

NAME: _____

SUPPORTING SCHEDULE (S) FOR TAX YEAR ENDING DECEMBER 31, 2011

Salaries and Wages – Per W-2 Form (s)

EMPLOYER'S NAME:	AMOUNT
_____	\$ _____

Total per W-2(s)	\$ _____

LESS: Contributions to GCC/IBT Inter-Local Pension Fund which is a qualified plan and trust under Sec.501 (c) (18) (\$ _____)

Wages after deducting contributions to page 1, line 7 of Form 1040 \$ _____

\$ _____

NOTE: These contributions were withheld from my wages but the employers did not reduce my gross wages on my W-2 forms. These contributions are deductible under Internal Revenue code Sec. 219 (b) (3)

* Write on Line 7 **“See Schedule Attached”**

* This amount should also be put on Page 1, Line 1 of NYS IT-201 (Resident), IT-203 (Non-resident), NYC 203 (Non-resident) ALWAYS.

Write **“See Schedule Attached”**

JANUARY 24, 1996

TO: ALL MEMBERS OF THE INTER-LOCAL PENSION FUND (FORMERLY THE PENSION FUND OF LOCAL ONE, AMALGAMATED LITHOGRAPHERS OF AMERICA)

RE: PENSION PLAN UNDER SECTION 501 (C) (18) OF THE INTERNAL REVENUE SERVICE CODE

ALL CONTRIBUTIONS TO SECTION 501 (C) (18) PENSION PLANS ARE IDENTIFIED WITH CODE H IN BOX 13 ON YOUR W-2 FORM. YOU MAY DEDUCT THIS AMOUNT SUBJECT TO THE LIMITS UNDER EXCESS SALARY DEFERRALS. INCLUDE YOUR DEDUCTION IN THE TOTAL ON FORM 1040 LINE 30. THE AMOUNT OF ELECTIVE DEFERRAL UNDER ALL PLANS MAY NOT EXCEED \$7,000.00.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS INFORMATION, PLEASE CONTACT US IMMEDIATELY OR CONSULT YOUR TAX ADVISOR.

THANK YOU.