

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name MOHAMMED ASHRAF ALI	Social security number 628-69-3500
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	125,022.
2	Total tax	2	21,109.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	24,821.
4	Amount you want refunded to you	4	3,865.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

9	3	5	0	0
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Your first name and middle initial MOHAMMED ASHRAF	Last name ALI	Your social security number 628-69-3500
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 50 W 34TH STREET		Apt. no. 21A3	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. NEW YORK	State NY	ZIP code 10001	
Foreign country name	Foreign province/state/county	Foreign postal code	

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

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

Age/Blindness **You:** Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

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

	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	136,648.
Attach Sch. B if required.	2a	Tax-exempt interest	2a		2b	
	3a	Qualified dividends	3a		3b	
	4a	IRA distributions	4a		4b	
	5a	Pensions and annuities	5a		5b	
	6a	Social security benefits	6a		6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	-3,000.
	8	Other income from Schedule 1, line 9			8	-8,326.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	125,322.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:					
	a	From Schedule 1, line 22	10a			
	b	Charitable contributions if you take the standard deduction. See instructions	10b	300.		
	c	Add lines 10a and 10b. These are your total adjustments to income ▶			10c	300.
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶			11	125,022.
	12	Standard deduction or itemized deductions (from Schedule A)			12	12,400.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
	14	Add lines 12 and 13			14	12,400.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	112,622.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	21,109.
17	Amount from Schedule 2, line 3	17	0.
18	Add lines 16 and 17	18	21,109.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	21,109.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	21,109.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	24,821.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	24,821.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	153.
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	153.
33	Add lines 25d, 26, and 32. These are your total payments	33	24,974.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,865.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,865.
b	Routing number 0 2 1 0 0 0 0 2 1		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 1 0 6 8 9 3 3 6 2		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

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

Sign Here

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

Your signature	Date	Your occupation SECURITY ANALYST	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/18/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Phone no. (678) 965-9522			
Firm's address 2530 Pebble Creek Ln Cumming GA 30041	Firm's EIN 30-1017196			



201010013

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

Print Using Blue or Black Ink Only.

MOHAMMED ASHRAF First Name MI ALI Last Name 628693500 SSN/Taxpayer Identification Number

Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2021 estimated tax
2. Amount of overpayment to be refunded to you REFUND 277
3. Total amount due (Pay in full by April 15, 2021. See instructions.)

Part II Taxpayer Declaration and Signature Authorization

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

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN 93500 Enter five digits. Do not enter all zeros.

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

Your signature Date

Spouse's PIN: check one box only

[] I authorize ERO firm name to enter or generate my PIN Enter five digits. Do not enter all zeros.

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

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 58727861989 Do not enter all zeros.

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

ERO's signature Date 02182021

DO NOT MAIL



205050013

OR FISCAL YEAR BEGINNING _____ 2020, ENDING _____

628693500 Social Security Number Spouse's Social Security Number

MOHAMMED ASHRAF First Name MI

ALI Last Name



Spouse's First Name MI

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.

Spouse's Last Name

50 W 34TH STREET Current Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland County

21A3 Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

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

NEW YORK NY 10001 City or Town State ZIP Code + 4

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

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

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. NY

If PA resident, enter both County and City, Borough or Township

Were you a resident of another state for the entire year of 2020? If no, attach explanation. Yes [] No [X]

Are you or your spouse a member of the military? Yes [] No [X]

Did you file a Maryland income tax return for 2019? Yes [] No [X] If "Yes," was it a Resident or a Nonresident return?

Dates you resided in Maryland for 2020. If none, enter "NONE": FROM None TO None (MMDDYYYY).

Check here for Maryland taxes withheld in error. (See Instruction 4.)

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

A. [X] Yourself [] Spouse Enter number checked 1 See Instruction 10 A. \$ 800

B. [] 65 or over [] 65 or over

[] Blind [] Blind Enter number checked [] X \$1,000 B. \$

C. Enter number from line 3 of Dependent Form 502B [] See Instruction 10 C. \$

D. Enter Total Exemptions (Add A, B and C.) [1] Total Amount D. \$ 800



205050113

Name MOHAMMED ASHRAF ALI SSN 628693500

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 11.)

	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAND INCOME (LOSS)
1. Wages, salaries, tips, etc. 1.	136648	18371	118277
2. Taxable interest income 2.			
3. Dividend income 3.			
4. Taxable refunds, credits or offsets of state and local income taxes 4.			
5. Alimony received 5.			
6. Business income or (loss) 6.			
7. Capital gain or (loss) 7.	-3000	0	-3000
8. Other gains or (losses) (from federal Form 4797) 8.			
9. Taxable amount of pensions, IRA distributions, and annuities. 9.			
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.) 10.	-8326	0	-8326
11. Farm income or (loss) 11.			
12. Unemployment compensation (insurance) 12.			
13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits 13.			
14. Other income (including lottery or other gambling winnings) 14.			
15. Total income (Add lines 1 through 14.) 15.	125322	18371	106951
16. Total adjustments to income from federal return (IRA, alimony, etc.) 16.	300	0	300
17. Adjusted gross income (Subtract line 16 from line 15.) ▶ 17.	125022	18371	106651

ADDITIONS TO INCOME (See Instruction 12.)

18. Non-Maryland loss and adjustments. 18.			11626
19. Other (Enter code letter(s) from Instruction 12.) ▶ 19.			
20. Total additions (Add lines 18 and 19.) ▶ 20.			11626
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.) 21.			136648

SUBTRACTIONS FROM INCOME (See Instruction 13.)

22. Taxable Military Income of Nonresident ▶ 22.			
23. Other (Enter code letter(s) from Instruction 13.) ▶ 23.			
24. Total subtractions (Add lines 22 and 23.) ▶ 24.			
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.) 25.			136648

DEDUCTION METHOD See Instruction 1 (All taxpayers must select one method and check the appropriate box.)

26. a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.) <input checked="" type="checkbox"/> ▶ 26a.	2300		
ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) <input type="checkbox"/>			
b. Total federal itemized deductions (from line 17, federal Schedule A) ▶ 26b.			
c. State and local income taxes (See Instruction 16.) ▶ 26c.			
d. Net itemized deductions (Subtract line 26c from line 26b.) 26d.			
e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 26e.	1.000000	(from worksheet in Instruction 14.)	▶ 26. 2300
27. Net income (Subtract line 26 from line 25.) 27.			134348
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 28.			800
29. Enter your AGI factor (from worksheet in Instruction 14) 29.	1.000000		
30. Maryland exemption allowance (Multiply line 28 by line 29.) 30.			800
31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR. 31.			133548

MARYLAND TAX COMPUTATION – COMPLETE FORM 505NR BEFORE CONTINUING.

32. a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.) 32a.	858
b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.) 32b.	403
c. Total Maryland tax (Add lines 32a and 32b.) 32c.	1261
33. Poverty level credit from worksheet in Instruction 20. ▶ 33.	



205050213

Name MOHAMMED ASHRAF ALI SSN 628693500

- 34. Other income tax credits... 34.
35. Business tax credits... You must file this form electronically to claim business tax credits on Form 500CR
36. Total credits... 36.
37. Maryland tax after credits... 37. 1261
38. Contribution to Chesapeake Bay and Endangered Species Fund... 38.
39. Contribution to Developmental Disabilities Services and Support Fund... 39.
40. Contribution to Maryland Cancer Fund... 40.
41. Contribution to Fair Campaign Financing Fund... 41.
42. Total Maryland income tax and contributions... 42. 1261
43. Total Maryland tax withheld... 43. 1538
44. 2020 estimated tax payments... 44.
45. Nonresident tax paid by pass-through entities... 45.
46. Refundable income tax credits... 46.
47. Total payments and credits... 47. 1538
48. Balance due... 48.
49. Overpayment... 49. 277
50. Amount of overpayment TO BE APPLIED TO 2021 ESTIMATED TAX... 50.
51. Amount of overpayment TO BE REFUNDED TO YOU... 51. 277
52. Interest charges... 52.
53. TOTAL AMOUNT DUE... 53.

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

54a. Type of account: [X] Checking [] Savings 54b. Routing Number (9-digits) 021000021

54c. Account Number 106893362

54d. Name(s) as it appears on the bank account

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

Your signature Date Spouse's signature Date

5512263323 Taxpayer(s) daytime phone number

SYAM PRIYA RAM SAGAR GUPTA TALLAM Signature of Preparer other than taxpayer (Required by Law)

2530 PEBBLE CREEK LN Street address of Preparer/Firm

GLOBAL TAXES LLC Printed name of the Preparer/Firm's name

CUMMING GA 30041 City, State, ZIP Code + 4

6789659522 Telephone number of Preparer

P02082703 Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)



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

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

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

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



**MARYLAND
FORM
505NR**

**NONRESIDENT
INCOME TAX
CALCULATION**
ATTACH TO YOUR TAX RETURN



20505N013

2020

Print Using
Blue or Black Ink Only

MOHAMMED ASHRAF _____ ALI _____ 628693500 _____
 First Name MI Last Name Social Security Number

 Spouse's First Name MI Spouse's Last Name Spouse's Social Security Number

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

PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) 1. 133548 _____
 2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. 2. 6396 _____

PART II - CALCULATION OF MARYLAND TAX

3. Enter your federal adjusted gross income from Form 505
 (or Form 515), line 17 (Column 1) 3. 125022 _____
 3a. Earned Income (See instructions.) ▶ 3a. 136648 _____
 4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. 4. 136648 _____
 5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. 5. _____
 6a. Enter your subtractions from line 23 of Form 505 or Form 515 6a. _____
 6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5
 or 6a of this form (See instructions.) ▶ 6b. 118277 _____
 7. Add lines 5 through 6b. 7. 118277 _____
 8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. 8. 18371 _____

**If you are using the standard deduction, recalculate the standard
 deduction based on the income on line 8 and enter on line 8a . . . 8a. 2300 _____**

9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and
 cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and
 line 3 is 0 or less, the factor is 1.000000. 9. 146942 _____
 10. Deduction amount.
 If you are using the standard deduction, multiply the standard
 deduction on line 8a by line 9 of this form and enter on line 10a . . 10a. 338 _____
 If you are itemizing your deductions, multiply the deduction on
 Form 505, line 26d, by line 9 of this form and enter on line 10b. . . 10b. _____

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

11. Net income (Subtract line 10a or 10b from line 8.) 11. 18033 _____
 12. Exemption amount. Multiply the total exemption amount on Form 505, line 28
 (or Form 515, line 29) by line 9. 12. 118 _____
 13. Maryland Taxable Net Income (Subtract line 12 from line 11.) 13. 17915 _____
 14. Enter the tax amount from line 2 of this form. 14. 6396 _____
 15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1.
 If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. 15. 134147 _____
 16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a
 (Form 515, line 33) 16. 858 _____
 17. Special nonresident tax. Multiply line 13 of this form by 0.0225. Enter this amount
 on Form 505, line 32b. If line 13 is 0 or less, enter 0. 17. 403 _____

FOR FORM 515 FILERS ONLY.

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

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

Form CT-1040NR/PY Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; **and** Form CT-6251, Pages 1 and 2.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

1. Do not send this sheet with your return. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 20a through 20e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
8. **Do not attach or send copies of forms W-2 or 1099.**
9. Send **all** completed pages of CT-1040NR/PY, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2020 Form CT-1040NR/PY" on your check.
12. To mail your return, use the following addresses:
For all tax returns with payment:
Department of Revenue Services
PO Box 2977
Hartford CT 06104-2977

For refunds and tax returns without payment:
Department of Revenue Services
PO Box 2976
Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 27a through 27d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

Do not send this sheet with your return.

NRPY1220V011555



Form CT-1040NR/PY - 2020
Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/20)

Page 1 of 4

Other tax year, beginning: and ending:

Y S N FJ N MFS N HOH N QW
628 - 69 - 3500 - -

MOHAMMED ASHRAF ALI N Dec. N P
N Dec. Y N

50 W 34TH ST N CT-8379 N CT-2210
APT 21A3 N CT-1040 CRC N Federal Form 1310
NEW YORK NY 10001 -

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 18 detailing income, deductions, and total tax.

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.



Form CT-1040NR/PY, Page 2 of 4

NRPY1220V021555



• 628693500

19. Amount from Line 18

1 • 6387

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

	Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a.	27 - 1437501	• 118277	•	6284
20b.	-	• 0	•	0
20c.	-	• 0	•	0
20d.	-	• 0	•	0
20e.	-	• 0	•	0

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f. 0

20. Total Connecticut income tax withheld: Amounts in Column C.	20.	6284
21. If 2020 estimated tax payments and any overpayments applied from a prior year	21.	0
22. Payments made with Form CT-1040 EXT	22.	0
22a. Claim of right credit (from Form CT-1040 CRC, Line 6)	22a.	0
22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached.	22b.	0
23. Total payments and refundable credits: Add Lines 20, 21, 22, 22a and 22b.	23.	6284
24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23.	24	0
25. Amount of Line 24 you want applied to your 2021 estimated tax	25.	0
26. Reserved for future use	26.	0
26a. Total contributions of refund to designated charities (from Schedule 4, Line 63)	26a.	0
27. Refund: Lines 25, 26, and 26a subtracted from Line 24. If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.	27.	0
27a. Acct. type N Ck. N Sv. 27b. Rout. # c. Acct. #		
27d. Refund going to a bank account outside the U.S.	27d.	N
28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19.	28.	103
29. If late: Penalty entered. Line 28 multiplied by 10% (.10).	29.	0
30. If late: Interest entered. Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01).	30.	0
31. Interest on underpayment of estimated tax (from Form CT-2210.)	31	0
32. Total amount due: Add Lines 28 through 31.	32.	103.00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature	Date	Home/cell telephone number
•	•	5512263323
Spouse's signature (if joint return)	Date	Daytime telephone number
•	•	•
Paid preparer's signature	Date	Telephone number
• SYAM PRIYA RAM SAGAR GU	• 021821	• 6789659522
Paid preparer's name	Paid Preparer's PTIN	
SYAM PRIYA RAM SAGAR GUPTA TALL	P02082703	
Firm's name, address and ZIP code	FEIN	
GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 -	301017196	
	Self-employed	
	N	

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
•	•	•

NRPY1220V021555

Sign Here
Keep a copy for your records.

Form CT-1040NR/PY, Page 3 of 4

NRPY1220V031555



• 628693500

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	38.	0
38a. 80% of Section 179 federal deduction.	38a.	0
39. Other - specify •	39	0
40. Total additions: Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 25% of income received from Connecticut Teachers' Retirement System	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions made in 2020 or an excess carried forward from a prior year Acct. #	50.	0
50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding three years.	50a.	0
50b. 28% of pension or annuity income.	50b.	0
51. Other - specify •	51.	0
52. Total subtractions: Add Lines 41 through 51.	52.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year	53.	0
	Col. A	Col. B
54. Qualifying jurisdiction's name and two-letter code	54. •	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	5	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000
57. Apportioned income tax	5	0
58. Line 56 multiplied by Line 57	58.	0
59. Allowable income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
61. Total credit: Add Line 60, all columns.	61	0

NRPY1220V031555



NRPY1220V041555



• 628693500



Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62 •	0

Schedule 4 - Contributions to Designated Charities

63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	6 f.	0
63g. CBS	6 g.	0
63h. MHCIA	63h.	0
63. Total Contributions: Add Lines 63a through 63h.	63.	0

Taxpayer email





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 (MOHAMMED ASHRAF ALI) 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.

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.

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 (125022), 2. Refund (479), 3. Amount you owe, 4. Financial institution routing number (021000021), 5. Financial institution account number (106893362), 6. Account type (Personal checking checked).

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.

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.

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

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.

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 Date fields.



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

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

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

and ending ...

Your first name MOHAMMED ASHRAF		MI	Your last name (for a joint return, enter spouse's name on line below) ALI		Your date of birth (mmdyyy) 03201991	Your Social Security number 628693500
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmdyyy)	Spouse's Social Security number
Mailing address (see instructions, page 14) (number and street or PO box) 50 W 34TH STREET					Apartment number 21A3	New York State county of residence NEW YORK
City, village, or post office NEW YORK			State NY	ZIP code 10001	Country (if not United States)	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number	School district name MANHATTAN
City, village, or post office			State NY	ZIP code	Taxpayer's date of death (mmdyyy)	Spouse's date of death (mmdyyy)
					Decedent information	School district code number 369

- A Filing status**
(mark an **X** in one box):
- ① Single
 - ② Married filing joint return
(enter spouse's Social Security number above)
 - ③ Married filing separate return
(enter spouse's Social Security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 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) Yes No

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

E (1) Did you or your spouse **maintain living quarters in NYC** during 2020? (see page 15) .. Yes No

(2) Enter the number of days spent in NYC in 2020 (any part of a day spent in NYC is considered a day).....

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

(1) Number of months **you** lived in NYC in 2020

(2) Number of months **your spouse** lived in NYC in 2020

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

H Dependent information (see page 16)

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmdyyy)

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



201001203555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
628693500

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	136648.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	-3000.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	-8326.00
12	Rental real estate included in line 11	12	-8326.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income (see page 16) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	125322.00
18	Total federal adjustments to income (see page 16) Identify: CHARITABLE CONTRIBUTIONS	18	300.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	125022.00
19a	Recomputed federal adjusted gross income (see page 16, Line 19a worksheet)	19a	125322.00

New York additions (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	21	.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19a through 23	24	125322.00

New York subtractions (see page 18)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 18)	26	.00
27	Taxable amount of Social Security benefits (from line 15) ...	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 19)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	125322.00



Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	117322.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	117322.00

201002203555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1
 MOHAMMED ASHRAF ALI

Your Social Security number
 628693500

Tax computation, credits, and other taxes

3 Taxable income (from line 37 on page 2)	38	117322 .00
39 NYS tax on line 38 amount (see page 22)	39	7184 .00
40 NYS household credit (page 22, table 1, 2, or 3)	40	.00
41 Resident credit (see page 23)	41	7184 .00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	42	.00
43 Add lines 40, 41, and 42	43	7184 .00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	.00
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46 Total New York State taxes (add lines 44 and 45)	46	.00

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

47 NYC taxable income (see page 23).....	47	.00
47a NYC resident tax on line 47 amount (see page 23).....	47a	.00
48 NYC household credit (page 23)	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50 Part-year NYC resident tax (Form IT-360.1)	50	2646 .00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	2646 .00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	2646 .00
54a MCTMT net earnings base	54a	.00
54b MCTMT	54b	.00
55 Yonkers resident income tax surcharge (see page 26)	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	58	2646 .00
59 Sales or use tax (see page 27; do not leave line 59 blank)	59	0 .00
60 Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	2646 .00

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



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your Social Security number
628693500

62 Enter amount from line 61 **62** 2646 .00

Payments and refundable credits (see pages 28 through 31)

63	Empire State child credit	63	.00
64	NYS/ NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
6	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	31 .00
69a	NYC school tax credit (rate reduction amount)	69a	157 .00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	134 .00
7	Total New York City tax withheld	73	2803 .00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00



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

76 Total payments (add lines 63 through 75) **76** 3125 .00

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

7	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	479 .00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	479 .00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	479 .00

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

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

See page 33 for payment options.

See page 36 for the proper assembly of your return.

7 Amount of line 77 that you want applied to your 2021 estimated tax (see instructions) **79** .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. **80** .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33) **81** .00

82 Other penalties and interest (see page 33) **82** .00

8 Account information for direct deposit or electronic funds withdrawal (see page 34).
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 34)

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

83b Routing number 021000021 83c Account number 106893362

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

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

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRN	NYTPRN excl. code 0 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	
Email: SYAM@GTAXFILE.COM		Date 02182021	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation SECURITY ANALYST	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (551)226 3323
Email: MOHD.ASHRAF.ALI@OUTLOOK.COM	

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

New York State Resident Credit

Tax Law – Article 22, Section 620

IT-112-R

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

Name(s) as shown on return MOHAMMED ASHRAF ALI	Identifying number as shown on return 628693500
---	--

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

Part 1 – Income and adjustments (see instructions)	A Amount reported on New York State return		B Amount sourced to and taxed by other taxing authority	
	Whole dollars only		Whole dollars only	
1 Wages, salaries, tips, etc.	1	136648.00	1	118277.00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss	6	.00	6	.00
7 Capital gain or loss	7	-3000.00	7	0.00
8 Other gains or losses	8	.00	8	.00
9 Taxable amount of IRA distributions	9	.00	9	.00
10 Taxable amount of pensions and annuities	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11	-8326.00	11	0.00
12 Farm income or loss	12	.00	12	.00
13 Unemployment compensation	13	.00	13	.00
14 Taxable amount of Social Security benefits	14	.00	14	.00
15 Other income	15	.00	15	.00
16 Add lines 1 through 15	16	125322.00	16	118277.00
17 Total federal adjustments to income	17	300.00	17	0.00
18 Federal adjusted gross income (subtract line 17 from line 16)	18	125022.00	18	118277.00
18a Recomputed federal adjusted gross income (see instr.) ...	18a	125322.00	18a	
19 New York adjustments (see instructions)	19	.00	1	
20 New York adjusted gross income (see instructions)	20	125322.00	20	118277.00
21 Capital gain portion of lump-sum distributions (see instr.)	21	.00	21	.00
22 Add lines 20 and 21	22	125322.00	22	118277.00

NO HANDWRITTEN ENTRIES ON THIS FORM

(continued on page 2)



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

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

Also enter the locality name, if applicable

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

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

Enter the group's EIN

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

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

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

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

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

30 Add lines 28 and 29 **30**

Part 3 – Application of Credit

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

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

33 Subtract line 32 from line 31 **33**

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

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

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

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

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

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

NO HANDWRITTEN ENTRIES ON THIS FORM

112002203555





Department of Taxation and Finance

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

IT-112-R

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

Name(s) as shown on return MOHAMMED ASHRAF ALI	Identifying number as shown on return 628693500
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Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 – Income and adjustments (see instructions)	A Amount reported on New York State return		B Amount sourced to and taxed by other taxing authority	
	Whole dollars only		Whole dollars only	
1 Wages, salaries, tips, etc.	1	136648.00	1	18371.00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss	6	.00	6	.00
7 Capital gain or loss	7	-3000.00	7	0.00
8 Other gains or losses	8	.00	8	.00
9 Taxable amount of IRA distributions	9	.00	9	.00
10 Taxable amount of pensions and annuities	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11	-8326.00	11	0.00
12 Farm income or loss	12	.00	12	.00
13 Unemployment compensation	13	.00	13	.00
14 Taxable amount of Social Security benefits	14	.00	14	.00
15 Other income	15	.00	15	.00
16 Add lines 1 through 15	16	125322.00	16	18371.00
17 Total federal adjustments to income	17	300.00	17	0.00
18 Federal adjusted gross income (subtract line 17 from line 16)	18	125022.00	18	18371.00
18a Recomputed federal adjusted gross income (see instr.) ...	18a	125322.00	18a	
19 New York adjustments (see instructions)	19	.00	1	
20 New York adjusted gross income (see instructions)	20	125322.00	20	18371.00
21 Capital gain portion of lump-sum distributions (see instr.)	21	.00	21	.00
22 Add lines 20 and 21	22	125322.00	22	18371.00

NO HANDWRITTEN ENTRIES ON THIS FORM

(continued on page 2)

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

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

Also enter the locality name, if applicable Locality name: _____

24 Enter the amount of income tax imposed on this year's return for the other state or local government (see instructions)..... **24** 1261.00

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

Enter the group's EIN

25 New York State tax payable (see instructions)..... **25** 7184.00

26 Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) **26** 0.1466

27 Multiply line 25 by line 26..... **27** 1053.00

28 Enter amount from line 24 or line 27, whichever is less (see instructions)..... **28** 1053.00

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

30 Add lines 28 and 29 **30** 1053.00

Part 3 – Application of Credit

31 Tax due before credits (see instructions) **31** .00

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

33 Subtract line 32 from line 31 **33** .00

3 Enter the amount from line 30 or line 33, whichever is less (see instructions) **34** .00

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

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

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

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

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

NO HANDWRITTEN ENTRIES ON THIS FORM

112002203555





Department of Taxation and Finance

Change of City Resident Status

IT-360.1

New York City • Yonkers

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

Name(s) as shown on return MOHAMMED ASHRAF ALI	Social Security number 628693500
---	-------------------------------------

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.

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	1 136648 .00	75497 .00	.00
2	Taxable interest income	2 .00	.00	.00
3	Ordinary dividends	3 .00	.00	.00
4	Taxable refunds, credits, or offsets of state and local income taxes	4 .00	.00	.00
5	Alimony received	5 .00	.00	.00
6	Business income or loss (submit copy of federal Schedule C, Form 1040)	6 .00	.00	.00
7	Capital gain or loss (submit copy of federal Schedule D, Form 1040)	7 -3000 .00	.00	.00
8	Other gains or losses (submit copy of federal Form 4797)	8 .00	.00	.00
9	Taxable amount of IRA distributions	9 .00	.00	.00
10	Taxable amount of pensions and annuities	10 .00	.00	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11 -8326 .00	.00	.00
12	Farm income or loss (submit copy of federal Schedule F, Form 1040)	12 .00	.00	.00
13	Unemployment compensation	13 .00	.00	.00
14	Taxable amount of Social Security benefits	14 .00	.00	.00
15	Other income			
	Identify:	15 .00	.00	.00
16	Total (add lines 1 through 15)	16 125322 .00	75497 .00	.00
17	Total federal adjustments to income			
	Identify:	17 .00	.00	.00
18	Federal adjusted gross income (subtract line 17 from line 16)	18 125022 .00	75497 .00	.00
18a	Recomputed federal adjusted gross income (see instructions)	18a 125322 .00	75497 .00	.00
19	New York modifications	19 .00	.00	.00
2	New York adjusted gross income (line 18a and add or subtract line 19)	20 125322 .00	75497 .00	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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Part 2 – Itemized deductions for New York City (see instr., page 4) 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	G fts to charity	24	.00
25	Casualty and theft losses	25	.00
2	Job expenses and certain miscellaneous deductions	26	.00
27	Other miscellaneous deductions	27	.00
2	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 6)

37 Enter the period you were a New York City **resident** during 2020; use a two-digit number to represent the month and day
(see instructions)

From: month day To: month day

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	6
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 6)

43	New York City adjusted gross income (see instructions)	43	75497.00
44	Resident period standard deduction (see instructions, page 2) or resident period itemized deduction (from line 36)	44	4000.00
45	Subtract line 44 from line 43	45	71497.00
46	Dependent exemption amount (from line 42)	46	.00
47	New York City taxable income (subtract line 46 from line 45)	47	71497.00
48	New York City tax on line 47 amount (see instructions, page 6)	48	2646.00
4	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	2646.00
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	2646.00
54	Credit for part-year New York City unincorporated business tax paid (see instructions, page 9)	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	2646.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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Part 5 – Part-year Yonkers resident income tax surcharge (see instructions, page 9)

		Full-year NYS resident	Part-year NYS resident
5 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 This line intentionally left blank	62a		
6 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		.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		.00
69 Net other New York State taxes (Form IT-203-ATT, line 33)	69		.00
70 Add lines 68 and 69	70		.00
71 Total of amounts from Form IT-203-ATT, lines 9, 10, and 12	71		.00
71a This line intentionally left blank	71a		
71b New York City school tax credit (Form IT-203, lines 60 and 60a)	71b		.00
71c Add lines 71 and 71b	71c		.00
72 Subtract line 71c from line 70 (if line 71c is more than line 70, enter 0)	72		.00
73 Income percentage (see worksheet on page 9 of the instructions)	73		
74 Multiply line 65 by line 73 . This is the net state tax for full-year state residents	74	.00	
7 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

360003203555





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

628693500

Box b Employer identification number (EIN)

271437501

Box c Employer's information

Employer's name			
BRIDGEWATER ASSOCIATES LP			
Employer's address (number and street)			
ONE GLENDINNING PLACE			
City	State	ZIP code	Country (if not United States)
WESTPORT	CT	06880	

Box 1 Wages, tips, other compensation

118277.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

120.00

Code

C

Box 12b Amount

3511.00

Code

D

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

N | Y

Box 16a NYS wages, tips, etc.

118277.00

Box 17a NYS income tax withheld

134.00

Other state information:

Box 15b other state

C | T

Box 16b Other state wages, tips, etc.

118277.00

Box 17b Other state income tax withheld

6284.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a 74209.00

Locality b .00

Box 19 Local income tax withheld

Locality a 2769.00

Locality b .00

Box 20 Locality name

Locality a NYC

Locality b

Do not detach.

W-2 Record 2

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

628693500

Box b Employer identification number (EIN)

260116361

Box c Employer's information

Employer's name			
MORGAN STANLEY SERVICES GROUP INC			
Employer's address (number and street)			
1 NEW YORK PLAZA 5TH FLOOR			
City	State	ZIP code	Country (if not United States)
NEW YORK	NY	10004	

Box 1 Wages, tips, other compensation

18371.00

Box 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

N | Y

Box 16a NYS wages, tips, etc.

18371.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

M | D

Box 16b Other state wages, tips, etc.

18371.00

Box 17b Other state income tax withheld

1538.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a 1288.00

Locality b .00

Box 19 Local income tax withheld

Locality a 34.00

Locality b .00

Box 20 Locality name

Locality a NYC

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
MOHAMMED ASHRAF ALI	628693500

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	300 .00	.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	300 .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	300 .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	300 .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

	Number	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

14 New York State subtractions

	Numbe	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	Total subtractions (add lines 13 and 17; see instructions)	18	0 .00

NO HANDWRITTEN ENTRIES ON THIS FORM

