

**Tax Return Signature/Consent to Disclosure
On-Line Self Select PIN without Direct Debit**

Perjury Statement

Under penalties for perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgement of receipt or reason for rejection of transmission; b) an indication of any refund offset; c) the reason for any delay in processing or refund; and, d) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self Select PIN below.

Taxpayer's PIN:	<u>53078</u>	Date:	<u>04/21/2020</u>
Taxpayer's Date of Birth:	<u>08/22/1992</u>		
Taxpayer's Prior Year Adjusted Gross Income:	<u>1,554.</u>		
Taxpayer's Prior year PIN	_____		
Taxpayer's Electronic Filing PIN	_____		
Spouse's PIN:	_____		
Spouse's Date of Birth:	_____		
Spouse's Prior Year Adjusted Gross Income:	_____		
Spouse's Prior year PIN	_____		
Spouse's Electronic Filing PIN	_____		



New York State E-File Signature Authorization for Tax Year 2019

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

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

Taxpayer's name: SRIRAM R KALLURI	Spouse's name:(jointly filed return only)
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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, NYC-208, 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. Please 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 2019 Form IT- 370 and Tax Year 2020 Form IT- 2105*.

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*, NYC- 208, *Claim for New York City Enhanced Real Property Tax Credit*, or NYC- 210, *Claim for New York City School Tax Credit*.

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

Part A – Tax return information

1 Federal adjusted gross income (from applicable line)	1.	103,126
2 Refund	2.	
3 Amount you owe	3.	202
4 Financial institution routing number	4.	021000089
5 Financial institution account number	5.	6783838404

6 Account type: 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, NYC- 208, and NYC- 210

Under penalty of perjury, I declare that I have examined the information on my 2019 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 2019 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 EROs 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 2019 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.

Taxpayer's signature:	Date:
Spouse's signature:(jointly filed return only)	Date:

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

Under penalty of perjury, I declare that the information contained in this 2019 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 2019 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2019 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 2019 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.

ERO's signature:	Print name:	Date:
Paid preparer's signature:	Print name:	Date:

Prepared for	SRIRAM R KALLURI																
Tax Summary	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Gross Income</td> <td style="text-align: right;">\$ 104,126</td> </tr> <tr> <td>Adjusted Gross Income</td> <td style="text-align: right;">\$ 103,126</td> </tr> <tr> <td>Total Deductions</td> <td style="text-align: right;">\$ 12,200</td> </tr> <tr> <td>Total Taxable Income</td> <td style="text-align: right;">\$ 90,926</td> </tr> <tr> <td>Total Tax</td> <td style="text-align: right;">\$ 15,997</td> </tr> <tr> <td>Total Payments</td> <td style="text-align: right;">\$ 21,675</td> </tr> <tr> <td>Refund Amount</td> <td style="text-align: right;">\$ 5,678</td> </tr> <tr> <td>Amount You Owe</td> <td style="text-align: right;">\$ 0</td> </tr> </table>	Gross Income	\$ 104,126	Adjusted Gross Income	\$ 103,126	Total Deductions	\$ 12,200	Total Taxable Income	\$ 90,926	Total Tax	\$ 15,997	Total Payments	\$ 21,675	Refund Amount	\$ 5,678	Amount You Owe	\$ 0
Gross Income	\$ 104,126																
Adjusted Gross Income	\$ 103,126																
Total Deductions	\$ 12,200																
Total Taxable Income	\$ 90,926																
Total Tax	\$ 15,997																
Total Payments	\$ 21,675																
Refund Amount	\$ 5,678																
Amount You Owe	\$ 0																
Make check payable to	United States Treasury																
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																

Instructions

STEP 1 - Once your e-filed return has been accepted, you will receive an e-mail

STEP 2 - Keep a copy

Print a copy of the return for your records.

Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.

TAXABLE YEAR **2019** **California Online e-file Return Authorization for Individuals** FORM **8453-OL**

Your first name and initial SRIRAM R KALLURI		Last name		Suffix	Your SSN or ITIN 174-69-0812
If filing jointly, spouse's /RDP's first name		Last name		Suffix	Spouse's /RDP's SSN or ITIN
Street address (number and street) or PO box 1035 ASTER AVE		Apt. no. 2216	PMB/private mailbox		Daytime telephone number (631) 542-3385
City SUNNYVALE			State CA		ZIP code 94086
Foreign country name		Foreign province/state/county			Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions	1	98,287.
2 Refund or no amount due. See instructions	2	2,485.
3 Amount you owe. See instructions.	3	0.

Part II Settle Your Account Electronically for Taxable Year 2019 (Payment due 4/15/2019)

4 Direct deposit of refund
 5 Electronic funds withdrawal 5a Amount _____ 5b Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2019 These are not installment payments for the current amount you owe.

	First Payment Due 4/15/2020	Second Payment Due 6/15/2020	Third Payment Due 9/15/2020	Fourth Payment Due 1/15/2021
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 2,485. 12 The remaining amount of my refund for direct deposit _____
 9 Routing number 021000089 13 Routing number _____
 10 Account number 6783838404 14 Account number _____
 11 Type of account: Checking Savings 15 Type of account: Checking Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2019 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

Sign Here _____
Your signature _____ Date _____

Spouse's /RDP's signature. If filing jointly, both must sign. _____ Date _____
It is unlawful to forge a spouse's/RDP's signature.

Filing status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er)(QW)
 Check only If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is one box. a child but not your dependent. ▶

Your first name and middle initial **SRIRAM R** Last name **KALLURI** Your social security number **174-69-0812**
 If joint return, spouse's first name and middle initial Last name Spouse's social security no.

Home address (number and street). If you have a P.O. box, see instructions. % **SEE ATTACHED** Apt. no. **2216** Presidential Election Campaign
1035 ASTER AVE 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.
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **SUNNYVALE, CA 94086** You Spouse
 Foreign country name Foreign province/county Foreign postal code If more than four dependents, see inst. and here ▶

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

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

Dependents (see instructions):		(2) Social security no.	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	104,126.
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
c Pension and annuities.	4c	
5a Social security benefits	5a	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9	7a	
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	104,126.
8a Adjustments to income from Schedule 1, line 22	8a	1,000.
b Subtract line 8a from line 7b. This is your adjusted gross income	8b	103,126.
9 Standard deduction or itemized deductions (from Schedule A)	9	12,200.
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10	11a	12,200.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	90,926.

12a	Tax (see inst. Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	15,997.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	15,997.	
13a	Child tax credit or credit for other dependents	13a		
b	Add Schedule 3, line 7, and line 13a and enter the total	13b		
14	Subtract line 13b from line 12b. If zero or less, enter - 0-	14	15,997.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15		
16	Add lines 14 and 15. This is your total tax	16	15,997.	
17	Federal income tax withheld from Forms W-2 and 1099	17	21,675.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC)	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		
19	Add lines 17 and 18e. These are your total payments	19	21,675.	
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	5,678.	
	21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	5,678.	
Direct deposit? See instructions.	b Routing number 021000089 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number 6783838404			
	22 Amount of line 20 you want applied to your 2020 estimated tax	22		
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23		
	24 Estimated tax penalty (see instructions)	24		

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

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

(Other than paid preparer) Designee's name Phone no. Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation STUDENT	If the IRS sent you an ID Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an ID Protection PIN, enter it here (see inst.)
	Phone no.	Email address		

Paid Preparers Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> self-employed
Firm's name	Phone no.			
Firm's address	Firm's EIN			

SCHEDULE 1
(Form 1040 or 1040- SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040 or 1040- SR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

SRIRAM R KALLURI

174-69-0812

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income

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

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee- basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	1,000.
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE.	14	
15	Self-employed SEP, SIMPLE, and qualified plans.	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings.	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917.	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	1,000.

KBA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040- SR) 2019

Health Savings Accounts (HSAs)

2019

Attachment
Sequence No. **52**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040- SR, or 1040- NR.**

▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SRIRAM R KALLURI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

174-69-0812

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<p>1 Check the box to indicate your coverage under a high- deductible health plan (HDHP) during 2019 (see instructions) ▶ <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family</p>		
<p>2 HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)</p>	2	1,000.
<p>3 If you were under age 55 at the end of 2019 and, on the first day of every month during 2019, you were, or were considered, an eligible individual with the same coverage, enter \$3,500 (\$7,000 for family coverage). All others, see the instructions for the amount to enter</p>	3	3,500.
<p>4 Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs</p>	4	
<p>5 Subtract line 4 from line 3. If zero or less, enter - 0-</p>	5	3,500.
<p>6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter</p>	6	3,500.
<p>7 If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions)</p>	7	
<p>8 Add lines 6 and 7</p>	8	3,500.
<p>9 Employer contributions made to your HSAs for 2019</p>	9	375.
<p>10 Qualified HSA funding distributions</p>	10	
<p>11 Add lines 9 and 10</p>	11	375.
<p>12 Subtract line 11 from line 8. If zero or less, enter - 0-</p>	12	3,125.
<p>13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040- SR), line 12, or Form 1040NR, line 25</p>	13	1,000.
<p>Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).</p>		

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<p>14a Total distributions you received in 2019 from all HSAs (see instructions)</p>		14a
<p>b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)</p>	14b	
<p>c Subtract line 14b from line 14a</p>	14c	
<p>15 Qualified medical expenses paid using HSA distributions (see instructions)</p>	15	
<p>16 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter - 0- . Also, include this amount in the total on Schedule 1 (Form 1040 or 1040- SR), line 8, or Form 1040- NR, line 21. Enter "HSA" and the amount on the line next to the box</p>	16	
<p>17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/></p>	17a	
<p>b Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040- SR), line 8, or Form 1040- NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040- SR), line 8, or box b on Form 1040- NR, line 60. Enter "HSA" and the amount on the line next to the box</p>	17b	

KBA For Paperwork Reduction Act Notice, see your tax return instructions.

Name: SRIRAM R KALLURI

SSN: 174-69-0812

Form 1040, Page 1

In Care of mailing address.

%SRIRAM REDDY KALLURI



2019 STATE TAX RETURN FILING INSTRUCTIONS

CALIFORNIA

FOR THE YEAR ENDING

December 31, 2019

Prepared for	SRIRAM R KALLURI																								
Tax Summary	<table border="0"> <tr> <td>Gross Income</td> <td>\$</td> <td>103,126</td> </tr> <tr> <td>Adjusted Gross Income</td> <td>\$</td> <td>104,126</td> </tr> <tr> <td>Total Deductions</td> <td>\$</td> <td>4,537</td> </tr> <tr> <td>Total Taxable Income</td> <td>\$</td> <td>99,589</td> </tr> <tr> <td>Total Tax</td> <td>\$</td> <td>5,958</td> </tr> <tr> <td>Total Payments</td> <td>\$</td> <td>8,443</td> </tr> <tr> <td>Refund Amount</td> <td>\$</td> <td>2,485</td> </tr> <tr> <td>Amount You Owe</td> <td>\$</td> <td>0</td> </tr> </table>	Gross Income	\$	103,126	Adjusted Gross Income	\$	104,126	Total Deductions	\$	4,537	Total Taxable Income	\$	99,589	Total Tax	\$	5,958	Total Payments	\$	8,443	Refund Amount	\$	2,485	Amount You Owe	\$	0
Gross Income	\$	103,126																							
Adjusted Gross Income	\$	104,126																							
Total Deductions	\$	4,537																							
Total Taxable Income	\$	99,589																							
Total Tax	\$	5,958																							
Total Payments	\$	8,443																							
Refund Amount	\$	2,485																							
Amount You Owe	\$	0																							
Make check payable to	Not Applicable																								
Mailing Address	Not Applicable																								
Special Instructions	<p>KEEP A COPY Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.</p>																								

APE

174-69-0812 KALL 19
SRIRAM R KALLURI

SRIRAM REDDY KALLURI
1035 ASTER AVE APT 2216
SUNNYVALE CA 94086

08-22-1992

If your California filing status is different from your federal filing status, check the box here

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- 1 Single
- 2 Married/RDP filing jointly. See inst.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying widow(er). Enter year spouse/RDP died

See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. • 6

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre- printed dollar amount for that line. **Whole dollars only**

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2.
If you checked the box on line 6, see instructions. • 7 X \$122 = ○\$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1;
if both are visually impaired, enter 2. • 8 X \$122 = ○\$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older,
enter 2. • 9 X \$122 = ○\$

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10 **Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name ○	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name ○	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN •	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you ○	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions • 10 X \$378 = ○\$

Your name: **SRIRAM R KALLURI** Your SSN or ITIN: **174-69-0812**
11 Exemption amount: Add line 7 through line 10. **11** \$ **122.**

TOTAL INCOME TAXABLE

- 12** Total California wages from your federal Form(s) W-2, box 16 **12** **98,287.**
- 13** Enter federal AGI from federal Form 1040 or 1040- SR, line 8b; 1040NR, line 35; or 1040NR- EZ, line 10 . **13** **103,126.**
- 14** California adjustments - subtractions. Enter the amount from Sch. CA (540NR), Part II, line 23, column B **14**
- 15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions **15** **103,126.**
- 16** California adjustments - additions. Enter the amount from Sch. CA (540NR), Part II, line 23, column C. . . **16** **1,000.**
- 17** Adjusted gross income from all sources. Combine line 15 and line 16 **17** **104,126.**
- 18** Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), Part III, line 30; **OR** Your California **standard deduction**. See instructions **18** **4,537.**
- 19** Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- **19** **99,589.**

CA TAXABLE INCOME

- 31** Tax. Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 **31** **6,431.**
- 32** CA adjusted gross income from Sch. CA (540NR), Part IV, line 1 **32** **98,287.**
- 35** CA Taxable Income from Schedule CA (540NR), Part IV, line 5 **35** **94,005.**
- 36** CA Tax Rate. Divide line 31 by line 19. **36** **0.0646**
- 37** CA Tax Before Exemption Credits. Multiply line 35 by line 36 **37** **6,073.**
- 38** CA Exemption Credit Percentage. Divide line 35 by line 19.
 If more than 1, enter 1.0000 **38** **0.9439**
- 39** CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$200,534, see instructions. **39** **115.**
- 40** CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-. **40** **5,958.**
- 41** Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A. **41** **0.**
- 42** Add line 40 and line 41. **42** **5,958.**

SCREDITALS

- 50** Nonrefundable Child and Dependent Care Expenses Credit. See inst. Attach form FTB 3506 **50**
- 51** Credit for joint custody head of household.
 See instructions **51**
- 52** Credit for dependent parent. See instructions **52**
- 53** Credit for senior head of household. See instructions. . . **53**
- 54** Credit percentage. Enter the amount from line 38 here.
 If more than 1, enter 1.0000. See instructions **54**
- 55** Credit amount. See instructions. **55**

Your name: SRIRAM R KALLURI

Your SSN or ITIN: 174-69-0812

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- 58 Enter credit name code and amount ● 58
- 59 Enter credit name code and amount ● 59
- 60 To claim more than two credits. See instructions. ● 60
- 61 Nonrefundable renter's credit. See instructions. ● 61
- 62 Add line 50 and line 55 through 61. These are your total credits. ○ 62
- 63 Subtract line 62 from line 42. If less than zero, enter - 0- ○ 63

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- 71 Alternative minimum tax. Attach Schedule P (540NR) ● 71
- 72 Mental Health Services Tax. See instructions. ● 72
- 73 Other taxes and credit recapture. See instructions. ● 73
- 74 Add line 63, line 71, line 72, and line 73. This is your total tax. ● 74

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- 81 California income tax withheld. See instructions. ● 81
- 82 2019 CA estimated tax and other payments. See instructions. ● 82
- 83 Withholding (Form 592-B and/or 593). See instructions. ● 83
- 84 Excess SDI (or VPDI) withheld. See instructions. ● 84
- 85 Earned Income Tax Credit (EITC) ● 85
- 86 Young Child Tax Credit (YCTC). See instructions. ● 86
- 87 Add lines 81 through 86. These are your total payments. See instructions. ○ 87

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- 101 Overpaid tax. If line 87 is more than line 74, subtract line 74 from line 87 ○ 101
- 102 Amount of line 101 you want applied to your 2020 estimated tax. ● 102
- 103 Overpaid tax available this year. Subtract line 102 from line 101 ● 103
- 104 Tax due. If line 87 is less than line 74, subtract line 87 from line 74 ○ 104

Your name: SRIRAM R KALLURI

Your SSN or ITIN: 174-69-0812

Code Amount

California Seniors Special Fund. See instructions ● 400

Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ● 401

Rare and Endangered Species Preservation Voluntary Tax Contribution Program ● 403

California Breast Cancer Research Voluntary Tax Contribution Fund ● 405

California Firefighters' Memorial Fund ● 406

Emergency Food for Families Voluntary Tax Contribution Fund ● 407

California Peace Officer Memorial Foundation Fund ● 408

California Sea Otter Fund ● 410

California Cancer Research Voluntary Tax Contribution Fund ● 413

School Supplies for Homeless Children Fund ● 422

State Parks Protection Fund/Parks Pass Purchase ● 423

Protect Our Coast and Oceans Voluntary Tax Contribution Fund ● 424

Keep Arts in Schools Voluntary Tax Contribution Fund ● 425

Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund ● 431

California Senior Citizen Advocacy Voluntary Tax Contribution Fund ● 438

Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ● 439

Rape Kit Backlog Voluntary Tax Contribution Fund ● 440

Organ and Tissue Donor Registry Voluntary Tax Contribution Fund ● 441

National Alliance on Mental Illness California Voluntary Tax Contribution Fund ● 442

Schools Not Prisons Voluntary Tax Contribution Fund ● 443

Suicide Prevention Voluntary Tax Contribution Fund ● 444

120 Add code 400 through code 444. This is your total contribution ● 120

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Your name: SRIRAM R KALLURI

Your SSN or ITIN: 174-69-0812

AMOUNT DUE

121 AMOUNT YOU OWE. Add line 104 and line 120. See instructions. Do not send cash.

Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267- 0001. 121 0.

Pay Online - Go to ftb.ca.gov/pay for more information.

INTEREST

122 Interest, late return penalties, and late payment penalties 122

123 Underpayment of estimated tax.

Check the box: FTB 5805 attached FTB 5805F attached. 123

124 Total amount due. See instructions. Enclose, but do not staple, any payment. 124

REFUND DEPOSIT

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103.

Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240- 0001. 125 2,485.

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip.

See instructions. Have you verified the routing and account numbers? Use whole dollars only.

All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Form for direct deposit authorization (line 125) with fields for routing number, type (Checking/Savings), account number, and direct deposit amount (126).

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Form for direct deposit authorization (line 125) with fields for routing number, type (Checking/Savings), account number, and direct deposit amount (127).

IMPORTANT: Attach a copy of your complete federal return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

For Information Only

For Information Only

Your email address. Enter only one email address.

Preferred phone number

SRIRAM.KALLURI.3@GMAIL.COM

631-542-3385

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed)

PTIN

Firm's address

Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions Yes No

Print Third Party Designee's Name

Telephone Number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See inst.)

2019

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W- 2 to the Franchise Tax Board. If your federal Form(s) W- 2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W- 2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W- 2.

W- 2 Information

Employee's social security number, Employer's name, Employer identification number (EIN), Employer's address, Employee's first name, Initial, Last name, Suffix, Employee's address, City, State, Zip code.

Wages, tips, other compensation; Social security tax withheld; Allocated tips; Federal income tax withheld; Medicare tax withheld; Dependent care benefits; Social security wages; Social security tips; Nonqualified plans.

12. Codes and amounts. 12a, 12b, 12c, 12d.

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay.

14. SDI, VPDI, or CASDI (from box 14 or 19); 16. State wages, tips, etc.

15. State and employer's state ID number; 17. State income tax.

2019

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W- 2 to the Franchise Tax Board. If your federal Form(s) W- 2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W- 2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W- 2.

W-2 Information

Employee's social security number, Employer's name, Employer identification number (EIN), Employer's address, Employee's first name, Initial, Last name, Suffix, Employee's address, City, State, Zip code.

Wages, tips, other compensation; Social security tax withheld; Allocated tips; Federal income tax withheld; Medicare tax withheld; Dependent care benefits; Social security wages; Social security tips; Nonqualified plans.

12. Codes and amounts: Code C, Amount 67.; Code W, Amount 375.; Code D, Amount 13,000.

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay.

14. SDI, VPDI, or CASDI (from box 14 or 19); Type VPDI, Amount 1,112; 16. State wages, tips, etc. Amount 98,287.

15. State and employer's state ID number; State CA, Employer's state ID number 43879436; 17. State income tax Amount 8,443.

2019

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W- 2 to the Franchise Tax Board. If your federal Form(s) W- 2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W- 2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W- 2.

W- 2 Information

Employee's social security number, Employer's name, Employer identification number (EIN), Employer's address, Employee's first name, Initial, Last name, Suffix, Employee's address, City, State, Zip code.

Wages, tips, other compensation; Social security tax withheld; Allocated tips; Federal income tax withheld; Medicare tax withheld; Dependent care benefits; Social security wages; Social security tips; Nonqualified plans.

12. Codes and amounts. 12a, 12b, 12c, 12d.

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay.

14. SDI, VPDI, or CASDI (from box 14 or 19); 16. State wages, tips, etc.

15. State and employer's state ID number; 17. State income tax.

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return SRIRAM R KALLURI	SSN or ITIN 174-69-0812
--	----------------------------

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2019.

During 2019:

- 1 My California (CA) Residency (Check one)
 a Myself: Nonresident Part-Year Resident Resident b Spouse: Nonresident Part-Year Resident Resident
- | | | |
|--|--|-------------------------|
| | Yourself | Spouse/RDP |
| 2 a I was domiciled in (enter two letter code, see instructions) | <input type="radio"/> CA | <input type="radio"/> |
| b I was in the military and stationed in (enter two letter code) | <input type="radio"/> | <input type="radio"/> |
| 3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) | <input checked="" type="radio"/> NY 08/09/2019 | <input type="radio"/> |
| 4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) | <input type="radio"/> N/A | <input type="radio"/> |
| 5 I was a CA nonresident the entire year (enter state of residence) | <input type="radio"/> N/A | <input type="radio"/> |
| 6 The number of days I spent in CA for any purpose was: | <input type="radio"/> 145 | <input type="radio"/> |
| 7 I owned a home/property in CA (enter Y for Yes, N for No) | <input type="radio"/> N | <input type="radio"/> |
| 8 Before 2019: I was a CA resident for the period of | <input type="radio"/> - | <input type="radio"/> - |
| | <input type="radio"/> N/A | <input type="radio"/> |

Part II Income Adjustment Schedule		A	B	C	D	E
Section A - Income from federal Form 1040 or 1040-SR		Federal Amounts (taxable amounts from your federal tax return)	Subtractions (See instructions (difference between CA & federal law))	Additions (See instructions (difference between CA & federal law))	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1	Wages, salaries, tips, etc. See instructions before making an entry in col. B or C 1	104,126.	0	0	104,126.	98,287.
2	Taxable interest. a <input type="radio"/> 2b	0	0	0	0	0
3	Ordinary dividends. See instructions. a <input type="radio"/> 3b	0	0	0	0	0
4	IRA distributions. See instructions. a <input type="radio"/> 4b	0	0	0	0	0
	c Pensions and annuities. See instructions. c <input type="radio"/> 4d	0	0	0	0	0
5	Social security benefits. a <input type="radio"/> 5b	0	0			
6	Capital gain or (loss). See instructions 6	0	0	0	0	0
Section B - Additional Income from federal Schedule 1 (Form 1040 or 1040-SR)						
1	Taxable refunds, credits, or offsets of state and local income taxes 1	0	0			
2a	Alimony received. See instructions 2a	0		0	0	0
3	Business income or (loss) 3	0	0	0	0	0
4	Other gains or (losses). 4	0	0	0	0	0
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	0	0	0	0	0

		A	B	C	D	E
Section B - Additional Income Continued		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
6	Farm income or (loss) 6	0	0	0	0	0
7	Unemployment compensation 7	0	0			
8	Other income.					
	a California lottery winnings		a 0	a		
	b Disaster loss deduction from FTB 3805V		b 0	b		
	c Federal NOL (Schedule 1 (Form 1040 or 1040-SR), line 8)		c	c 0		
	d NOL deduction from FTB 3805V. 8	0	d 0	d	8 0	8 0
	e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		e 0	e		
	f Other (describe): 0		f 0	f 0		
	g Student loan discharged due to closure of a for-profit school		g 0	g 0		
9	Total. Combine Section A, line 1 through line 6, and Sec. B, ln. 1 through line 8, in each column. Go to Sec. C 9	104,126.	0.	0.	104,126.	98,287.

		A	B	C	D	E
Section C - Adjustments to Income from federal Schedule 1 (Form 1040 or 1040-SR)		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
10	Educator expenses 10	0	0			
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. 11	0	0	0	0	0
12	Health savings account deduction. 12	1,000.	1,000.			
13	Moving expenses. Attach federal Form 3903. See instructions. 13	0		0	0	0
14	Deductible part of self-employment tax. 14	0			0	0
15	Self-employed SEP, SIMPLE, and qualified plans 15	0			0	0
16	Self-employed health insurance deduction 16	0			0	0
17	Penalty on early withdrawal of savings 17	0			0	0
18a	Alimony paid. b Enter recipient's: SSN 0 Last name 0	18a 0		0	0	0
19	IRA deduction 19	0			0	0
20	Student loan interest deduction. 20	0		0	0	0
21	Tuition and fees. 21	0	0			
22	Add line 10 through line 21 in each column, A through E. 22	1,000.	1,000.	0.	0.	0.
23	Total. Subtract line 22 from line 9 in each column, A through E. See instructions. 23	103,126.	(1,000.)	0.	104,126.	98,287.

Part III Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California. . . .

A Federal Amounts (from federal Schedule A (Form 1040 or 1040-SR))

B Subtractions See instructions

C Additions See instructions

Medical and Dental Expenses. See Instructions.

Table with 4 rows for Medical and Dental Expenses. Row 1: Medical and dental expenses. Row 2: Enter amount from federal Form 1040 or 1040-SR, line 8b (103,126). Row 3: Multiply line 2 by 7.5% (0.075) (7,734). Row 4: Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.

Taxes You Paid

Table with 7 rows for Taxes You Paid. Row 5a: State and local income tax or general sales taxes (8,586). Row 5b: State and local real estate taxes. Row 5c: State and local personal property taxes. Row 5d: Add lines 5a through 5c (8,586). Row 5e: Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C (8,586). Row 6: Other taxes. List type. Row 7: Add lines 5e and 6 (8,586).

Interest You Paid

Table with 10 rows for Interest You Paid. Row 8a: Home mortgage interest and points reported to you on Form 1098. Row 8b: Home mortgage interest not reported to you on Form 1098. Row 8c: Points not reported to you on Form 1098. Row 8d: Mortgage insurance premiums. Row 8e: Add lines 8a through 8d. Row 9: Investment interest. Row 10: Add lines 8e and 9.

Gifts to Charity

Table with 4 rows for Gifts to Charity. Row 11: Gifts by cash or check. Row 12: Other than by cash or check. Row 13: Carryover from prior year. Row 14: Add lines 11 through 13.

Casualty and Theft Losses

Table with 1 row for Casualty and Theft Losses. Row 15: Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions.

Other Itemized Deductions

Table with 2 rows for Other Itemized Deductions. Row 16: Other-from list in federal instructions. Row 17: Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C (8,586).

18 Total. Combine line 17 column A less column B plus column C. 018

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions. 19

20 Tax preparation fees. 20

21 Other expenses- investment, safe deposit box, etc. List type 21

22 Add lines 19 through 21. 22

23 Enter amount from federal Form 1040 or 1040- SR, line 8b 103,126

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25

26 **Total Itemized Deductions.** Add line 18 and line 25. 26

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately. **\$200,534**
 Head of household **\$300,805**
 Married/RDP filing jointly or qualifying widow(er). **\$401,072**
No. Transfer the amount on line 28 to line 29.
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29. 29

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
 Single or married/RDP filing separately. See instructions. **\$4,537**
 Married/RDP filing jointly, head of household, or qualifying widow(er). **\$9,074** 30

Part IV California Taxable Income

1 **California AGI.** Enter your California AGI from Part II, line 23, column E. 1 98,287.

2 Enter your deductions from line 30. 2 4,537.

3 **Deduction Percentage.** Divide Part II, line 23, column E by Part II, line 23, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter - 0- 3 0.9439

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3. 4 4,282.

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- 5 94,005.



H&R BLOCK®

2019 STATE TAX RETURN FILING INSTRUCTIONS

NEW YORK

FOR THE YEAR ENDING
December 31, 2019

Prepared for	SRIRAM R KALLURI																								
Tax Summary	<table> <tr> <td>Gross Income</td> <td>\$</td> <td>103,126</td> </tr> <tr> <td>Adjusted Gross Income</td> <td>\$</td> <td>6,214</td> </tr> <tr> <td>Total Deductions</td> <td>\$</td> <td>8,000</td> </tr> <tr> <td>Total Taxable Income</td> <td>\$</td> <td>95,126</td> </tr> <tr> <td>Total Tax</td> <td>\$</td> <td>341</td> </tr> <tr> <td>Total Payments</td> <td>\$</td> <td>139</td> </tr> <tr> <td>Refund Amount</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Amount You Owe</td> <td>\$</td> <td>202</td> </tr> </table>	Gross Income	\$	103,126	Adjusted Gross Income	\$	6,214	Total Deductions	\$	8,000	Total Taxable Income	\$	95,126	Total Tax	\$	341	Total Payments	\$	139	Refund Amount	\$	0	Amount You Owe	\$	202
Gross Income	\$	103,126																							
Adjusted Gross Income	\$	6,214																							
Total Deductions	\$	8,000																							
Total Taxable Income	\$	95,126																							
Total Tax	\$	341																							
Total Payments	\$	139																							
Refund Amount	\$	0																							
Amount You Owe	\$	202																							
Make check payable to	Not Applicable																								
Mailing Address	Not Applicable																								
Special Instructions	<p>SIGN AND DATE YOUR RETURN Please sign and date Form NY TR-579. Keep a copy with your records for three years.</p> <p>KEEP A COPY Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.</p>																								



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2019, through December 31, 2019, or fiscal year beginning . . .

19

and ending

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

Form fields for personal information: Name (SRIRAM, KALLURI), DOB (08221992), SSN (174690812), Address (1035 ASTER AVE C/O SRIRAM REDDY KALLURI), City (SUNNYVALE), State (CA), ZIP (94086), etc.

A Filing status (mark an X in one box): 1 Single (checked), 2 Married filing joint return, 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er)

B Did you itemize your deductions on your 2019 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? (see page 15) Yes No (checked)

D2 Yonkers part-year residents only: (1) Did you receive a property tax relief credit? (2) Enter the amount00

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

I Dependent information (see page 17)

Table with 5 columns: First name and middle initial, Last name, Relationship, Social Security number, Date of birth(mmdyyyy)

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



203001191029

For office use only

NONRESIDENT HANDWRITTEN ENTRIES OTHER THAN NATURAL FORM

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

(1) Number of months you lived in NY City in 2019

(2) Number of months your spouse lived in NY City in 2019

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 (mmdyyyy) 08082019

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. (checked)

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2019? Yes [] No [] (if Yes, complete Form IT-203-B)



Enter your Social Security number
174690812

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		104126.00	6214.00
2 Taxable interest income	2		.00	.00
3 Ordinary dividends	3		.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4		.00	.00
5 Alimony received	5		.00	.00
6 Business income or loss (submit a copy of federal Sch. C, Form 1040)	6		.00	.00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7		.00	.00
8 Other gains or losses (submit a copy of federal Form 4797)	8		.00	.00
9 Taxable amt of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9		.00	.00
10 Taxable amount of pensions/annuities, Beneficiaries: mark X in box <input type="checkbox"/>	10		.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11		.00	.00
12 Rental real estate included in line 11 (federal amount) <input type="text" value="12"/> .00	12			
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13		.00	.00
14 Unemployment compensation	14		.00	.00
15 Taxable amount of Social Security benefits (also enter on line 26)	15		.00	.00
16 Other income (see page 24) Identify: <input type="text" value=""/>	16		.00	.00
17 Add lines 1 through 11 and 13 through 16	17		104126.00	6214.00
18 Total federal adjustments to income (see page 24) Identify: SEE ATTACHMENT	18		1000.00	.00
19 Federal adjusted gross income (subtract line 18 from line 17)	19		103126.00	6214.00
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	.00
21 Public employee 414(h) retirement contributions	21		.00	.00
22 Other (Form IT-225, line 9)	22		.00	.00
23 Add lines 19 through 22	23		103126.00	6214.00
New York subtractions (see page 27)				
24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24		.00	.00
25 Pensions of NYS and local governments and the federal government (see page 27)	25		.00	.00
26 Taxable amount of Social Security benefits (from line 15)	26		.00	.00
27 Interest income on U.S. government bonds	27		.00	.00
28 Pension and annuity income exclusion	28		.00	.00
29 Other (Form IT-225, line 18)	29		.00	.00
30 Add lines 24 through 29	30		.00	.00
31 New York adjusted gross income (subtract line 30 from line 23)	31		103126.00	6214.00
32 Enter the amount from line 31, Federal amount column	32			103126.00
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: <input checked="" type="checkbox"/> Standard -or- <input type="checkbox"/> Itemized	33		8000.00	.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34			95126.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 29)	35		000.00	.00
36 New York taxable income (subtract line 35 from line 34)	36			95126.00

NON HANDWRITTEN ENTRIES OTHER THAN SIGNATURE ON THIS FORM



Name(s) as shown on page 1
SRIRAM R KALLURI

Enter your Social Security number
174690812

Tax computation, credits, and other taxes

37	New York taxable income (from line 36 on page 2)	37	95126 .00
38	New York State tax on line 37 amount (see page 30)	38	5660 .00
39	New York State household credit (page 30, table 1, 2, or 3)	39	.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	5660 .00
41	New York State child and dependent care credit (see page 31)	41	.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	5660 .00
43	New York State earned income credit (see page 31)	43	.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	5660 .00
45	Income percentage (see page 31) <input type="text"/> New York State amount from line 31 <input type="text" value="6214.00"/> ÷ Federal amount from line 31 <input type="text" value="103126.00"/> = Round result to 4 decimal places <input type="text" value="0.0603"/>	45	0.0603
46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	341 .00
47	New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	341 .00
49	Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50	Total New York State taxes (add lines 48 and 49)	50	341 .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	See instructions on pages 31 and 32 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52	Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a	Subtract line 52 from 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	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00	
56	Sales or use tax (See the instructions on page 33. Do not leave line 56 blank.)	56	0 .00	
57	Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00	
58	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	341 .00	



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Enter your Social Security number
174690812

59 Enter amount from line 58. 59 341.00

Payments and refundable credits (see page 34)

60	Part-year NYC school tax credit (fixed amt) (also complete E on front)	60	.00
60a	NYC school tax credit (rate reduction amount)	60a	.00
61	Other refundable credits (Form IT-203-ATT, line 17)	61	.00
62	Total New York State tax withheld	62	139.00
63	Total New York City tax withheld	63	.00
64	Total Yonkers tax withheld	64	.00
65	Total estimated tax payments/amount paid with Form IT-370	65	.00
66	Total payments and refundable credits (add lines 60 through 65)	66	139.00

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 12 and 13).
Do not send federal Form W-2 with your return.

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

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

69	Amount of line 67 that you want applied to your 2020 estimated tax (see instructions)	69	.00
70	Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input checked="" type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return	70	202.00
71	Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 37)	71	.00
72	Other penalties and interest (see page 37)	72	.00

See page 37 for payment options.

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 021000089 73c Account number 6783838404

74 Electronic funds withdrawal (see page 38) Date 04212020 Amount 202.00

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

▼ Paid preparer must complete ▼ (see instructions)	Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature	Preparer's printed name	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	
Address	Employer identification number	
	Date	
Email:		

▼ Taxpayer(s) must sign here ▼	
Your signature For Information Only	
Your occupation STUDENT	
Spouse's signature and occupation (if joint return) For Info Only	
Date	Daytime phone number 6315423385
Email: SRIRAM.KALLURI.3@GMAIL.COM	

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES OTHER THAN SIGNATURE ON THIS FORM



Nonresident and Part-Year Resident Income Allocation And College Tuition Itemized Deduction Worksheet

Name(s) and occupation(s) as shown on Form IT-203: SRIRAM R KALLURI; Your Social Security number: 174690812

Complete all parts that apply to you; see instructions (Form IT- 203- I). Submit this form with your Form IT- 203.

Schedule A - Allocation of wage and salary income to New York State

Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation.

Additional Schedule A sections are provided on page 3 of this form. If you are required to complete more than one Schedule A, total the amounts from line p on all schedules and include this total on Form IT- 203, line 1, in the New York State amount column.

Do not use this schedule for income based on the volume of business transacted. See the Schedule A instructions if:

- You had more than one job;
You had a job for only part of the year; or
You and your spouse each had a job that requires allocation.

1a Total days (see instructions) 1a
1b Saturdays and Sundays (not worked) 1b
1c Holidays (not worked) 1c
1d Sick leave 1d
1e Vacation 1e
1f Other nonworking days 1f
1g Total nonworking days (add lines 1b through 1f) 1g
1h Total days worked in year at this job (subtract line 1g from line 1a) 1h
1i Total days included in line 1h worked outside New York State 1i
1j Enter number of days worked at home included in line 1i amount 1j
1k Subtract line 1j from line 1i 1k
1l Days worked in New York State (subtract line 1k from line 1h) 1l
1m Enter number of days from line 1h above 1m
1n Divide line 1l by line 1m; round the result to the fourth decimal place. 1n
1o Wages, salaries, tips, etc. (to be allocated) 1o .00
1p New York State allocated wage and salary income (multiply line 1n by line 1o) 1p .00

NO HANDWRITTEN ENTRIES ON THIS FORM

Include the line 1p amount on Form IT- 203, line 1, in the New York State amount column.

Schedule B -Living quarters maintained in New York State by a nonresident

Mark an X in the box if NYS living quarters were maintained for you or by you for the entire tax year

If you or your spouse maintained living quarters in NYS during any part of the year, give address(es) below. Submit additional sheets if necessary. For column E, mark an X in the box if the living quarters are still maintained for or by you.

Table with 5 columns: A - Street address, B - City, village, or post office, C, D - ZIP code, E. Includes checkboxes for column E.

Enter the number of days spent in New York State in this tax year [] Any part of a day spent in New York State is considered a day spent in New York State.



Enter your Social Security number
174690812

Schedule C - College tuition itemized deduction worksheet (See the instructions for Schedule C.)

- 1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? 1 Yes No
- If **Yes**, stop; you do not qualify for the college tuition itemized deduction.
 - If **No**, continue. Complete A through I below for each eligible student for whom you paid qualified college tuition expenses. Use additional sheets if necessary.

Eligible student	A	MI	Last name	Suffix	B	C
	First name				Social Security number	DOB (mmdyyyy)
1	SRIRAM REDDY		KALLURI		174690812	08221992
D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
E		F				
EIN of college or university (see instructions)		Name of college or university (see instructions)				
111878857		SUNY STONY BROOK UNIVERSITY				
G Were expenses for undergraduate tuition? (see instructions) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
H Amount of qualified college tuition expenses (see instructions)			I Enter the lesser of line H or 10,000			
6721.00			6721.00			

Eligible student	A	MI	Last name	Suffix	B	C
	First name				Social Security number	DOB (mmdyyyy)
2						
D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>						
E		F				
EIN of college or university (see instructions)		Name of college or university (see instructions)				
G Were expenses for undergraduate tuition? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>						
H Amount of qualified college tuition expenses (see instructions)			I Enter the lesser of line H or 10,000			
.00			.00			

Eligible student	A	MI	Last name	Suffix	B	C
	First name				Social Security number	DOB (mmdyyyy)
3						
D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>						
E		F				
EIN of college or university (see instructions)		Name of college or university (see instructions)				
G Were expenses for undergraduate tuition? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>						
H Amount of qualified college tuition expenses (see instructions)			I Enter the lesser of line H or 10,000			
.00			.00			

2 College tuition itemized deduction (total the line I amounts for all eligible students; include amounts from any additional sheets).

Also enter this amount on your Form IT-196, New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

2 6721.00

NO HANDWRITTEN ENTRIES ON THIS FORM



Schedule A - Allocation of wage and salary income to New York State

2a	Total days (see instructions)		2a	
Nonworking days included in line 2a:	2b Saturdays and Sundays (not worked)	2b		
	2c Holidays (not worked)	2c		
	2d Sick leave	2d		
	2e Vacation	2e		
	2f Other nonworking days	2f		
	2g	Total nonworking days (add lines 2b through 2f)		2g
2h	Total days worked in year at this job (subtract line 2g from line 2a)		2h	
2i	Total days included in line 2h worked outside New York State	2i		
2j	Enter number of days worked at home included in line 2i amount	2j		
2k	Subtract line 2j from line 2i		2k	
2l	Days worked in New York State (subtract line 2k from line 2h)		2l	
2m	Enter number of days from line 2h above		2m	
2n	Divide line 2l by line 2m; round the result to the fourth decimal place		2n	
2o	Wages, salaries, tips, etc. (to be allocated)	2o		.00
2p	New York State allocated wage and salary income (multiply line 2n by line 2o)	2p		.00

Include the line 2p amount on Form IT- 203, line 1, in the **New York State amount** column.

Schedule A - Allocation of wage and salary income to New York State

3a	Total days (see instructions)		3a	
Nonworking days included in line 3a:	3b Saturdays and Sundays (not worked)	3b		
	3c Holidays (not worked)	3c		
	3d Sick leave	3d		
	3e Vacation	3e		
	3f Other nonworking days	3f		
	3g	Total nonworking days (add lines 3b through 3f)		3g
3h	Total days worked in year at this job (subtract line 3g from line 3a)		3h	
3i	Total days included in line 3h worked outside New York State	3i		
3j	Enter number of days worked at home included in line 3i amount	3j		
3k	Subtract line 3j from line 3i		3k	
3l	Days worked in New York State (subtract line 3k from line 3h)		3l	
3m	Enter number of days from line 3h above		3m	
3n	Divide line 3l by line 3m; round the result to the fourth decimal place		3n	
3o	Wages, salaries, tips, etc. (to be allocated)	3o		.00
3p	New York State allocated wage and salary income (multiply line 3n by line 3o)	3p		.00

Include the line 3p amount on Form IT- 203, line 1, in the **New York State amount** column.

NO HANDWRITTEN ENTRIES ON THIS FORM





Change of City Resident Status

New York City • Yonkers

Submit this form with Form IT-201 or Form IT-203.

Name(s) as shown on return SRIRAM R KALLURI	Social Security number 174690812
--	-------------------------------------

Change of resident status - If you are married and filing separate New York State returns, each of you must complete a separate Form IT- 360.1 (see instructions, Form IT-360.1-I, front page).

- Mark an X in only one box
- (A) New York City change of residence - Complete Parts 1, 2, 3, and 4.
 - (B) Yonkers change of residence - Complete Parts 1 and 5.
 - (C) New York City and Yonkers change of residence - Complete the entire form.

NON HANDWRITTEN ENTRIES ON THIS FORM

Part 1 - New York adjusted gross income (see instructions, page 3)		Column A Federal income and adjustments (all sources)	Column B Amount of Column A for New York City resident period	Column C Amount of Column A for Yonkers resident period
1	Wages, salaries, tips, etc.	104126 .00	.00	.00
2	Taxable interest income . . . . .	.00	.00	.00
3	Ordinary dividends . . . . .	.00	.00	.00
4	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	.00	.00	.00
5	Alimony received . . . . .	.00	.00	.00
6	Business income or loss (submit copy of federal Schedule C, Form 1040) . . . . .	.00	.00	.00
7	Capital gain or loss (submit copy of federal Schedule D, Form 1040) . . . . .	.00	.00	.00
8	Other gains or losses (submit copy of federal Form 4797) . . . . .	.00	.00	.00
9	Taxable amount of IRA distributions. . . . .	.00	.00	.00
10	Taxable amount of pensions and annuities. . . . .	.00	.00	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of fed. Schedule E, Form 1040) . . . . .	.00	.00	.00
12	Farm income or loss (submit copy of federal Schedule F, Form 1040) . . . . .	.00	.00	.00
13	Unemployment compensation . . . . .	.00	.00	.00
14	Taxable amount of Social Security benefits . . . . .	.00	.00	.00
15	Other income Identify:	.00	.00	.00
16	Total (add lines 1 through 15).	104126 .00	.00	.00
17	Total federal adjustments to income Identify: HEALTH SAV DED	1000 .00	.00	.00
18	Federal adjusted gross income (subtract line 17 from line 16)	103126 .00	.00	.00
19	New York adjustments (submit schedule) . . . . .	.00	.00	.00
20	New York adjusted gross income (line 18 and add or subtract line 19)	103126 .00	.00	.00



Part 2 - Itemized deductions for New York City (see instr., page 3) If you are claiming the standard deduction, do not complete Part 2.		Column A Itemized deductions (see instructions)	Column B Amount of Column A for New York City resident period
21	Medical and dental expenses	21	.00
22	Taxes you paid	22	.00
23	Interest you paid	23	.00
24	Gifts to charity	24	.00
25	Casualty and theft losses	25	.00
26	Job expenses and certain miscellaneous deductions	26	.00
27	Other miscellaneous deductions	27	.00
28	Add lines 21 through 27.	28	.00
29	Reduction for itemized deduction limitation (see instructions)	29	.00
30	Total itemized deductions (subtract line 29 from line 28).	30	.00
31	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments	31	.00
32	Subtract line 31 from line 30.	32	.00
33	Addition adjustments and college tuition itemized deduction (see instructions)	33	.00
34	Add lines 32 and 33.	34	.00
35	Itemized deduction adjustment (if line 20, Column B, is more than \$100,000, see instructions, page 5; all others enter 0 on line 35).	35	.00
36	Itemized deduction (subtract line 35 from line 34, enter here and on line 44)	36	.00

Part 3 - Dependent exemptions (see instructions, page 5)

37 Enter the period you were a New York City resident during 2019; use a two-digit number to represent the month and day (see instructions)

From: month day To: month day
(mm) (dd) (mm) (dd)

38 Enter the county where you resided while a nonresident of New York City

39	Enter the number of full months in the New York City resident period	39	
40	Enter the prorated value of one dependent exemption (use Proration chart; see instructions, page 2)	40	.00
41	Enter the number of dependent exemptions you claimed on Form IT-201, line 36, or Form IT-203, line 35	41	
42	Multiply the amount on line 40 by the number of dependent exemptions claimed on line 41 (enter here and on line 46).	42	.00

Part 4 - Part-year New York City resident tax (see instructions, page 5)

43	New York City adjusted gross income (see instructions)	43	.00
44	Resident period standard deduction (see instructions, page 2) or resident period itemized deduction (from line 36).	44	.00
45	Subtract line 44 from line 43.	45	.00
46	Dependent exemption amount (from line 42)	46	.00
47	New York City taxable income (subtract line 46 from line 45).	47	.00
48	New York City tax on line 47 amount (see instructions, page 5)	48	.00
49	Total New York City household credit and accumulation distribution credit (see instructions, page 6)	49	.00
50	Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0)	50	.00
51	Part-year New York City separate tax on lump-sum distributions (from Form IT-230)	51	.00
52	Part-year New York City resident tax on capital gain portion of lump-sum distributions (from Form IT-230)	52	.00
53	Add lines 50, 51, and 52	53	.00
54	Credit for part-year New York City unincorporated business tax paid (see instructions, page 8)	54	.00
55	Part-year New York City resident tax (subtract line 54 from line 53 and enter tax on Form IT-201, line 50, or Form IT-203, line 51; if line 54 is larger than line 53, enter 0)	55	.00

NO HANDWRITTEN ENTRIES ON THIS FORM



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Part 5 - Part-year Yonkers resident income tax surcharge (see instructions, page 8)

	Full-year NYS resident	Part-year NYS resident
56 Total New York State taxes (Form IT-201, line 46)	56 .00	
57 Empire State child credit (Form IT-201, line 63)	57 .00	
58 NYS child and dependent care credit (Form IT-216, line 14)	58 .00	
59 Earned income credit (Form IT-201, line 65)	59 .00	
60 Noncustodial parent New York State earned income credit (Form IT- 201, line 66)	60 .00	
61 Real property tax credit (Form IT-201, line 67)	61 .00	
61a New York City school tax credit (Form IT-201, lines 69 and 69a)	61a .00	
62 College tuition credit (Form IT-201, line 68)	62 .00	
62a Property tax relief credit (see instructions)	62a .00	
63 Amount from Form IT-201-ATT, line 13	63 .00	
64 Add lines 57 through 63	64 .00	
65 Subtract line 64 from line 56 (if line 64 is more than line 56, enter 0 here and on Form IT- 201, line 57)	65 .00	
66 Base tax (Form IT-203, line 44)	66	5660 .00
67 New York State nonrefundable credits (Form IT-203-ATT, line 8)	67	.00
68 Subtract line 67 from line 66 (if line 67 is more than line 66, enter 0)	68	5660 .00
69 Net other New York State taxes (Form IT-203-ATT, line 33)	69	.00
70 Add lines 68 and 69	70	5660 .00
71 Total of amounts from Form IT- 203- ATT, lines 9, 10, and 12	71	.00
71a Property tax relief credit (see instructions)	71a	.00
71b New York City school tax credit (Form IT-203, lines 60 and 60a)	71b	.00
71c Add lines 71, 71a, and 71b	71c	.00
72 Subtract line 71c from line 70 (if line 71c is more than line 70, enter 0)	72	5660 .00
73 Income percentage (see worksheet on page 8 of the instructions)	73	
74 Multiply line 65 by line 73. This is the net state tax for full- year state residents.	74 .00	
75 Multiply line 72 by line 73. This is the net state tax for part- year state residents.	75	.00
76 Yonkers resident tax rate.	76 .1675	

77 Part- year Yonkers resident income tax surcharge
 (Full- year NYS residents: Multiply line 74 by line 76. Part- year NYS residents: Multiply line 75 by line 76.) 77 .00
 Enter the line 77 amount on Form IT- 201, line 57, or Form IT- 203, line 54.

See Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I, if you received wages or net earnings from self-employment from Yonkers sources during your nonresident period.

NO HANDWRITTEN ENTRIES ON THIS FORM





Summary of W-2 Statements

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

174690812

Box b Employer ID number (EIN)

146013200

Box c Employer's information

Employer's name			
STATE OF NEW YORK			
Employer's address (number and street)			
110 STATE STREET			
City	State	ZIP code	Country (if not United States)
ALBANY	NY	12207	

Box 1 Wages, tips, other compens.

3851.00

Box 12a Amount

1824.00

Code DD

Box 14a Amount

.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

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.

3851.00

Box 17a NYS income tax withheld

43.00

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 YONKERS
Locality b

W-2 Record 2

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

174690812

Box b Employer ID number (EIN)

943292913

Box c Employer's information

Employer's name			
VMWARE INC			
Employer's address (number and street)			
6500 RIVER PLACE BLVD			
City	State	ZIP code	Country (if not United States)
AUSTIN	TX	78730	

Box 1 Wages, tips, other compens.

97912.00

Box 12a Amount

67.00

Code C

Box 14a Amount

1112.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

13000.00

Code D

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

375.00

Code W

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

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

CA

Box 16b Other state wages, tips, etc.

98287.00

Box 17b Other state income tax withheld

8443.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00
Locality b .00

Box 19 Local income tax withheld

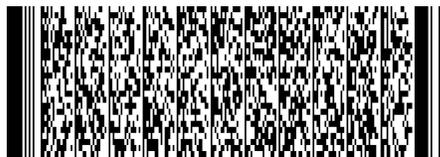
Locality a .00
Locality b .00

Box 20 Locality name

Locality a
Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001191029





Summary of W-2 Statements

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

174690812

Box b Employer ID number (EIN)

141368361

Box c Employer's information

Employer's name THE RESEARCH FOUNDATION FOR SUNY			
Employer's address (number and street) PO BOX 9			
City	State	ZIP code	Country (if not United States)
ALBANY	NY	122010009	

Box 1 Wages, tips, other compens.
2363.00

Box 12a Amount .00

Box 14a Amount 4.00 Description DI

Box 8 Allocated tips .00

Box 12b Amount .00

Box 14b Amount .00 Description

Box 10 Dependent care benefits .00

Box 12c Amount .00

Box 14c Amount .00 Description

Box 11 Nonqualified plans .00

Box 12d Amount .00

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. 2363.00

Box 17a NYS income tax withheld 96.00

Other state information:

Box 15b other state CA

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
YONKERS

W-2 Record 2

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

Box b Employer ID number (EIN)

Box c Employer's information

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

Box 1 Wages, tips, other compens.
.00

Box 12a Amount .00

Box 14a Amount .00 Description

Box 8 Allocated tips .00

Box 12b Amount .00

Box 14b Amount .00 Description

Box 10 Dependent care benefits .00

Box 12c Amount .00

Box 14c Amount .00 Description

Box 11 Nonqualified plans .00

Box 12d Amount .00

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

NO HANDWRITTEN ENTRIES ON THIS FORM

102001191029



Supporting Schedules

2019

Name: SRIRAM R KALLURI

SSN: 174-69-0812

NY Form IT-203, Page 2

Federal Adjustments

Description	Federal Amount	NY State Amount
F8889 DED	1,000	
Total	1,000	

2020
FORM 1040-ES

**DECLARATION OF ESTIMATED
INCOME TAX
FOR THE YEAR 2020**

TAXPAYER'S COPY
For Your Records - Do Not File

Taxpayer's Social Security Number 174-69-0812		Spouse's Social Security Number		For Calendar Year 2020 or Fiscal Year Ending		
First Name(s) and Initial(s) SRIRAM R		Last Name(s) KALLURI		Mail Check or Money Order Payable To: United States Treasury		
Address 1035 ASTER AVE APT 2216						
City, State, Zip SUNNYVALE CA 94086						
				Include SSN(s) on check or money order.		
Payment Schedule				Payment Record		
Due Date	Total Estimated Tax for the year	Overpayment Credited to this year	Total Amount to be Paid	Amount Paid	Date Mailed	Check or Money Order Number
April 15, 2020						
June 15, 2020						
Sept. 15, 2020						
January 15, 2021						
Total						

2020
FORM 1040-ES

**DECLARATION OF ESTIMATED
INCOME TAX
FOR THE YEAR 2020**

PRACTITIONER'S COPY

Taxpayer's Social Security Number 174-69-0812		Spouse's Social Security Number		For Calendar Year 2020 or Fiscal Year Ending		
First Name(s) and Initial(s) SRIRAM R		Last Name(s) KALLURI				
Address 1035 ASTER AVE APT 2216						
City, State, Zip SUNNYVALE CA 94086						
Payment Schedule						
Due Date	Total Estimated Tax for the year	Overpayment Credited to this year	Total Amount to be Paid			
April 15, 2020						
June 15, 2020						
Sept. 15, 2020						
January 15, 2021						
Total						