

Cover Page
Filing Checklist For Your 2000 NY Tax Return

Prepared On: 03/28/2001

Return: Form IT 201

Quick Summary
Federal AGI: 42,502
NY Subtractions:
NY AGI: 42,502
Total Tax: 2,271
Payments and Credits: 2,469
NY Refund: 198
Amount you Owe:

To file your 2000tax return, simply follow these instructions.

Step 1 - Sign and date Form IT 201

Because you're filing a joint return, MICHAL H SIEMASZKO
and URSZULA B SZPAK-SIEMASZKO both need to sign Form IT 201

Step 2 - Assemble what you need to mail

The following documents must be submitted with the form IT 201

Please attach a copy of each W-2, W-2G and Form(s) 1099-R if tax was
withheld to the front of IT 201 with a single staple.

Step 3 - Mail form(s)

Mail form IT 201 and associated documents to this address:
State Processing Center - Refund '00
P.O. Box 61000
Albany, NY 12261-0001

We recommend you use one of these methods to send your IT 201. Retain
the proof of mailing to avoid a late filing penalty:

- U.S.Postal Service certified mail.
(if not mailed to a P.O. Box,) you may also use:
- Airborne Express Overnight Air Express Service, Next
- Afternoon Service, or Second Day Service
- DHL Worldwide Express Same Day Service, or USA Overnight
- FedEx Priority Overnight, Standard Overnight, or 2Day
- United Parcel Service Next Day Air, Next Day Air Saver,
2nd Day Air or 2nd Day Air A.M.

Step 4 - Keep a copy

Print a copy of the return on standard forms for your record. We
recommend that you also print and retain these supporting forms, which
do not need to be sent to the state:

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. DIGITAL CHILD INC. 72 WEST 37TH STREET NEW YORK, NY 10018 718-965-1723		1 Rents \$	OMB No. 1545-0115 2000 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$		
PAYER'S Federal identification number 13-4107653	RECIPIENT'S identification number 022-70-1811	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	
RECIPIENT'S name MICHAEL SIEMASZKO Street address (including apt. no.) City, state, and ZIP code		6 Medical and health care payments \$	7 Nonemployee compensation \$ 2500.00	
		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
		10 Crop insurance proceeds \$	11 State income tax withheld \$	
Account number (optional)		12 State/Payer's state number NY 134107653	13 \$	

Form 1099-MISC

(Keep for your records.)

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. INNOVATIVE NETWORK DESIGNS CORP. 239 NEW ROAD BUILDING B SUITE 106 B1 PARSIPPANY, NJ 07054 (973) 227 - 5020		1 Rents \$	OMB No. 1545-0115 2000 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$		
PAYER'S Federal identification number 22-3473673	RECIPIENT'S identification number 022-70-1811	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name MICHAL SIEMASZKO Street address (including apt. no.) 373 68TH STREET APARTMENT #3 City, state, and ZIP code BROOKLYN, NY 11220		6 Medical and health care payments \$	7 Nonemployee compensation \$	
		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
		10 Crop insurance proceeds \$	11 State income tax withheld \$	
Account number (optional)		12 State/Payer's state number	13 \$600.00 \$	

Form 1099-MISC

(Keep for your records.)

Department of the Treasury - Internal Revenue Service

Self Duplicating, Carbon Paper Not Re

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. RUNNING ENCLAVE LLC 10107 COMMONWEALTH BLVD FAIRFAX VA 22032		1 Rents \$	OMB No. 1545-0115 2000 Form 1099-MISC
		2 Royalties \$	
		3 Other income \$	
PAYER'S Federal identification number 54-1950756	RECIPIENT'S identification number 022-70-1811	4 Federal income tax withheld \$	5 Fishing boat proceeds \$
RECIPIENT'S name MICHAEL SIEMASZKO		6 Medical and health care payments \$	7 Nonemployee compensation \$ 600.00
Street address (including apt. no.) 373 68th ST #3		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>
City, state, and ZIP code BROOKLYN NY 11220		10 Crop insurance proceeds \$	11 State income tax withheld \$
Account number (optional)		12 State/Payer's state number	13 \$

Miscellaneous Income

Copy B For Recipient

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Form 1099-MISC

(Keep for your records.)

Department of the Treasury - Internal Revenue Service

EMPLOYEE W-2 WAGE SUMMARY 2000

0020-0462 00220-0000220

ALKIT PRO CAMERA INC
222 PARK AVE. SOUTH
NEW YORK NY 10003

FEDERAL WITHHOLDING EXEMPTIONS S 2
NY WITHHOLDING EXEMPTIONS S 2
REGULAR WAGES for 2000 11014.22

For 2000, you have no payroll adjustments which affected your federal wages (Box 1) or state wages. Therefore, the wages on your final 2000 check statement should be the same as the wages reported on your W-2 statement.

URSZULA SZPAK
000414-000400 00366
PAYROLLS BY PAYCHEX

Form W-2 Wage and Tax Statement 2000

Copy C, for employee's records

a Control number 0020-0462		000414-000400		Void	c Employer's name, address, and ZIP code ALKIT PRO CAMERA INC 222 PARK AVE. SOUTH NEW YORK NY 10003		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
15 Statutory employee	Deceased	Pension plan	Legal rep.	Deferred compensation	e Employee's name, address, and ZIP code URSZULA SZPAK 373 68TH STREET BROOKLYN NY 11220		1 Wages, tips, other compensation	2 Federal income tax withheld		
b Employer's identification number 13-3208802		d Employee's social security number 104-80-4373		3 Social security wages			4 Social security tax withheld			
13 See Instrs. for Box 13		14 Other		5 Medicare wages and tips			6 Medicare tax withheld			
						7 Social security tips		8 Allocated tips		
						9 Advance EIC payment		10 Dependent care benefits		
						11 Nonqualified plans		12 Benefits included in Box 1		
16 State NY	Employer's state I.D. No. 133208802	17 State wages, tips, etc. 11014.22	18 State income tax 253.30	19 Locality name NY NYC	20 Local wages, tips, etc. 11014.22	21 Local income tax 171.18				

This information is being furnished to the Internal Revenue Service

Form W-2 Wage and Tax Statement 2000

Copy B, to be filed with employee's FEDERAL tax return

a Control number 0020-0462		000414-000400		Void	c Employer's name, address, and ZIP code ALKIT PRO CAMERA INC 222 PARK AVE. SOUTH NEW YORK NY 10003		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
15 Statutory employee	Deceased	Pension plan	Legal rep.	Deferred compensation	e Employee's name, address, and ZIP code URSZULA SZPAK 373 68TH STREET BROOKLYN NY 11220		1 Wages, tips, other compensation	2 Federal income tax withheld		
b Employer's identification number 13-3208802		d Employee's social security number 104-80-4373		3 Social security wages			4 Social security tax withheld			
13 See Instrs. for Box 13		14 Other		5 Medicare wages and tips			6 Medicare tax withheld			
						7 Social security tips		8 Allocated tips		
						9 Advance EIC payment		10 Dependent care benefits		
						11 Nonqualified plans		12 Benefits included in Box 1		
16 State NY	Employer's state I.D. No. 133208802	17 State wages, tips, etc. 11014.22	18 State income tax 253.30	19 Locality name NY NYC	20 Local wages, tips, etc. 11014.22	21 Local income tax 171.18				

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