



# 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?



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- get information and manage your taxes online
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### Telephone assistance

Automated income tax refund status: 518-457-514  
 Personal Income Tax Information Center: 518-457-518  
 To order forms and publications: 518-457-54  
 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 168533920		Enter your <b>2-character special condition code</b> if applicable (see instr. .... <input type="text"/> <input type="text"/> New York State	
Taxpayer's first name and middle initial MADHU		Taxpayer's last name GOTHANDARAMAN	
Mailing address (number and street or PO box; see instructions) 1001 LAKE CAROLYN PARKWAY		Apartment number 561	
City, village, or post office IRVING	State TX	ZIP code 75039	
Taxpayer's email address MADHU.GM@GMAIL.COM			

	Dollars	Cents
New York State	1985	00
New York City		00
Yonkers		00
MCTMT		00
<b>Total payment</b>	1985	00

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New York State • New York City • Yonkers • MCTMT

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City, village, or post office IRVING	State TX	ZIP code 75039	
Taxpayer's email address MADHU.GM@GMAIL.COM			

New York State	1985	.00
New York City		.00
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City, village, or post office IRVING	State TX	ZIP code 75039	
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Taxpayer's first name and middle initial MADHU		Taxpayer's last name GOTHANDARAMAN		New York City		.00
Mailing address (number and street or PO box; see instructions) 1001 LAKE CAROLYN PARKWAY		Apartment number 561		Yonkers		.00
City, village, or post office IRVING	State TX	ZIP code 75039		MCTMT		.00
Taxpayer's email address MADHU.GM@GMAIL.COM				<b>Total payment</b>	1985	.00

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

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# Instructions for Form IT-201-V

## Payment Voucher for Income Tax Returns

**Did you know?** You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit [www.tax.ny.gov](http://www.tax.ny.gov).

### How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

### Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your Social Security number (SSN), the tax year, and **Income Tax** on it.

### Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address – Enter the city, province, or state all in the **City** box, and the **full** country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

### Mailing address

#### E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX  
PROCESSING CENTER  
PO BOX 4124  
BINGHAMTON NY 13902-4124**

#### Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER  
PO BOX 15555  
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

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

Department of Taxation and Finance

## Payment Voucher for Income Tax Returns



REV 04/06/21 PRO

# IT-201-V

(12/20)

Tax year (yyyy) 2020		Make your check or money order payable in U.S. funds to <b>New York State Income Tax</b> . Write on your check or money order the last four digits of your SSN, the tax year, and <b>Income Tax</b> .	
Your first name and middle initial MADHU	Your last name (for a joint return, enter spouse's name on line below) GOTHANDARAMAN	Your full SSN 168533920	
Spouse's first name and middle initial	Spouse's last name	Spouse's full SSN (only if filing a joint return)	
Mailing address 1001 LAKE CAROLYN PARKWAY		Apartment number 561	Country (if not United States)
City, village or post office IRVING	State TX	ZIP code 75039	
Email: MADHU.GM@GMAIL.COM			

Payment amount

Dollars

7215

Cents

00



040001203555

For office use only

0401203555 168533920 2





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.

Form fields for Taxpayer's name (MADHU GOTHANDARAMAN) and Spouse's name (jointly filed return only)

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).

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.

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)I, E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.

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: 1. Federal adjusted gross income (126007), 2. Refund, 3. Amount you owe (7215), 4. Financial institution routing number, 5. Financial institution account number, 6. Account type (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.

Form fields for Taxpayer's signature and Spouse's signature (jointly filed return only) with corresponding 'ate' and 'Date' fields.

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.

Form fields for ERO's signature (GLOBAL TAXES LLC) and Paid preparer's signature (SYAM PRIYA RAM SAGAR GUPTA TALLAM) with corresponding 'ate' and 'Date' fields.



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2020, through December 31, 2020, or fiscal year beginning .....

# IT-203

20

and ending .....

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial MADHU		Your last name (for a joint return, enter spouse's name on line below) GOTHANDARAMAN		Your date of birth (mmddyyyy) 12191983		Your Social Security number 168533920	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's Social Security number 893660667	
Mailing address (see instructions, page 14) (number and street or PO box) 1001 LAKE CAROLYN PARKWAY				Apartment number 561		New York State county of residence NR	
City, village, or post office IRVING		State TX	ZIP code 75039	Country (if not United States)		School district name NR	
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.	City, village, or post office		School district code number
State		ZIP code		Country (if not United States)		Decedent information	Taxpayer's date of death
							Spouse's date of death

### A Filing status (mark an X in one box):

- ①  Single
- ②  Married filing joint return (enter both spouses' Social Security numbers above)
- ③  Married filing separate return (enter both spouses' Social Security numbers above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er)

**B** Did you itemize your deductions on your 2020 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) es  No

**D2** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see page 15) es  No

### E New York City part-year residents only (see page 15)

- (1) Number of months you lived in NY City in 2020 .....
- (2) Number of months your spouse lived in NY City in 2020 .....

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

### G New York State part-year residents (see page 16)

- Enter the date you moved into or out of NYS (mmddyyyy) .....
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS .....
  - 2) Lived outside NYS; received income from NYS sources during nonresident period .....
  - 3) Lived outside NYS; received no income from NYS sources during nonresident period .....

### H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2020? ..... es  No   
(if Yes, complete Form IT-203-B)



### I Dependent information (see page 16)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



203001203555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
168533920

Federal income and adjustments (see page 18)	Federal amount Whole dollars only		New York State amount Whole dollars only	
1 Wages, salaries, tips, etc. ....	1	12 6154 .00	1	12 6154 .00
2 Taxable interest income .....	2	3 .00	2	.00
3 Ordinary dividends .....	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) .....	4	.00	4	.00
5 Alimony received .....	5	.00	5	.00
6 Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8 Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12 Rental real estate included in line 11 (federal amount) <b>12.</b> .00				
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14 Unemployment compensation.....	14	.00	14	.00
15 Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16 Other income (see page 24) Identify:	16	.00	16	.00
17 Add lines 1 through 11 and 13 through 16 .....	17	12 6157 .00	17	12 6154 .00
18 Total federal adjustments to income (see page 24) Identify: CHARITABLE CONTRIBUTIONS	18	150 .00	18	.00
19 Federal adjusted gross income (subtract line 18 from line 17) ..	19	12 6007 .00	19	12 6154 .00
19a Recomputed federal adjusted gross income (see page 25, Line 19a worksheet)	19a	12 6157 .00	19a	12 6154 .00

New York additions (see page 26)				
20 Interest income on state and local bonds and obligations (but not those of New York State or its localities) .....	20	.00	20	.00
21 Public employee 414(h) retirement contributions .....	21	.00	21	.00
22 Other (Form IT-225, line 9) .....	22	.00	22	.00
23 Add lines 19a through 22 .....	23	12 6157 .00	23	12 6154 .00

New York subtractions (see page 27)				
24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	24	.00	2	.00
25 Pensions of NYS and local governments and the federal government (see page 27) .....	25	.00	25	.00
26 Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27 Interest income on U.S. government bonds .....	27	.00	27	.00
28 Pension and annuity income exclusion .....	28	.00	28	.00
29 Other (Form IT-225, line 18) .....	29	.00	29	.00
30 Add lines 24 through 29 .....	30	.00	30	.00
31 New York adjusted gross income (subtract line 30 from line 23)	31	12 6157 .00	31	12 6154 .00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 12 6157 .00

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**Standard deduction or itemized deduction** (see page 29)

33 Enter your **standard deduction** (table on page 29) or your **itemized deduction** (from Form IT-196).

Mark an **X** in the appropriate box: ...  **Standard** – or –  **Itemized**

33	8000.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	118157.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 29)	000.00
36 <b>New York taxable income</b> (subtract line 35 from line 34)	118157.00

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

37 <b>New York taxable income</b> (from line 36)	118157.00
38 New York State tax on line 37 amount (see page 30)	7246.00
39 New York State household credit (page 30, table 1, 2, or 3)	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	7246.00
41 New York State child and dependent care credit (see page 31)	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	7246.00
43 New York State earned income credit (see page 31)	.00

44 <b>Base tax</b> (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	7246.00
--	---------

45 Income percentage (see page 31)  New York State amount from line 31  ÷ Federal amount from line 31  = Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	7246.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	7246.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 <b>Total New York State taxes</b> (add lines 48 and 49)	7246.00

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

51 Part-year New York City resident tax (Form IT-360.1)	51	.00
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a Subtract line 52 from line 51	52a	.00
52b MCTMT net earnings base ..	52b	.00
52c MCTMT	52c	.00
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00
55 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54)	55	.00
56 <b>Sales or use tax</b> (See the instructions on page 33. Do not leave line 56 blank.)	56	0.00
57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)	57	.00
58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57)	58	7246.00

See instructions on pages 31 and 32 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

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203003203555



Enter your Social Security number  
168533920

59 Enter amount from line 58 ..... **59** 7246.00

**Payments and refundable credits** (see page 34)

<b>60</b> Part-year NYC school tax credit (fixed amount) (also complete E on front)	<b>60</b>	.00	If applicable, complete <b>Form(s) IT-2 and/or IT-1099-R</b> and submit them with your return (see pages 12 and 13). <b>Do not send federal Form W-2 with your return.</b>
<b>60a</b> NYC school tax credit (rate reduction amount)	<b>60a</b>	.00	
<b>61</b> Other refundable credits (Form IT-203-ATT, line 17)	<b>61</b>	.00	
<b>62</b> Total <b>New York State</b> tax withheld	<b>62</b>	31.00	
<b>63</b> Total <b>New York City</b> tax withheld	<b>63</b>	.00	
<b>64</b> Total <b>Yonkers</b> tax withheld	<b>64</b>	.00	
<b>6</b> Total estimated tax payments/amount paid with Form IT-370	<b>65</b>	.00	
<b>66</b> Total payments and refundable credits (add lines 60 through 65)	<b>66</b>	31.00	

**Your refund, amount you owe, and account information** (see pages 36 through 38)

<b>6</b> Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66; see page 36)	<b>67</b>	.00
<b>68</b> Amount of line 67 available for refund (subtract line 69 from line 67)	<b>68</b>	.00
<b>68a</b> Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	<b>68a</b>	.00
<b>68b</b> Total refund after NYS 529 account deposit (subtract line 68a from line 68)	<b>68b</b>	.00

Mark one refund choice:  direct deposit to checking or savings account (fill in line 73) - or -  paper check

**Refund?** Direct deposit is the easiest, fastest way to get your refund.  
**See page 37 for payment options.**

<b>69</b> Amount of line 67 that you want applied to your 2021 estimated tax (see instructions)	<b>69</b>	.00
<b>70</b> Amount you <b>owe</b> (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an <b>X</b> in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you <b>must</b> complete Form IT-201-V and mail it with your return.	<b>70</b>	7215.00
<b>71</b> Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 37)	<b>71</b>	.00
<b>72</b> Other penalties and interest (see page 37)	<b>72</b>	.00

**See page 40 for the proper assembly of your return.**

**73** Account information for direct deposit or electronic funds withdrawal (see page 38).  
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. 38)

**73a** Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

**73b** Routing number  **73c** Account number

**74** Electronic funds withdrawal (see page 38) ..... Date  Amount  .00

<b>Third-party designee?</b> (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 09242021
Email: SYAM@GTAXFILE.COM			

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation IT CONSULTANT	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (212)810 7339
Email: MADHU.GM@GMAIL.COM	

**See instructions for where to mail your return.**

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

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

168533920

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

942805249

**Box c** Employer's information

<b>Employer's name</b>			
ORACLE AMERICA INC			
<b>Employer's address (number and street)</b>			
500 ORACLE PARKWAY			
<b>City</b>	<b>State</b>	<b>ZIP code</b>	<b>Country (if not United States)</b>
REDWOOD CITY	CA	94065	

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

126154.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 1** Nonqualified plans

.00

**Box 12a** Amount

7275.00

**Code**

D

**Box 12b** Amount

9570.00

**Code**

DD

**Box 12c** Amount

.00

**Code**

**Box 12d** Amount

.00

**Code**

**Box 14a** Amount

.00

**Description**

**Box 14b** Amount

.00

**Description**

**Box 14c** Amount

.00

**Description**

**Box 14d** Amount

.00

**Description**

**Box 1** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State

NY

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

126154.00

**Box 17a** NYS income tax withheld

31.00

**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

Locality a

Locality b

Do not detach.

## W-2 Record 2

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

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

**Box c** Employer's information

<b>Employer's name</b>			
<b>Employer's address (number and street)</b>			
<b>City</b>	<b>State</b>	<b>ZIP code</b>	<b>Country (if not United States)</b>

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

.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 1** Nonqualified plans

.00

**Box 12a** Amount

.00

**Code**

**Box 12b** Amount

.00

**Code**

**Box 12c** Amount

.00

**Code**

**Box 12d** Amount

.00

**Code**

**Box 14a** Amount

.00

**Description**

**Box 14b** Amount

.00

**Description**

**Box 14c** Amount

.00

**Description**

**Box 14d** Amount

.00

**Description**

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

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State

NY

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

.00

**Box 17a** NYS income tax withheld

.00

**Other state information:**

**Box 15b** other state

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

.00

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

.00

**NYC and Yonkers information (see instr.):**

**Box 18** Local wages, tips, etc.

Locality a .00

Locality b .00

**Box 19** Local income tax withheld

Locality a .00

Locality b .00

**Box 20** Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

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Department of Taxation and Finance

# New York State Adjustments due to Decoupling from the IRC

# IT-558

Attachment to Form IT-201, IT-203, IT-204, or IT-205

Name(s) as shown on return	Identifying number as shown on return
MADHU GOTHANDARAMAN	168533920

Complete all parts that apply to you; see instructions (Form IT-558-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an **X** in the box identifying the return you are filing: IT-201  IT-203  IT-204  IT-205

## Schedule A – New York State addition adjustments to recompute federal amounts *(enter whole dollars only)*

### Part 1 – Individuals, partnerships, and estates or trusts

#### 1 New York State additions

	Number	A - Total amount	B - NYS allocated amount
1a	A - 0   0   3	150.00	0.00
1b	A -	.00	.00
1c	A -	.00	.00
1d	A -	.00	.00
1e	A -	.00	.00
1f	A -	.00	.00
1g	A -	.00	.00

2 Total (add column A, lines 1a through 1g) .....	2	150.00
3 Total of Schedule A, Part 1, column A amounts from additional Form(s) IT-558, if any .....	3	0.00
4 Add lines 2 and 3 .....	4	150.00

### Part 2 – Partners, shareholders, and beneficiaries

#### 5 New York State additions

	Number	A - Total amount	B - NYS allocated amount
5a	EA -	.00	.00
5b	EA -	.00	.00
5c	EA -	.00	.00
5d	EA -	.00	.00
5e	EA -	.00	.00
5f	EA -	.00	.00
5g	EA -	.00	.00

6 Total (add column A, lines 5a through 5g) .....	6	.00
7 Total of Schedule A, Part 2, column A amounts from additional Form(s) IT-558, if any .....	7	0.00
8 Add lines 6 and 7 .....	8	0.00
9 Total additions (add lines 4 and 8; see instructions) .....	9	150.00

(continued)

NO HANDWRITTEN ENTRIES ON THIS FORM

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**Schedule B – New York State subtraction adjustments to recompute federal amounts** *(enter whole dollars only)*

**Part 1 – Individuals, partnerships, and estates or trusts**

**10** New York State subtractions

	Numbe	A - Total amount	B - NYS allocated amount
10a	S -	.00	.00
10b	S -	.00	.00
10c	S -	.00	.00
10d	S -	.00	.00
10e	S -	.00	.00
10f	S -	.00	.00
10g	S -	.00	.00

11	Total (add column A, lines 10a through 10g) .....	11	.00
12	Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-558, if any .....	12	0 .00
13	Add lines 11 and 12 .....	13	0 .00

**Part 2 – Partners, shareholders, and beneficiaries**

**1** New York State subtractions

	Number	A - Total amount	B - NYS allocated amount
14a	ES -	.00	.00
14b	ES -	.00	.00
14c	ES -	.00	.00
14d	ES -	.00	.00
14e	ES -	.00	.00
14f	ES -	.00	.00
14g	ES -	.00	.00

15	Total (add column A, lines 14a through 14g) .....	15	.00
16	Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-558, if any .....	16	0 .00
17	Add lines 15 and 16 .....	17	0 .00
18	<b>Total subtractions</b> (add lines 13 and 17; see instructions) .....	18	0 .00

NO HANDWRITTEN ENTRIES ON THIS FORM

