



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 CHAITANYA BOGGAVARAPU	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.

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.	59776.
2 Refund	2.	379.
3 Amount you owe	3.	
4 Financial institution routing number	4.	107000327
5 Financial institution account number	5.	439008451251
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2021 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2021 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2021 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2021 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2021 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

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

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

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04122022



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning **21**
and ending

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

Your first name and middle initial CHAITANYA		Your last name (for a joint return, enter spouse's name on line below) BOGGAVARAPU		Your date of birth (mmddyyyy) 11021993	Your Social Security number 114978699
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) 1616 DR MARTIN LUTHER KING JR AVENUE				Apartment number #87106	New York State county of residence NR
City, village, or post office ALBUQUERQUE		State NM	ZIP code 87101	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? 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 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? Yes 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
114978699

Federal income and adjustments (see page 16)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

1	Wages, salaries, tips, etc.	1	65269 .00	1	65269 .00
2	Taxable interest income	2	.00	2	.00
3	Ordinary dividends	3	7 .00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	-3000 .00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12	Rental real estate included in line 11 (federal amount) 12.00		
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14	Unemployment compensation.....	14	.00	14	.00
15	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16	Other income (see page 22) Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	62276 .00	17	65269 .00
18	Total federal adjustments to income (see page 24) Identify: STUDENT LOAN INT	18	2500 .00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17) ..	19	59776 .00	19	65269 .00
19a	Recomputed federal adjusted gross income (see page 23, Line 19a worksheets)	19a	59776 .00	19a	65269 .00

New York additions (see page 24)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21	Public employee 414(h) retirement contributions	21	.00	21	.00
22	Other (Form IT-225, line 9)	22	.00	22	.00
23	Add lines 19a through 22	23	59776 .00	23	65269 .00

New York subtractions (see page 25)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 25)	25	.00	25	.00
26	Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
30	Add lines 24 through 29	30	.00	30	.00
31	New York adjusted gross income (subtract line 30 from line 23)	31	59776 .00	31	65269 .00

32 Enter the amount from line 31, **Federal amount** column **32** 59776 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

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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 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	51776.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 27)	000.00
36 New York taxable income (subtract line 35 from line 34)	51776.00

Tax computation, credits, and other taxes

37 New York taxable income (from line 36)	51776.00
38 New York State tax on line 37 amount (see page 28)	2855.00
39 New York State household credit (page 28, table 1, 2, or 3)	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	2855.00
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)	2855.00
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)	2855.00
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45 Income percentage (see page 29) New York State amount from line 31 ÷ Federal amount from line 31 = Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	3117.00
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)	3117.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 Total New York State taxes (add lines 48 and 49)	3117.00

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

51 Part-year New York City resident tax (Form IT-360.1)	51	.00
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a Subtract line 52 from line 51	52a	.00
52b MCTMT net earnings base	52b	.00
52c MCTMT	52c	.00
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00
56 Sales or use tax (See the instructions on page 31. Do not leave line 56 blank.)	56	0.00
57 Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	3117.00

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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number
114978699

59 Enter amount from line 58 59 3117.00

Payments and refundable credits (see page 32)

Table with 2 columns: Line number and Amount. Rows include 60-66 for 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: Line number and Amount. Rows include 67-68 for amount overpaid and refund, and 68a-68b for NYS 529 account deposit and total refund.

TIP: Use this amount to check your refund status online.

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: Line number and Amount. Rows include 69-72 for amount applied to tax, funds withdrawal, and penalties.

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 107000327 73c Account number 439008451251

74 Electronic funds withdrawal (see page 36) Date [] 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 NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, Email.

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, Email.

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

IT-2

New York State • New York City • Yonkers

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

114978699

Box b Employer identification number (EIN)

270888722

Box c Employer's information

Employer's name			
IVALUA INC			
Employer's address (number and street)			
805 VETERANS BLVD STE 20			
City	State	ZIP code	Country (if not United States)
REDWOOD CITY	CA	94063	

Box 1 Wages, tips, other compensation

65269.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

20.00

Code

C

Box 12b Amount

6586.00

Code

DD

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

23.00

Description

SDI

Box 14b Amount

337.00

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.

65269.00

Box 17a NYS income tax withheld

3496.00

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

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

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

102001213555



New Mexico Taxation and Revenue Department
**INDIVIDUAL INCOME TAX DECLARATION FOR
ELECTRONIC FILING AND TRANSMITTAL**

First Name, Middle Initial, and Last Name CHAITANYA BOGGAVARAPU	Social Security Number (SSN) 114-97-8699	<input checked="" type="checkbox"/> Residency Status
Spouse First Name, Middle Initial, and Last Name	Social Security Number (SSN)	<input type="checkbox"/> Residency Status
Mailing Address, City, State, and Zip Code 1616 DR MARTIN LUTHER KING J, APT. #87106 ALBUQUERQUE NM 87101		
TAX YEAR (CCYY): <u>2021</u>		
FILING STATUS (Check One)		
<input checked="" type="checkbox"/> (1.) Single	<input type="checkbox"/> (4.) Head of household (Enter name of person who qualifies you as head of household if that person is not counted as a qualified exemption on your federal return.) _____	
<input type="checkbox"/> (2.) Married filing jointly	<input type="checkbox"/> (5.) Qualifying widow(er)	
<input type="checkbox"/> (3.) Married filing separately (Enter spouse's name and social security number.)		

PART I: TAX RETURN INFORMATION (Whole Dollar Amounts Only)

1. Federal Adjusted Gross Income (as reported on PIT-1)	1.	59,776
2. Net New Mexico Income Tax (as reported on PIT-1).....	2.	1
3. Total Payments and Credits (as reported on PIT-1)	3.	0
4. Tax Due (as reported on PIT-1).....	4.	1
5. Overpayment (as reported on PIT-1)	5.	

PART II: DECLARATION OF TAXPAYER

I declare the amounts described in Part I above agree with the amounts shown on the corresponding lines of my New Mexico personal income tax return, and that I have examined the contents of my electronic return and accompanying schedules and statements. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including accompanying schedules and statements, be electronically transmitted to the New Mexico Taxation and Revenue Department.

PLEASE
SIGN
HERE_____
Your signature_____
Date_____
Spouse's signature (If joint return, BOTH MUST sign.)**PART III: DECLARATION OF PREPARER/TRANSMITTER** (If Applicable)**PAID PREPARER'S, ELECTRONIC RETURN ORIGINATOR'S or OTHER THIRD-PARTY TRANSMITTER'S USE ONLY**

I declare the above taxpayer's return is based on all pertinent information of which I have knowledge. I have verified that the taxpayer's name shown on this declaration agrees with the name that appears on the proof of account. A copy of all forms and information to be filed with or transmitted to the New Mexico Taxation and Revenue Department have been provided to the taxpayer.

Preparer's/Transmitter's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM		Date 04/12/2022
Check if self-employed <input type="checkbox"/>	Preparer's PTIN P02082703	Preparer's NMBTIN (if applicable)
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC		
Address (number, street, city, and state) 2530 PEBBLE CREEK LN CUMMING		ZIP code GA 30041

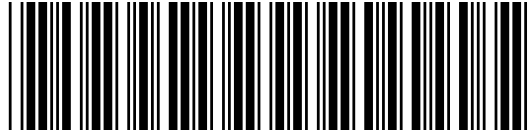
When required to submit a copy of this form to the Department, mail the form and attachments to:
New Mexico Taxation and Revenue Department, P.O. Box 5418, Santa Fe, NM 87502-5418

2021 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN

For the year January 1 - December 31, 2021

or fiscal year beginning F₁ _____ ending F₂ _____

If amending use Form 2021 PIT-X.



1555 02 1

1a Print your name (first, middle, last)
CHAITANYA BOGGAVARAPU

2a Print your spouse's name (first, middle, last). If married filing separately, include spouse.

3a If the address is new or changed, mark this box.

3b Mailing Address (Number and street)
1616 DR MARTIN LUTHER K APT 87106

3c City State Postal/ZIP Code
ALBUQUERQUE NM 87101

3d If foreign address, enter country Foreign province and/or state

5 **EXEMPTIONS:** Taxpayer, spouse, dependents, and other dependents reported on federal Form 1040. If you are a dependent or other dependent of another taxpayer, enter 00. (See instructions)

6a **EXTENSION OF TIME TO FILE:** If you have a federal or state extension, mark box 6a and enter the extension date in box 6b.

8. DEPENDENTS AND OTHER DEPENDENTS. As listed on your federal return.
(You must report the first 5 dependents and other dependents in this table. Use Schedule PIT-S for additional entries.)

First name	Column 1 Last name	Column 2 Dependent's SSN	Column 3 Date of birth (MM/DD/CCYY)

SOCIAL SECURITY NUMBER 1b **114-97-8699** 1c Blind 1d Age 65 or over 1e Residency status **R** 1f Taxpayer's date of birth **11/02/1993**

2b _____ 2c Blind 2d Age 65 or over 2e Residency status _____ 2f Spouse's date of birth _____

4. If a deceased taxpayer's refund must be made payable to a person other than the taxpayer or spouse named on this return, enter below the name and social security number of that person. You must also attach Form RPD-41083.
4a Name _____
4b SSN _____

If taxpayer or spouse died before this return is filed, enter date of death.
4c Taxpayer's date of death _____
4d Spouse's date of death _____

Residency status:
For taxpayer and spouse (1e and 2e), enter:
R if Resident
N if Non-Resident
F if First-Year Resident
P if Part-Year Resident

7. FILING STATUS. Mark only one box.

(1) Single

(2) Married filing jointly

(3) Married filing separately (Enter spouse's name and social security number in 2a and 2b.)

(4) Head of household (Enter name of person qualifying you as head of household if that person is not counted as a qualified dependent on your federal return.)

(4a) _____

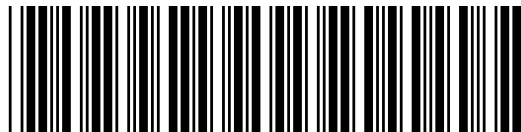
(5) Qualifying widow(er) with dependent child

9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 11).....	9	59,776
10. If you itemized your federal deduction amount, enter the amount of state and local tax deduction claimed on federal Form 1040, Schedule A, line 5a. See the worksheet in the instructions.....	+	10
11. Total Additions to federal adjusted gross income (PIT-ADJ, line 5). Attach PIT-ADJ	+	11
12. Federal standard or itemized deduction amount (from federal Form 1040, line 12).....	-	12 12,550
12a. If you itemized , mark the box.....	12a	<input type="checkbox"/>
13. Deduction for certain dependents. See the worksheet in the instructions	-	13 0
14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions.....	-	14
15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 23). Attach PIT-ADJ	-	15
16. Medical care expense deduction. See PIT-1 instructions.....	-	16
You must complete both lines 16 and 16a or the deduction will be denied.		
16a. Unreimbursed and uncompensated medical care expenses.....	16a	
17. NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16..... Cannot be less than zero.	=	17 47,226
18. New Mexico tax on amount on line 17 or from PIT-B, line 14.....		18 2,036
18a. From Tax Rate Table = R . From PIT-B, line 14 = B	18a	<input checked="" type="checkbox"/> R
19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions.....	+	19
20. Credit for taxes paid to another state. You must have been a New Mexico resident during all or part of the year. Include a copy of other state's return. See PIT-1 instructions.....	-	20 2,035
21. Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR	-	21
22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less than zero.....	=	22 1

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is **May 02, 2022**. All others must file by **April 18, 2022**. See PIT-1 instructions for details.

Continue on the next page.

2021 PIT-1 (page 2)
NEW MEXICO PERSONAL INCOME TAX RETURN



1
 YOUR SOCIAL SECURITY NUMBER

114-97-8699

Do not submit a **photocopy** of this form to the Department. Submit only original forms and keep a copy for your records. If submitting this return by mail, send to:

New Mexico Taxation and Revenue Department
 P. O. Box 25122
 Santa Fe, New Mexico 87504-5122

23. The amount on line 22 from page 1.....	23	1
24. Total claimed on rebate and credit schedule (PIT-RC, line 25). Attach PIT-RC	24	
25. Working families tax credit. (You must complete both lines 25 and 25a or the deduction will be denied.).....	25	+
25a. The amount of federal earned income credit (EIC) reported on your 2021 federal income tax return.....	25a	
26. Refundable business-related income tax credits from Schedule PIT-CR, line B. Attach PIT-CR.....	26	+
27. New Mexico income tax withheld. Attach annual statements of income and withholding	27	+
28. New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-41285	28	+
29. New Mexico income tax withheld from a pass-through entity. Attach 1099-Misc or RPD-41359	29	+
30. 2021 estimated income tax payments. See PIT-1 instructions.....	30	+
31. Other Payments.....	31	+
32. TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31.....	32	=
33. TAX DUE. If line 23 is greater than line 32, enter the difference here.....	33	=
34. Penalty on underpayment of estimated tax. If you want penalty computed for you, leave blank.....	34	+
35. Special method allowed for calculation of underpayment of estimated tax penalty. If you owe penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. Attach RPD-41272	35	
36. Penalty. See PIT-1 instructions. If you want penalty computed for you, leave blank.....	36	+
37. Interest. See PIT-1 instructions. If you want interest computed for you, leave blank.....	37	+
38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37.....	38	=
39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here.....	39	
40. Refund voluntary contributions (PIT-D, line 19). Attach PIT-D	40	-
41. Amount from line 39 you want applied to your 2022 Estimated Tax	41	-
42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41.....	42	=

!! REFUND EXPRESS !! HAVE IT DIRECTLY DEPOSITED! SEE INSTRUCTIONS AND COMPLETE ALL QUESTIONS IN THIS BLOCK.

RE.1 Routing number:

RE.2 Account number:

RE.3 Type: Choose one.
 Checking Mark X by your choice.
 Savings

REQUIRED: You must answer this question. WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE UNITED STATES? If yes, you may not use this refund delivery option. See instructions.
 RE.4 YES NO

I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Your signature	Date
Driver's License, State ID No. or enter "NONE" or "DECLINED"	State Expiration Date
516115785	NM 09/20/2023
Spouse's signature	Date
Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED"	State Expiration Date

(If filing jointly, BOTH must sign even if only one had income.)
 Taxpayer's phone number (505) 369-9091
 Taxpayer's email address CHAITU.BOGGAVARAPU@GMAIL.COM

Paid preparer's use only:

SYAM PRIYA RAM SAGAR GUPTA T 04/12/2022
 Signature of preparer Date

GLOBAL TAXES LLC
 P.1 Firm's name (or yours, if self-employed)
 P.2 NMBTIN
 P.3 Preparer's PTIN P02082703
 P.4 FEIN 30-1017196
 P.5 Preparer's phone number (678) 965-9522
 P.6 Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.

Line 20. Worksheet for Computation of Allowable Credit for Taxes Paid to Other States by New Mexico Residents

NOTE: Complete a separate worksheet for each state that imposed tax on income also taxed in New Mexico.

	COLUMN 1 from the New Mexico return	COLUMN 2 from the other state's return
Name of other state <u>NEW YORK</u>		
1. Enter amount of tax due to the state on the return.....	1. <u>2,036</u>	1. <u>3,117</u>
2. Enter taxable income on which you calculated the tax on line 1. If applicable, enter the state's taxable income after applying the state's allocation and apportionment percentage. For New Mexico, this is from PIT-1, line 17 (New Mexico Taxable Income) multiplied by the New Mexico percentage, if any, on PIT-B, line 12.....	2. <u>47,226</u>	2. <u>56,534</u>
3. DIVIDE line 1 by line 2. This is the average effective tax rate on the state's income. Calculate to four decimal places (for example, 0.0517).....	3. <u>0.0431</u>	3. <u>0.0551</u>
4. From each state's return, enter the part of income subject to tax in both states, but not more than the amount on line 2. Note: The amount in column 1 will be the same as the amount in column 2.....	4. <u>47,226</u>	4. <u>47,226</u>
5. MULTIPLY line 3 by line 4.....	5. <u>2,035</u>	5. <u>2,602</u>
6. Enter the lesser of line 5, column 1 and line 5, column 2, but not more than the amount in column 1, line 1. This is the credit allowed for tax paid to the other state.	6. <u>2,035</u>	

Enter the amount from line 6 of this worksheet on your 2021 PIT-1, line 20. If you claim a credit for tax paid to multiple states, total the amounts on line 6 from the worksheets you completed for each state, and enter the sum on 2021 PIT-1, line 20.

Important: If you are claiming credit for taxes paid to another state on PIT-1, line 20, you must attach:

- a worksheet for each state
- a copy of the other states Income Tax Return