

# 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 MALLIKARJUNA REDDY BATHULA	Social security number 068-79-7893
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2021 (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.

1 Adjusted gross income . . . . .	1	6,349.
2 Total tax . . . . .	2	0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	812.
4 Amount you want refunded to you . . . . .	4	2,212.
5 Amount you owe . . . . .	5	

## 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 

9	7	8	9	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 

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 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	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
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: MALLIKARJUNA REDDY
Last name: BATHULA
Your social security number: 068-79-7893
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 1143 ESTERS RD
Apt. no.: 516
City, town, or post office: IRVING
State: TX
ZIP code: 75061
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of 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, 1957 [ ] Are blind Spouse: [ ] Was born before January 2, 1957 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total income: 6,349. Adjusted gross income: 6,349. Taxable income: 0.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	0.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	0.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	0.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	0.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	812.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	812.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <span style="float: right;">No</span>	<b>27a</b>	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	1,400.
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	1,400.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	2,212.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,212.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,212.
Direct deposit? See instructions.	<b>b</b> Routing number 1 1 1 0 0 0 0 2 5 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 4 8 8 1 0 5 2 5 2 1 0 0		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

If you have a qualifying child, attach Sch. EIC.

**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 SOFTWARE ENGINEER	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. (469) 943-6079 Email address MALLIAWS81@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/08/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196



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.

Table with 2 columns: Taxpayer's name (MALLIKARJUNA REDDY BATHULA), 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, 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.

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.

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

Table with 2 columns: Line number, Description, Amount. Includes Federal adjusted gross income (6349), Refund (320), and routing/account numbers.

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.

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.

Table with 2 columns: Signature (Taxpayer/Spouse), 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.

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.

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.

Table with 3 columns: Signature (ERO/Paid preparer), Print name (GLOBAL TAXES LLC / SYAM PRIYA RAM SAGAR GUPTA TALLAM), Date (04082022)



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 MALLIKARJUNA REDDY		Your last name (for a joint return, enter spouse's name on line below) BATHULA		Your date of birth (mmddyyyy) 06051981	Your Social Security number 068797893
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions, page 12) (number and street or PO Box) 1143 ESTERS RD				Apartment number 516	New York State county of residence NR
City, village, or post office IRVING		State TX	ZIP code 75061	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? Yes  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) es  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)

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  
068797893

Federal income and adjustments <i>(see page 16)</i>	Federal amount Whole dollars only		New York State amount Whole dollars only	
1 Wages, salaries, tips, etc. ....	1	6349 .00	1	6349 .00
2 Taxable interest income .....	2	.00	2	.00
3 Ordinary dividends .....	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes <i>(also enter on line 24)</i> .....	4	.00	4	.00
5 Alimony received .....	5	.00	5	.00
6 Business income or loss <i>(submit a copy of federal Sch. C, Form 1040)</i>	6	.00	6	.00
7 Capital gain or loss <i>(if required, submit a copy of federal Sch. D, Form 1040)</i>	7	.00	7	.00
8 Other gains or losses <i>(submit a copy of federal Form 4797)</i>	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. <i>(submit a copy of federal Schedule E, Form 1040)</i>	11	.00	11	.00
12 Rental real estate included in line 11 <i>(federal amount)</i> <b>12.</b> <input type="text"/> .00				
13 Farm income or loss <i>(submit a copy of federal Sch. F, Form 1040)</i>	13	.00	13	.00
14 Unemployment compensation.....	14	.00	14	.00
15 Taxable amount of Social Security benefits <i>(also enter on line 26)</i>	15	.00	15	.00
16 Other income <i>(see page 22)</i> <i>Identify:</i> <input type="text"/>	16	.00	16	.00
17 Add lines 1 through 11 and 13 through 16 .....	17	6349 .00	17	6349 .00
18 Total federal adjustments to income <i>(see page 22)</i> <i>Identify:</i> <input type="text"/>	18	.00	18	.00
19 Federal adjusted gross income <i>(subtract line 18 from line 17) ..</i>	19	6349 .00	19	6349 .00
19a Recomputed federal adjusted gross income <i>(see page 23, Line 19a worksheets)</i>	19a	6349 .00	19a	6349 .00

New York additions <i>(see page 24)</i>				
20 Interest income on state and local bonds and obligations <i>(but not those of New York State or its localities)</i> .....	20	.00	20	.00
21 Public employee 414(h) retirement contributions .....	21	.00	21	.00
22 Other <i>(Form IT-225, line 9)</i> .....	22	.00	22	.00
23 Add lines 19a through 22 .....	23	6349 .00	23	6349 .00

New York subtractions <i>(see page 25)</i>				
24 Taxable refunds, credits, or offsets of state and local income taxes <i>(from line 4)</i> .....	24	.00	24	.00
25 Pensions of NYS and local governments and the federal government <i>(see page 25)</i> .....	25	.00	25	.00
26 Taxable amount of Social Security benefits <i>(from line 15)</i>	26	.00	2	.00
27 Interest income on U.S. government bonds .....	27	.00	27	.00
28 Pension and annuity income exclusion .....	28	.00	28	.00
29 Other <i>(Form IT-225, line 18)</i> .....	29	.00	29	.00
30 Add lines 24 through 29 .....	30	.00	3	.00
31 New York adjusted gross income <i>(subtract line 30 from line 23)</i>	31	6349 .00	3	6349 .00

32 Enter the amount from line 31, **Federal amount** column ..... 32 6349 .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**

33	8000.00
34	.00
35	000.00
36	.00

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

37	New York taxable income (from line 36)	.00
38	New York State tax on line 37 amount (see page 28)	0.00
39	New York State household credit (page 28, table 1, 2, or 3)	50.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	.00
41	New York State child and dependent care credit (see page 29)	.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	.00
43	New York State earned income credit (see page 29)	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) ..... **44** .00

45 Income percentage (see page 29)  New York State amount from line 31  6349 .00 ÷ Federal amount from line 31  6349 .00 = **45** Round result to 4 decimal places  1.0000

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

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

51	Part-year New York City resident tax (Form IT-360.1)	.00
52	Part-year resident nonrefundable New York City child and dependent care credit	.00
52a	Subtract line 52 from line 51	.00
52b	MCTMT net earnings base	.00
52c	MCTMT	.00
53	Yonkers nonresident earnings tax (Form Y-203)	.00
54	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	.00
55	<b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54)	.00

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

56	<b>Sales or use tax</b> (See the instructions on page 31. Do not leave line 56 blank.)	3.00
57	<b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)	.00
58	<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)	3.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number
068797893

59 Enter amount from line 58 ..... 59 3.00

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 other penalties and interest.

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 111000025
73c Account number 488105252100

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: SYAM PRIYA RAM SAGAR GUP
Preparer's printed name: SYAM PRIYA RAM SAGAR GUP
Firm's name: GLOBAL TAXES LLC
Preparer's PTIN or SSN: P02082703
Address: 2530 PEBBLE CREEK LN, CUMMING GA 30041
Employer identification number: 301017196
Date: 04082022
Email: SYAM@GTAXFILE.COM

Taxpayer(s) must sign here
Your signature
Your occupation: SOFTWARE ENGINEER
Spouse's signature and occupation (if joint return)
Date
Daytime phone number: (469)943 6079
Email: MALLIAWS81@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

068797893

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

811004772

**Box c** Employer's information

<b>Employer's name</b> CAPRUS IT INC			
<b>Employer's address (number and street)</b> 5750 GENESIS CT STE 135			
<b>City</b> FRISCO	<b>State</b> TX	<b>ZIP code</b> 75034	<b>Country (if not United States)</b>

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

6349.00

**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

3.00

Description

NY SDI

**Box 14b** Amount

32.00

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.

6349.00

**Box 17a** NYS income tax withheld

323.00

**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** 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

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