

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of 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 SANDEEP KANNA	Last name DIVITI	Your social security number 8 4 5 0 5 9 4 9 5
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. 1247 S West Chester		Apt. no. 1247
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Milwaukee WI 53214		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here <input type="checkbox"/>		

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, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

(1) First name		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
Last name				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—
 • Single or Married filing separately, \$12,000
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under **Standard Deduction**, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2					1	44,526
2a Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required		2b	
3a Qualified dividends	3a		b Ordinary dividends. Attach Sch. B if required		3b	
4a IRA distributions	4a	0	b Taxable amount		4b	0
c Pensions and annuities	4c	0	d Taxable amount		4d	0
5a Social security benefits	5a	0	b Taxable amount		5b	0
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here				<input type="checkbox"/>	6	0
7a Other income from Schedule 1, line 9					7a	0
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income					7b	44,526
8a Adjustments to income from Schedule 1, line 22					8a	0
b Subtract line 8a from line 7b. This is your adjusted gross income					8b	44,526
9 Standard deduction or itemized deductions (from Schedule A)	9	12,200				
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	0				
11a Add lines 9 and 10					11a	12,200
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-					11b	32,326

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	3,685
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	3,685
13a	Child tax credit or credit for other dependents	13a	0
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	0
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	3,685
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0
16	Add lines 14 and 15. This is your total tax	16	3,685
17	Federal income tax withheld from Forms W-2 and 1099	17	5,355
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	0
b	Additional child tax credit. Attach Schedule 8812	18b	0
c	American opportunity credit from Form 8863, line 8	18c	0
d	Schedule 3, line 14	18d	0
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	0
19	Add lines 17 and 18e. These are your total payments	19	5,355

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

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	1,670
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	1,670
b	Routing number 1 1 1 0 0 0 0 2 5	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 4 8 8 0 4 7 3 8 2 7 8 5		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	0
24	Estimated tax penalty (see instructions)	24	0

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. **No**

(Other than paid preparer) 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.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	02/20/2020	SOFTWARE ENGINEER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (972)983-3415 Email address DIVITISANDEEP@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Sunitha Rapelli		02/20/2020	P01955197	<input type="checkbox"/> 3rd Party Designee
Firm's name	Firm's address	Phone no.	Firm's EIN	<input checked="" type="checkbox"/> Self-employed
Sunitha Rapelli	43 Wall St Farmingdale NY 11735	(516)304-6585		

Name(s) shown on return SANDEEP KANNA DIVITI	Your social security number 845 05 9495
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Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

<p>20 Student name (as shown on page 1 of your tax return) SANDEEP KANNA DIVITI</p>	<p>21 Student social security number (as shown on page 1 of your tax return) 845 05 9495</p>		
<p>22 Educational institution information (see instructions)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p>a. Name of first educational institution Southern Arkansas university</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 100 East University Magnolia AR 71753</p> <p>(2) Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. - - - - -</p> </td> <td style="width:50%; vertical-align: top;"> <p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. - - - - -</p> </td> </tr> </table>		<p>a. Name of first educational institution Southern Arkansas university</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 100 East University Magnolia AR 71753</p> <p>(2) Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. - - - - -</p>	<p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. - - - - -</p>
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<p>23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p>			
<p>24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input type="checkbox"/> Yes — Go to line 25. <input checked="" type="checkbox"/> No — Stop! Go to line 31 for this student.</p>			
<p>25 Did the student complete the first 4 years of postsecondary education before 2019? See instructions. <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.</p>			
<p>26 Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.</p>			



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	0
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	0
29 Multiply line 28 by 25% (0.25)	29	0
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	0

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	0
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22222		Void <input type="checkbox"/>	a Employee's social security number 8 4 5 - 0 5 - 9 4 9 5		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN) 4 5 0 6 6 5 4 1 4 SRIV			1 Wages, tips, other compensation 44,526		2 Federal income tax withheld 5,355	
c Employer's name, address, and ZIP code Srivin Infosystems Inc 76 N Broadway Hicksville NY 11801			3 Social security wages		4 Social security tax withheld 0	
			5 Medicare wages and tips		6 Medicare tax withheld 0	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial SANDEEP KANNA		Last name DIVITI	Suff.	11 Nonqualified plans		12a See instructions for box 12
f Employee's address and ZIP code 1247 S West Chester MILWAUKEE WI 53214			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
			14 Other Wages for SDI		12c	
			15 Other Wages for SDI 68 15		12d	
15 State NY	Employer's state ID number 45-0665414	16 State wages, tips, etc. 44,526	17 State income tax 2,063	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2019

Department of the Treasury—Internal Revenue Service

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

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

Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page

**FYNR
Worksheet**

Full Year / Non Resident Worksheet

Federal & resident state Description	ny	
	Tax Payer/ default	Spouse
Income		
1. Wages	44,526	0
2. Excess received for business expense, moving expense	0	0
3. Disability Income		
4. Household employee income	0	0
5. Allocated Tips	0	0
6. Dependent care benefits	0	0
7. Additional income on W2	0	
8. Taxable interest income	0	0
8a. Tax exempt Interest	0	0
9. Ordinary dividends		
9a. Exempt Int Dividends	0	0
9b. Qualified Dividends	0	
10. Taxable refunds, credits or offsets of states & local income taxes	0	
11. Alimony received	0	
12. Business income or (loss)	0	0
13. Capital gain or(loss)	0	
14. Other Gains	0	
15. Taxable IRA amt.	0	0
15a. IRA Distributions	0	0
16. Taxable Pensions and annuities	0	0
16a. Pensions and Annuities	0	0
17. Rental Real estate, Royalties	0	
17a. Partnerships & S Corporations	0	
17b. Estates & Trusts	0	
18. Farm income	0	0
19. Unemployment compensation	0	0
20. Social security benefits taxable	0	0
20a. Social Security benefits received	0	0
21. Other Income	0	0
21a. Form 2555 . Form 2555EZ	0	0
21b. NOL Loss Carryover	0	0
22. Total Income	44,526	0
Adjustments to Income		
23. Educator expenses.	0	0
24. Certain business expenses of reservists, performing artist, fee basis government officials	0	0

Full Year / Non Resident Worksheet

25. Health savings account deduction	0	0
26. Moving expenses	0	0
27. One Half of Self Employment taxes	0	0
28. Self employed SEP, Simple, and qualified plans	0	0
29. Self employed health insurance deduction	0	0
30. Penalty on early withdrawal	0	0
31. Alimony paid	0	
32. IRA Deduction	0	0
33. Student loan interest deduction	0	
34. Tuition and Fees Deduction	0	
35. Domestic production activities deduction	0	
36a. Other Adjustments	0	
36b. Archer MSA deduction	0	
36c. Form 2555 / Form 2555EZ deduction	0	0
37. Total Adjustments	0	0
38. Adjusted Gross Income.	44,526	0

Part Year Resident Worksheet (For State Allocation)

Part Year Resident state Description	Part Year Resident state			
	Tax Payer/ default	Spouse	Tax Payer/ default	Spouse
1. Wages	0	0	0	0
2. Excess received for business, moving and child care expense				
3. Disability Income				
4. Household employee income				
5. Allocated Tips				
6. Dependent care benefits				
7. Additional income on W2				
8. Taxable interest income				
8a. Tax exempt Interest				
9. Ordinary dividends				
9a. Exempt Int Dividends				
9b. Qualified Dividends				
10. Taxable refunds, credits or offsets of states and local income taxes				
11. Alimony received				
12. Business income or (loss)				
13. Capital gain or (loss)				
14. Other Gains				
15. Taxable IRA amt.				
15a. IRA Distributions.				

Full Year / Non Resident Worksheet

Description	Tax Payer/ default	Spouse	Tax Payer/ default	Spouse
16. Taxable Pensions and annuities				
16a. Pensions and Annuities				
17. Rental real estate, royalties, partnership trust, etc				
17a. Partnerships & S Corporations				
17b. Estates & Trusts				
18. Farm income or loss				
19. Unemployment compensation				
20. Social security (taxable amount)				
20a. Social Security benefits received				
21. Other Income				
21a. Form 2555 . Form 2555EZ				
21b. NOL Loss Carryover				
22. Total Income	0	0	0	0
Adjustments to Income				
23. Educator expenses				
24. Certain business expenses of reservists, performing artist, fee basis government officials				
25. Health savings account deduction				
26. Moving expenses				
27. One Half of Self Employment taxes				
28. Self employed SEP, Simple,and qualified plans				
29. Self employed health insurance deduction				
30. Penalty on early withdrawal				
31. Alimony paid				
32. IRA Deduction				
33. Student loan interest deduction				
34. Tution and Fees Deduction				
35. Domestic production activities deduction				
36a. Other adjustments Other adjustments type here and enter				
36b. Archer MSA deduction.				
36c. Form 2555 / Form 2555EZ deduction				
36. Total Adjustments	0	0	0	0
37. Adjusted Gross Income	0	0	0	0
38. Taxable Income				32,326



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2019, through December 31, 2019, or fiscal year beginning ...

010120 19

and ending ...

12312019

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

Your first name SANDEEP		MI KAN	Your last name (for a joint return, enter spouse's name on line below) DIVITI		Your date of birth (mmddyyyy) 12151992	Your Social Security number 845059495
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions, page 14) (number and street or PO box) 1247 S West Chester					Apartment number 1247	New York State county of residence NASS
City, village, or post office MILWAUKEE			State WI	ZIP code 53214	Country (if not United States)	School district name
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number	School district code number
City, village, or post office			State NY	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy) Spouse's date of death (mmddyyyy)

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 2019 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 Yonkers residents and Yonkers part-year residents only:

- (1) Did you receive a property tax relief credit? (see page 15) Yes No
- (2) Enter the amount ...

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2019 federal return? (see page 15) Yes No

E (1) Did you or your spouse maintain living quarters in NYC during 2019? (see page 15) Yes No

(2) Enter the number of days spent in NYC in 2019 (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 2019
- (2) Number of months your spouse lived in NYC in 2019

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 (mmddyyyy)

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



201001191937

For office use only

Your Social Security number
845059495

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	44526 .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	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11 12 <input type="text" value=""/>		.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: <input type="text" value=""/>	16	.00
17	Add lines 1 through 11 and 13 through 16	17	44526 .00
18	Total federal adjustments to income (see page 16) Identify: <input type="text" value=""/>	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	44526 .00

New York additions (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	21	.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	44526 .00

New York subtractions (see page 18)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 18)	26	.00
27	Taxable amount of Social Security benefits (from line 15) ...	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 19)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18).....	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	44526 .00

Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	8000 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	36526 .00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	36526 .00



Name(s) as shown on page 1
 SANDEEP KANNA DIVITI

Your Social Security number
 845059495

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	36526.00
39 NYS tax on line 38 amount (see page 22)	39	1981.00
40 NYS household credit (page 22, table 1, 2, or 3)	40	.00
41 Resident credit (see page 23)	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, leave blank)	44	1981.00
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	1981.00

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

47 NYC taxable income (see instructions)	47	.00
47a NYC resident tax on line 47 amount (see page 23)	47a	.00
48 NYC household credit (page 23)	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a MCTMT net earnings base	54a	.00
54b MCTMT	54b	.00
55 Yonkers resident income tax surcharge (see page 26)	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	58	.00
59 Sales or use tax (see page 27; do not leave line 59 blank)	59	0.00
60 Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	1981.00

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



Your Social Security number
845059495

62 Enter amount from line 61 **62** 1981 .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 NYC enhanced real property tax credit	70a	.00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72 Total New York State tax withheld	72	2063 .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** 2063 .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	82 .00
78 Amount of line 77 available for refund (subtract line 79 from line 77)	78	82 .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	82 .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 2020 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

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 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 111000025 83c Account number 488047382785

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

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

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN 12424321	NYTPRIN excl. code
Preparer's signature 	Preparer's printed name Sunitha Rapelli		
Firm's name (or yours, if self-employed) Sunitha Rapelli	Preparer's PTIN or SSN P01955197		
Address 43 Wall St Farmingdale NY 11735	Employer identification number		
	Date	02202020	
Email: rapelli_sunitha@yahoo.com			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation SOFTWARE ENGINEER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (972) 983 3415
Email: DIVITISANDEEP@GMAIL.COM	

See instructions for where to mail your return.

201004191937





New York State E-File Signature Authorization for Tax Year 2019

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name SANDEEP KANNA DIVITI	Spouse's name (jointly filed return only)
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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 account information for the electronic funds withdrawal.

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*, NYC-208, *Claim for New York City Enhanced Real Property Tax Credit*, or NYC-210, *Claim for New York City School Tax Credit*.

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

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, NYC-208, 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. Please note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

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 2019 Form IT-370 and Tax Year 2020 Form IT-2105*.

Part A – Tax return information

1 Federal adjusted gross income (from applicable line)	1.	44526
2 Refund	2.	82
3 Amount you owe	3.	
4 Financial institution routing number	4.	111000025
5 Financial institution account number	5.	488047382785
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, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2019 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 2019 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 2019 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	02202020
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 2019 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 2019 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2019 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 2019 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	Date	02202020
Paid preparer's signature 	Print name Sunitha Rapelli	Date	02202020



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.