

For the year Jan. 1 - Dec. 31, 2017, or other tax year beginning , 2017, ending , 20

Your first name and initial Last name **ELISE M STEFANIK** Your social security number [REDACTED]

If a joint return, spouse's first name and initial Last name Spouse's social security number [REDACTED]

Home address (number and street; if you have a P.O. box, see instructions.) Apt. no. **PO BOX 17** ▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code; if you have a foreign address, also complete spaces below (see instructions.) **WILLSBORO, NY 12996**

Foreign country name Foreign province/state/county Foreign postal code **Presidential Election Campaign**

**Filing Status**  
 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above & full name here. ▶ **MATTHEW MANDA**  
 4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶  
 5  Qualifying widow(er) (see instructions)

**Exemptions**  
 6a  Yourself. If someone can claim you as a dependent, do not check box 6a.  
 b  Spouse  
 c Dependents:  
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4)  if child under age 17 qualifying for child tax credit (see instructions)  
 If more than four dependents, see instructions and check here...   
 d Total number of exemptions claimed. ▶ **1**

**Income**  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2. **7 164,420.**  
 8a Taxable interest. Attach Schedule B if required. **8a**  
 b Tax-exempt interest. Do not include on line 8a. **8b**  
 9a Ordinary dividends. Attach Schedule B if required. **9a**  
 b Qualified dividends. **9b**  
 10 Taxable refunds, credits, or offsets of state and local income taxes. **10 274.**  
 11 Alimony received. **11**  
 12 Business income or (loss). Attach Schedule C or C-EZ. **12**  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶  **13**  
 14 Other gains or (losses). Attach Form 4797. **14**  
 15a IRA distributions. **15a** b Taxable amount. **15b**  
 16a Pensions and annuities. **16a** b Taxable amount. **16b**  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. **17**  
 18 Farm income or (loss). Attach Schedule F. **18**  
 19 Unemployment compensation. **19**  
 20a Social security benefits. **20a** b Taxable amount. **20b**  
 21 Other income. List type and amount. **21**  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. ▶ **22 164,694.**

**Adjusted Gross Income**  
 23 Educator expenses. **23**  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. **24**  
 25 Health savings account deduction. Attach Form 8889. **25**  
 26 Moving expenses. Attach Form 3903. **26**  
 27 Deductible part of self-employment tax. Attach Schedule SE. **27**  
 28 Self-employed SEP, SIMPLE, and qualified plans. **28**  
 29 Self-employed health insurance deduction. **29**  
 30 Penalty on early withdrawal of savings. **30**  
 31a Alimony paid b Recipient's SSN. ▶ **31a**  
 32 IRA deduction. **32**  
 33 Student loan interest deduction. **33**  
 34 Tuition and fees. Attach Form 8917. **34**  
 35 Domestic production activities deduction. Attach Form 8903. **35**  
 36 Add lines 23 through 35. **36 0.**  
 37 Subtract line 36 from line 22. This is your adjusted gross income. ▶ **37 164,694.**

Tax and Credits

Standard Deduction for -

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:

Single or Married filing separately, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 with amounts like 164,694, 12,983, 151,711, etc.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 with amounts like 433, 38,618.

Payments

If you have a qualifying child, attach Schedule E C

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 with amounts like 35,931, 2,687, 38,618.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 with amounts like 0.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 with amount 0.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No

Sign Here

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

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check [ ] if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.  
► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

Name(s) shown on Form 1040

Your social security number

**ELISE M STEFANIK**

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions) .....	1		
	2	Enter amount from Form 1040, line 38. .... <b>2</b>	2		
	3	Multiply line 2 by 7.5% (0.075) .....	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....	4	0.	
<b>Taxes You Paid</b>	5 State and local (check only one box):				
	a	<input checked="" type="checkbox"/> Income taxes, or	5	10,631.	
	b	<input type="checkbox"/> General sales taxes			
	6	Real estate taxes (see instructions) .....	6	2,522.	
	7	Personal property taxes .....	7		
	8	Other taxes. List type and amount ► .....	8		
	9	Add lines 5 through 8 .....	9	13,153.	
<b>Interest You Paid</b>	10	Home mortgage interest and points reported to you on Form 1098 .....	10		
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► .....	11		
	<b>Note:</b> Your mortgage interest deduction may be limited (see instructions).				
	12	Points not reported to you on Form 1098. See instructions for special rules. ....	12		
	13	Mortgage insurance premiums (see instructions) .....	13		
	14	Investment interest. Attach Form 4952 if required. See instructions. ....	14		
	15	Add lines 10 through 14 .....	15	0.	
	<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions. ....	16	64.
		17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 .....	17	
		18	Carryover from prior year .....	18	
		19	Add lines 16 through 18 .....	19	64.
	<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions.....	20	0.
	<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ► .....	21	
		22	Tax preparation fees .....	22	
23		Other expenses—investment, safe deposit box, etc. List type and amount ► .....	23	409.	
24		Add lines 21 through 23 .....	24	409.	
25		Enter amount from Form 1040, line 38. .... <b>25</b> 164,694.	25		
26		Multiply line 25 by 2% (0.02) .....	26	3,294.	
27		Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- .....	27	0.	
<b>Other Miscellaneous Deductions</b>	28	Other—from list in instructions. List type and amount ► .....	28	0.	
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$156,900? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	REDUCTION -234.	29	12,983.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here. .... <input type="checkbox"/>			

DO NOT MAIL

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

ELISE M STEFANIK

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row 1: EMS DC PROPERTIES, P, [redacted]

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Includes totals and summary rows 29a, 29b, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID no. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes totals and summary rows 34a, 34b, 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Combine columns (d) and (e) only.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40-43: Net farm rental income or (loss), Total income or (loss), Reconciliation of farming and fishing income, Reconciliation for real estate professionals.

Form **4952****Investment Interest Expense Deduction**

OMB No. 1545-0191

**2017**Department of the Treasury  
Internal Revenue Service (99)▶ Go to [www.irs.gov/Form4952](http://www.irs.gov/Form4952) for the latest information.  
▶ Attach to your tax return.Attachment  
Sequence No. **51**

Name(s) shown on return

**ELISE M STEFANIK**

Identifying number

**Part I Total Investment Interest Expense**

1	Investment interest expense paid or accrued in 2017 (see instructions).....	1	5,894.
2	Disallowed investment interest expense from 2016 Form 4952, line 7.....	2	30,019.
3	<b>Total investment interest expense.</b> Add lines 1 and 2.....	3	35,913.

**Part II Net Investment Income**

4 a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment).....	4 a		4 c
4 b	Qualified dividends included on line 4a.....	4 b		
4 c	Subtract line 4b from line 4a.....	4 c		4 f
4 d	Net gain from the disposition of property held for investment.....	4 d		
4 e	Enter the <b>smaller</b> of line 4d or your net capital gain from the disposition of property held for investment (see instructions).....	4 e		4 g
4 f	Subtract line 4e from line 4d.....	4 f		
4 g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)....	4 g		4 h
4 h	Investment income. Add lines 4c, 4f, and 4g.....	4 h	0.	
5	Investment expenses (see instructions).....	5	2,522.	6
6	<b>Net investment income.</b> Subtract line 5 from line 4h. If zero or less, enter -0-.....	6	0.	

**Part III Investment Interest Expense Deduction**

7	Disallowed investment interest expense to be carried forward to 2018. Subtract line 6 from line 3. If zero or less, enter -0-.....	7	35,913.
8	<b>Investment interest expense deduction.</b> Enter the <b>smaller</b> of line 3 or 6. See instructions.....	8	0.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form **4952** (2017)



# Resident Income Tax Return

# IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2017, through December 31, 2017, or fiscal year beginning . . . . . 17

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

and ending . . . . .

Your first name <b>ELISE</b>	MI <b>M</b>	Your last name (for a joint return, enter spouse's name on line below) <b>STEFANIK</b>	Your date of birth (mmddyyyy) <b>07021984</b>	Your social security number [REDACTED]
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number [REDACTED]
Mailing address (see instructions, page 13) (number and street or PO box) <b>PO BOX 17</b>			Apartment number	New York State county of residence <b>ESSEX</b>
City, village, or post office <b>WILLSBORO</b>		State <b>NY</b>	ZIP code <b>12996</b>	Country (if not United States)
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)			Apartment number	School district code number . . . . . <b>707</b>
City, village, or post office		State <b>NY</b>	ZIP code	Taxpayer's date of death (mmddyyyy)
				Spouse's date of death (mmddyyyy)
			Decedent information	

- 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) with dependent child

- B** Did you itemize your deductions on your 2017 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 14) . . . . . Yes  No
- D2 Yonkers residents and Yonkers part-year residents only:**
- (1) Did you receive a property tax relief credit? (see page 14) . . . . . Yes  No
- (2) Enter the amount . . . . . [REDACTED].00

- D3** Were you required to report, under P.L. 110-343, Div. C, §801(d)(2), any nonqualified deferred compensation on your 2017 federal return? . . . . . Yes  No

- E** (1) Did you or your spouse maintain living quarters in NYC during 2017? (see page 14) . . . . . Yes  No
- (2) Enter the number of days spent in NYC in 2017 (any part of a day spent in NYC is considered a day) . . . . . [REDACTED]

- F NYC residents and NYC part-year residents only** (see page 14):
- (1) Number of months you lived in NYC in 2017 . . . . . [REDACTED]
- (2) Number of months your spouse lived in NYC in 2017 . . . . . [REDACTED]

- G** Enter your 2-character special condition code(s) if applicable (see page 14) . . . . . [REDACTED] [REDACTED]

**H Dependent exemption information** (see page 15)

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

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



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number  
[REDACTED]

ELISE M STEFANIK

**Federal income and adjustments** (see page 15)

Whole dollars only

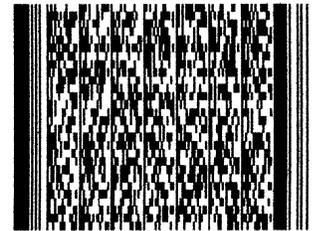
1	Wages, salaries, tips, etc.	1	164420.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	274.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, 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 X in the box <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X 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	12	.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 15) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	164694.00
18	Total federal adjustments to income (see page 15) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	164694.00

**New York additions** (see page 16)

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 hr retirement contributions from your wage and tax statements (see page 16)	21	.00
22	New York's 529 college savings program distributions (see page 16)	22	.00
23	Other (Form T-225, line 9)	23	.00
24	Add lines 19 through 23	24	164694.00

**New York subtractions** (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	274.00
26	Payments of NYS and local governments and the federal government (see page 17)	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 18)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	274.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	164420.00



**Standard deduction or itemized deduction** (see page 20)

34	Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	156420.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	156420.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

201002171032



Name(s) as shown on page 1  
**ELISE M STEFANIK**

Your social security number  
[REDACTED]

NYIA1334L 11/17/17

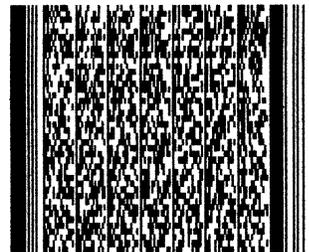
**Tax computation, credits, and other taxes**

38	Taxable income (from line 37 on page 2)	38	156420.00
39	NYS tax on line 38 amount (see page 21)	39	10402.00
40	NYS household credit (page 21, table 1, 2, or 3)	40	.00
41	Resident credit (see page 22)	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	10402.00
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	10402.00

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

47	NYC resident tax on line 38 amount (see page 22)	47	.00
48	NYC household credit (page 22, table 4, 5, or 6)	48	.00
49	Subtract line 48 from line 47 (if line 48 is more than line 47, 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 25)	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
59	Sales or use tax (see page 26; do not leave line 59 blank)	59	0.00

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



**DO NOT MAIL**

**Voluntary contributions** (see page 27)

60a	Return a Gift to Wildlife	60a	.00
60b	Missing Exploited Children Fund	60b	.00
60c	Breast Cancer Research Fund	60c	.00
60d	Alzheimer's Fund	60d	.00
60e	Olympic Fund (\$2 or \$4; see page 27)	60e	.00
60f	Prostate and Testicular Cancer Research and Education Fund	60f	.00
60g	9/11 Memorial	60g	.00
60h	Volunteer Firefighting & EMS Recruitment Fund	60h	.00
60i	Teen Health Education	60i	.00
60j	Veterans Remembrance	60j	.00
60k	Homeless Veterans	60k	.00
60l	Mental Illness Anti-Stigma Fund	60l	.00
60m	Women's Cancers Education and Prevention Fund	60m	.00
60n	Autism Fund	60n	.00
60o	Veterans' Homes	60o	.00
60	Total voluntary contributions (add lines 60a through 60o)	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	10402.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

201003171032



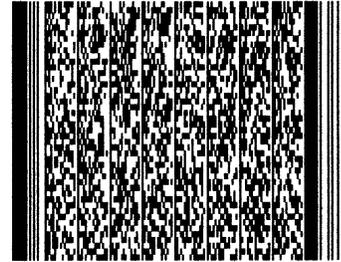
Your social security number  
[REDACTED]

62 Enter amount from line 61 ..... 62 10402.00

**Payments and refundable credits** (see pages 28 through 31)

ELISE M STEFANIK

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	10631.00
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



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12).

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

76 Total payments (add lines 63 through 75) ..... 76 10631.00

**Your refund, amount you owe, and account information** (see pages 31 through 34)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) ..... 77 229.00

78 Amount of line 77 to be refunded  
Mark one refund choice:  direct deposit to checking or savings account (fill in line 83) - or -  paper check ... 78 229.00

79 Amount of line 77 that you want applied to your 2018 estimated tax (see instructions) ..... 79 .00

79a Amount of line 77 that you want as a NYS 529 account deposit (submit Form IT-195) ..... 79a .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 with your return ..... 80 .00

81 Estimated tax penalty (include this amount in line 8 or reduce the overpayment on line 77; see page 3) ..... 81 .00

82 Other penalties and interest (see page 32) ..... 82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 33). 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. 33) .....

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

83b Routing number [REDACTED] 83c Account number [REDACTED]

84 Electronic funds withdrawal (see page 33) ..... Date ..... Amount ..... .00

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

Paid preparer must complete (see instructions)		Preparer's NYTPRN	NYTPRN excl. code	0	3
Preparer's signature		Preparer's printed name			
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN			
Address		Employer identification number			
E-mail:		Date			

Taxpayer(s) must sign here	
Your signature	
Your occupation US HOUSE OF REPRESENTATI	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number
E-mail:	

See instructions for where to mail your return.

201004171032



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



# 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

[Redacted]

Box b Employer identification number (EIN)

[Redacted]

### Box c Employer's information

Employer's name			
HOUSE OF REP-MEMBERS SERVICES			
Employer's address (number and street)			
139A CANNON HOUSE OFFICE BLD			
City	State	ZIP code	Country (if not United States)
WASHINGTON	DC	20515	

Box 1 Wages, tips, other compensation: 164420.00

Box 12a Amount: 8700.00

Code: D

Box 14a Amount: .00

Description

Box 8 Allocated tips: .00

Box 12b Amount: 3519.00

Code: D D

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: NY

Box 16a NYS wages, tips, etc.: 164420.00

Box 17a NYS income tax withheld: 10631.00

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

## W-2 Record 2

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

[Redacted]

Box b Employer identification number (EIN)

[Redacted]

### 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: 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

NO HANDWRITTEN ENTRIES ON THIS FORM

DO NOT MAIL

102001171032

