

**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 your 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 SHAILENDRA	Last name BANDARI	Your social security number 715-81-0769
If joint return, spouse's first name and middle initial ANJANI	Last name YENNAMANENI	Spouse's social security number 158-27-9560
Home address (number and street). If you have a P.O. box, see instructions. 33 WHITAKER DRIVE		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. COHOES		State NY
Foreign country name		ZIP code 12047
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

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**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, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind

**Dependents** (see instructions):

If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.  <b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2		<b>1</b>	213,790.	
	<b>2a</b>	Tax-exempt interest	<b>2a</b>	<b>2b</b>		
	<b>3a</b>	Qualified dividends	<b>3a</b>	<b>b</b> Taxable interest	<b>2b</b>	
	<b>4a</b>	IRA distributions	<b>4a</b>	<b>b</b> Ordinary dividends	<b>3b</b>	
	<b>5a</b>	Pensions and annuities	<b>5a</b>	<b>b</b> Taxable amount	<b>4b</b>	
	<b>6a</b>	Social security benefits	<b>6a</b>	<b>b</b> Taxable amount	<b>5b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		<b>b</b> Taxable amount	<b>6b</b>	
	<b>8</b>	Other income from Schedule 1, line 9			<b>7</b>	
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>			<b>8</b>	-4,950.
	<b>10</b>	Adjustments to income:			<b>9</b>	208,840.
	<b>a</b>	From Schedule 1, line 22	<b>10a</b>			
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions	<b>10b</b>			
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b>			<b>10c</b>	
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b>			<b>11</b>	208,840.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)			<b>12</b>	24,800.
<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A			<b>13</b>		
<b>14</b>	Add lines 12 and 13			<b>14</b>	24,800.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-			<b>15</b>	184,040.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	32,329.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	32,329.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	32,329.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	32,329.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	36,377.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	36,377.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <span style="float:right">No</span>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	36,377.

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**Refund**

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	4,048.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,048.
b	Routing number 0 2 1 0 0 0 3 2 2 <span style="float:right">c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings</span>		
d	Account number 4 8 3 0 1 9 7 4 2 1 3 8		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

**Amount You Owe**

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

**Third Party Designee**

Do you want to allow another person 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.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	01/25/2021	P02082703	
Firm's name	Firm's address		Phone no.	
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	
			Firm's EIN	30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SHAILENDRA BANDARI & ANJANI YENNAMANENI

Your social security number  
715-81-0769

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-4,950.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-4,950.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	



**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**  
**(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**  
▶ **Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.**

Name(s) shown on return

Your social security number

SHAILENDRA BANDARI & ANJANI YENNAMANENI

715-81-0769

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  **Yes**  **No**  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  **Yes**  **No**

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	MANIKONDA HYDERABAD TELANAGNA IN 500089				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

Income:	Properties:	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b>	650.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>	150.		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	250.		
<b>8</b> Commissions . . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>			
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest . . . . .	<b>13</b>	5,000.		
<b>14</b> Repairs . . . . .	<b>14</b>	200.		
<b>15</b> Supplies . . . . .	<b>15</b>			
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>			
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	5,600.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>	-4,950.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(-4,950.)		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		650.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		5,600.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>			(4,950.)
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>			-4,950.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -4,950.

Schedule E (Form 1040) 2020





# Tips for Estimated Tax

**Did you know?** You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at [www.tax.ny.gov](http://www.tax.ny.gov) to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- **Social Security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

**Note:** If there is **no amount** to be entered for one or more lines, **leave them blank.**

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## Need help?



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### Telephone assistance

Automated income tax refund status:	518-457-5149
Personal Income Tax Information Center:	518-457-5181
To order forms and publications:	518-457-5431
Text Telephone (TTY) or TDD equipment users	Dial 7-1-1 for the New York Relay Service

◀ Detach (cut) here ▶



# Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

## IT-2105

**Calendar-year filer due dates:** April 15, 2021; June 15, 2021; September 15, 2021; and January 18, 2022. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2021 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

### Estimated tax amounts

Full SSN or taxpayer ID number 715810769	Enter your <b>2-character special condition code if applicable</b> (see instr.) ..... <input type="text"/>		New York State	366	.00
Taxpayer's first name and middle initial SHAI LENDRA	Taxpayer's last name BANDARI		New York City		.00
Mailing address (number and street or PO box; see instructions) 33 WHITAKER DRIVE		Apartment number		Yonkers	.00
City, village, or post office COHOES	State NY	ZIP code 12047	MCTMT		.00
Taxpayer's email address SHAI LENDRASQL2020@GMAIL.COM		Total payment		366	.00

**STOP:** Pay this electronically on our website

0601213555 715810769 4



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## Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

# IT-2105

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Mailing address (number and street or PO box; see instructions) 33 WHITAKER DRIVE		Apartment number		Yonkers	.00
City, village, or post office COHOES	State NY	ZIP code 12047	MCTMT		.00
Taxpayer's email address SHAI LENDRASQL2020@GMAIL.COM		Total payment		366	.00

**STOP:** Pay this electronically on our website

0601213555 715810769 4



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## Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

# IT-2105

**Calendar-year filer due dates:** April 15, 2021; June 15, 2021; September 15, 2021; and January 18, 2022. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2021 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

### Estimated tax amounts

Full SSN or taxpayer ID number 715810769	Enter your <b>2-character special condition code if applicable</b> (see instr.) ..... <input type="text"/>		New York State	366	.00
Taxpayer's first name and middle initial SHAI LENDRA	Taxpayer's last name BANDARI		New York City		.00
Mailing address (number and street or PO box; see instructions) 33 WHITAKER DRIVE		Apartment number		Yonkers	.00
City, village, or post office COHOES	State NY	ZIP code 12047	MCTMT		.00
Taxpayer's email address SHAI LENDRASQL2020@GMAIL.COM		Total payment		366	.00

**STOP:** Pay this electronically on our website





# Tips for Estimated Tax

**Did you know?** You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at [www.tax.ny.gov](http://www.tax.ny.gov) to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- **Social Security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

**Note:** If there is **no amount** to be entered for one or more lines, **leave them blank.**

**Do not** staple or clip the check or money order to the voucher. Detach any check stubs before mailing.

## Need help?



Visit our website at [www.tax.ny.gov](http://www.tax.ny.gov)

- get information and manage your taxes online
- check for new online services and features

### Telephone assistance

Automated income tax refund status:	518-457-5149
Personal Income Tax Information Center:	518-457-5181
To order forms and publications:	518-457-5431
Text Telephone (TTY) or TDD equipment users	Dial 7-1-1 for the New York Relay Service

◀ Detach (cut) here ▶



## Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

# IT-2105

**Calendar-year filer due dates:** April 15, 2021; June 15, 2021; September 15, 2021; and January 18, 2022. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2021 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

### Estimated tax amounts

Full SSN or taxpayer ID number 715810769	Enter your <b>2-character special condition code if applicable</b> (see instr.) ..... <input type="text"/>		New York State	366	.00
Taxpayer's first name and middle initial SHAI LENDRA	Taxpayer's last name BANDARI		New York City		.00
Mailing address (number and street or PO box; see instructions) 33 WHITAKER DRIVE		Apartment number		Yonkers	.00
City, village, or post office COHOES	State NY	ZIP code 12047	MCTMT		.00
Taxpayer's email address SHAI LENDRASQL2020@GMAIL.COM		Total payment		366	.00

**STOP:** Pay this electronically on our website

0601213555 715810769 4



New York State E-File Signature Authorization for Tax Year 2020
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Table with 2 columns: Taxpayer's name (SHAILENDRA BANDARI) and Spouse's name (ANJANI YENNAMANENI)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2), E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers, available on our website.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2020 Form IT-370 and Tax Year 2021 Form IT-2105.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A - Tax return information

Table with 5 rows for tax return information (Federal adjusted gross income, Refund, Amount you owe, Financial institution routing number, Financial institution account number) and a row for Account type with checkboxes for Personal checking, Personal savings, Business checking, Business savings.

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2020 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2020 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2020 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Table with 2 columns: Signature (Taxpayer's, Spouse's) and Date

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2020 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2020 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2020 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2020 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

Table with 3 columns: Signature (ERO's, Paid preparer's), Print name (GLOBAL TAXES LLC, SYAM PRIYA RAM SAGAR GUPTA TALLAM), Date





Resident Income Tax Return
New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2020, through December 31, 2020, or fiscal year beginning .. 20
and ending ..

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

Form with fields for: Your first name (SHAILENDRA), Spouse's first name (ANJANI), Mailing address (33 WHITAKER DRIVE, COHOES, NY 12047), Taxpayer's permanent home address, and Social Security numbers.

A Filing status

- 1 Single
2 Married filing joint return (checked)
3 Married filing separate return
4 Head of household
5 Qualifying widow(er)

B Did you itemize your deductions on your 2020 federal income tax return? Yes No (checked)

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No (checked)



D1 Did you have a financial account located in a foreign country? Yes No (checked)

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? Yes No (checked)

E (1) Did you or your spouse maintain living quarters in NYC during 2020? Yes No (checked)
(2) Enter the number of days spent in NYC in 2020

F NYC residents and NYC part-year residents only (see page 15):
(1) Number of months you lived in NYC in 2020
(2) Number of months your spouse lived in NYC in 2020

G Enter your 2-character special condition code(s) if applicable

H Dependent information (see page 16)

Table with 6 columns: First name, MI, Last name, Relationship, Social Security number, Date of birth. Multiple empty rows for dependent information.

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  
715810769

**Federal income and adjustments** (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	213790.00
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 <b>X</b> in the box .. <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> 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	-4950.00
12	Rental real estate included in line 11	12	-4950.00
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:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	208840.00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	208840.00
19a	<b>Recomputed federal adjusted gross income</b> (see page 16, Line 19a worksheet)	19a	208840.00

**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	<b>New York's</b> 529 college savings program distributions (see page 17)	22	.00
23	Othe (Form IT-225, line 9)	23	.00
24	Add lines 19a through 23	24	208840.00

**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	<b>New York's</b> 529 college savings program deduction/earnings	30	.00
31	Othe (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24)	33	208840.00



**Standard deduction or itemized deduction** (see page 21)

34	Enter your <b>standard deduction</b> (table on page 21) or your <b>itemized deduction</b> (from Form IT-196) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	16050.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	192790.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	<b>000.00</b>
37	<b>Taxable income</b> (subtract line 36 from line 35)	37	192790.00

201002203555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1  
 SHAILENDRA BANDARI AND ANJANI YENNAMANENI

Your Social Security number  
 715810769

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

<b>3</b>	<b>Taxable income</b> (from line 37 on page 2)	<b>38</b>	192790 .00
<b>39</b>	NYS tax on line 38 amount (see page 22)	<b>39</b>	12330 .00
<b>40</b>	NYS household credit (page 22, table 1, 2, or 3)	<b>40</b>	.00
<b>4</b>	Resident credit (see page 23)	<b>41</b>	1158 .00
<b>42</b>	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	<b>42</b>	.00
<b>43</b>	Add lines 40, 41, and 42	<b>43</b>	1158 .00
<b>44</b>	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	<b>44</b>	11172 .00
<b>45</b>	Net other NYS taxes (Form IT-201-ATT, line 30)	<b>45</b>	.00
<b>46</b>	<b>Total New York State taxes</b> (add lines 44 and 45)	<b>46</b>	11172 .00

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

<b>47</b>	NYC taxable income (see page 23)	<b>47</b>	.00
<b>47a</b>	NYC resident tax on line 47 amount (see page 23)	<b>47a</b>	.00
<b>48</b>	NYC household credit (page 23)	<b>48</b>	.00
<b>49</b>	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	<b>49</b>	.00
<b>50</b>	Part-year NYC resident tax (Form IT-360.1)	<b>50</b>	.00
<b>51</b>	Other NYC taxes (Form IT-201-ATT, line 34)	<b>51</b>	.00
<b>52</b>	Add lines 49, 50, and 51	<b>52</b>	.00
<b>53</b>	NYC nonrefundable credits (Form IT-201-ATT, line 10)	<b>53</b>	.00
<b>5</b>	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	<b>54</b>	.00
<b>54a</b>	MCTMT net earnings base	<b>54a</b>	.00
<b>54b</b>	MCTMT	<b>54b</b>	.00
<b>55</b>	Yonkers resident income tax surcharge (see page 26)	<b>55</b>	.00
<b>56</b>	Yonkers nonresident earnings tax (Form Y-203)	<b>56</b>	.00
<b>57</b>	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	<b>57</b>	.00
<b>58</b>	<b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 54 and 54b through 57)	<b>58</b>	.00
<b>59</b>	<b>Sales or use tax</b> (see page 27; do not leave line 59 blank)	<b>59</b>	0 .00
<b>6</b>	<b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)	<b>60</b>	.00
<b>6</b>	<b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 46, 58, 59, and 60)	<b>61</b>	11172 .00

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



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Your Social Security number  
715810769

62 Enter amount from line 61 ..... **62** 11172 .00

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

6	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	This line intentionally left blank	70a	
7	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	10825 .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 13).  
**Do not send federal Form W-2 with your return.**

76 Total payments (add lines 63 through 75) ..... **76** 10825 .00

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

7	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	.00
7	Amount of line 77 available for refund (subtract line 79 from line 77)	78	.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	.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 2021 estimated tax (see instructions) ..... **79** .00

See page 33 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** 347 .00

See page 36 for the proper assembly of your return.

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

8 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 021000322 83c Account number 483019742138

84 Electronic funds withdrawal (see page 34) ..... Date 02152021 Amount 347 .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:		

<b>▼ Paid preparer must complete ▼</b> (see instructions)	Preparer's NYTPRIN	NYTPRIN excl. code   0   9
Preparer's signature SYAM PRIYA RAM SAGAR GUP	Preparer's printed name SYAM PRIYA RAM SAGAR GUP	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC	Preparer's PTIN or SSN P02082703	
Address 2530 PEBBLE CREEK LN CUMMING GA 30041	Employer identification number 301017196	Date 01252021
Email: SYAM@GTAXFILE.COM		

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation IT EMPLOYEE	
Spouse's signature and occupation (if joint return) SOFTWARE DEVELOPER	
Date	Daytime phone number ( 571) 655 1818
Email: SHAIENDRASQL2020@GMAIL.COM	

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





New York State Resident Credit
Tax Law - Article 22, Section 620

IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Table with 2 columns: Name(s) as shown on return (SHAILENDRA BANDARI AND ANJANI YENNAMANENI) and Identifying number as shown on return (715810769)

Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Main table with 3 columns: Part 1 - Income and adjustments (see instructions), A Amount reported on New York State return, and B Amount sourced to and taxed by other taxing authority. Rows include Wages, salaries, tips, etc. (213790.00), Taxable interest income (.00), Ordinary dividends (.00), etc.

NO HANDWRITTEN ENTRIES ON THIS FORM

(continued on page 2)



**Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia**

23 Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (see instructions)..... **23** MD

Also enter the locality name, if applicable

24 Enter the amount of income tax imposed on this year's return for the other state or local government (see instructions)..... **24** 1370.00

If the taxes were paid on a group (composite) return, then mark an **X** in the box.....

Enter the group's EIN

25 New York State tax payable (see instructions)..... **25** 12330.00

26 Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) .... **26** 0.0939

27 Multiply line 25 by line 26..... **27** 1158.00

28 Enter amount from line 24 or line 27, whichever is less (see instructions)..... **28** 1158.00

2 Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions) ..... **29** .00

30 Add lines 28 and 29..... **30** 1158.00

**Part 3 – Application of Credit**

31 Tax due before credits (see instructions)..... **31** 12330.00

3 Other credits that you applied before this credit (see instructions)..... **32** .00

33 Subtract line 32 from line 31..... **33** 12330.00

34 Enter the amount from line 30 or line 33, whichever is less (see instructions)..... **34** 1158.00

**Part 4 – Information from your return filed with the other state, local government, or the District of Columbia**

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you submit a copy of the other return, you **must** complete this section.

35 Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions)..... **35** .00

36 Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)..... **36** .00

37 Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)..... **37** .00

NO HANDWRITTEN ENTRIES ON THIS FORM





Department of Taxation and Finance

# 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

715810769

**Box b** Employer identification number (EIN)

473051043

**Box c** Employer's information

<b>Employer's name</b> TECHNOVISION SOLUTION LLC			
<b>Employer's address (number and street)</b> 38345 W 10 MILE RD 130			
<b>City</b> FARMINGTON	<b>State</b> MI	<b>ZIP code</b> 48335	<b>Country (if not United States)</b>

**Box** Wages, tips, other compensation

109673.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 1** Nonqualified plans

.00

**Box 12a** Amount

.00

**Box 12b** Amount

.00

**Box 12c** Amount

.00

**Box 12d** Amount

.00

**Box 14a** Amount

31.00 NY-SDI

**Box 14b** Amount

197.00 NY-FLI

**Box 14c** Amount

.00

**Box 14d** Amount

.00

**Box 13** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State  N  Y

**Box 16a** NYS wages, tips, etc. 109673.00

**Box 17a** NYS income tax withheld 5924.00

**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

Do not detach.

## W-2 Record 2

**Box a** Employee's Social Security number for this W-2 Record

158279560

**Box b** Employer identification number (EIN)

943320693

**Box c** Employer's information

<b>Employer's name</b> SALESFORCE, COM INC			
<b>Employer's address (number and street)</b> ONE MARKET ST 300			
<b>City</b> SAN FRANCISCO	<b>State</b> CA	<b>ZIP code</b> 94105	<b>Country (if not United States)</b>

**Box 1** Wages, tips, other compensation

104117.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

9118.00 D

**Box 12b** Amount

22528.00 D D

**Box 12c** Amount

.00

**Box 12d** Amount

.00

**Box 14a** Amount

.00

**Box 14b** Amount

.00

**Box 14c** Amount

.00

**Box 14d** Amount

.00

**Box 13** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State  N  Y

**Box 16a** NYS wages, tips, etc. 104117.00

**Box 17a** NYS income tax withheld 4901.00

**Other state information:**

**Box 15b** other state  M  D

**Box 16b** Other state wages, tips, etc. 19610.00

**Box 17b** Other state income tax withheld 1341.00

**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

102001203555







201010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

SHAILENDRA BANDARI 715810769
First Name MI Last Name SSN/Taxpayer Identification Number
ANJANI YENNAMANENI 158279560
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2021 estimated tax 1.
2. Amount of overpayment to be refunded to you REFUND 2.
3. Total amount due (Pay in full by April 15, 2021. See instructions.) 3. 29

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2020 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 10769 as my signature on my tax year 2020 electronically filed income tax return.

Enter five digits. Do not enter all zeros.

[ ] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 79560 as my signature on my tax year 2020 electronically filed income tax return.

Enter five digits. Do not enter all zeros.

[ ] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 58727861989

Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2020 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 01252021

DO NOT MAIL



205050013

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2020, ENDING \_\_\_\_\_

715810769 Social Security Number 158279560 Spouse's Social Security Number

SHAILENDRA First Name MI

BANDARI Last Name

ANJANI Spouse's First Name MI

YENNAMANENI Spouse's Last Name

33 WHITAKER DRIVE Current Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland County

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City, Town or Taxing Area

COHOES NY 12047 City or Town State ZIP Code + 4

Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

FILING STATUS See Instruction 1 to determine if you are required to file.

- CHECK ONE BOX 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. Married filing joint return or spouse had no income 3. Married filing separately, Spouse's SSN 4. Head of household 5. Qualifying widow(er) with dependent child 6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. NY If PA resident, enter both County and City, Borough or Township Were you a resident of another state for the entire year of 2020? If no, attach explanation. Yes No Are you or your spouse a member of the military? Yes No Did you file a Maryland income tax return for 2019? Yes No If "Yes," was it a Resident or a Nonresident return? Dates you resided in Maryland for 2020. If none, enter "NONE": FROM None TO None (MMDDYYYY). Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

- A. Yourself Spouse Enter number checked 2 See Instruction 10 A. \$ 0 B. 65 or over 65 or over Blind Blind Enter number checked X \$1,000 B. \$ C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$ D. Enter Total Exemptions (Add A, B and C.) Total Amount D. \$ 0

Print Using Blue or Black Ink Only Place your W-2 wage and tax statements and ATTACH HERE with ONE staple. Do not attach check or money order to Form 505. Attach check or money order to Form PV.





205050113

Name SHAILENDRA BANDARI & ANJANI YENNAMANENI SSN 715810769

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 11.)

Table with 4 columns: (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows include Wages, salaries, tips, etc.; Taxable interest income; Dividend income; Taxable refunds, credits or offsets of state and local income taxes; Alimony received; Business income or (loss); Capital gain or (loss); Other gains or (losses) (from federal Form 4797); Taxable amount of pensions, IRA distributions, and annuities; Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.); Farm income or (loss); Unemployment compensation (insurance); Taxable amount of Social Security and Tier 1 Railroad Retirement benefits; Other income (including lottery or other gambling winnings); Total income (Add lines 1 through 14.); Total adjustments to income from federal return (IRA, alimony, etc.); Adjusted gross income (Subtract line 16 from line 15.)

ADDITIONS TO INCOME (See Instruction 12.)

Table with 2 columns: Description, Amount. Rows include Non-Maryland loss and adjustments; Other (Enter code letter(s) from Instruction 12.); Total additions (Add lines 18 and 19.); Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.)

SUBTRACTIONS FROM INCOME (See Instruction 13.)

Table with 2 columns: Description, Amount. Rows include Taxable Military Income of Nonresident; Other (Enter code letter(s) from Instruction 13.); Total subtractions (Add lines 22 and 23.); Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.)

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

Table with 2 columns: Description, Amount. Rows include a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.) [X] 26a. 4650; ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) [ ] 26b. Total federal itemized deductions (from line 17, federal Schedule A); 26c. State and local income taxes (See Instruction 16.); 26d. Net itemized deductions (Subtract line 26c from line 26b.); 26e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 1.000000 (from worksheet in Instruction 14.) 26e. 4650; 27. Net income (Subtract line 26 from line 25.); 28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10; 29. Enter your AGI factor (from worksheet in Instruction 14); 30. Maryland exemption allowance (Multiply line 28 by line 29.); 31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR.

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.

Table with 2 columns: Description, Amount. Rows include a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.); b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.); c. Total Maryland tax (Add lines 32a and 32b.); 33. Poverty level credit from worksheet in Instruction 20.



205050213

Name SHAILENDRA BANDARI & ANJANI YENNAMANENI SSN 715810769

34. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) . . . . .34.
35. Business tax credits . . . . . You must file this form electronically to claim business tax credits on Form 500CR
36. Total credits (Add lines 33 through 35.) . . . . .36.
37. Maryland tax after credits (Subtract line 36 from line 32c.) If less than 0, enter 0. . . . .37. 1370
38. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21.) . . . . ▶ 38.
39. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 21.) ▶ 39.
40. Contribution to Maryland Cancer Fund (See Instruction 21.) . . . . . ▶ 40.
41. Contribution to Fair Campaign Financing Fund (See Instruction 21.) . . . . . ▶ 41.
42. Total Maryland income tax and contributions (Add lines 37 through 41.) . . . . .42. 1370
43. Total Maryland tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) ▶ 43. 1341
44. 2020 estimated tax payments, amount applied from 2019 return, payments made with an extension request and Form MW506NRS . . . . . ▶ 44.
45. Nonresident tax paid by pass-through entities (Attach Maryland Schedule K-1 (510)) . . . . . ▶ 45.
46. Refundable income tax credits from Part CC, line 8 of Form 502CR (Attach Form 502CR. See Instruction 22.) . .46.
47. Total payments and credits (Add lines 43 through 46.) . . . . .47. 1341
48. Balance due (If line 42 is more than line 47, subtract line 47 from line 42.) . . . . . ▶ 48. 29
49. Overpayment (If line 42 is less than line 47, subtract line 42 from line 47.) . . . . . ▶ 49.
50. Amount of overpayment TO BE APPLIED TO 2021 ESTIMATED TAX. . . . . ▶ 50.
51. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 50 from line 49.) See line 54 . . REFUND ▶ 51.
52. Interest charges from Form 502UP or for late filing (See Instruction 23.) Total ▶ 52.
Check here [ ] if you are attaching Form 502UP.
53. TOTAL AMOUNT DUE (Add line 48 and line 52.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN.
Include Form PV. . . . .53. 29

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, use Form 588. To comply with banking and NACHA (National Automated Clearing House Association) rules, if this refund will go to an account outside of the United States, place "Y" in this box [ ] or if you authorize the State of Maryland to direct deposit your refund check this box [ ] and complete the following information clearly and legibly.

54a. Type of account: [ ] Checking [ ] Savings 54b. Routing Number (9-digits)
54c. Account Number
54d. Name(s) as it appears on the bank account

Check here [ ] if you authorize your preparer to discuss this return with us. Check here [ ] if you authorize your paid preparer not to file electronically. Check here [ ] if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date Spouse's signature Date
▶ 5716551818 Taxpayer(s) daytime phone number SYAM PRIYA RAM SAGAR GUPTA TALLAM Signature of Preparer other than taxpayer (Required by Law)
2530 PEBBLE CREEK LN Street address of Preparer/Firm GLOBAL TAXES LLC Printed name of the Preparer/Firm's name
CUMMING GA 30041 City, State, ZIP Code + 4 6789659522 Telephone number of Preparer P02082703 Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)



**For returns filed without payments, mail your completed return to:**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

**For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:**

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888

**DO NOT MAIL**

**MARYLAND  
FORM  
505NR**

**NONRESIDENT  
INCOME TAX  
CALCULATION**

ATTACH TO YOUR TAX RETURN



20505N013

**2020**

Print Using  
Blue or Black Ink Only

SHAILENDRA First Name MI BANDARI Last Name 715810769 Social Security Number  
ANJANI Spouse's First Name MI YENNAMANENI Spouse's Last Name 158279560 Spouse's Social Security Number

**If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form.  
If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.**

**PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS**

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) . . . . . 1. 209140  
2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. . . . . 2. 10115

**PART II - CALCULATION OF MARYLAND TAX**

3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1) . . . . . 3. 213790  
3a. Earned Income (See instructions.) . . . . . ▶ 3a. 213790  
4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. . . . . 4. 213790  
5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. . . . . 5. \_\_\_\_\_  
6a. Enter your subtractions from line 23 of Form 505 or Form 515 . . . . . 6a. \_\_\_\_\_  
6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.) . . . . . ▶ 6b. 194180  
7. Add lines 5 through 6b. . . . . 7. 194180  
8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. . . . . 8. 19610

**If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a.** . . . . . 8a. 3100

9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000. . . . . 9. 091726  
10. Deduction amount.  
If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a . . . 10a. 284  
If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b. . . 10b. \_\_\_\_\_

**Form 515 Users, see Instruction 18 in Form 515 Instructions.**

11. Net income (Subtract line 10a or 10b from line 8.) . . . . . 11. 19326  
12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. . . . . 12. 0  
13. Maryland Taxable Net Income (Subtract line 12 from line 11.) . . . . . 13. 19326  
14. Enter the tax amount from line 2 of this form. . . . . 14. 10115  
15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. . . . . 15. 092407  
16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33). . . . . 16. 935  
17. Special nonresident tax. Multiply line 13 of this form by 0.0225. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0. . . . . 17. 435

**FOR FORM 515 FILERS ONLY.**

**If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.**

18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39. If line 13 is 0 or less, enter 0. . . . . 18. \_\_\_\_\_