

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

|   |  |
|---|--|
| Taxpayer's name<br><b>SURESH BABU CHAVA</b> | Social security number<br><b>580-47-2083</b> |
| Spouse's name                               | Spouse's social security number              |

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

Enter whole dollars only on lines 1 through 5.

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

|  |          |         |
|--|----------|---------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 61,768. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 6,653.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 7,504.  |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 2,051.  |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |         |

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

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

### Taxpayer's PIN: check one box only

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

|   |   |   |   |   |
|---|---|---|---|---|
| 7 | 2 | 0 | 8 | 3 |
|---|---|---|---|---|

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

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

|   |   |   |   |   |   |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|
| 5 | 8 | 7 | 2 | 7 | 8 |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|

  
**Don't enter all zeros**

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

Filing Status [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: SURESH BABU
Last name: CHAVA
Your social security number: 580-47-2083
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.
85 COLLARD ST
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
JERSEY CITY
State: NJ
ZIP code: 07306
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[ ] 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) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'Dependents (see instructions):'.

Main income table with columns for line numbers and amounts. Rows include: 1 Wages, salaries, tips, etc. Attach Form(s) W-2 (66,250); 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss) (2,599); 8 Other income from Schedule 1, line 9 (-7,081); 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (61,768); 10 Adjustments to income (10a, 10b, 10c); 11 Subtract line 10c from line 9. This is your adjusted gross income (61,768); 12 Standard deduction or itemized deductions (12,400); 13 Qualified business income deduction; 14 Add lines 12 and 13 (12,400); 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- (49,368).

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  | 6,653. |
| 17 | Amount from Schedule 2, line 3  | 17  |        |
| 18 | Add lines 16 and 17   | 18  | 6,653. |
| 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  | 6,653. |
| 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  | 6,653. |
| 25 | Federal income tax withheld from:   |     |        |
| a  | Form(s) W-2   | 25a | 7,504. |
| b  | Form(s) 1099  | 25b |        |
| c  | Other forms (see instructions)  | 25c |        |
| d  | Add lines 25a through 25c   | 25d | 7,504. |
| 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  | 1,200. |
| 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  | 1,200. |
| 33 | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | 33  | 8,704. |

• 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  | 2,051. |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,051. |
| b   | Routing number 3 2 2 2 7 1 6 2 7  |     |        |
| c   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings                               |     |        |
| d   | Account number 6 7 9 2 5 1 8 8 9  |     |        |
| 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<br><b>PROJECT ENGINEER</b> | 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.   | Email address |  |   |

**Paid Preparer Use Only**

|                 |   |      |      |   |
|-----------------|---|------|------|---|
| Preparer's name | Preparer's signature <b>Self-Prepared</b> | Date | PTIN | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name     | Firm's address                            |      |      | Phone no.   |
| Firm's EIN      |   |      |      |   |

**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  
SURESH BABU CHAVA

Your social security number  
580-47-2083

**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>  | -7,081. |
| <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 ▶ _____<br>_____   | <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>  | -7,081. |

**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 D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return  
**SURESH BABU CHAVA**

Your social security number  
**580-47-2083**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  **Yes**  **No**  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 94,228.                          | 93,715.                         | 2,086.  | 2,599.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 2,599.   |

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b>   |

**Part III Summary**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | 2,599. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |        |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.   |           |        |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶   | <b>18</b> |        |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶   | <b>19</b> |        |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                |           |        |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>  | <b>21</b> | ( )    |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |           |        |



**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

SURESH BABU CHAVA

580-47-2083

**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>  | KUNDURRU SANTHAMAGULUR ANDHRA PRADESH IN 523303                   |  |                  |                   |                          |
| <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. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 1   |  | 365              | 0                 | <input type="checkbox"/> |
| <b>B</b>  |   |  |                  |                   | <input type="checkbox"/> |
| <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)

| Income:          |   | Properties: |   | A        | B | C       |
|------------------|---|-------------|---|----------|---|---------|
| <b>3</b>         | Rents received . . . . .  | <b>3</b>    |   | 460.     |   |         |
| <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>    |   | 180.     |   |         |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>    |   | 1,284.   |   |         |
| <b>8</b>         | Commissions. . . . .  | <b>8</b>    |   | 450.     |   |         |
| <b>9</b>         | Insurance . . . . .   | <b>9</b>    |   |          |   |         |
| <b>10</b>        | Legal and other professional fees . . . . .   | <b>10</b>   |   | 650.     |   |         |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>   |   |          |   |         |
| <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>   |   | 1,500.   |   |         |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>   |   | 1,800.   |   |         |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>   |   |          |   |         |
| <b>17</b>        | Utilities. . . . .  | <b>17</b>   |   | 1,677.   |   |         |
| <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>   |   | 7,541.   |   |         |
| <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>   |   | -7,081.  |   |         |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b>   | ( | -7,081.) | ( | )       |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>  |   | 460.     |   |         |
| <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>  |   | 7,541.   |   |         |
| <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>   | ( | 7,081.)  |   |         |
| <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>   |   |          |   | -7,081. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020





# 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<br>SURESH BABU CHAVA | 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. | 61768.    |
| 2 Refund .....   | 2. | 171.      |
| 3 Amount you owe .....   | 3. |           |
| 4 Financial institution routing number .....   | 4. | 322271627 |
| 5 Financial institution account number .....   | 5. | 679251889 |
| 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<br>GLOBAL TAXES LLC | Date |
| Paid preparer's signature<br>SELF-PREPARED | Print name                     | Date |



# Resident Income Tax Return

# IT-201

New York State • New York City • Yonkers • MCTMT

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

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

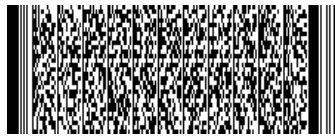
and ending ...

|  |  |    |   |                   |  |  |  |
|--|--|----|---|-------------------|--|--|--|
| Your first name<br>SURESH BABU   |  | MI | Your last name (for a joint return, enter spouse's name on line below)<br>CHAVA |                   | Your date of birth (mmdyyyy)<br>05051992 | Your Social Security number<br>580472083 |  |
| Spouse's first name  |  | MI | Spouse's last name  |                   | Spouse's date of birth (mmdyyyy)         |  | Spouse's Social Security number              |
| Mailing address (see instructions, page 14) (number and street or PO box)<br>85 COLLARD ST       |  |    |   |                   | Apartment number                         |  | New York State county of residence<br>HUDSON |
| City, village, or post office<br>JERSEY CITY   |  |    | State<br>NJ   | ZIP code<br>07306 | Country (if not United States)           |  | School district name<br>HUDSON               |
| Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route) |  |    |   |                   | Apartment number                         |  | School district code number ..... 289        |
| City, village, or post office  |  |    | State<br>NY   | ZIP code          | Decedent information                     | Taxpayer's date of death (mmdyyyy)       | Spouse's date of death (mmdyyyy)             |

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

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

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



**D1** Did you have a financial account located in a foreign country? (see page 15) ..... Yes  No

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

**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2020? (see page 15) .. Yes  No   
(2) Enter the number of days spent in NYC in 2020 (any part of a day spent in NYC is considered a day).....

**F NYC residents and NYC part-year residents only** (see page 15):  
(1) Number of months **you** lived in NYC in 2020 .....   
(2) Number of months **your spouse** lived in NYC in 2020 .....

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

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

| First name | MI | Last name | Relationship | Social Security number | Date of birth (mmdyyyy) |
|------------|----|-----------|--------------|------------------------|-------------------------|
|            |    |           |              |                        |                         |
|            |    |           |              |                        |                         |
|            |    |           |              |                        |                         |
|            |    |           |              |                        |                         |
|            |    |           |              |                        |                         |
|            |    |           |              |                        |                         |
|            |    |           |              |                        |                         |

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



201001203555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number  
580472083

**Federal income and adjustments** (see page 16)

Whole dollars only

|     |  |     |           |
|-----|--|-----|-----------|
| 1   | Wages, salaries, tips, etc. ....   | 1   | 66250 .00 |
| 2   | Taxable interest income .....  | 2   | .00       |
| 3   | Ordinary dividends .....   | 3   | .00       |
| 4   | Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....                           | 4   | .00       |
| 5   | Alimony received .....   | 5   | .00       |
| 6   | Business income or loss (submit a copy of federal Schedule C, Form 1040) .....   | 6   | .00       |
| 7   | Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....                                     | 7   | 2599 .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 .. <input type="checkbox"/>   | 9   | .00       |
| 10  | Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/> | 10  | .00       |
| 11  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)     | 11  | -7081 .00 |
| 12  | Rental real estate included in line 11 .....   | 12  | -7081 .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  | 61768 .00 |
| 18  | Total federal adjustments to income (see page 16) Identify: .....  | 18  | .00       |
| 19  | Federal adjusted gross income (subtract line 18 from line 17) .....  | 19  | 61768 .00 |
| 19a | <b>Recomputed federal adjusted gross income</b> (see page 16, Line 19a worksheet) .....                                      | 19a | 61768 .00 |

**New York additions** (see page 17)

|    |  |    |           |
|----|--|----|-----------|
| 20 | Interest income on state and local bonds and obligations (but not those of NYS or its local governments) | 20 | .00       |
| 21 | Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)          | 21 | .00       |
| 22 | <b>New York's</b> 529 college savings program distributions (see page 17) .....                          | 22 | .00       |
| 23 | Other (Form IT-225, line 9) .....  | 23 | .00       |
| 24 | Add lines 19a through 23 .....   | 24 | 61768 .00 |

**New York subtractions** (see page 18)

|    |  |    |           |
|----|--|----|-----------|
| 25 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 25 | .00       |
| 26 | Pensions of NYS and local governments and the federal government (see page 18)     | 26 | .00       |
| 27 | Taxable amount of Social Security benefits (from line 15) ...                      | 27 | .00       |
| 28 | Interest income on U.S. government bonds .....                                     | 28 | .00       |
| 29 | Pension and annuity income exclusion (see page 19) .....                           | 29 | .00       |
| 30 | <b>New York's</b> 529 college savings program deduction/earnings                   | 30 | .00       |
| 31 | Other (Form IT-225, line 18) .....   | 31 | .00       |
| 32 | Add lines 25 through 31 .....  | 32 | .00       |
| 33 | <b>New York adjusted gross income</b> (subtract line 32 from line 24) .....        | 33 | 61768 .00 |



**Standard deduction or itemized deduction** (see page 21)

|    |  |    |               |
|----|--|----|---------------|
| 34 | Enter your <b>standard deduction</b> (table on page 21) or your <b>itemized deduction</b> (from Form IT-196)<br>Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b> | 34 | 8000 .00      |
| 35 | Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....   | 35 | 53768 .00     |
| 36 | Dependent exemptions (enter the number of dependents listed in item H; see page 21) .....  | 36 | <b>000.00</b> |
| 37 | <b>Taxable income</b> (subtract line 36 from line 35) .....  | 37 | 53768 .00     |

201002203555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1  
SURESH BABU CHAVA

Your Social Security number  
580472083

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

|  |           |           |
|--|-----------|-----------|
| <b>38</b> Taxable income (from line 37 on page 2) .....                                      | <b>38</b> | 53768 .00 |
| <b>39</b> NYS tax on line 38 amount (see page 22) .....                                      | <b>39</b> | 3014 .00  |
| <b>40</b> NYS household credit (page 22, table 1, 2, or 3) .....                             | <b>40</b> | .00       |
| <b>41</b> Resident credit (see page 23) .....  | <b>41</b> | .00       |
| <b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...                      | <b>42</b> | .00       |
| <b>43</b> Add lines 40, 41, and 42 .....   | <b>43</b> | .00       |
| <b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) ..... | <b>44</b> | 3014 .00  |
| <b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30) .....                               | <b>45</b> | .00       |
| <b>46</b> Total New York State taxes (add lines 44 and 45) .....                             | <b>46</b> | 3014 .00  |

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

|   |            |          |
|---|------------|----------|
| <b>47</b> NYC taxable income (see page 23).....   | <b>47</b>  | .00      |
| <b>47a</b> NYC resident tax on line 47 amount (see page 23).....  | <b>47a</b> | .00      |
| <b>48</b> NYC household credit (page 23) .....  | <b>48</b>  | .00      |
| <b>49</b> Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) .....  | <b>49</b>  | .00      |
| <b>50</b> Part-year NYC resident tax (Form IT-360.1) .....  | <b>50</b>  | .00      |
| <b>51</b> Other NYC taxes (Form IT-201-ATT, line 34) .....  | <b>51</b>  | .00      |
| <b>52</b> Add lines 49, 50, and 51 .....  | <b>52</b>  | .00      |
| <b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10) .....  | <b>53</b>  | .00      |
| <b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....  | <b>54</b>  | .00      |
| <b>54a</b> MCTMT net earnings base ....   | <b>54a</b> | .00      |
| <b>54b</b> MCTMT .....  | <b>54b</b> | .00      |
| <b>55</b> Yonkers resident income tax surcharge (see page 26) .....   | <b>55</b>  | .00      |
| <b>56</b> Yonkers nonresident earnings tax (Form Y-203) .....   | <b>56</b>  | .00      |
| <b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....   | <b>57</b>  | .00      |
| <b>58</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..   | <b>58</b>  | .00      |
| <b>59</b> Sales or use tax (see page 27; do not leave line 59 blank) .....  | <b>59</b>  | 0 .00    |
| <b>60</b> Voluntary contributions (Form IT-227, Part 2, line 1) .....   | <b>60</b>  | .00      |
| <b>61</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) ..... | <b>61</b>  | 3014 .00 |

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



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

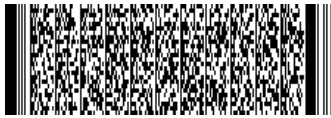


Your Social Security number  
580472083

62 Enter amount from line 61 ..... **62** 3014 .00

**Payments and refundable credits** (see pages 28 through 31)

|     |  |     |          |
|-----|--|-----|----------|
| 63  | Empire State child credit  | 63  | .00      |
| 64  | NYS/ NYC child and dependent care credit                         | 64  | .00      |
| 65  | NYS earned income credit (EIC)                                   | 65  | .00      |
| 66  | NYS noncustodial parent EIC                                      | 66  | .00      |
| 67  | Real property tax credit   | 67  | .00      |
| 68  | College tuition credit   | 68  | .00      |
| 69  | NYC school tax credit (fixed amount) (also complete F on page 1) | 69  | .00      |
| 69a | NYC school tax credit (rate reduction amount)                    | 69a | .00      |
| 70  | NYC earned income credit   | 70  | .00      |
| 70a | This line intentionally left blank                               | 70a |          |
| 71  | Other refundable credits (Form IT-201-ATT, line 18)              | 71  | .00      |
| 72  | Total New York State tax withheld                                | 72  | 3185 .00 |
| 73  | Total New York City tax withheld                                 | 73  | .00      |
| 74  | Total Yonkers tax withheld                                       | 74  | .00      |
| 75  | Total estimated tax payments and amount paid with Form IT-370    | 75  | .00      |



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

76 Total payments (add lines 63 through 75) ..... **76** 3185 .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  | 171 .00 |
| 78  | Amount of line 77 available for refund (subtract line 79 from line 77)  | 78  | 171 .00 |
| 78a | Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195) | 78a | .00     |
| 78b | Total refund after NYS 529 account deposit (subtract line 78a from line 78)                                       | 78b | 171 .00 |

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

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

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

See page 33 for payment options.

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

See page 36 for the proper assembly of your return.

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

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

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:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

83b Routing number 322271627 83c Account number 679251889

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

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

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

|   |  |
|---|--|
| Taxpayer(s) must sign here                          |  |
| Your signature                                      |  |
| Your occupation<br>PROJECT ENGINEER                 |  |
| Spouse's signature and occupation (if joint return) |  |
| Date  | Daytime phone number<br>(657) 363 9346 |
| Email: SURESHHARI143@GMAIL.COM                      |  |

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

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

## W-2 Record 1

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

580472083

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

453882819

**Box c** Employer's information

|   |              |                 |                                       |
|---|--------------|-----------------|---------------------------------------|
| <b>Employer's name</b>                        |              |                 |                                       |
| COUNTRYWIDE STONE & MARBLE INC                |              |                 |                                       |
| <b>Employer's address (number and street)</b> |              |                 |                                       |
| 5014 16TH AVENUE 297                          |              |                 |                                       |
| <b>City</b>                                   | <b>State</b> | <b>ZIP code</b> | <b>Country (if not United States)</b> |
| BROOKLYN                                      | NY           | 11204           |                                       |

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

66250.00

**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

31.00

Description

NY SDI

**Box 14b** Amount

179.00

Description

NY FLI

**Box 14c** Amount

.00

Description

**Box 14d** Amount

.00

Description

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

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State

NY

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

66250.00

**Box 17a** NYS income tax withheld

3185.00

**Other state information:**

**Box 15b** other state

||

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

.00

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

.00

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

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

Locality a .00

Locality b .00

**Box 19** Local income tax withheld

Locality a .00

Locality b .00

**Box 20** Locality name

Locality a

Locality b

Do not detach.

## W-2 Record 2

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

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

**Box c** Employer's information

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

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

.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 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

NY

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

.00

**Box 17a** NYS income tax withheld

.00

**Other state information:**

**Box 15b** other state

||

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

.00

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

.00

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

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

Locality a .00

Locality b .00

**Box 19** Local income tax withheld

Locality a .00

Locality b .00

**Box 20** Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001203555

