

Filing Status Single Married filing jointly Married filing separately (MFS)
 Head of household (HOH) Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial LAKSHMANA PRASADU	Last name PALAKEETI	Your social security number 637-49-5182
If joint return, spouse's first name and middle initial NEELIMA	Last name CHODAM	Spouse's social security number 964-91-2493
Home address (number and street). If you have a P.O. box, see instructions. 29 PARKHILL		Apt. no. 5
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). MENANDS, NY 12204		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see inst. & check here ▶ <input type="checkbox"/>		

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1955 Are blind
Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
DHRUVA TEJESHWAR	PALAKEETI	964-91-2525	SON	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DHRUVIKA	PALAKEETI	964-91-2514	DAUGHTER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	96,422
2a	Tax-exempt interest	2a	
2b	Taxable interest	2b	
3a	Qualified dividends	3a	
3b	Ordinary dividends.	3b	
4a	IRA distributions	4a	
4b	Taxable amount	4b	
c	Pensions and annuities	4c	
4d	Taxable amount	4d	
5a	Social security benefits.	5a	
5b	Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9	7a	
7b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	96,422
8a	Adjustments to income from Schedule 1, line 22	8a	0
8b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	96,422
9	Standard deduction or itemized deductions (from Schedule A)	9	24,400
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A.	10	
11a	Add lines 9 and 10	11a	24,400
11b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	72,022

Standard Deduction

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under Standard Deduction, see instructions.

12a Tax (see instructions). Check if any from:

1 Form(s) 8814 2 Form 4972 3 12a 8,255

b Add Schedule 2, line 3, and line 12a and enter the total 12b 8,255

13a Child tax credit or credit for other dependents 13a 1,000

b Add Schedule 3, line 7, and line 13a and enter the total 13b 1,000

14 Subtract line 13b from line 12b. If zero or less, enter -0- 14 7,255

15 Other taxes, including self-employment tax, from Schedule 2, line 10 15

16 Add lines 14 and 15. This is your total tax 16 7,255

17 Federal income tax withheld from Forms W-2 and 1099 17 8,622

18 Other payments and refundable credits:

a Earned income credit (EIC) NO 18a

b Additional child tax credit. Attach Schedule 8812 18b

c American opportunity credit from Form 8863, line 8 18c

d Schedule 3, line 14. 18d

e Add lines 18a through 18d. These are your total other payments and refundable credits 18e

19 Add lines 17 and 18e. These are your total payments 19 8,622

Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid 20 1,367

21 a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here 21a 1,367

Direct deposit? See instructions. b Routing number 063100277 c Type: X Checking Savings

d Account number 898084322563

22 Amount of line 20 you want applied to your 2020 estimated tax. 22

Amount You Owe

23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions. 23 0

24 Estimated tax penalty (see instructions) 24

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

Designee's name Phone no. Personal identification number (PIN)

Sign Here

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records. Your signature 95460 Date 01-27-2020 Your occupation CONSULTANT If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date 01-27-2020 Spouse's occupation HOMEMAKER If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

31317 Phone no. 518-248-7790 Email address LAKSHMANA.PALAKEETI@GMAIL.COM

Paid Preparer Use Only

Preparer's signature PRAVEEN KUMAR KAILASA Date 08-27-2020 PTIN P01699653 Check if: 3rd Party Designee Self-employed Preparer's name PRAVEEN KUMAR KAILASA Phone no. 610-508-4455 Firm's name V TAX FILING LIMITED PARTNERSHIP Firm's address 55 N CALDER WAY Phoenixville, PA 19460 Firm's EIN 81-3994550

Paid Preparer's Due Diligence Checklist

Department of the Treasury
Internal Revenue Service

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status
▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

2019

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return LAKSHMANA PRASADU PALAKEETI & NEELIMA CHODAM	Taxpayer identification number 637-49-5182
---	--

Enter preparer's name and PTIN
PRAVEEN KUMAR KAILASA **P01699653**

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).
 EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)			
	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)			
	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)		
	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)		
	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification		
<p>▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:</p> <p>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);</p> <p>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;</p> <p>C. Submit Form 8867 in the manner required; and</p> <p>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i>.</p> <ol style="list-style-type: none"> 1. A copy of this Form 8867. 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed. 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s). 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained. 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or, HOH filing status and to compute the amount(s) of the credit(s). <p>▶ If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.</p>		
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

		a Employee's social security number 637-49-5182		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 26-0845325				1 Wages, tips, other compensation 96,422				2 Federal income tax withheld 8,622			
c Employer's name, address, and ZIP code KASTECH SOLUTIONS INC 6918 CORPORATE DR A1 HOUSTON TX 77036				3 Social security wages 96,422				4 Social security tax withheld 5,978			
				5 Medicare wages and tips 96,422				6 Medicare tax withheld 1,398			
				7 Social security tips				8 Allocated tips			
d Control number				9				10 Dependent care benefits			
e Employee's first name and initial LAKSHMANA PRASAPALAKEETI 29 PARKHILL APT 5 ALBANY NY 12204 f Employee's address and ZIP code				11 Nonqualified plans				12a See instructions for box 12			
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>				12b			
				14 Other				12c			
								12d			
15 State Employer's state ID number NY 260845325		16 State wages, tips, etc. 96,422		17 State income tax 4,696		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2019

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2019 Federal tax return by V TAX FILING LIMITED PA

2019 Filing Instructions
LAKSHMANA PRASADU PALAKEETI & NEELIMA CHODAM

Form filed:

Form 1040 and supplemental forms and schedules

Filing method:

Your return will be e-filed once your signed and dated Form 8879 has been received by this office. Do not mail your return to the IRS.

Due date:

07-15-2020

Refund:

\$1,367

Transaction method:

An amount of \$1,367 will be deposited into your BANK OF AMERICA checking account ending in 2563.

Other information:

To check the status of your refund, go to [IRS.gov](https://www.irs.gov) and click the "Where's My Refund" link. You will be asked to enter the primary SSN or ITIN, your filing status, and the amount of your refund.

2019 IT-201 Filing Instructions
LAKSHMANA PRASADU PALAKEETI & NEELIMA CHODAM

Form filed:

IT-201 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

07-15-2020

Refund:

\$1,066.00

Transaction method:

The refund will be directly deposited into your checking account at Bank Of America ending in 2563.



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2019, through December 31, 2019, or fiscal year beginning ... **19**
and ending ...

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

Your first name LAKSHMANA PRA		MI	Your last name (for a joint return, enter spouse's name on line below) PALAKEETI		Your date of birth (mmddyyyy) 06121982	Your Social Security number 637495182
Spouse's first name NEELIMA		MI	Spouse's last name CHODAM		Spouse's date of birth (mmddyyyy) 07031982	Spouse's Social Security number 964912493
Mailing address (see instructions, page 14) (number and street or PO box) 29 PARKHILL					Apartment number 5	New York State county of residence ALBANY
City, village, or post office MENANDS		State NY	ZIP code 12204	Country (if not United States)		School district name ALBANY
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number	School district code number . . . 005
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)

B Did you itemize your deductions on your 2019 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 15) Yes No

D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see page 15) Yes No

(2) Enter the amount . . .00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2019 federal return? (see page 15) Yes No

E (1) Did you or your spouse **maintain living quarters in NYC** during 2019? (see page 15) Yes No

(2) Enter the number of days spent in NYC in 2019 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only (see page 15):

(1) Number of months **you** lived in NYC in 2019

(2) Number of months **your spouse** lived in NYC in 2019

G Enter your **2-character special condition code(s)** if applicable (see page 15)

H Dependent information (see page 16)

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
DHRUVIKA		PALAKEETI	DAUGHTER	964912514	11022015
DHRUVA TEJESHW		PALAKEETI	SON	964912525	05052013

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



201001191024

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Your Social Security number
637495182

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	96422 .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, 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 <input type="text" value="12"/> .00	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 16) Identify: <input type="text"/>	16	.00
17	Add lines 1 through 11 and 13 through 16	17	96422 .00
18	Total federal adjustments to income (see page 16) Identify: <input type="text"/>	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17).	19	96422 .00

New York additions (see page 17)

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 17)	21	.00
22	New York's 529 college savings program distributions (see page 17).	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	96422 .00

New York subtractions (see page 18)

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 18)	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 19)	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	96422 .00



Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	16050 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	80372 .00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	2000.00
37	Taxable income (subtract line 36 from line 35)	37	78372 .00

201002191024



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Name(s) as shown on page 1
LAKSHMANA PRASADU PALAKEETI AND NEEL

Your Social Security number
637495182

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	78372 .00
39	NYS tax on line 38 amount (see page 22)	39	4290 .00
40	NYS household credit (page 22, table 1, 2, or 3)	40	.00
41	Resident credit (see page 23)	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	4290 .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	4290 .00

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

47	NYC taxable income (see instructions)	47	.00
47a	NYC resident tax on line 47 amount (see page 23)	47a	.00
48	NYC household credit (page 23)	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, 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 26)	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 27; do not leave line 59 blank)	59	0 .00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	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	4290 .00

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

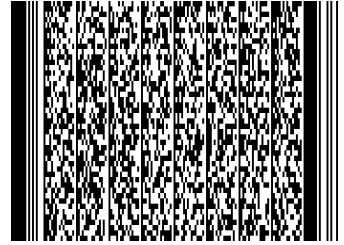


Your Social Security number
637495182

62 Enter amount from line 61 62 4290 .00

Payments and refundable credits (see pages 28 through 31)

63	Empire State child credit	63	660 .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	4696 .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
76	Total payments (add lines 63 through 75)	76	5356 .00



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 13).
Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 32 through 34)

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	1066 .00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	1066 .00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	1066 .00

Mark one refund choice: direct deposit to checking or savings account (fill in line 83) - or - paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

79	Amount of line 77 that you want applied to your 2020 estimated tax (see instructions)	79	.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 <input type="checkbox"/> 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 33)	81	.00
82	Other penalties and interest (see page 33)	82	.00

See page 33 for payment options.

See page 36 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 34). 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. 34)

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

83b Routing number 063100277 83c Account number 898084322563

84 Electronic funds withdrawal (see page 34) Date _____ Amount _____ .00

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

▼ Paid preparer must complete (see instructions)		Preparer's NYTPRN	NYTPRN excl. code 0 7
Preparer's signature		Preparer's printed name PRAVEEN KUMAR KAILASA	
Firm's name (or yours, if self-employed) V TAX FILING LIMITED PARTN		Preparer's PTIN or SSN P01699653	
Address 55 N CALDER WAY		Employer identification number 813994550	
PHOENIXVILLE PA 19460		Date 01272020	
Email:			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation CONSULTANT	
Spouse's signature and occupation (if joint return) HOMEMAKER	
Date	Daytime phone number 518 248 7790
Email: LAKSHMANA.PALAKEETI@GMAIL.	

See instructions for where to mail your return.

201004191024



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.