

For the year Jan. 1 - Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 See separate instructions.

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

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

Home address (number and street). If you have a P.O. box, see instructions. **PO BOX 17** Apt. no. **▲ 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**
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

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.
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) with dependent child

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. **Boxes checked on 6a and 6b. No. of children on 6c who:**
• lived with you.
• did not live with you due to divorce or separation (see instructions).
Dependents on 6c not entered above.
Add numbers on lines above. **1**

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2. **7 149,736.**
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**
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. **22 149,736.**

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. **31 a**
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. **37 149,736.**

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, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for Amount You Owe.

Third Party Designee

Form for Third Party Designee with fields for name, phone number, and PIN.

Sign Here

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

Signature section with fields for taxpayer and spouse signatures, dates, and occupations.

Paid Preparer Use Only

Form for Paid Preparer Use Only with fields for name, address, EIN, and phone number.

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2015

Department of the Treasury
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

ELISE M STEFANIK

Medical and Dental Expenses	Caution: 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. 2			
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.	
Taxes You Paid	5 State and local (check only one box):				
	a	<input checked="" type="checkbox"/> Income taxes, or	5	9,726.	
	b	<input type="checkbox"/> General sales taxes			
	6	Real estate taxes (see instructions).....	6	2,220.	
	7	Personal property taxes.....	7		
	8	Other taxes. List type and amount ►	8		
	9	Add lines 5 through 8.....	9	11,946.	
	Interest You Paid	10	Home mtg 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		
Note. Your mortgage interest deduction may be limited (see instructions).					
12		Points not reported to you on Form 1098. See instrs for spcl rules.....	12		
13		Mortgage insurance premiums (see instructions).....	13		
14		Investment interest. Attach Form 4952 if required. (See instrs.).....	14		
15		Add lines 10 through 14.....	15	0.	
Gifts to Charity		16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs.....	16	
		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	0.	
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.).....	20	0.	
Job Expenses and Certain Miscellaneous Deductions	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 ►			
		INVESTMENT EXP. FROM K-1 1,381.	23	1,381.	
	24	Add lines 21 through 23.....	24	1,381.	
	25	Enter amount from Form 1040, line 38. 25 149,736.			
	26	Multiply line 25 by 2% (.02).....	26	2,995.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-.....	27	0.	
Other Miscellaneous Deductions	28	Other — from list in instructions. List type and amount ►	28	0.	
Total Itemized Deductions	29	Is Form 1040, line 38, over \$154,950? <input checked="" 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 type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	11,946.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here. <input type="checkbox"/>			

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 A: EMS DC PROPERTIES, P, [blank], [redacted], [blank].

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 sub-totals and lines 30-32 for total partnership and S corporation income or (loss).

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 allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes sub-totals and lines 35-37 for total estate and trust income or (loss).

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. Line 39: Combine columns (d) and (e) only.

Part V Summary

Summary table with 2 columns: Description, Amount. Lines 40-43. Line 43: Reconciliation for real estate professionals.

Investment Interest Expense Deduction

► Information about Form 4952 and its instructions is at www.irs.gov/form4952
► Attach to your tax return.

Name(s) shown on return
ELISE M STEFANIK

Identifying number
[REDACTED]

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2015 (see instructions).....	1	7,305.
2	Disallowed investment interest expense from 2014 Form 4952, line 7.....	2	13,349.
3	Total investment interest expense. Add lines 1 and 2.....	3	20,654.

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	
b	Qualified dividends included on line 4a.....	4 b	
c	Subtract line 4b from line 4a.....	4 c	
d	Net gain from the disposition of property held for investment.....	4 d	
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions).....	4 e	
f	Subtract line 4e from line 4d.....	4 f	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)....	4 g	
h	Investment income. Add lines 4c, 4f, and 4g.....	4 h	0.
5	Investment expenses (see instructions).....	5	2,220.
6	Net investment income. 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 2016. Subtract line 6 from line 3. If zero or less, enter -0-.....	7	20,654.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions.....	8	0.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 4952 (2015)



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2015, through December 31, 2015, or fiscal year beginning . . . and ending . . .

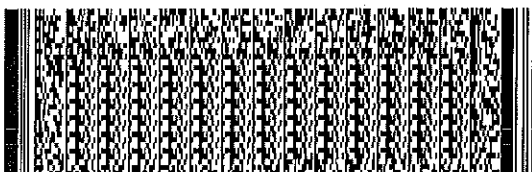
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For help completing your return, see the instructions, Form IT-201-I.

Your first name ELISE	MI M	Your last name (for a joint return, enter spouse's name on line below) STEFANIK	Your date of birth (mmddyyyy) 07021984	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
Mailing address (see instructions, page 13) (number and street or PO box) PO BOX 17			Apartment number	New York State county of residence ESSEX
City, village, or post office WILLSBORO	State NY	ZIP code 12996	Country (if not United States)	School district name WILLSBORO
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)			Apartment number	School district code number, 707
City, village, or post office	State NY	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy)
				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) with dependent child
- B** Did you itemize your deductions on your 2015 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 freeze credit? (see page 14) Yes No
 - (2) If Yes, enter the amount
- E** (1) Did you or your spouse maintain living quarters in NYC during 2015? (see page 14). Yes No
- (2) Enter the number of days spent in NYC in 2015 (any part of a day spent in NYC is considered a day).
- F NYC residents and NYC part-year residents only (see page 14):**
- (1) Number of months you lived in NYC in 2015.
 - (2) Number of months your spouse lived in NYC in 2015.
- G** Enter your 2-character special condition code(s) if applicable (see page 14)



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

Your social security number
XXXXXXXXXX

ELISE M STEFANIK

Federal income and adjustments (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	1	149736	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 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	149736	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	149736	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(h) 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 IT-225, line 9)	23		00
24	Add lines 19 through 23	24	149736	00

New York subtractions (see page 17)

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 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		00
33	New York adjusted gross income (subtract line 32 from line 24)	33	149736	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	7900	00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	141836	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	141836	00

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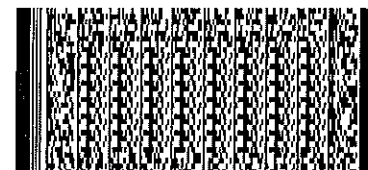
Name(s) as shown on page 1 ELISE M STEFANIK	Your social security number [REDACTED]
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Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	141836	00
39	NYS tax on line 38 amount (see page 21)	39	9368	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	9368	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	9368	00

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

See instructions on pages 22 through 25 to compute 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		000

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
60	Total voluntary contributions (add lines 60a through 60m)	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	9368	00

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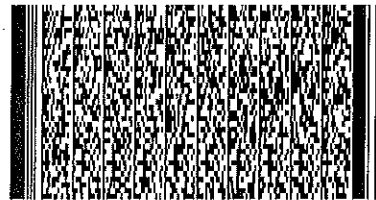
Your social security number
[REDACTED]

ELISE M STEFANIK

62 Enter amount from line 61 62 9368 00

Payments and refundable credits (see page 28)

63 Empire State child credit	63	00
63a Family tax relief credit	63a	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 (also complete F on page 1; see page 29)	69	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	9726 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).

76 Total payments (add lines 63 through 75) 76 9726 00

Your refund, amount you owe, and account information (see pages 31 through 33)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77 358 00

78 Amount of line 77 to be refunded
Mark one refund choice: direct deposit (fill in line 83) - or - debit card - or - paper check ... 78 358 00

79 Amount of line 77 that you want applied to your 2016 estimated tax (see instructions) 79 00

See page 31 for information about your three refund choices. See page 32 for payment options.

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 80 00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 32) 81 00

See page 35 for the proper assembly of your return.

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 [REDACTED] Amount [REDACTED] 00

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

Paid preparer must complete (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code 0 3
Preparer's signature	Preparer's printed name [REDACTED]		
Firm's name (or yours, if self-employed) TEAL, BECKER, & CHIARAMONTE, CPAS, P	Preparer's PTIN or SSN [REDACTED]		
Address [REDACTED]	Employer identification number [REDACTED]		
E-mail: [REDACTED]	Date [REDACTED]		

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

See instructions for where to mail your return.

201004151032





Department of Taxation and Finance

NY1A6601L 12/01/15

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

[Redacted]

Box b Employer identification number (EIN)

[Redacted]

Box c Employer's name and full address (including ZIP code)

HOUSE OF REP-MEMBERS SERVICES
139A CANNON HOUSE OFFICE BLD WASHINGTON DC 20515

Box 1 Wages, tips, other compensation 149736.00	Box 12a Amount 7927.00	Code D	Box 14a Amount 00	Description
Box 8 Allocated tips 00	Box 12b Amount 3483.00	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.

149736.00

Box 17a NYS income tax withheld

9726.00

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
Locality b

00
00

Box 19 Local income tax withheld

Locality a
Locality b

00
00

Box 20 Locality name

Locality a
Locality b

W-2 Record 2

Do not detach.

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

[Redacted]

Box b Employer identification number (EIN)

[Redacted]

Box c Employer's name and full address (including ZIP code)

[Redacted]

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
Locality b

00
00

Box 19 Local income tax withheld

Locality a
Locality b

00
00

Box 20 Locality name

Locality a
Locality b

102001151032

