

Form **1040-X**

**Amended U.S. Individual Income Tax Return**

OMB No. 1545-0074

(Rev. January 2020)

▶ Go to [www.irs.gov/Form1040X](http://www.irs.gov/Form1040X) for instructions and the latest information.

This return is for calendar year  2019  2018  2017  2016

Other year. Enter one: calendar year 2020 or fiscal year (month and year ended):

Your first name and middle initial SAYARITRA	Last name PAL	Your social security number 678-26-5608
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions. 5057 BARDITH CIR	Apt. no.	Your phone number (716) 951-2628
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City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

Foreign country name	Foreign province/state/county	Foreign postal code
VIRGINIA BEACH VA 23455		

**Amended return filing status.** You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.

Full-year health care coverage (or, for amended 2018 returns only, exempt). If amending a 2019 return, leave blank. See instructions.

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

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

Use Part III on the back to explain any changes

**Income and Deductions**

		A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here . . . . . ▶ <input checked="" type="checkbox"/>	<b>1</b>	0.	70,885.	70,885.
2 Itemized deductions or standard deduction . . . . .	<b>2</b>	12,400.	0.	12,400.
3 Subtract line 2 from line 1 . . . . .	<b>3</b>	-12,400.	70,885.	58,485.
4a Exemptions (amended 2017 or earlier returns only). <b>If changing</b> , complete Part I on page 2 and enter the amount from line 29 . . . . .	<b>4a</b>			
b Qualified business income deduction (amended 2018 or later returns only)	<b>4b</b>	0.	0.	0.
5 Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0- . . . . .	<b>5</b>	0.	58,485.	58,485.

**Tax Liability**

6 Tax. Enter method(s) used to figure tax (see instructions): Table	<b>6</b>	0.	8,655.	8,655.
7 Credits. If a general business credit carryback is included, check here ▶ <input type="checkbox"/>	<b>7</b>	0.	0.	0.
8 Subtract line 7 from line 6. If the result is zero or less, enter -0- . . . . .	<b>8</b>	0.	8,655.	8,655.
9 Health care: individual responsibility (amended 2018 or earlier returns only). See instructions . . . . .	<b>9</b>	0.	0.	
10 Other taxes . . . . .	<b>10</b>	0.	0.	0.
11 Total tax. Add lines 8, 9, and 10 . . . . .	<b>11</b>	0.	8,655.	8,655.

**Payments**

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. <b>(If changing</b> , see instructions.) . . . . .	<b>12</b>	0.	10,913.	10,913.
13 Estimated tax payments, including amount applied from prior year's return	<b>13</b>	0.	0.	0.
14 Earned income credit (EIC) . . . . .	<b>14</b>	0.	0.	0.
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	<b>15</b>	1,800.	-1,800.	0.
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed . . . . .	<b>16</b>		0.	
17 Total payments. Add lines 12 through 15, column C, and line 16 . . . . . 0.	<b>17</b>		0.	10,913.

**Refund or Amount You Owe**

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS . . . . .	<b>18</b>	0.		
19 Subtract line 18 from line 17. (If less than zero, see instructions.) . . . . .	<b>19</b>		10,913.	
20 <b>Amount you owe.</b> If line 11, column C, is more than line 19, enter the difference . . . . .	<b>20</b>			
21 If line 11, column C, is less than line 19, enter the difference. This is the amount <b>overpaid</b> on this return	<b>21</b>		2,258.	
22 Amount of line 21 you want <b>refunded to you</b> . . . . .	<b>22</b>		2,258.	
23 Amount of line 21 you want <b>applied to your (enter year):</b> <b>estimated tax</b>   <b>23</b>				

Complete and sign this form on page 2.

**Part I Exemptions and Dependents**

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

	For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
	<b>Note:</b> See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.				
24	Yourself and spouse. <b>Caution:</b> If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank . . . . .	24			
25	Your dependent children who lived with you . . . . .	25			
26	Your dependent children who didn't live with you due to divorce or separation . . . . .	26			
27	Other dependents . . . . .	27			
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank . . . . .	28			
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank . . . . .	29			
30	List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and <input checked="" type="checkbox"/> here <input type="checkbox"/>				

(a) First name		Last name	(b) Social security number	(c) Relationship to you	(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents (amended 2018 or later returns only)
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below won't increase your tax or reduce your refund.  
 Check here if you didn't previously want \$3 to go to the fund, but now do.  
 Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of Changes.** In the space provided below, tell us why you are filing Form 1040-X.

▶ Attach any supporting documents and new or changed forms and schedules.  
 I SAYARITRA PAL ERRONEUSILY FILED 1040 WITH ZERO INCOME FOR THE TAX YEAR 2020, NOW THOROUGH THIS FORM 1040X I AM INCLUDING WAGE INCOME.

**Remember to keep a copy of this form for your records.**

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

**Sign Here**

▶ \_\_\_\_\_ SOFTWARE ENGINEER  
 Your signature Date Your occupation  
 ▶ \_\_\_\_\_  
 Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation

**Paid Preparer Use Only**

▶ SYAM PRIYA RAM SAGAR GUPTA TALLAM 09/15/2021 GLOBAL TAXES LLC  
 Preparer's signature Date Firm's name (or yours if self-employed)  
SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 Pebble Creek Ln Cumming GA 30041  
 Print/type preparer's name Firm's address and ZIP code  
P02082703  Check if self-employed (678)965-9522 30-1017196  
 PTIN Phone number EIN

Filing Status [X] 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: SAYARITRA
Last name: PAL
Your social security number: 678-26-5608
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. 5057 BARDITH CIR
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. VIRGINIA BEACH
State: VA
ZIP code: 23455
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main income table with 15 rows. Includes categories like Wages, salaries, tips, etc.; Tax-exempt interest; Qualified dividends; IRA distributions; Pensions and annuities; Social security benefits; Capital gain or (loss); Other income from Schedule 1, line 9; Adjustments to income; Standard deduction or itemized deductions; Qualified business income deduction; Taxable income.

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	8,655.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,655.
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	8,655.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	8,655.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	10,913.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	10,913.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	10,913.

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

**Refund**

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,258.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,258.
b	Routing number 051000017		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 435042519917		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

**Amount You Owe**

For details on how to pay, see instructions.

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

**Third Party Designee**

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

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

**Sign Here**

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (716) 951-2628 Email address sayaritra@gmail.com

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 09/15/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
				Firm's EIN 30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SAYARITRA PAL

Your social security number  
678-26-5608

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-5,000.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-5,000.

**Part II Adjustments to Income**

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

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

**Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

SAYARITRA PAL

678-26-5608

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

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  **Yes**  **No**

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  **Yes**  **No**

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	GANDHI NAGAR HYDERABAD TELANGANA IN 500046				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

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

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		600.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		800.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>		500.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>				
<b>14</b>	Repairs. . . . .	<b>14</b>		1,000.		
<b>15</b>	Supplies . . . . .	<b>15</b>		800.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		2,500.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		5,600.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		-5,000.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-5,000.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		600.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		5,600.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	5,000.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		-5,000.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



SAYARITRA PAL  
 5057 BARDITH CIR  
 VIRGINIA BEACH VA 23455

SSN - You PAL 678265608 Vendor ID 1555 XXXXX

SSN - Spouse

Fed Adj Gross Income (FAGI)	1.	70885 .	Withholding (VA) - You	19A.	1905 .
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	70885 .	Estimated Payments	20.	
Age Deduction - You	4A.		2019 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	1816 .
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	3721 .
Total VA Adj Gross Income (VAGI)	9.	70885 .	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	215 .
Standard Deduction	11.	4500 .	Overpayment Credited to Next Year	29.	
Exemptions	12.	930 .	VAC - Virginia 529 / ABLEnow	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	5430 .	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	65455 .	Sales and Use Tax	33.	
Amount of Tax	16.	3506 .	<b>Amount You Owe</b>		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N		
VAGI - Spouse	17A.		<b>Your Refund</b>		215 .
Net Amount of Tax	18.	3506 .	Bank Routing #	C 051000017	
			Bank Account #	435042519917	







**Filing Status, Age & License Information**

**Additional Filing Information**

Filing Status 1  
 Federal Head of Household  
 DOB - You 08261988  
 VA Driver's License ID - You B63623803  
 VA Driver's License - Iss. Date - You 10022020  
 Spouse Name (Filing Status 3 Only)  
 DOB - Spouse  
 VA Driver's License ID - Spouse  
 VA Driver's License - Iss. Date - Spouse

Locality 810  
 Name or Filing Status Change  
 Address Change  
 VA Return Not Filed Last Year  
 Dependent on Another's Return  
 Farmer / Fisherman / Merchant Seaman  
 Amended  
 Reason Code  
 Overseas on Due Date  
 Federal EIC & Amount  
 Deceased Indicator  
 No Sales & Use Tax Due Indicator X  
 Obtain Electronic 1099G  
 ID Theft PIN

**Exemptions (A)**

**Exemptions (B)**

You 1 65 & Over - You  
 Spouse 65 & Over - Spouse  
 Dependents Blind - You  
 Total (A) 1 Blind - Spouse  
 Total (B)

**Contact Information**

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You \_\_\_\_\_ Date \_\_\_\_\_ Phone - You 7169512628  
 Signature - Spouse \_\_\_\_\_ Date \_\_\_\_\_ Phone - Spouse \_\_\_\_\_  
 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 091521 Phone - Preparer 6789659522  
 The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P02082703

**File by May 1, 2021**

Include Page 1, Page 2 and all supporting 760CG documents.

GLOBAL TAXES LLC

2530 PEBBLE CREEK LN  
 CUMMING

GA 30041



**2020 Schedule INC/CG**

678265608

Report all W-2s, 1099s & VK-1s with VA Withholding



SAYARITRA

PAL

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
678265608	W	1905.	204025499	30204025499F001	37651.

Total VA Withholding	SSN	VA Withholding
You	678265608	1905.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

**2020 Schedule OSC/CG**

Enclose other state tax returns when filing



678265608

**Credit Computation State 1**

**If Claiming border state**

1. Filing Status - other state's return	1	6. Other State Abbreviation	NY
2. Person Claiming the Credit	1	7. Virginia Income Tax	3506.
3. Qualifying Taxable Income - other state	33920.	8. Income percentage	51.8
4. Virginia Taxable Income	65455.	9. Virginia Ratio of Income Tax	1816.
5. Qualifying Tax Liability - other state	1925.	10. Credit Allowed	1816.

**Credit Computation State 2**

11. Filing Status - other state's return	16. Other State Abbreviation
12. Person Claiming the Credit	17. Virginia Income Tax
13. Qualifying Taxable Income - other state	18. Income percentage
14. Virginia Taxable Income	19. Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20. Credit Allowed

**Credit Computation State 3**

21. Filing Status - other state's return	26. Other State Abbreviation	
22. Person Claiming the Credit	27. Virginia Income Tax	
23. Qualifying Taxable Income - other state	28. Income percentage	
24. Virginia Taxable Income	29. Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state	30. Credit Allowed	
	31. Total Credit Claimed	1816.

Enclose other state tax returns when filing your Virginia tax return.





# 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.

Taxpayer's name SAYARITRA PAL	Spouse's name (jointly filed return only)
----------------------------------	-------------------------------------------

### Purpose

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

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

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

### General instructions

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

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

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

### Part A – Tax return information

1 Federal adjusted gross income (from applicable line) .....	1.	70885.
2 Refund .....	2.	114.
3 Amount you owe .....	3.	
4 Financial institution routing number .....	4.	051000017
5 Financial institution account number .....	5.	435042519917
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

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

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

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

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

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

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

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

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 09152021



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

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

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

Your first name and middle initial SAYARITRA		Your last name (for a joint return, enter spouse's name on line below) PAL		Your date of birth (mmddyyyy) 08261988	Your Social Security number 678265608
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions, page 14) (number and street or PO box) 5057 BARDITH CIR				Apartment number	New York State county of residence NR
City, village, or post office VIRGINIA BEACH		State VA	ZIP code 23455	Country (if not United States)	School district name NR
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country (if not United States)		Decedent information	Taxpayer's date of death
					Spouse's date of death

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

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

**B** Did you itemize your deductions on your 2020 federal income tax return? Yes  No

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

**D1** Did you have a financial account located in a foreign country? (see page 15) 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 New York City part-year residents only (see page 15)

(1) Number of months you lived in NY City in 2020 .....

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

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

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

Enter the date you moved into or out of NYS (mmddyyyy) .....

On the last day of the tax year (mark an X in one box):

- 1) Lived in NYS .....
- 2) Lived outside NYS; received income from NYS sources during nonresident period .....
- 3) Lived outside NYS; received no income from NYS sources during nonresident period .....

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

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



### I Dependent information (see page 16)

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

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



203001203555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
678265608

**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	75885 .00	1	38234 .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 (also enter on line 24) .....	4	.00	4	.00
5	Alimony received .....	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040) .....	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .....	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/> .....	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/> .....	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) .....	11	-5000 .00	11	.00
12	Rental real estate included in line 11 (federal amount) <b>12.</b> -5000 .00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040) .....	13	.00	13	.00
14	Unemployment compensation.....	14	.00	14	.00
15	Taxable amount of Social Security benefits (also enter on line 26) .....	15	.00	15	.00
16	Other income (see page 24) Identify: .....	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	70885 .00	17	38234 .00
18	Total federal adjustments to income (see page 24) Identify: .....	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17) ..	19	70885 .00	19	38234 .00
19a	Recomputed federal adjusted gross income (see page 25, Line 19a worksheet)	19a	70885 .00	19a	38234 .00

**New York additions** (see page 26)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities) .....	20	.00	20	.00
21	Public employee 414(h) retirement contributions .....	21	.00	21	.00
22	Other (Form IT-225, line 9) .....	22	.00	22	.00
23	Add lines 19a through 22 .....	23	70885 .00	23	38234 .00

**New York subtractions** (see page 27)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 27) .....	25	.00	25	.00
26	Taxable amount of Social Security benefits (from line 15) .....	26	.00	26	.00
27	Interest income on U.S. government bonds .....	27	.00	27	.00
28	Pension and annuity income exclusion .....	28	.00	28	.00
29	Other (Form IT-225, line 18) .....	29	.00	29	.00
30	Add lines 24 through 29 .....	30	.00	30	.00
31	<b>New York adjusted gross income</b> (subtract line 30 from line 23)	31	70885 .00	31	38234 .00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 70885 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



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

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

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

33	8000.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) .....	62885.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 29) .....	<b>000.00</b>
36 <b>New York taxable income</b> (subtract line 35 from line 34) .....	62885.00

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

37 <b>New York taxable income</b> (from line 36).....	62885.00
38 New York State tax on line 37 amount (see page 30) .....	3568.00
39 New York State household credit (page 30, table 1, 2, or 3).....	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank).....	3568.00
41 New York State child and dependent care credit (see page 31) .....	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank).....	3568.00
43 New York State earned income credit (see page 31) .....	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) .....	3568.00
-------------------------------------------------------------------------------------------------	---------

45 Income percentage (see page 31)		New York State amount from line 31	38234.00	÷	Federal amount from line 31	70885.00	=	Round result to 4 decimal places	45 0.5394
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46 Allocated New York State tax (multiply line 44 by the decimal on line 45) .....	1925.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8) .....	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) .....	1925.00
49 Net other New York State taxes (Form IT-203-ATT, line 33) .....	.00
50 <b>Total New York State taxes</b> (add lines 48 and 49) .....	1925.00

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

51 Part-year New York City resident tax (Form IT-360.1) .....	.00
52 Part-year resident nonrefundable New York City child and dependent care credit .....	.00
52a Subtract line 52 from line 51 .....	.00
52b MCTMT net earnings base ....	.00
52c MCTMT .....	.00
53 Yonkers nonresident earnings tax (Form Y-203) .....	.00
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	.00
55 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54) .....	.00
56 <b>Sales or use tax</b> (See the instructions on page 33. <b>Do not leave line 56 blank.</b> ) .....	0.00
57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1) .....	.00
58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57) .....	1925.00

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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203003203555





Enter your Social Security number  
678265608

59 Enter amount from line 58 ..... **59** 1925 .00

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

<b>60</b> Part-year NYC school tax credit (fixed amount) (also complete E on front)	<b>60</b>	.00	If applicable, complete <b>Form(s) IT-2 and/or IT-1099-R</b> and submit them with your return (see pages 12 and 13). <b>Do not send federal Form W-2 with your return.</b>
<b>60a</b> NYC school tax credit (rate reduction amount)	<b>60a</b>	.00	
<b>61</b> Other refundable credits (Form IT-203-ATT, line 17)	<b>61</b>	.00	
<b>62</b> Total <b>New York State</b> tax withheld	<b>62</b>	2039 .00	
<b>63</b> Total <b>New York City</b> tax withheld	<b>63</b>	.00	
<b>64</b> Total <b>Yonkers</b> tax withheld	<b>64</b>	.00	
<b>65</b> Total estimated tax payments/amount paid with Form IT-370	<b>65</b>	.00	
<b>66</b> Total payments and refundable credits (add lines 60 through 65)	<b>66</b>	2039 .00	

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

<b>67</b> Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66; see page 36)	<b>67</b>	114 .00
<b>68</b> Amount of line 67 available for refund (subtract line 69 from line 67)	<b>68</b>	114 .00
<b>68a</b> Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	<b>68a</b>	.00
<b>68b</b> Total refund after NYS 529 account deposit (subtract line 68a from line 68)	<b>68b</b>	114 .00

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

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

<b>69</b> Amount of line 67 that you want applied to your 2021 estimated tax (see instructions)	<b>69</b>	.00
<b>70</b> Amount you 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 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.	<b>70</b>	.00
<b>71</b> Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 37)	<b>71</b>	.00
<b>72</b> Other penalties and interest (see page 37)	<b>72</b>	.00

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

**73** Account information for direct deposit or electronic funds withdrawal (see page 38).  
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 38)

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

**73b** Routing number 051000017 **73c** Account number 435042519917

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

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

<b>▼ Paid preparer must complete ▼</b> (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code   0   9
Preparer's signature SYAM PRIYA RAM SAGAR GUP		Preparer's printed name SYAM PRIYA RAM SAGAR GUP	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC		Preparer's PTIN or SSN P02082703	
Address 2530 PEBBLE CREEK LN CUMMING GA 30041		Employer identification number 301017196	Date 09152021
Email: SYAM@GTAXFILE.COM			

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation SOFTWARE ENGINEER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (716)951 2628
Email: SAYARITRA@GMAIL.COM	

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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203004203555





Department of Taxation and Finance

# Summary of W-2 Statements

# IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

## W-2 Record 1

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

678265608

Box b Employer identification number (EIN)

204025499

### Box c Employer's information

Employer's name			
RENEE SYSTEMS INC			
Employer's address (number and street)			
6944 W SNOWVILLE RD			
City	State	ZIP code	Country (if not United States)
BRECKSVILLE	OH	44141	

Box 1 Wages, tips, other compensation

37651.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 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.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

V | A

Box 16b Other state wages, tips, etc.

37651.00

Box 17b Other state income tax withheld

1905.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

## W-2 Record 2

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

678265608

Box b Employer identification number (EIN)

203491774

### Box c Employer's information

Employer's name			
ISITE TECHNOLOGIES INC			
Employer's address (number and street)			
379 PRINCETON HIGHTSTOWN RD BLDG 3			
City	State	ZIP code	Country (if not United States)
CRANBURY	NJ	08512	

Box 1 Wages, tips, other compensation

38234.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 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.

38234.00

Box 17a NYS income tax withheld

2039.00

Other state information:

Box 15b other state

| |

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001203555

