

Office of Processing and Taxpayer Services W A Harriman Campus, Albany NY 12227-0865

# New York State requires this income tax return to be filed electronically.

### Attention tax return preparer:

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

# Preparers who file paper returns are subject to penalties.

## Avoid penalties and e-file this return.

## Attention taxpayer:

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- No charge for e-filing: New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- Most New Yorkers enjoy the benefits of e-filing.

## **Questions?**

Visit our website for more information about New York's e-file mandate.



Department of Taxation and Finance

**Amended Resident Income Tax Return** 

New York State • New York City • Yonkers • MCTMT

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

and ending ...

REV 04/06/21 PRO

20

IT-201-X

	See the instructions,	Form IT-201-X-I	for help com	pleting your	amended return
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Your first name MI Your last name (for a joint return, enter spouse's					e <b>turn</b> , enter spouse's name	on lir	ne below)	You	r date of birth (mmddyyyy)	Your	Social Security num	ber	
HH	TALI			SHAH						02141995		74653373	32
Sp	ouse's first name		MI	Spouse's last name					Spo	use's date of birth (mmddyyyy)	Spou	se's Social Security	number
												03455446	-
Ma	iling address (nui	mber and stre	eet or	PO box)						Apartment number	New `	fork State county of	residence
11	11 GARFIE	LD PL								407	NAS	SAU	
Cit	y, village, or post	office			State	ZIP code	Соι	untry <i>(if r</i>	not Un	ited States)	Schoo	ol district name	
C	INCINNATI				OH	45202					HIC	KSVILLE	
Ta	xpayer's permar	nent home a	addre	ss (number and stree	et or rura	al route)			Apart	ment number	Scho	ol district	
												number	273
Cit	y, village, or post	office			State	ZIP code	Dec		Тахр	ayer's date of death (mmddyy	уу)	Spouse's date of deat	h (mmddyyyy)
					NY			cedent rmation					
A	Filing status (mark an X in one box):	2 M (e 3 X M (e 4 H 5 Q	inter s larrie inter s lead o ualify	d filing joint returr pouse's Social Secur d filing separate r pouse's Social Secur of household (with ving widow(er)	ity numl eturn ity numl	ber above) ber above) ing person)		(see in: Were y deferre on you (1) Di <b>qu</b> (2) Er (a) <b>NYC r</b>	struct you re ed co r 202 d you uarte nter t ny pa esid	an amended federal r ions) equired to report any non mpensation, as required to federal return? (see Forn u or your spouse mainta rrs in NYC during 2020' he number of days spent rt of a day spent in NYC is ents and NYC part-yea er of months you lived in	qualific by IRC n IT-201 <b>ain liv</b> ? nt in N consia <b>ar res</b>	Yes ed \$ \$ 457A, -/, page 15) Yes ing Yes IYC in 2020 lered a day)	No X No X No X No X
B C	Can you be o	deral incom <b>claimed</b> as	ne tax s a de	c return?	Г	No X	G	(2) Nu liv Enter	umbe ed in your	er of months your spous NYC in 2020 2-character special co applicable (see instruction	e onditio	on 🗌	

#### H Dependent information

Dependent Informa					
First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
					_

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



For office use only

Your Social Security number 746533732

REV 04/06/21 PRO

#### Federal income and adjustments

1	Wages, salaries, tips, etc.	1	40821.00
2	Taxable interest income	2	275.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box	10	.00
	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
		1	
12	Rental real estate included in line 11 12		
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 Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	41096.00
18	Total federal adjustments to income Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	41096.00
		19a	41096.00
Ne	w York additions		
-	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
	Public employee 414(h) retirement contributions from your wage and tax statements	21	.00
	<b>New York's</b> 529 college savings program distributions	22	.00
	Other (Form IT-225, line 9)	23	.00
	Add lines <b>19a</b> through <b>23</b>	24	41096.00
		24	11070.00
Ne	ew York subtractions		
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 <b>26</b> .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 29 .00		
20	New York's 520 college sovings program deduction/cornings <b>30</b>		

 30
 New York's 529 college savings program deduction/earnings
 30
 .00

 31
 Other (Form IT-225, line 18)
 .00

 32
 Add lines 25 through 31
 .00

 33
 New York adjusted gross income (subtract line 32 from line 24)
 33
 41096.00

Whole dollars only





Name(s) as shown on page 1	Your Social Security number	IT-201-X (2020) Page 3 of 6
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#### Standard deduction or itemized deduction

<b>35</b> Subtract line 34 from line 33 ( <i>if line 34 is more than line 33, leave blank</i> )	34	Enter your standard deduction (from table below) or your itemized deduction (from Form IT-196)		
		Mark an X in the appropriate box: X Standard - or - Itemized	34	8000.00
	35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	33096.00
<b>36</b> Dependent exemptions (enter the number of dependents listed in item H)		Dependent exemptions (enter the number of dependents listed in item H)	36	000.00
			37	33096.00

New York State standard deduction table							
Filing status (from the front page)	Standard deduction (enter on line 34 above)						
① Single and you marked item C	Yes\$ 3,100						
① Single and you marked item C I	No 8,000						
② Married filing joi	2 Married filing joint return 16,050						
③ Married filing se return							
④ Head of househ (with qualifying)	old person) 11,200						
⑤ Qualifying widov	w(er) 16,050						

361003203555

(continued on page 4)





Your Social Security number

746533732

Ta	x computation, credits, and other taxes				
38	Taxable income (from line 37 on page 3)			38	33096.00
	NYS tax on line 38 amount			39	1753.00
40	NYS household credit	40	.00		·
41	Resident credit	41	.00		
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00		
43	Add lines 40, 41, and 42			43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, lea	ave bla	ank)	44	1753.00
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	1753.00
	NYC household credit Subtract line 48 from line 47a ( <i>if line 48 is more than</i>	48	.00		
48	NYC household credit	48	.00		
49	line 47a, leave blank)	49	.00		
50	Part-year NYC resident tax (Form IT-360.1)		.00		
51			.00		
	Add lines 49, 50, and 51		.00		
	NYC nonrefundable credits (Form IT-201-ATT, line 10)	-	.00		
	Subtract line 53 from line 52 ( <i>if line 53 is more than</i>		100		
•.	line 52, leave blank)	54	.00		
54a	MCTMT net		100		
	earnings base 54a .00				
54b		54b	.00		
55	Yonkers resident income tax surcharge	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 I	MCTN	<b>IT</b> (add lines 54 and 54b through 57)	58	.00
59	Sales or use tax as reported on your original return (see	instru	ctions. Do not leave line 59 blank.)	59	0.00
60	Voluntary contributions as reported on your original retu	urn (d	or as adjusted by the		
	Tax Department; see instructions)			60	.00
61	Total New York State, New York City, Yonkers, and sale	es or	use taxes, MCTMT, and		
	voluntary contributions (add lines 46, 58, 59, and 60)			61	1753.00





Nai	ne(s) as shown on page 1		Your Social Security number		IT-201-X (2020) Page 5 of 6
HE	TALI SHAH		746533732		REV 04/06/21 PRO
62	Enter amount from line 61			62	1753.00
Pa	yments and refundable credits)				
62	Empire State shild gradit	63	00	7	▲ You must submit all
	Empire State child credit		.00	-	$\bigtriangleup$ required forms. Failure to
	NYS/NYC child and dependent care credit	64	.00	-	do so will result in an
	NYS earned income credit (EIC)	65	.00	-	adjustment to your return.
	NYS noncustodial parent EIC Real property tax credit	66 67	.00	-	
	College tuition credit	68	.00	-	See Important information in
	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00	-	the instructions.
	NYC school tax credit (rate reduction amount)	69a	.00	-	
	NYC earned income credit	70		-	
		70a	.00	<u>,</u>	III NA MA NA KA
	Other refundable credits (Form IT-201-ATT, line 18)	70a 71	00		
	Total <b>New York State</b> tax withheld	72	.00 1527.00	-	
73		72	470.00	-	III I WAAR DARAYYAYYAYYADYADIGA MIYADIGA MIYADIGA MIYADIGA MIYADIGA MIYADIGA MIYADIGA MIYADIGA MIYADIGA MIYADI
74		74		-	
	Total estimated tax within a Amount paid with Form IT-370	75	.00	-	
	Amount paid with original return, plus additional tax paid	15	.00	<u>'</u>	
10	after your original return was filed (see instructions)	76	0.0	5	
77	Total payments (add lines 63 through 76)	L		-	1997.00
					2007 100
78	Overpayment, if any, as shown on original return or previous	sly ad	djusted by NY State (see instr.)	78	.00
				-	
78a	Amount from original Form IT-201, line 79 (see instructions)	78a	.00	)	
79	Subtract line 78 from line 77			79	1997.00
_					
( Yo	pur refund				
80	If line 79 is more than line 62, subtract line 62 from line 79	and	indicate how you want your re-	fund	
	direct (fill in lines 82		☐ paper		1 1
	Mark one refund choice: X deposit through 82c) - or	-	_ check	80	244.00
An	nount you owe				
<u> </u>					
81	If line 79 is less than line 62, subtract line 79 from line 62 (	(see i	nstructions)	81	.00
	To pay by electronic funds withdrawal, mark an X in the box	x	and fill in lines 82 through 8	2d. If	you pay by check or money
	order you must complete Form IT-201-V and mail it with yo	our re	eturn.		
-					
	count information				
82	Account information for direct deposit or electronic funds w	vithdr	awal (see instructions)		
	·				
	If the funds for your payment (or refund) would come from mark an <b>X</b> in this box (see instructions)				
	82a Account type: X Personal checking - or - Personal	onal s	savings - <b>or</b> - Business ch	ecking	g - or - Business savings
	82b Routing number 322271627 82c	: Acc	count number	72	736917
	82d Electronic funds withdrawal (see instructions) Date		Amou	nt	.00



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Your Social Security number
746533732

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83 Reason(s) for amending your return (mark an X in all applicable boxes; see instructions)

	83a		audit change (comple									
	83c			ght 83d Wages								
	83f		ling								s/visa	
	83i		ter transaction		-						tive claim (see instruction	ıs) 📖
	831		ating loss (see instruct	·								
	83m	Report S	Social Security numb	er (SSN) P	rior ident	ification r	number 📖		[	Date SSN	was issued	
	83n	Other. N	lark an <b>X</b> in the box .	🗵 and expl	ain: 🕺 🏭	RESIDENT OF NA	ASSAU COUNTY,PREV.	IOUSLY WRONG	LY FILED WITH THE	CITY TAXES, NOW	THROUGH THIS AMENDMENT CORRECTIN	G THE CITY TAXES
	830		t adjustments to part loss or deduction, pro	•			Partnershi	ip 🗌	S corp	oration		
	-	Name of pa	artnership or S corporati	on	lo	dentifying r	number			Principal b	ousiness activity	
		Address of	partnership or S corpor	ation								
<b>4</b>	fin	through or the date al federal	arked an X in box 91 and go directly (mmddyyyy) of the determination	y to the <i>Third-</i>	oarty de	esignee	question. 85	You mi Do you chan	u <b>st sign yo</b> I concede tl	<b>ur amen</b> ne federa		No
86	List f	federal ch	anges									
	86a									86a		.00
	86b									86b		.00
	86c									86c		.00
	86d									86d		.00
	86e									86e		.00
87	Net f	federal ch	anges (increase o	r decrease)						87		.00
88	Fede	eral taxab	le income (mark an	X in one box)	Per re	eturn 🗌	Previo	usly adju	usted	88		.00
89	Corre	ected fed	eral taxable incom	е						89		.00
90			s disallowed	Earned income Child care o	· · · · _	_	ount disallo ount disallo	· · ·				
91		-	ties assessed									
	91a	Fraud			91b Ne	egligence		L	91c	Other (e	xplain below)	······
		-party jnee?	Print designee's nam	ne			De: (	signee's )	phone numbe	er	Personal ide number	
Yes		No 🗙	Email:									
(.	see ins	structions)	nust complete V	Preparer's NYTPRI		NYTPRI excl. coc				(s)	must sign here	/
		signature PRTYA R	AM SAGAR GUP	Preparer's print SYAM PR		AM SAG	AR GU	Your	signature			
Firm'	s name		f self-employed)		Preparer's	s PTIN or 9 02082	SSN		occupation ERNSHIP			
Addr					Employer	identificati	ion number			and occupa	tion (if joint return)	
25	30 P	EBBLE	CREEK LN	L	3	010171	196				Doutime phone surely	
CUI	MMIN	ig ga 3	0041			Date 092	32021	Date			Daytime phone number	
Ema	il: SY	AM@GTA	XFILE.COM			·		Email	: HETALI	SHAH43	@GMAIL.COM	

See instructions for where to mail your return.







Department of Taxation and Finance

**Resident Income Tax Return** 

New York State • New York City • Yonkers • MCTMT

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

... 20

REV 04/06/21 PRO

**IT-201** 

For help completing	vour re	turn. see the i	nstruc	ctions. Form IT-	201-I.				and e	nding	
Your first name	MI			eturn, enter spouse's na			You	r date of birth (mmddyyyy)	Your	Social Security num	iber
HETALI	HETALI SHAH							02141995		7465337	32
		Spouse's last name	9				Spo	use's date of birth (mmddyyyy)	Spou	se's Social Security	number
										0345544	60
Mailing address (see instru	uctions, pa	ge 14) (number and s	street or	PO box)				Apartment number	New	York State county of	f residence
111 GARFIELD F	PL							407	NAS	SAU	
City, village, or post office			State	ZIP code	Cou	untry <i>(if n</i>	not Ur	ited States)	Scho	ol district name	
CINCINNATI			OH	45202					HIC	CKSVILLE	
Taxpayer's permanent ho	ome addre	ess (see instruction	s, page	<b>14)</b> (number and street	t or rurai	route)	Apar	tment number		ol district number	273
City, village, or post office			State	ZIP code		cedent	Тахр	ayer's date of death (mmdd	уууу)	Spouse's date of dea	th (mmddyyyy)
			NY			rmation					
status (mark an ② X in one box): ③ ④ ④	Marrie (enter : (enter :	ed filing joint retur spouse's Social Sec ed filing separate spouse's Social Sec of household (with ying widow(er)	curity nu return curity nu	mber above)	D2 E F	Were y deferre on you (1) Dia (2) Er (a) NYC r	vou re ed co r 202 d you <b>Jarte</b> nter t <i>ny pa</i>	Intry? (see page 15) equired to report any no mpensation, as require to federal return? (see p u or your spouse <b>main</b> <b>rs in NYC</b> during 2020 he number of days sp rt of a day spent in NYC ents and NYC part-y only (see page 15):	nqualifi d by IR( age 15) t <b>ain livi</b> ? (see p ent in N is consid	ed C § 457A, Yes ng .age 15) Yes NYC in 2020	
<ul> <li>Did you itemize you your 2020 federal in</li> <li>Can you be claimed</li> </ul>	ncome ta	x return?	Yes [			(1) Nu	umbe	er of months your spou			
on another taxpaye	er's federa	al return?	Yes	No X	-	. ,					
					G			2-character special of applicable (see page 1			

#### H Dependent information (see page 16)

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

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



For office use only

1

Your Social Security number	
746533732	

REV 04/06/21 PRO

Federal income and adjustments	(see page 1
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Fe	deral income and adjustments (see page 16)		Whole dollars only
1	Wages, salaries, tips, etc.	1	40821.00
2	Taxable interest income	2	275.00
3	Ordinary dividends		.00
	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)		.00
	Alimony received		.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)		.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11 12 .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	41096.00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
40		40	41000.00
19		19 19a	41096.00 41096.00
21 22 23	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) Public employee 414(h) retirement contributions from your wage and tax statements (see page 17) <b>New York's</b> 529 college savings program distributions (see page 17) Other ( <i>Form IT-225, line 9</i> ) Add lines <b>19a</b> through <b>23</b>	21 22	.00 .00 .00 .00 41096.00
Ne	w York subtractions (see page 18)		III NA MANGKANANANANANANANANA
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		MANDAR ANNA AR ANN AN ANN AN ANN ANN ANN ANN
28	Interest income on U.S. government bonds 28 .00	-	
	Pension and annuity income exclusion (see page 19) 29 .00	-	
	New York's 529 college savings program deduction/earnings 30 .00	-	
31		-	
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	41096.00
Sta	indard 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: X Standard - or - Itemized		8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	33096.00
	Dependent exemptions (enter the number of dependents listed in item H; see page 21)		000.00
37	Taxable income (subtract line 36 from line 35)	37	33096.00

Nar	ne(s) as shown on page 1		Your Social Security number		IT-201 (2020) Page 3 of 4
HE	TALI SHAH		746533732		REV 04/06/21 PRO
Tax	c computation, credits, and other taxes				
38	Taxable income (from line 37 on page 2)			38	33096.00
39	NYS tax on line 38 amount (see page 22)			39	1753.00
	NYS household credit (page 22, table 1, 2, or 3)				1
	Resident credit (see page 23)			1	
	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)			1	
43	Add lines 40, 41, and 42			43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave	ve bl	ank)	44	1753.00
	Net other NYS taxes (Form IT-201-ATT, line 30)				
46	Total New York State taxes (add lines 44 and 45)			46	1753.00
Ne	w York City and Yonkers taxes, credits, and surcharges, a	and	мстмт		
				1	
	NYC taxable income (see page 23)		.00		See instructions on
	NYC resident tax on line 47 amount (see page 23) 4 NYC household credit (page 23)	47a 48	.00	-	pages 23 through 26 to
	Subtract line 48 from line 47a ( <i>if line 48 is more than</i>	40	.00	]	compute New York City and
49	line 47a, leave blank)	10	.00	1	Yonkers taxes, credits, and surcharges, and MCTMT.
50		50	.00	1	Surcharges, and mornin.
	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00	-	
	Add lines 49, 50, and 51	52	.00	-	
	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00	-	III KASIDA KASIBATIKA DATA DATA MATIKA
	Subtract line 53 from line 52 ( <i>if line 53 is more than</i>	00		1	
• ·	line 52, leave blank)	54	.00	1	
54a	MCTMT net			J	
	earnings base 54a .00				
54b	MCTMT	54b	.00	]	
55	Yonkers resident income tax surcharge (see page 26)	55	.00	1	
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 MC	СТМ	(add lines 54 and 54b through 57)	58	.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 sale				
	voluntary contributions (add lines 46, 58, 59, and 60)			61	1753.00



Your refund, amount you owe, and account information (see pages 32 through 34)       77       Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)       77       244 .         78       Amount of line 77 available for refund (subtract line 79 from line 77)       78       244 .         78       Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)       78       244 .         78b       Total refund after NYS 529 account deposit (subtract line 78 af rom line 78)       78       244 .         Mark one refund choice:       X       asavings account (fill in line 83)       -or -       paper check         79	Page 4 of 4 IT-201 (2020) REV 04/06/21 PRO	Your Social Security number						
Payments and refundable credits       (see pages 28 through 31)         63       mpine State child credit       63	62 Enter amount from line 61	746533732		<b>62</b> 1753.00				
63       Empire State child credit       63			[	1,33.00				
64       MXSNVC child and dependent care credit       64       .00         65       MXS careat income credit (EC)       65       .00         66       MXS careat income credit       67       .00         67       Real property tax credit (ifeet amount) (also complete F on page 1)       68       .00         68       NXC school tax credit (ifeet amount)       68       .00         70       NXC carned income credit       .70       .00         71       Other refundable credits (Form IT-201-ATT, line 18)       .71       .00         73       Total New York City tax withheld       .72       1.52700         74       Total York City tax withheld       .74       .000         74       Total York City tax withheld       .74       .000         75       Total Summers and amount paid with Form IT-370       .75       .000         74       Total payments (add lines 63 through 75)       .74       .000         75       Total summers and amount paid with Form IT-370       .75		· · · · · ·	00					
65       NYS earned income credit (EIC)       65								
66       NYS noncustodial parent EIC       66       000         67       Real property tax credit       67       000         69       NYC school tax credit (fixed amount) (also complete F on page 1)       69       000         69       NYC school tax credit (fixed amount) (also complete F on page 1)       69       000         70       NYC school tax credit (fixed amount) (also complete F on page 1)       69       000         70       NYC school tax credit (fixed amount) (also complete F on page 1)       70       000         71       Other refundable credits (Form IT-201-ATT, line 18)       71       000         73       Total New York City tax withheld       72       1527.00       000         74       Total Soverk City tax withheld       73       470.00       00       00         75       Total payments (add lines 63 through 75)       76       1997.1       71       2444.1         78       Amount of line 77 a stallable for refund (struct line 62, storage age 2)       77       244.1         78       Amount of line 71 hat you want oplied to your 2021       79       .000       78         79       Amount of line 71 hat you want oplied to your 2021       79       .000       70       Paper         80       Amount of line 71 hat you wan				III WALMER WAA MAA NOO DISHDORIKAY WAANKA WAA. IIIII				
67       Real property tax credit       67       .00         68       College luttion credit       .68       .000         69       NYC school tax credit (rixed amount) (also complete F on page 1)       .69       .000         69       NYC school tax credit (rixed amount)       .69       .000         70       .000       .000       .000         70       .000       .000       .000         70       .000       .000       .000         71       .000       .000       .000         71       .000       .000       .000         71       .000       .000       .000         72       .0141 Orkners tax withheld       .73       .470000         74       .0101 Orkners tax withheld       .74       .000         75       .0101 Orkners tax withheld       .74       .000         76       Total payments (add lines 63 through 75)       .76       .97       .244								
68       College tuition credit       68	•			i kasesi seban kasesi kasesi kasesi kasesi ka				
69       NYC school tax credit (fixet amount) (also complete F on page 1)       69       .00         69a       NYC school tax credit (rate reduction amount)       70       .00         70       This line intentionally left blank       70       .00         71       Other reductibale credits (Form IT-201-ATT, line 18)       71       .00         71       Total New York State tax withheld       72       .1527, .00         73       Total New York State tax withheld       73       .00         74       Total Yorkers tax withheld       .73       .00         75       Total asyments and amount paid with Form IT-370       .75       .00         76       Total payments (add lines 63 through 75)       .76       1.997, .         77       Amount of line 77 available for refund (subtrad line 76 form line 77)       .044 (also submit Form IT-195)         78       Data refund choice:       Savings account (film in line 83) - or -       .78         78       Amount of line 77 that you want applied to your 2021       .79       .044 (also submit Form IT-195)         79       Amount of line 77 that you want applied to your 2021       .79       .00         79       Amount of line 77 that you want applied to your 2021       .79       .00         80       Amount of line 77 that you				NATIONAL CONTRACTOR CONTRACTOR IN A CALIFORNIA CONTRACTOR OF A CALIFORNIA CONTRACTOR OF A CALIFORNIA CONTRACTOR				
69a       0.00         70       NYC school tax credit (rate reduction amount)       70       0.00         70       NYC carned income credit       70       0.00         71       Other refundable credits ( <i>From T-201-ATT. line 18</i> )       71       0.00         72       Total New York State tax withheld       72       1.527.00       and/or IT-1099-R and submit them with your return.         73       Total Yow York City tax withheld       73       4.70.00       Do not send federal Form W-2 with your return.         75       Total Yow York City tax withheld       74       0.00       with your return.         75       Total Yow York City tax withheld       74       0.00       with your return.         76       Total Yow Sets and amount paid with Form IT-370       75       0.00       with your return.         76       Total Yow Sets and amount paid with Form IT-370       75       0.00       Train and tax sets and tax sets and tax sets and tax sets tax line 62, subtract line 76 mine 72, see page 32,								
70       NXC earned income credit       70       00         70       This line intentionally left blank       70a       70a         71       Other refundable credits (Form 17-201-ATT, line 18)       71       1527,00         73       Total New York State tax withheld       73       470,00         74       Total You York City tax withheld       73       470,00         74       Total You York City tax withheld       74       0.00         74       Total You York State tax withheld       74       0.00         74       Total You York State tax withheld       74       0.00         74       Total You York State tax withheld       74       0.00         75       Total payments and anount paid with Form 17-307       75       0.00         76       Total payments, and line 76 is more than line 62, subtract line 62 from line 77       78       2.44 .         78       Anount of line 78 tay tow want to deposit ino 87% 529 account deposit to checking or refund.       79       79       2.00         79       Mark one refund choice:       X savings account. (film line 83) - or - Check       Refund? Direct deposit is the essist, fastest way to get your refund.         80       Anount of line 76 is less than line 62, subtract line 76 m line 62). To pay by electronic funds withdrawal, mark an X in the box								
70a       This line intentionally left blank       70a         710       Other refundable credits ( <i>Form IT-201-ATT, line 18</i> )       71       .00         72       Total Wey York Site tax withheld       72       .1527.00         73       Total Yonkers tax withheld       74       .00         75       Total Yonkers tax withheld       74       .00         75       Total Yonkers tax withheld       .74       .00         76       Total Yonkers tax withheld       .74       .00         75       Total Simulated tax symmets and amount paid with Form IT-370       .76       .997.2         76       Total Yonkers tax withheld	•	′						
71       Other refundable credits (Form IF-201-ATT, line 18)       71       0       If applicable, complete Form(s) IT and/or IT-1059-R and submit them with your return.         73       Total New York State tax withheld       72       1527.00       mailor IT-1059-R and submit them with your return (see page 13).         74       Total Yonkers tax withheld       73       470.00       74       0.00         75       Total estimated tax payments and amount paid with Form IT-370       76       0.00       76         74       mount of line 76 is more than line 62, subtract line 62 from line 76; see page 32)       77       244 .         78       Amount of line 77 available for refund (subtract line 78 from line 78).       78       244 .         78       Total refund after NYS 529 account (Form IT-95; mer 4) (also submit Form IT-95).       78       78         79       Amount of line 77 tax you want applied to your 2021.       79       .00       78       244 .         79       Amount of line 77 is la set subtract line 62. subtract 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       See page 36 for the proper assembly of your return.         81       Estimated tax penalty (include this amount line 80.       .00       See page 36 for the proper assembly of your return.								
72       Total New York State tax withheld       72       1527.00       and/or TT-109-R and submit them         73       Total Yorkers tax withheld       73       470.00       on or send federal Form W-2         75       Total Yorkers tax withheld       75       .00       or send federal Form W-2         76       Total Payments (add lines 63 through 75)       .00       76       1997.1         74       Amount of line 77 available for refund (subtract line 62 form line 76).       .00       77       .00         78       Amount of line 77 available for refund (subtract line 78 from line 77).       .00       .00       .00         78       Amount of line 77 available for refund (subtract line 78 from line 77).       .01       .01       .02       .02         78       Total refund after NYS 529 account deposit to checking or or			.00	If applicable, complete Earm(c) IT 2				
12       13 At 10 a New York City tax withheld       72       13 At 10 work City tax withheld       74       10 at 10 work City tax withheld       10 at 10 with 0 work City tax with tax with 10 work City tax withheld       10 at 10 work City tax with 10 work City tax withheld       10 at 10 work City tax withhel			1.5.0.7.00					
74       Total estimated tax payments and amount paid with Form IT-370       Total estimated tax payments and amount paid with Form IT-370       Total estimated tax payments and amount paid with Form IT-370       Total payments (add lines 63 through 75)       Total payments (add lines 64 through 75)       Total payments (add lines 65 through 75)       Total payments (add lines 62 through 76)       Total payments (add line 76)       Total payments (add line 76)       Total payment (add line 10)								
75       Total estimated tax payments and amount paid with Form IT-370       76	-			Do not send federal Form W-2				
76       Total payments (add lines 63 through 75)       76       1997.         Your refund, amount you owe, and account information)       (see pages 32 through 34)       77       244.1         78       Amount of line 77 available for refund (subtract line 62 form line 76; see page 32)       77       244.1         78       Amount of line 77 available for refund (subtract line 78 from line 77)       78       244.1         78       Amount of line 77 available for refund (subtract line 78 from line 77)       78       244.1         78       Amount of line 77 tavailable for refund (subtract line 78 from line 78)       78       244.1         78       Amount of line 77 that you want to deposit to checking or estimated tax (see instructions)       79       .00         80       Amount of line 77 that you want applied to your 2021       estimated tax (see instructions)       .00         81       Estimated tax (see instructions)       .00       See page 36 for the proper reduce the overpayment on line 77; see page 33       .00       See page 36 for the proper reduce the overpayment on line 77; see page 33       .00       See page 36 for the proper see math; 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)         83       Account type:       X       Personal checking -or -       Business checking -or -       Business savin see page 37				with your return.				
Your refund, amount you owe, and account information       (see page 32 through 34)         77       Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 77)       78         78       Amount of line 77 available for refund (subtract line 79 from line 77)       78         78       Amount of line 77 available for refund (subtract line 79 from line 77)       78         78       Total refund after NYS 529 account deposit (subtract line 78 from line 77)       78         78       Mark one refund choice:       Saings account (fill in line 83)       -or -         79       Amount of line 77 that you want applied to your 2021       estimated tax (see instructions)       Frequent Page         80       Amount you we (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic       See page 33 for payment option         81       Estimated tax (see instructions)       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       See page 36 for the proper assembly of your return.         83       Account information fine 77 refund (would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 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)       See page 36 for the proper assembly of your return.         83       Account information for direct deposit or electronic funds w	75 Total estimated tax payments and amount paid with	1Form 11-370 <b>75</b>	.00					
77       Amount overpaid (if line 76 is more than line 62, subtract line 76 isee page 32)       77       244.         78       Amount of line 77 available for refund (subtract line 79 from line 77)       78a       244.         78       Amount of line 78 that you want to deposit linto a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)       78a       244.         78       78a       244.       78a       244.         78       78a       244.       78a       244.         78       78a       244.       78a       244.         78b       Total refund after NYS 529 account (subtract line 78 from line 78)       70r -       78b       244.         79       Amount of line 77 that you want applied to your 2021       estimated tax (see instructions)       79	76 Total payments (add lines 63 through 75)			<b>76</b> 1997.00				
78       Amount of line 77 available for refund (subtract line 79 from line 77)       78       244.         78a       Amount of line 78 that you want to deposit linb a NYS 529 account (Form II-195, line 4) (also submit Form II-195)       78a       244.         78b       Total refund after NYS 529 account deposit (subtract line 78 from line 78)       78b       244.         78b       Total refund after NYS 529 account deposit to checking or sample character deposit is the easiest, fastest way to get your refund.         79       Amount of line 77 that you want applied to your 2021       79	Your refund, amount you owe, and account in	formation) (see pages 32 t	hrough 34)					
78       Amount of line 77 available for refund (subtract line 79 from line 77)       78       244 .         78a       Amount of line 78 that you want to deposit into a NYS 529 account (deposit (subtract line 78 from line 79)       78       244 .         78b       Total refund after NYS 529 account deposit (subtract line 78 from line 79)       78       244 .         78b       Total refund after NYS 529 account deposit (subtract line 78 from line 79)       78       244 .         78b       Total refund after NYS 529 account deposit (subtract line 78 from line 70)       78       244 .         78b       Total refund after NYS 529 account deposit (subtract line 78 from line 70)       79       70       78       244 .         78b       Total refund after NYS 529 account deposit (subtract line 78 is subtract line 78 is subtract line 79       79       70       70       78       244 .         79       Amount of line 77 that you want applied to your 2021       gitter the free total refund (subtract line 78 is line 42)       600       86       86       6	77 Amount overpaid (if line 76 is more than line 6	2, subtract line 62 from line 7	6; see page 32)	244.00				
78b       Total refund after NYS 529 account deposit ( <i>subtract line 78 from line 78</i> )       78b       244 .         78b       201         and fill in fine 83 or       or - Day by electronic         78b       See page 36 for the proper assembly for your meturn.         81       .       See page 36 for the proper assembly of your return.         81 <td< th=""><th></th><td></td><td></td><td>78 244.00</td></td<>				78 244.00				
Mark one refund choice:       X       savings account (fill in line 83)       -or -       paper check       Refund? Direct deposit is the easiest, fastest way to get your refund.         79       Amount of line 77 that you want applied to your 2021 estimated tax (see instructions)	78a Amount of line 78 that you want to deposit into a NYS	S 529 account (Form IT-195, line	4) (also submit Form IT-195)	<b>78a</b> .00				
Mark one refund choice:       X       savings account (fill in line 83)       - or -       Check       Refund? Direct deposit is the easiest, fastest way to get your refund.         79       Amount of line 77 that you want applied to your 2021	78b Total refund after NYS 529 account deposit (s	ubtract line 78a from line 78)		<b>78b</b> 244.00				
Mark one refund choice:       X       savings account (fill in line 83)       - or -       Check       Refund? Direct deposit is the easiest, fastest way to get your refund.         79       Amount of line 77 that you want applied to your 2021	— dire	ct deposit to checking or	paper					
10       Amount on the 1r data you want applied to you 2021       refund.         10       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.       See page 33 for payment option         81	Mark one refund choice: 🛛 savin	ngs account <i>(fill in line</i> 83)	- or check					
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.       See page 33 for payment option         81       Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33)       81       .000         82       .000         83       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).       See page 36 for the proper assembly of your return.         83a       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).       Business checking - or - Dersonal savings - or - Dersona			.00					
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         81	. ,		To pay by electronic	See page 33 for payment options				
or money order you must complete Form IT-201-V and mail it with your return.       80         81       Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33)       81       .00       See page 36 for the proper assembly of your return.         82       .00       82       .00       See page 36 for the proper assembly of your return.         83       Account information for direct deposit or electronic funds withdrawal (see page 34).       81       .00       See page 36 for the proper assembly of your return.         83a       Account information for direct deposit or electronic funds withdrawal (see page 34).       For r □       Personal checking - or - □       Business checking - or - □       Business checking - or - □       Business savin         83b       Routing number       322271627       83c       Account number       72736917         84       Electronic funds withdrawal (see page 34)       Date       Amount       .00         Third-party       Print designee's name       Designee's phone number       Personal identificatio number (PIN)         Yes       No       Email:       Yes instructors)       Yes instructors)       Your signature         Your signature       SyAM PRTYA RAM SAGAR GUP       Preparer's PTIN or SSN       P02082703       Your signature and occupation (ff joint return)         5230       PEBBL								
reduce the overpayment on line 77; see page 33)       81       .00       See page 36 for the proper assembly of your return.         82       Other penalties and interest (see page 33)       .00       82       .00       assembly of your return.         83       Account information for direct deposit or electronic funds withdrawal (see page 34).       If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 34).         83a       Account type:       X       Personal checking - or -       Personal savings - or -       Business checking - or -       Business savin         83b       Routing number       322271627       83c       Account number       72736917         84       Electronic funds withdrawal (see page 34)       Date       Amount       .00         Third-party designee's name         yes       No       Email:       Designee's phone number       Personal identificatio number (PIN)         Yes       No       Preparer's NYTPRIN       NYTPRIN       Your signature         SYAM       PRIYA RAM SAGAR GUP       Preparer's PTIN or SSN       P02082703         Address       Employer identification number       Signature       Signature         2530       PEBLE CREEK LN       Employer identification number       Daytime phone number       Daytim	or money order you must complete Form I	- T-201-V and mail it with yo	our return.	80 .00				
reduce the overpayment on line 77; see page 33)       81       .00       See page 36 for the proper assembly of your return.         82       Other penalties and interest (see page 33)       .00       82       .00       assembly of your return.         83       Account information for direct deposit or electronic funds withdrawal (see page 34).       If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 34).         83a       Account type:       X       Personal checking - or -       Personal savings - or -       Business checking - or -       Business savin         83b       Routing number       322271627       83c       Account number       72736917         84       Electronic funds withdrawal (see page 34)       Date       Amount       .00         Third-party designee's name         yes       No       Email:       Designee's phone number       Personal identificatio number (PIN)         Yes       No       Preparer's NYTPRIN       NYTPRIN       Your signature         SYAM       PRIYA RAM SAGAR GUP       Preparer's PTIN or SSN       P02082703         Address       Employer identification number       Signature       Signature         2530       PEBLE CREEK LN       Employer identification number       Daytime phone number       Daytim	81 Estimated tax penalty (include this amount in line	e 80 or						
82       Other penalties and interest (see page 33)			.00					
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 34)         83a Account type:       Personal checking - or -       Personal savings - or -       Business checking - or -       Business savin         83b Routing number       322271627       83c Account number       72736917         84 Electronic funds withdrawal (see page 34)       Date       Amount       .00         Third-party designee's name       Print designee's name       Designee's phone number       Personal identificatio number (PIN)         Yes       No X       Email:       Preparer's NYTPRIN       NYTPRIN       excl. code       0       9         Preparer's signature       Preparer's spinted name       SXAM PRIYA RAM SAGAR GUP       Preparer's PTIN or SN       Your signature       Your signature         SYAM PRIYA RAM SAGAR GUP       Preparer's PTIN or SN       PO2082703       INTERNSHIP       Spouse's signature and occupation (if joint return)         Address       Employer identification number       0ate       Daytime phone number       Date         CUMMING GA 30041       Date       Daytime phone number       Date       Daytime phone number	82 Other penalties and interest (see page 33)		.00	assembly of your return.				
83a       Account type:       X       Personal checking - or -       Personal savings - or -       Business checking - or -       Business saving         83b       Routing number       322271627       83c       Account number       72736917         84       Electronic funds withdrawal (see page 34)       Date       Amount       .00         Third-party       Print designee's name       Designee's phone number       Personal identification number         Ves       No       Email:       Preparer signature       Preparer's NYTPRIN excl. code   0   9         Preparer's signature       Preparer's printed name       Your signature       Your signature         SYAM       PRIYA RAM SAGAR GUP       Preparer's PTIN or SSN PO2082703       Your occupation INTERNSHIP         Address       Employer identification number       Spouse's signature and occupation (if joint return)       Spouse's signature and occupation (if joint return)         2530       PEBBLE       CREEK LN       Date       Daytime phone number         CUMMING GA 30041       Date       09232021       Date       Daytime phone number								
83b       Routing number       322271627       83c       Account number       72736917         84       Electronic funds withdrawal (see page 34)       Date       Amount       .00         Third-party designee? (see instr.)       Print designee's name       Designee's phone number ( )       Personal identificatio number (PIN)         Yes       No       Email:       Preparer's NYTPRIN (see instructions)       NYTPRIN excl. code       9         Preparer's signature SYAM       Preparer's printed name SYAM       Preparer's PTIN or SSN PO2082703       Your signature       Your signature         Your cocupation GLOBAL       Preparer's printed name S300       Perparer's PTIN or SSN PO2082703       Your occupation INTERNSHIP         Address       Employer identification number 301017196       Date       Daytime phone number ( )	If the funds for your payment (or refund) would	come from (or go to) an a	ccount outside the U.S.,	mark an <b>X</b> in this box (see pg. 34)				
84 Electronic funds withdrawal (see page 34)       Date       Amount       .00         Third-party designee? (see instr.)       Print designee's name       Designee's phone number ()       Personal identificatio number (PIN)         Yes       No       Email:       Version ()       Email:       Version ()         Yes       Print designee's name       Preparer's NYTPRIN (see instructions)       NYTPRIN (see instructions)       Version ()       Yes         Yes       Preparer's signature SYAM PRIYA RAM SAGAR GUP       Preparer's printed name SYAM PRIYA RAM SAGAR GUP       Your signature       Your signature         Firm's name (or yours, if self-employed) GLOBAL TAXES LLC       Preparer's PTIN or SSN P02082703       Your occupation INTERNSHIP         Address       Employer identification number 301017196       Date       Daytime phone number ()         Date       Daytime phone number       Daytime phone number	83a Account type: 🗙 Personal checking - or	- Personal savings	- or - Business ch	ecking - or - Business savings				
Third-party designee? (see instr.)       Print designee's name       Designee's phone number ( )       Personal identification number (PIN)         Yes       No       X       Email:       Preparer's NYTPRIN (see instructions)       NYTPRIN excl. code       0       9         Preparer's signature SYAM PRIYA RAM SAGAR GUP       Preparer's printed name SYAM PRIYA RAM SAGAR GUP       Preparer's printed name SYAM PRIYA RAM SAGAR GUP       Vour signature Po2082703       Vour signature       Your occupation INTERNSHIP         Address       Employer identification number 301017196       Date 09232021       Date       Date         Date       Datime phone number ( )       Date       Date       Date	83b Routing number 322271627	83c Account nu	mber	72736917				
Image by designee? (see instr.)	84 Electronic funds withdrawal (see page 34)	Date	Amoun	t00				
Image by designee? (see instr.)	Third-party Print designee's name		esignee's phone number	Personal identification				
V       Paid preparer must complete       Preparer's NYTPRIN       NYTPRIN excl. code       V       Taxpayer(s) must sign here       V         Preparer's signature       Preparer's printed name       Preparer's printed name       Vour signature       Your signature         SYAM PRIYA RAM SAGAR GUP       Preparer's PTIN or SSN       Preparer's PTIN or SSN       Your occupation       Your occupation         GLOBAL TAXES LLC       P02082703       P102082703       INTERNSHIP       Spouse's signature and occupation (if joint return)         2530 PEBBLE CREEK LN       Date       Date       Date       Date       Date         CUMMING GA 30041       09232021       Date       Date       Date       Date       Date		(	)	number (PIN)				
(see instructions)     excl. code     0     9       Preparer's signature     Preparer's printed name     Your signature       SYAM PRIYA RAM SAGAR GUP     SYAM PRIYA RAM SAGAR GUP     Your signature       Firm's name (or yours, if self-employed)     Preparer's PTIN or SSN     Your occupation       GLOBAL TAXES LLC     P02082703     INTERNSHIP       Address     Employer identification number     301017196       CUMMING GA 30041     Date     Date       Date     ()     Dation providentification	Yes No 🔀 Email:							
(see instructions)     excl. code     0     9       Preparer's signature     Preparer's printed name     Your signature       SYAM PRIYA RAM SAGAR GUP     SYAM PRIYA RAM SAGAR GUP     Your signature       Firm's name (or yours, if self-employed)     Preparer's PTIN or SSN     Your occupation       GLOBAL TAXES LLC     P02082703     INTERNSHIP       Address     Employer identification number     301017196       CUMMING GA 30041     Date     Date       Date     ()     Datime phone number	Paid preparer must complete      Preparer's NYTP	RIN NYTPRIN	_ T					
SYAM PRIYA RAM SAGAR GUP       SYAM PRIYA RAM SAGAR GUP         Firm's name (or yours, if self-employed)       Preparer's PTIN or SSN         GLOBAL TAXES LLC       P02082703         Address       Employer identification number         2530 PEBBLE CREEK LN       Date         CUMMING GA 30041       Date    Date Date ()	(see instructions)	excl. code 0 9	▼ Taxpa	yer(s) must sign nere 🔻				
Firm's name (or yours, if self-employed)     Preparer's PTIN or SSN     Your occupation       GLOBAL TAXES LLC     P02082703     INTERNSHIP       Address     Employer identification number     Spouse's signature and occupation (if joint return)       2530 PEBBLE CREEK LN     Date     Date       CUMMING GA 30041     09232021     Date								
GLOBAL TAXES LLC     P02082703     INTERNSHIP       Address     Employer identification number 301017196     Spouse's signature and occupation (if joint return)       CUMMING GA 30041     Date 09232021     Date ()								
2530 PEBBLE CREEK LN     301017196       CUMMING GA 30041     Date       09232021     ()	GLOBAL TAXES LLC	P02082703	INTERNSHIP					
Date     Date     Daytime phone number       CUMMING GA 30041     09232021     ()			Spouse's signature and	occupation (if joint return)				
CUMMING GA 30041         09232021         ( )		Date	Date	Daytime phone number				
Lemail: SYAM@GTAXFILE.COM								
See instructions for where to mail your return				AH43@GMAIL.COM				





Department of Taxation and Finance

# Summary of W-2 Statements New York State • New York City • Yonkers

REV 04/06/21 PRO Г-2

**NO HANDWRITTEN ENTRIES ON THIS FORM** 

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

			Employer's information	1			5 ,					
W-2 Record 1	1	Employer's name										
Box a Employee's Social Se	curity number											
for this W-2 Record			Employer's address (number and street)									
746533732			COMMUNITY	DRIVE		01.1	710	1 -				
Box b Employer identification		City				State	ZIP code		ountry (if n	ot United States)		
113418133	3	MAN	HASSET			NY	11030					
Box 1 Wages, tips, other com	·	Box 12a A	Amount		ode	Bo	<b>x 14a</b> Amount			Description		
	74.00			.00				6	5.00	NY PFL		
Box 8 Allocated tips		Box 12b A	Amount		ode	Bo	x 14b Amount		1	Description		
	.00			.00					.00			
Box 10 Dependent care bene		Box 12c A	mount		ode	Bo	x 14c Amount		1	Description		
	.00			.00					.00			
Box 11 Nonqualified plans		Box 12d A	Amount		ode	Bo	x 14d Amount			Description		
	.00			.00					.00			
Box 13 Statutory employee	Retirer	ment plan	Third-party sic	k pay						Corrected (W-2c)		
			Box 16a NYS wages,	· · _		Roy	17a NYS income t	ax withhol	d	22		
NY State information:	Box 15a	NIY	Jon Tod INTO Wayes,	2397	4 00	DUX		855				
	NY State		Box 16b Other state			Box	17b Other state inco					
Other state information:	Box 15b				.00				.00			
	other state		L		.00							
NYC and Yonkers	Box 1	18 Local wa	ages, tips, etc.		Box	19 Loca	al income tax withh	eld		Box 20 Locality name		
information (see instr.):	Locality a		.00	Locality	a			.00	Locality a			
	Locality b		.00	Locality				.00	Locality b			
	·								, -	L		
	detach.	Box c	Employer's informatior	1								
W-2 Record 2	2	Emplo	yer's name									
Box a Employee's Social Se	curity number		-MED STAFFIN									
for this W-2 Record			yer's address (number a	,								
746533732			PIERMONT AVE			<u>.</u>						
Box b Employer identification	, í	City				State	ZIP code	C	ountry (if n	ot United States)		
472622978			LETT			NY	11557					
Box 1 Wages, tips, other com	·	Box 12a A	Amount		ode	Bo	<b>x 14a</b> Amount			Description		
	347.00			.00				6	1.00	UI/DB		
Box 8 Allocated tips		Box 12b A	Amount		ode	Bo	x 14b Amount		1	Description		
	.00			.00					.00			
Box 10 Dependent care bene		Box 12c A	mount		ode	Bo	x 14c Amount			Description		
	.00			.00					.00			
Box 11 Nonqualified plans		Box 12d A	Amount		ode	Bo	x 14d Amount			Description		
	.00			.00					.00			
Box 13 Statutory employee	Rotiror	ment plan	Third-party sic	k nav	7					Corrected (W-2c)		
Jok to Glatulory employee		nent pian				<b>D</b> .:		، التليبين	م			
NY State information:	Box 15a	NIV	Box 16a NYS wages,		7	Box	17a NYS income t					
	NY State	NY	Box 16h Other states	1684		Perci	17h Othor state in	672				
Other state information:	Box 15b		Box 16b Other state	wayes, tips		BOX /	17b Other state inco	ome tax wi				
	other state				.00				.00			
NYC and Yonkers	Box 1	18 Local wa	ages, tips, etc.		Вох	<b>19</b> Loca	al income tax withh	eld		Box 20 Locality name		
information (see instr.):	Locality a	18 Local wages, tips, etc.         Box           16847.00         Locality a				470.00 Locality						
	Locality b		00.71001	Locality			I /	.00	Locality a			
·			.00	Locality	~ ∟			.00	Locality D	L		
				10-10-10-10-0	NSR AN	866,6136	ans III					
				EDEBLI.	un tite di							



