



# New York State E-File Signature Authorization for Tax Year 2021

## 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 VICTOR J RAJ	Spouse's name (jointly filed return only) GRACE PAUL
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### Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank 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, an individual performing as both the paid prep the ERO 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*, and 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 2021 Form IT-370 and Tax Year 2022 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.	103868.
2 Refund.....	2.	792.
3 Amount you owe.....	3.	
4 Financial institution routing number.....	4.	121000358
5 Financial institution account number.....	5.	325047791141
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 2021 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 2021 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 2021 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 2021 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 2021 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2021 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 2021 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

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

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

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name RVSSMANIKUMARAPPANA	Date 02272022



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning .....

# IT-203

21

and ending .....

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

Your first name and middle initial VICTOR J		Your last name (for a joint return, enter spouse's name on line below) RAJ		Your date of birth (mmddyyyy) 07211980	Your Social Security number 674062725
Spouse's first name and middle initial GRACE		Spouse's last name PAUL		Spouse's date of birth (mmddyyyy) 03291990	Spouse's Social Security number 796726706
Mailing address (see instructions, page 12) (number and street or PO Box) 469 PARSONAGE ROAD				Apartment number	New York State county of residence NR
City, village, or post office EDISON		State NJ	ZIP code 08837	Country	School district name NR
Taxpayer's permanent home address (see instr., pg. 12) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country		Decedent information	Taxpayer's date of death
					Spouse's date of death

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

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

**B** Did you itemize your deductions on your 2021 federal income tax return? ..... es  No

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

**D1** Did you have a financial account located in a foreign country? (see page 13) ..... Yes  No

**D2** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) ..... Yes  No

### E New York City part-year residents only (see page 13)

- (1) Number of months you lived in NY City in 2021 .....
- (2) Number of months your spouse lived in NY City in 2021 .....

**F** Enter your 2-character special condition code(s) if applicable (see page 13) .....

### G New York State part-year residents (see page 14)

- Enter the date you moved into or out of NYS (mmddyyyy) .....
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS .....
  - 2) Lived outside NYS; received income from NYS sources during nonresident period .....
  - 3) Lived outside NYS; received no income from NYS sources during nonresident period .....

### H New York State nonresidents (see page 14)

Did you or your spouse maintain living quarters in NYS in 2021? ..... es  No   
(if Yes, complete Form IT-203-B)



### I Dependent information (see page 14)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
LIORA	VICTOR	DAUGHTER	950908549	08232013
LIRON	VICTOR	SON	967965208	01042018

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



203001213555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
674062725

Federal income and adjustments (see page 16)	Federal amount Whole dollars only		New York State amount Whole dollars only	
1 Wages, salaries, tips, etc. ....	1	126216 .00	1	75838 .00
2 Taxable interest income .....	2	.00	2	.00
3 Ordinary dividends .....	3	106 .00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) .....	4	.00	4	.00
5 Alimony received .....	5	.00	5	.00
6 Business income or loss (submit a copy of federal Sch. C, Form 1040) .....	6	.00	6	.00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .....	7	-3000 .00	7	.00
8 Other gains or losses (submit a copy of federal Form 4797) .....	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/> .....	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/> .....	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) .....	11	-19454 .00	11	.00
12 Rental real estate included in line 11 (federal amount) <b>12.</b> <input type="text" value="-19454"/> .....	12.	-19454 .00		
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040) .....	13	.00	13	.00
14 Unemployment compensation.....	14	.00	14	.00
15 Taxable amount of Social Security benefits (also enter on line 26) .....	15	.00	15	.00
16 Other income (see page 22) <i>Identify:</i> <input type="text"/> .....	16	.00	16	.00
17 Add lines 1 through 11 and 13 through 16 .....	17	103868 .00	17	75838 .00
18 Total federal adjustments to income (see page 24) <i>Identify:</i> <input type="text"/> .....	18	.00	18	.00
19 Federal adjusted gross income (subtract line 18 from line 17) .	19	103868 .00	19	75838 .00
19a Recomputed federal adjusted gross income (see page 23, Line 19a worksheets)	19a	103868 .00	19a	75838 .00

New York additions (see page 24)				
20 Interest income on state and local bonds and obligations (but not those of New York State or its localities) .....	20	.00	20	.00
21 Public employee 414(h) retirement contributions .....	21	.00	21	.00
22 Other (Form IT-225, line 9) .....	22	.00	22	.00
23 Add lines 19a through 22 .....	23	103868 .00	23	75838 .00

New York subtractions (see page 25)				
24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	24	.00	24	.00
25 Pensions of NYS and local governments and the federal government (see page 25) .....	25	.00	25	.00
26 Taxable amount of Social Security benefits (from line 15) .....	26	.00	26	.00
27 Interest income on U.S. government bonds .....	27	.00	27	.00
28 Pension and annuity income exclusion .....	28	.00	2	.00
29 Other (Form IT-225, line 18) .....	29	.00	29	.00
30 Add lines 24 through 29 .....	30	.00	30	.00
31 New York adjusted gross income (subtract line 30 from line 23)	31	103868 .00	31	75838 .00

32 Enter the amount from line 31, **Federal amount** column ..... 103868 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



**Standard deduction or itemized deduction** (see page 27)

**33** Enter your **standard deduction** (table on page 27) or your **itemized deduction** (from Form IT-196).

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

<b>33</b> Enter your <b>standard deduction</b> (table on page 27) or your <b>itemized deduction</b> (from Form IT-196). Mark an <b>X</b> in the appropriate box: ... <input checked="" type="checkbox"/> <b>Standard</b> – or – <input type="checkbox"/> <b>Itemized</b>	<b>33</b>	16050.00
<b>34</b> Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) .....	<b>34</b>	87818.00
<b>35</b> Dependent exemptions (enter the number of dependents listed in Item I; see page 27) .....	<b>35</b>	2 .00
<b>36</b> <b>New York taxable income</b> (subtract line 35 from line 34) .....	<b>36</b>	85818.00

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

<b>37</b> <b>New York taxable income</b> (from line 36).....	<b>37</b>	85818.00
<b>38</b> New York State tax on line 37 amount (see page 28) .....	<b>38</b>	4649.00
<b>39</b> New York State household credit (page 28, table 1, 2, or 3).....	<b>39</b>	.00
<b>40</b> Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank).....	<b>40</b>	4649.00
<b>41</b> New York State child and dependent care credit (see page 29) .....	<b>41</b>	.00
<b>42</b> Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank).....	<b>42</b>	4649.00
<b>43</b> New York State earned income credit (see page 29) .....	<b>43</b>	.00

<b>44</b> Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) .....	<b>44</b>	4649.00
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<b>45</b> Income percentage (see page 29)	<input type="text"/>	New York State amount from line 31	75838.00	÷	Federal amount from line 31	103868.00	=	<b>45</b>	0.7301
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Round result to 4 decimal places

<b>46</b> Allocated New York State tax (multiply line 44 by the decimal on line 45) .....	<b>46</b>	3394.00
<b>47</b> New York State nonrefundable credits (Form IT-203-ATT, line 8) .....	<b>47</b>	.00
<b>48</b> Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) .....	<b>48</b>	3394.00
<b>49</b> Net other New York State taxes (Form IT-203-ATT, line 33) .....	<b>49</b>	.00
<b>50</b> <b>Total New York State taxes</b> (add lines 48 and 49) .....	<b>50</b>	3394.00

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

<b>51</b> Part-year New York City resident tax (Form IT-360.1) .....	<b>51</b>	.00
<b>52</b> Part-year resident nonrefundable New York City child and dependent care credit .....	<b>52</b>	.00
<b>52a</b> Subtract line 52 from line 51 .....	<b>52a</b>	.00
<b>52b</b> MCTMT net earnings base ....	<b>52b</b>	.00
<b>52c</b> MCTMT .....	<b>52c</b>	.00
<b>53</b> Yonkers nonresident earnings tax (Form Y-20) .....	<b>53</b>	.00
<b>54</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>54</b>	.00
<b>55</b> <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54) .....	<b>55</b>	.00
<b>56</b> <b>Sales or use tax</b> (See the instructions on page 31. Do not leave line 56 blank.) .....	<b>56</b>	0.00
<b>57</b> <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1) .....	<b>57</b>	.00
<b>58</b> <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57) .....	<b>58</b>	3394.00

**See instructions on pages 29 through 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.**

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number
674062725

59 Enter amount from line 58 ..... 59 3394 .00

Payments and refundable credits (see page 32)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 10 and 11). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 34 through 36)

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

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

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 35 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2022 tax, amount owed, and estimated tax penalty.

See page 38 for the proper assembly of your return.

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. 36) [ ]

73a Account type: [X] Personal checking - or - [ ] Personal savings - or - [ ] Business checking - or - [ ] Business savings
73b Routing number 121000358
73c Account number 325047791141

74 Electronic funds withdrawal (see page 36) ..... ate [ ] Amount [ ] .00

Third-party designee? (see instr.) Yes [ ] No [X]
Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions)
Preparer's signature: RVSSMANIKUMARAPPANA
Preparer's printed name: RVSSMANIKUMARAPPANA
Firm's name: GLOBAL TAXES LLC
Preparer's PTIN or SSN: P02090332
Address: 2530 PEBBLE CREEK LN, CUMMING GA 30041
Employer identification number: 301017196
ate: 02272022
Email: KUMAR@GTAXFILE.COM

Taxpayer(s) must sign here
Your signature
Your occupation: SOFTWARE ENGINEER
Spouse's signature and occupation (if joint return): SOFTWARE ENGINEER
Date
Daytime phone number: (650) 772-8970
Email: VICTORJR2K@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 on the back.

## W-2 Record 1

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

796726706

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

820544687

**Box c** Employer's information

<b>Employer's name</b>			
AMAZON COM SERVICES LLC			
<b>Employer's address (number and street)</b>			
PO BOX 80726			
<b>City</b>	<b>State</b>	<b>ZIP code</b>	<b>Country (if not United States)</b>
SEATTLE	WA	98108	

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

5178.00

**Box** 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

22.00

Description

UI/WF/SWF

**Box 14b** Amount

24.00

Description

NJ DI

**Box 14c** Amount

15.00

Description

FLI

**Box 14d** Amount

.00

Description

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

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State

N|Y

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

.00

**Box 17a** NYS income tax withheld

.00

**Other state information:**

**Box 15b** other state

N|J

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

5178.00

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

91.00

**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

674062725

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

133924155

**Box c** Employer's information

<b>Employer's name</b>			
COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT			
<b>Employer's address (number and street)</b>			
211 QUALITY CIR STE 150			
<b>City</b>	<b>State</b>	<b>ZIP code</b>	<b>Country (if not United States)</b>
COLLEGE STATION	TX	77845	

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

45200.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

58.00

Code

C

**Box 12b** Amount

312.00

Code

W

**Box 12c** Amount

5609.00

Code

D|D

**Box 12d** Amount

.00

Code

**Box 14a** Amount

856.00

Description

TXREL

**Box 14b** Amount

154.00

Description

UI/WF/SWF

**Box 14c** Amount

133.00

Description

FLI

**Box 14d** Amount

223.00

Description

NJVPDI

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

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State

N|Y

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

.00

**Box 17a** NYS income tax withheld

.00

**Other state information:**

**Box 15b** other state

N|J

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

47912.00

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

2166.00

**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

102001213555





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 on the back.

## W-2 Record 1

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

674062725

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

134994650

**Box c** Employer's information

<b>Employer's name</b> JPMORGAN CHASE BANK NATIONAL ASSOCIATION			
<b>Employer's address (number and street)</b> 1111 POLARIS PARKWAY			
City COLUMBUS	State OH	ZIP code 43240	Country (if not United States)

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

75838.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

33.00

Code

C

**Box 12b** Amount

5775.00

Code

D

**Box 12c** Amount

14140.00

Code

D D

**Box 12d** Amount

.00

Code

**Box 14a** Amount

20.00

Description

NY SDI

**Box 14b** Amount

385.00

Description

NYFLI EE

**Box 14c** Amount

.00

Description

**Box 14d** Amount

.00

Description

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

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State

N | Y

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

75838.00

**Box 17a** NYS income tax withheld

4186.00

**Other state information:**

**Box 15b** other state

N | J

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

80931.00

**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>			
City	State	ZIP code	Country (if not United States)

**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

N | Y

**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

102001213555

