



Instructions for Form IT-201-V Payment Voucher for Income Tax Returns

IT-201-V

(12/21)

Did you know? You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit www.tax.ny.gov.

How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your Social Security number (SSN), the tax year, and **Income Tax** on it.

Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address – Enter the city, province, or state all in the **City** box, and the **full** country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

Mailing address

E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX
PROCESSING CENTER
PO BOX 4124
BINGHAMTON NY 13902-4124**

Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER
PO BOX 15555
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

← Cut here →

STOP: Pay this electronically on our website.

Department of Taxation and Finance

Payment Voucher for Income Tax Returns



REV 03/29/22 PRO

IT-201-V

(12/21)

| | | | |
|---|---|--|--------------------------------|
| Tax year (yyyy) 2021 | Make your check or money order payable in U.S. funds to New York State Income Tax . Write on your check or money order the last four digits of your SSN, the tax year, and Income Tax . | | |
| Your first name and middle initial ESWARA R | Your last name (for a joint return, enter spouse's name on line below) NIMMANAPALLI | Your full SSN 214813204 | |
| Spouse's first name and middle initial SUPRAJA | Spouse's last name GANGULA | Spouse's full SSN (only if filing a joint return) 805405467 | |
| Mailing address 24 PARK LN E | | Apartment number 10 | Country (if not United States) |
| City, village or post office MENANDS | State NY | ZIP code 12204 | |
| Email: ESWAR_NER@HOTMAIL.COM | | | |

Payment amount

Dollars

1066

Cents

00

040001213555



For office use only

0401213555 214813204 5



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 ESWARA R NIMMANAPALLI | Spouse's name (jointly filed return only) SUPRAJA GANGULA |
|--|--|

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, an individual performing as both the paid preparer and 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. | 172922. |
| 2 Refund | 2. | |
| 3 Amount you owe | 3. | 1066. |
| 4 Financial institution routing number | 4. | |
| 5 Financial institution account number | 5. | |
| 6 Account type: <input 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 SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 04102022 |



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, 2021, through December 31, 2021, or fiscal year beginning ... 21

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

and ending ...

| | | | | | | |
|--|--|----|--|-------------------|---|--|
| Your first name ESWARA R | | MI | Your last name (for a joint return, enter spouse's name on line below) NIMMANAPALLI | | Your date of birth (mmddyyyy) 06011977 | Your Social Security number 214813204 |
| Spouse's first name SUPRAJA | | MI | Spouse's last name GANGULA | | Spouse's date of birth (mmddyyyy) 09261981 | Spouse's Social Security number 805405467 |
| Mailing address (see instructions, page 12) (number and street or PO Box) 24 PARK LN E | | | | | Apartment number 10 | New York State county of residence ALBANY |
| City, village, or post office MENANDS | | | State NY | ZIP code 12204 | Country School district name MENANDS | |
| Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route) | | | | | Apartment number | School district code number 388 |
| 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 2021 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 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 (1) Did you or your spouse **maintain living quarters in NYC** during 2021? (see page 13) .. Yes No

(2) Enter the number of days spent in NYC in 2021 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 13):

(1) Number of months **you** lived in NYC in 2021

(2) Number of months **your spouse** lived in NYC in 2021

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

H Dependent information (see page 14)

| First name | MI | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|------------|----|--------------|--------------|------------------------|--------------------------|
| JASWANTH R | | NIMMANAPALLI | SON | 948871074 | 03042008 |
| AADHYA | | NIMMANAPALLI | DAUGHTER | 782060612 | 08192017 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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



201001213555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
214813204

Federal income and adjustments (see page 14)

Whole dollars only

| | | | |
|-----|--|-----|-----------|
| 1 | Wages, salaries, tips, etc. | 1 | 173539.00 |
| 2 | Taxable interest income | 2 | 344.00 |
| 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 | -1761.00 |
| 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 | .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 14) Identify: FM8889 HLTH SAV ACCT | 16 | 800.00 |
| 17 | Add lines 1 through 11 and 13 through 16 | 17 | 172922.00 |
| 18 | Total federal adjustments to income (see page 14) Identify: | 18 | .00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) | 19 | 172922.00 |
| 19a | Recomputed federal adjusted gross income (see page 14, Line 19a worksheet) | 19a | 172922.00 |

New York additions (see page 15)

| | | | |
|----|--|----|-----------|
| 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 15) | 21 | .00 |
| 22 | New York's 529 college savings program distributions (see page 15) | 22 | .00 |
| 23 | Other (Form IT-225, line 9) | 23 | .00 |
| 24 | Add lines 19a through 23 | 24 | 172922.00 |

New York subtractions (see page 16)

| | | | |
|----|--|----|-----------|
| 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 16) | 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 17) | 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 | 172922.00 |



Standard deduction or itemized deduction (see page 19)

| | | | |
|----|--|----|-----------|
| 34 | Enter your standard deduction (table on page 19) 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 | 16050.00 |
| 35 | Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) | 35 | 156872.00 |
| 36 | Dependent exemptions (enter the number of dependents listed in item H; see page 19) | 36 | 2000.00 |
| 37 | Taxable income (subtract line 36 from line 35) | 37 | 154872.00 |

201002213555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1
ESWARA R NIMMANAPALLI AND SUPRAJA GANGULA

Your Social Security number
214813204

Tax computation, credits, and other taxes

| | | |
|--|-----------|------------|
| 38 Taxable income (from line 37 on page 2) | 38 | 154872 .00 |
| 39 NYS tax on line 38 amount (see page 20) | 39 | 9246 .00 |
| 40 NYS household credit (page 20, table 1, 2, or 3) | 40 | .00 |
| 41 Resident credit (see page 21) | 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 | 9246 .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 | 9246 .00 |

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

| | | |
|--|------------|----------|
| 47 NYC taxable income (see page 21)..... | 47 | .00 |
| 47a NYC resident tax on line 47 amount (see page 21)..... | 47a | .00 |
| 48 NYC household credit (page 21) | 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 24) | 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 25; 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 | 9246 .00 |

See instructions on pages 21 through 24 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
214813204

62 Enter amount from line 61 **62** 9246 .00

Payments and refundable credits (see pages 26 through 29)

| | | | |
|-----|--|-----|----------|
| 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 | 8187 .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 |
| 76 | Total payments (add lines 63 through 75) | 76 | 8187 .00 |



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

Your refund, amount you owe, and account information (see pages 30 through 32)

| | | | |
|-----|---|-----|-----|
| 77 | Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 30) | 77 | .00 |
| 78 | Amount of line 77 available for refund (subtract line 79 from line 77) TIP: Use this amount to check your refund status online. | 78 | .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 | .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.
See page 31 for payment options.

| | | | |
|----|--|----|----------|
| 79 | Amount of line 77 that you want applied to your 2022 estimated tax (see instructions) | 79 | .00 |
| 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 <input type="checkbox"/> 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 | 1066 .00 |
| 81 | Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31) | 81 | 7 .00 |
| 82 | Other penalties and interest (see page 31) | 82 | .00 |

See page 34 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 32).
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. 32)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings
83b Routing number 83c Account number

84 Electronic funds withdrawal (see page 32) 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 NYTPRN | NYTPRN excl. code 0 9 |
| Preparer's signature SYAM PRIYA RAM SAGAR GUP | | Preparer's printed name SYAM PRIYA RAM SAGAR GUP | |
| Firm's name (or yours, if self-employed) GLOBAL TAXES LLC | | Preparer's PTIN or SSN P02082703 | |
| Address 2530 PEBBLE CREEK LN CUMMING GA 30041 | | Employer identification number 301017196 | |
| Email: SYAM@GTAXFILE.COM | | Date 04102022 | |

| | |
|--|---------------------------------------|
| ▼ Taxpayer(s) must sign here ▼ | |
| Your signature | |
| Your occupation SOFTWARE SR ENGINEER | |
| Spouse's signature and occupation (if joint return) TECHNOLOGY ANAYLIST | |
| Date | Daytime phone number (443)285 1112 |
| Email: ESWAR_NER@HOTMAIL.COM | |

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

Underpayment of Estimated Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers • MCTMT

IT-2105.9

| | |
|---|---|
| Name(s) as shown on return ESWARA R NIMMANAPALLI AND SUPRAJA GANGULA | Identification number (SSN or EIN) 214813204 |
|---|---|

Part 1 – All filers must complete this part (see instructions, Form IT-2105.9-I, for assistance)

| | | |
|--|----|----------|
| 1 Total tax from your 2021 return before withholding and estimated tax payments (<i>caution: see instructions</i>) | 1 | 9246 .00 |
| 2 Empire State child credit (from Form IT-201, line 63) | 2 | .00 |
| 3 NYS/NYC child and dependent care credit (from Form IT-201, line 64) | 3 | .00 |
| 4 NY State earned income credit (EIC) (from Form IT-201, line 65) | 4 | .00 |
| 5 NY State noncustodial parent EIC (from Form IT-201, line 66) | 5 | .00 |
| 6 Real property tax credit (from Form IT-201, line 67) | 6 | .00 |
| 7 College tuition credit (from Form IT-201, line 68) | 7 | .00 |
| 7a STAR credit (see instructions) | 7a | .00 |
| 8 NY City school tax credit (from Form IT-201, lines 69 and 69a, or Form IT-203, lines 60 and 60a) .. | 8 | .00 |
| 9 NY City earned income credit (from Form IT-201, line 70) | 9 | .00 |
| 9a This line intentionally left blank | 9a | |
| 10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33) | 10 | .00 |
| 11 Add lines 2 through 10 | 11 | .00 |
| 12 Current year tax (subtract line 11 from line 1) | 12 | 9246 .00 |
| 13 Multiply line 12 by 90% (.90) | 13 | 8321 .00 |
| 14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36) | 14 | 8187 .00 |
| 15 Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions) | 15 | 1059 .00 |
| 16 Enter your 2020 tax (<i>caution: see instructions</i>) | 16 | .00 |
| 17 Enter the smaller of line 13 or line 16 | 17 | 8321 .00 |

Part 2 – Short method for computing the penalty – Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete *Part 3 – Regular method*.

| | | |
|---|----|----------|
| 18 Enter the amount from line 14 above | 18 | 8187 .00 |
| 19 Enter the total amount of estimated tax payments you made (see instructions) | 19 | .00 |
| 20 Add lines 18 and 19 | 20 | 8187 .00 |
| 21 Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty) | 21 | 134 .00 |
| 22 Multiply line 21 by .04985 and enter the result | 22 | 7 .00 |
| 23 If the amount on line 21 was paid on or after April 15, 2022, enter 0 . If the amount on line 21 was paid before April 15, 2022, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2022 × .00020 = | 23 | 0 .00 |
| 24 Penalty. Subtract line 23 from line 22 | 24 | 7 .00 |

Part 3 – Regular method – Schedule A – Computing your underpayment (Schedule B is on the back)

| Payment due dates | A 4/15/21 | B 6/15/21 | C 9/15/21 | D 1/15/22 |
|---|-----------|-----------|-----------|-----------|
| 25 Required installments. Enter ¼ of line 17 in each column. (If you used the annualized income installment method, see instructions).. | 25 | .00 | .00 | .00 |
| 26 Estimated tax paid and tax withheld (see instructions) | 26 | .00 | .00 | .00 |
| Complete lines 27 through 29, one column at a time, starting in column A. | | | | |
| 27 Overpayment or underpayment from prior period | 27 | | .00 | .00 |
| 28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.) | 28 | .00 | .00 | .00 |
| 29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions) | 29 | .00 | .00 | .00 |

059001213555



Part 3 – Regular method – Schedule B – Computing the penalty

| Payment due dates | A | B | C | D |
|---|---------------|---------|---------|---------|
| | 4/15/21 | 6/15/21 | 9/15/21 | 1/15/22 |
| 30 Amount of underpayment (from line 29) | 30 .00 | .00 | .00 | .00 |
| First installment penalty period (April 15 - June 15, 2021) | | | | |
| 31 April 15 - June 15 = (61 ÷ 365) × 7.5% = .01253 - or - April 15 - _____ = ([] ÷ 365) × 7.5% = [] | 31 | | | |
| 32 Multiply line 30, column A by line 31 | 32 .00 | | | |
| Second installment penalty period (June 15 - September 15, 2021) | | | | |
| 33 June 15 - September 15 = (92 ÷ 365) × 7.5% = .01890 - or - June 15 - _____ = ([] ÷ 365) × 7.5% = [] | 33 | | | |
| 34 Multiply line 30, column B by line 33 | 34 | .00 | | |
| Third installment penalty period (September 15, 2021 - January 15, 2022) | | | | |
| 35 September 15 - January 15 = (122 ÷ 365) × 7.5% = .02506 - or - September 15 - _____ = ([] ÷ 365) × 7.5% = [] | 35 | | | |
| 36 Multiply line 30, column C by line 35 | 36 | | .00 | |
| Fourth installment penalty period (January 15 - April 15, 2022) | | | | |
| 37 January 15 - April 15 = (90 ÷ 365) × 7.5% = .01848 - or - January 15 - _____ = ([] ÷ 365) × 7.5% = [] | 37 | | | |
| 38 Multiply line 30, column D by line 37 | 38 | | | .00 |
| 39 Penalty. Add lines 32, 34, 36, and 38. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42 | 39 | | | .00 |

059002213555



Submit this form with your New York State return.



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

805405467

Box b Employer identification number (EIN)

832064210

Box c Employer's information

| | | | |
|--|-------|----------|--------------------------------|
| Employer's name | | | |
| MAXIMUS SERVICES LLC | | | |
| Employer's address (number and street) | | | |
| 1891 METRO CENTER DRIVE | | | |
| City | State | ZIP code | Country (if not United States) |
| RESTON | VA | 20190 | |

Box 1 Wages, tips, other compensation

101849.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

79.00

Code

C

Box 12b Amount

6650.00

Code

D

Box 12c Amount

6000.00

Code

W

Box 12d Amount

13614.00

Code

D D

Box 14a Amount

397.00

Description

NY PFL

Box 14b Amount

31.00

Description

NY SDI

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.

101849.00

Box 17a NYS income tax withheld

4858.00

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

214813204

Box b Employer identification number (EIN)

581760235

Box c Employer's information

| | | | |
|--|-------|----------|--------------------------------|
| Employer's name | | | |
| INFOSYS LIMITED | | | |
| Employer's address (number and street) | | | |
| 2400 N GLENVILLE DR C150 | | | |
| City | State | ZIP code | Country (if not United States) |
| RICHARDSON | TX | 75082 | |

Box 1 Wages, tips, other compensation

71690.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

30.00

Code

C

Box 12b Amount

7817.00

Code

D

Box 12c Amount

2000.00

Code

W

Box 12d Amount

4028.00

Code

D D

Box 14a Amount

31.00

Description

SDI

Box 14b Amount

385.00

Description

NY PFL

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.

71690.00

Box 17a NYS income tax withheld

3329.00

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

