqualified plans                      | Box 14c Amount               |                      | ▼ Descript  | ion                      |  |                          |             |
|  |                              | [.]                  |             |                          |  | Corrected (W             | /-2c)       |

Please file this original scannable form with the Tax Department.

If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small black boxes and white spaces. This barcode will be used to efficiently process your entries on this form.



| IT-2 (2007) (back)                             | ▼ Your social security number                |               | ▼ Spouse's         | ▼ Spouse's social security number |  |  |
|--|--|---------------|--------------------|-----------------------------------|--|--|
|  |  |               |                    |                                   |  |  |
| ' '  | s name and full address (including ZIP code) |               |                    |                                   |  |  |
| W-2<br>Record 3                                |  |               |                    |                                   |  |  |
| Box b Employer identification number (EIN)     | Box 12a Amount                               | ▼ Code Box 15 | State Box 16 State | e wages, tips, etc. (for NYS)     |  |  |
|  | Box 12b Amount                               | ▼ Code        | Box 17 New         | York State income tax withheld    |  |  |
| This W-2 record is for (mark an X in one box): |  |               |                    |                                   |  |  |
| Taxpayer Spouse                                | Box 12c Amount                               | ▼ Code        | cality a           | ll wages, tips, etc.              |  |  |
| Box 1 Wages, tips, other compensation          | Box 12d Amount                               | ▼ Code        | cality b           | I income tax withheld             |  |  |
| Box 8 Allocated tips                           | ,  |               | cality a           |                                   |  |  |
|  | Box 13 Statutory employee                    |               | cality b           |                                   |  |  |
| Box 9 Advance EIC payment                      | Box 14a Amount                               | ▼ Description |                    | Box 20 Locality name              |  |  |
| •  | ] [  |               | Locality a         |                                   |  |  |
| Box 10 Dependent care benefits                 | Box 14b Amount                               | ▼ Description | Locality h         |                                   |  |  |

▼ Description

## General instructions

Box 11 Nonqualified plans

Who must file this form — All filers of New York State (NYS) income tax returns who received federal Form(s) W-2, Wage and Tax Statements, must complete Form IT-2. Filers who received foreign earned income but did not receive a federal Form W-2 must also complete Form IT-2. Foreign earned income includes, but is not limited to salaries, wages, commissions, bonuses, professional fees, tips, certain noncash income, and allowances or reimbursements.

Box 14c Amount

How to complete Form IT-2 — Complete one W-2 Record section for each federal Form W-2 you (and if filing jointly, your spouse) received. Enter only the information requested on Form IT-2. Complete additional Forms IT-2 if necessary. You must complete a W-2 Record even if your federal Form W-2 does not show any NYS, New York City (NYC), or Yonkers wages or tax withheld. Each box on 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 on the W-2 Record.

**Do not detach or separate** the *W-2 Records*. File Form IT-2 as an entire page.

Multiple W-2 records for one federal Form W-2 — If your federal Form W-2 shows more than four coded items in box 12, or more than three items in box 14, complete an additional W-2 record. Fill in boxes b and **c** with the same information as on the first W-2 Record for the same federal Form W-2, and mark an **X** in the *Taxpayer* or *Spouse box*. Then enter the additional items in boxes 12 or 14. Do not fill in additional W-2 Records to report withholding by other states for the same wages.

## Specific instructions

Enter your name and social security number and, if married, your spouse's name and social security number.

Enter in boxes **b** and **c** the employer identification number (EIN) and employer's name and address as they appear on the corresponding federal Form W-2. Filers with foreign earned income: If the employer's identification number exceeds the space allowed, leave box **b** blank.

If you are the employee on federal Form W-2, mark an X in the Taxpayer box on the W-2 Record. If your **spouse** is the employee, mark an **X** in the Spouse box.

Box 1 — Enter federal wages, tips, and other compensation shown in Box 1 of federal Form W-2.

Boxes 8 through 11 — If applicable, enter the amounts from federal Form W-2, for allocated tips, advance EIC payment, 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.

Corrected (W-2c)

Box 13 — Mark an X in the Statutory employee box if your federal Form W-2 has a statutory employee box and that box is checked. Otherwise, leave blank.

Boxes 14a through 14c — 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 three amounts and descriptions, see Multiple W-2 records for one federal Form W-2 above.

Boxes 15 through 20 — Complete boxes 15 through 20 only if your federal Form W-2 shows NYS, NYC, or Yonkers wages or withholding. Otherwise, leave blank. Do not enter wages or withholding in boxes 15 through 20 for any state or locality other than NYS, NYC, or Yonkers. **You must** complete **all** other boxes on the *W-2 Record* as applicable.

Boxes 18, 19, and 20 (NYC or Yonkers only) — If applicable, enter in the Locality a boxes, local wages, income tax, and locality name from your federal Form W-2. To report both localities, enter the other local wages, income tax, and locality name in the Locality b boxes.

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.

Transfer the tax withheld amounts to your income tax return. Total the NYS tax withheld amounts, total the NYC tax withheld amounts, and total the Yonkers tax withheld amounts from all W-2 Records, 1099-R Records, and federal Form(s) W-2G, if applicable. Transfer these totals separately as follows:

- NYS tax withheld Enter on Form IT-150, line 46; Form IT-201, line 72; Form IT-203, line 62; or Form IT-205, line 34.
- NYC tax withheld Enter on Form IT-150, line 47; Form IT-201, line 73; Form IT-203, line 63; or Form IT-205, line 35.
- Yonkers tax withheld Enter on Form IT-150, line 48; Form IT-201, line 74; Form IT-203, line 64; or Form IT-205, line 36.

Attach Forms IT-2, IT-1099-R, and W-2G, if applicable, to your income tax return. Do not attach your federal Form(s) W-2 or 1099-R; keep them for your records. See the instructions for Forms IT-150, IT-201, IT-203, or IT-205 for information on assembling your return.

