

# IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **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 AKHILESH REDDY BATHULA	Social security number 443-85-8648
Spouse's name LOURDHU MARY THUMMA	Spouse's social security number APPLIED FOR

**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	93,514.
2 Total tax . . . . .	2	7,813.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	14,779.
4 Amount you want refunded to you . . . . .	4	6,966.
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 

5	8	6	4	8
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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.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

- I authorize GLOBAL TAXES LLC 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
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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**  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 AKHILESH REDDY		Last name BATHULA	Your social security number 443-85-8648
If joint return, spouse's first name and middle initial LOURDHU MARY		Last name THUMMA	Spouse's social security number APPLIED FOR
Home address (number and street). If you have a P.O. box, see instructions. 4 SUMMIT HILL WAY			Apt. no. #422
City, town, or post office. If you have a foreign address, also complete spaces below. TROY		State NY	ZIP code 12180
Foreign country name		Foreign province/state/county	Foreign postal code

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  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

**Dependents** (see instructions):

If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
	Child tax credit	Credit for other dependents				
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b> 93,514.
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>3b</b>
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>4b</b>
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	<b>5b</b>
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	<b>6b</b>
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .	<input type="checkbox"/>	<b>7</b>
	<b>8</b> Other income from Schedule 1, line 10 . . . . .		<b>8</b>
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .		<b>9</b> 93,514.
	<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .		<b>10</b>
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .		<b>11</b> 93,514.
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	<b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b> 25,100.	
	<b>b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	
	<b>c</b> Add lines 12a and 12b . . . . .		<b>12c</b> 25,100.
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .		<b>13</b>
	<b>14</b> Add lines 12c and 13 . . . . .		<b>14</b> 25,100.
	<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b> 68,414.



# Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ For use by individuals who are not U.S. citizens or permanent residents.  
 ▶ See separate instructions.

**An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.**

Application type (check one box):  
 Apply for a new ITIN  
 Renew an existing ITIN

**Before you begin:**

• **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**

**Reason you're submitting Form W-7.** Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a  Nonresident alien required to get an ITIN to claim tax treaty benefit
- b  Nonresident alien filing a U.S. federal tax return
- c  U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d  Dependent of U.S. citizen/resident alien } If **d**, enter relationship to U.S. citizen/resident alien (see instructions) ▶ \_\_\_\_\_
- e  Spouse of U.S. citizen/resident alien } If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ \_\_\_\_\_  
 AKHILESH REDDY AKHILESH REDDY 443-85-8648
- f  Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g  Dependent/spouse of a nonresident alien holding a U.S. visa
- h  Other (see instructions) ▶ \_\_\_\_\_

Additional information for **a** and **f**: Enter treaty country ▶ \_\_\_\_\_ and treaty article number ▶ \_\_\_\_\_

<b>Name</b> (see instructions) Name at birth if different . . ▶	<b>1a</b> First name LOURDHU MARY	Middle name	Last name THUMMA
	<b>1b</b> First name	Middle name	Last name

**Applicant's Mailing Address**

**2** Street address, apartment number, or rural route number. **If you have a P.O. box, see separate instructions.**  
 4 SUMMIT HILL WAY Apt #422

City or town, state or province, and country. Include ZIP code or postal code where appropriate.  
 TROY NY USA 12180

**Foreign (non-U.S.) Address**  
(see instructions)

**3** Street address, apartment number, or rural route number. **Don't use a P.O. box number.**

City or town, state or province, and country. Include postal code where appropriate.

**Birth Information**

**4** Date of birth (month / day / year) 09/01/1998 Country of birth INDIA City and state or province (optional) **5**  Male  Female

**Other Information**

**6a** Country(ies) of citizenship INDIA **6b** Foreign tax I.D. number (if any) **6c** Type of U.S. visa (if any), number, and expiration date

**6d** Identification document(s) submitted (see instructions)  Passport  Driver's license/State I.D.  
 USCIS documentation  Other \_\_\_\_\_ Date of entry into the United States (MM/DD/YYYY): 09/26/2021

Issued by: INDIA No.: U3274243 Exp. date: 03/19/2030

**6e** Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?  
 **No/Don't know.** Skip line 6f.  
 **Yes.** Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

**6f** Enter ITIN and/or IRSN ▶ **ITIN** \_\_\_\_\_ **IRSN** \_\_\_\_\_ and name under which it was issued ▶ \_\_\_\_\_  
 First name Middle name Last name

**6g** Name of college/university or company (see instructions) ▶ \_\_\_\_\_  
 City and state ▶ \_\_\_\_\_ Length of stay ▶ \_\_\_\_\_

**Sign Here**  
 Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Keep a copy for your records.

Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney

**Acceptance Agent's Use ONLY**

Signature	Date (month / day / year)	Phone
Name and title (type or print)	Name of company	Fax
	EIN	PTIN
	Office code	



211010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

AKHILESH REDDY BATHULA 443858648
First Name MI Last Name SSN/Taxpayer Identification Number
LOURDHU MARY THUMMA APPLIED FOR
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2022 estimated tax
2. Amount of overpayment to be refunded to you REFUND 287
3. Total amount due (Pay in full by April 15, 2022. See instructions.)

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2021 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 58648 as my signature on my tax year 2021 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2021 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2021 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only

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. 58727861989

I certify this numeric entry is my PIN, which is my signature for the tax year 2021 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 03092022

DO NOT MAIL



215050013

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2021, ENDING \_\_\_\_\_

443858648 APPLIED FOR
Social Security Number Spouse's Social Security Number

AKHILESH REDDY
First Name MI

BATHULA
Last Name

LOURDHU MARY
Spouse's First Name MI

THUMMA
Spouse's Last Name

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.

4 SUMMIT HILL WAY
Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Maryland County

#422
Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

City, Town or Taxing Area

Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

TROY NY 12180
City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

FILING STATUS See Instruction 1 to determine if you are required to file.

- 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. Married filing joint return or spouse had no income
3. Married filing separately, Spouse's SSN
4. Head of household
5. Qualifying widow(er) with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. NY
If PA resident, enter both County and City, Borough or Township
Were you a resident of another state for the entire year of 2021? If no, attach explanation.
Are you or your spouse a member of the military?
Did you file a Maryland income tax return for 2020?
Dates you resided in Maryland for 2021. If none, enter "NONE": FROM TO (MMDDYYYY).
Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

- A. Yourself Spouse Enter number checked 2 See Instruction 10 A. \$ 6400
B. 65 or over Blind Enter number checked X \$1,000 B. \$
C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$
D. Enter Total Exemptions (Add A, B and C.) Total Amount D. \$ 6400

Print Using Blue or Black Ink Only
Place your W-2 wage and tax statements and ATTACH HERE with ONE staple. Do not attach check or money order to Form 505. Attach check or money order to Form PV.



215050113

Name AKHILESH REDDY BATHULA & LOURDHU MARY THUMMA SSN 443858648

**INCOME AND ADJUSTMENTS INFORMATION**

(See Instruction 11.)

	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAND INCOME (LOSS)
1. Wages, salaries, tips, etc . . . . . 1.	93514	20820	72694
2. Taxable interest income . . . . . 2.			
3. Dividend income . . . . . 3.			
4. Taxable refunds, credits or offsets of state and local income taxes . . . . . 4.			
5. Alimony received . . . . . 5.			
6. Business income or (loss) . . . . . 6.			
7. Capital gain or (loss) . . . . . 7.			
8. Other gains or (losses) (from federal Form 4797) . . . . . 8.			
9. Taxable amount of pensions, IRA distributions, and annuities . . . . . 9.			
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.) . . . . . 10.			
11. Farm income or (loss) . . . . . 11.			
12. Unemployment compensation (insurance) . . . . . 12.			
13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits . . . . . 13.			
14. Other income (including lottery or other gambling winnings) . . . . . 14.			
15. Total income (Add lines 1 through 14.) . . . . . 15.	93514	20820	72694
16. Total adjustments to income from federal return (IRA, alimony, etc.) . . . . . 16.			
17. Adjusted gross income (Subtract line 16 from line 15.) ▶ 17.	93514	20820	72694

**ADDITIONS TO INCOME** (See Instruction 12.)

18. Non-Maryland loss and adjustments . . . . . 18.			
19. Other (Enter code letter(s) from Instruction 12.) . . . . . ▶ 19.			
20. Total additions (Add lines 18 and 19.) . . . . . ▶ 20.			
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.) . . . . . 21.			93514

**SUBTRACTIONS FROM INCOME** (See Instruction 13.)

22. Taxable Military Income of Nonresident . . . . . ▶ 22.			
23. Other (Enter code letter(s) from Instruction 13.) . . . . . ▶ 23.			
24. Total subtractions (Add lines 22 and 23.) . . . . . ▶ 24.			
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.) . . . . . 25.			93514

**DEDUCTION METHOD** See Instruction 1 (All taxpayers must select one method and check the appropriate box.)

26. a. <b>STANDARD DEDUCTION METHOD</b> (Enter amount on line 26a.) <input checked="" type="checkbox"/> ▶ 26a.	4700		
<b>ITEMIZED DEDUCTION METHOD</b> (Complete lines 26b, c and d.) <input type="checkbox"/>			
b. Total federal itemized deductions (from line 17, federal Schedule A) . . . . . ▶ 26b.			
c. State and local <b>income</b> taxes (See Instruction 16.) . . . . . ▶ 26c.			
d. Net itemized deductions (Subtract line 26c from line 26b.) . . . . . 26d.			
e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 26e. <u>1.000000</u> (from worksheet in Instruction 14) . ▶ 26.			4700
27. Net income (Subtract line 26 from line 25.) . . . . . 27.			88814
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 . . . . . 28.			6400
29. Enter your AGI factor (from worksheet in Instruction 14) . . . . . 29.			1.000000
30. Maryland exemption allowance (Multiply line 28 by line 29.) . . . . . 30.			6400
31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR. . . . . 31.			82414

**MARYLAND TAX COMPUTATION – COMPLETE FORM 505NR BEFORE CONTINUING.**

32. a. <b>Maryland tax</b> from line 16 of Form 505NR (Attach Form 505NR.) . . . . . 32a.	876		
b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.) . . . . . 32b.	421		
c. Total Maryland tax (Add lines 32a and 32b.) . . . . . 32c.	1297		
33. Poverty level credit from worksheet in Instruction 20. . . . . ▶ 33.			



215050213

Name AKHILESH REDDY BATHULA & LOURDHU MARY THUMMA SSN 443858648

- 34. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) . . . . .34.
35. Business tax credits . . . . . You must file this form electronically to claim business tax credits on Form 500CR
36. Total credits (Add lines 33 through 35.) . . . . .36.
37. Maryland tax after credits (Subtract line 36 from line 32c.) If less than 0, enter 0. . . . .37. 1297
38. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21.) . . . . ▶ 38.
39. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 21.) ▶ 39.
40. Contribution to Maryland Cancer Fund (See Instruction 21.) . . . . . ▶ 40.
41. Contribution to Fair Campaign Financing Fund (See Instruction 21.) . . . . . ▶ 41.
42. Total Maryland income tax and contributions (Add lines 3 through 41.) . . . . .42. 1297
43. Total Maryland tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.)▶ 43. 1584
44. 2021 estimated tax payments, amount applied from 2020 return, payments made with an extension request and Form MW506NRS . . . . . ▶ 44.
45. Nonresident tax paid by pass-through entities (Attach Maryland Schedule K-1 (510)) . . . . . ▶ 45.
46. Refundable income tax credits from Part CC, line 10 of Form 502CR (Attach Form 502CR. See Instruction 22.) .46.
47. Total payments and credits (Add lines 43 through 46.) . . . . .47. 1584
48. Balance due (If line 42 is more than line 47, subtract line 47 from line 42.) . . . . . ▶ 48.
49. Overpayment (If line 42 is less than line 47, subtract line 42 from line 47.) . . . . . ▶ 49. 287
50. Amount of overpayment TO BE APPLIED TO 2022 ESTIMATED TAX. . . . . ▶ 50.
51. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 50 from line 49.) See line 54 . . REFUND ▶ 51. 287
52. Interest charges from Form 502UP or for late filing (See Instruction 23.) Total ▶ 52.
Check here if you are attaching Form 502UP.
53. TOTAL AMOUNT DUE (Add line 48 and line 52.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN.
Include Form PV. . . . . 53.

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, use Form 588. To comply with banking and NACHA (National Automated Clearing House Association) rules, if this refund will go to an account outside of the United States, place "Y" in this box or if you authorize the State of Maryland to direct deposit your refund check this box and complete the following information clearly and legibly.

54a. Type of account: Checking Savings 54b. Routing Number (9-digits)
54c. Account Number 54d. Name(s) as it appears on the bank account

Check here if you authorize your preparer to discuss this return with us. Check here if you authorize your paid preparer not to file electronically. Check here if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25). Under penalties of perjury, I declare that 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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date Spouse's signature Date
▶ 4847195975 Taxpayer(s) daytime phone number
2530 PEBBLE CREEK LN Street address of Preparer/Firm
CUMMING GA 30041 City, State, ZIP Code + 4
GLOBAL TAXES LLC Printed name of the Preparer/Firm's name
6789659522 Telephone number of Preparer
▶ P02082703 Preparer's PTIN (Required by Law)

CODE NUMBERS (3 digits per line)



**For returns filed without payments, mail your completed return to:**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

**For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:**

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888

**MARYLAND FORM 505NR**

**NONRESIDENT INCOME TAX CALCULATION**

ATTACH TO YOUR TAX RETURN



21505N013

**2021**

Print Using Blue or Black Ink Only

AKHILESH REDDY First Name MI BATHULA Last Name 443858648 Social Security Number  
 LOURDHU MARY Spouse's First Name MI THUMMA Spouse's Last Name APPLIED FOR Spouse's Social Security Number

**If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form. If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.**

**PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS**

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) . . . . . 1. 82414  
 2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. . . . . 2. 3862

**PART II - CALCULATION OF MARYLAND TAX**

3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1) . . . . . 3. 93514  
 3a. Earned Income (See instructions.) . . . . . ▶ 3a. 93514  
 4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. . . . . 4. 93514  
 5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. . . . . 5. \_\_\_\_\_  
 6a. Enter your subtractions from line 23 of Form 505 or Form 515 . . . . . 6a. \_\_\_\_\_  
 6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.) . . . . . ▶ 6b. 72694  
 7. Add lines 5 through 6b. . . . . 7. 72694  
 8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. . . . . 8. 20820

**If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a . . . . . 8a. 3123**

9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000. . . . . 9. 222640  
 10. Deduction amount.  
 If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a . . . 10a. 695  
 If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b. . . 10b. \_\_\_\_\_

**Form 515 Users, see Instruction 18 in Form 515 Instructions.**

11. Net income (Subtract line 10a or 10b from line 8.) . . . . . 11. 20125  
 12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. . . . . 12. 1425  
 13. Maryland Taxable Net Income (Subtract line 12 from line 11.) . . . . . 13. 18700  
 14. Enter the tax amount from line 2 of this form. . . . . 14. 3862  
 15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. . . . . 15. 226903  
 16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33). . . . . 16. 876  
 17. Special nonresident tax. Multiply line 13 of this form by 0.0225. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0. . . . . 17. 421

**FOR FORM 515 FILERS ONLY.**

**If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.**

18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39. If line 13 is 0 or less, enter 0. . . . . 18. \_\_\_\_\_



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 (AKHILESH REDDY BATHULA) and Spouse's name (LOURDHU MARY THUMMA)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank acc 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).

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), E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.

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.

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: Description (Federal adjusted gross income, Refund, Amount you owe, Financial institution routing number, Financial institution account number, Account type) and Value (93514., 698., etc.)

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.

Table with 2 columns: Signature (Taxpayer's, Spouse's) and 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.

Table with 3 columns: Signature (ERO's, Paid preparer's), Print name (GLOBAL TAXES LLC, SYAM PRIYA RAM SAGAR GUPTA TALLAM), and Date (03092022)



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**

and ending ...

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

Your first name		MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)		Your Social Security number	
AKHILESH REDDY			BATHULA		04181993		443858648	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's Social Security number	
LOURDHU MARY			THUMMA		09011998		APPLIED FOR	
Mailing address (see instructions, page 12) (number and street or PO Box)					Apartment number		New York State county of residence	
4 SUMMIT HILL WAY					#422		ALBANY COUNTY	
City, village, or post office			State	ZIP code	Country		School district name	
TROY			NY	12180			ALBANY	
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route)					Apartment number		School district code number	
							005	
City, village, or post office			State	ZIP code	Taxpayer's date of death (mmddyyyy)		Spouse's date of death (mmddyyyy)	
			NY		Decedent information			

### 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)

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



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number  
443858648

**Federal income and adjustments** (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	93514 .00
2	Taxable interest income .....	2	.00
3	Ordinary dividends .....	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4	.00
5	Alimony received .....	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040) .....	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box .. <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> 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: .....	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	93514 .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	93514 .00
19a	<b>Recomputed federal adjusted gross income</b> (see page 14, Line 19a worksheet) .....	19a	93514 .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	<b>New York's</b> 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	93514 .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	<b>New York's</b> 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	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	93514 .00



**Standard deduction or itemized deduction** (see page 19)

34	Enter your <b>standard deduction</b> (table on page 19) or your <b>itemized deduction</b> (from Form IT-196) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	16050 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	77464 .00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 19) .....	36	<b>000.00</b>
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	77464 .00

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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1  
A BATHULA AND L THUMMA

Your Social Security number  
443858648

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

<b>38</b> Taxable income (from line 37 on page 2)	<b>38</b>	77464 .00
<b>39</b> NYS tax on line 38 amount (see page 20)	<b>39</b>	4151 .00
<b>40</b> NYS household credit (page 20, table 1, 2, or 3)	<b>40</b>	.00
<b>41</b> Resident credit (see page 21)	<b>41</b>	924 .00
<b>4</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	<b>42</b>	.00
<b>43</b> Add lines 40, 41, and 42	<b>43</b>	924 .00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	<b>44</b>	3227 .00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30)	<b>45</b>	.00
<b>46</b> Total New York State taxes (add lines 44 and 45)	<b>46</b>	3227 .00

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

<b>47</b> NYC taxable income (see page 21)	<b>47</b>	.00
<b>47a</b> NYC resident tax on line 47 amount (see page 21)	<b>47a</b>	.00
<b>48</b> NYC household credit (page 21)	<b>48</b>	.00
<b>49</b> Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	<b>49</b>	.00
<b>50</b> Part-year NYC resident tax (Form IT-360.1)	<b>50</b>	.00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34)	<b>51</b>	.00
<b>52</b> Add lines 49, 50, and 51	<b>52</b>	.00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10)	<b>53</b>	.00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	<b>54</b>	.00
<b>54a</b> MCTMT net earnings base	<b>54a</b>	.00
<b>54b</b> MCTMT	<b>54b</b>	.00
<b>55</b> Yonkers resident income tax surcharge (see page 24)	<b>55</b>	.00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203)	<b>56</b>	.00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1)	<b>57</b>	.00
<b>58</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	<b>58</b>	.00
<b>59</b> Sales or use tax (see page 25; do not leave line 59 blank)	<b>59</b>	0 .00
<b>60</b> Voluntary contributions (Form IT-227, Part 2, line 1)	<b>60</b>	.00
<b>61</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	<b>61</b>	3227 .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

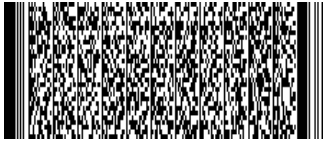


Your Social Security number
443858648

62 Enter amount from line 61 ..... **62** 3227 .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	3925 .00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	.00
7 Total estimated tax payments and amount paid with Form IT-370	75	.00



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

76 Total payments (add lines 63 through 75) ..... **76** 3925 .00

**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** 698 .00  
 78 Amount of line 77 available for refund (subtract line 79 from line 77) ..... **78** 698 .00  
**TIP:** Use this amount to check your refund status online.

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** 698 .00

Mark one refund choice:  direct deposit to checking or savings account (fill in line 83) - or -  paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

79 Amount of line 77 that you want applied to your 2022 estimated tax (see instructions) ..... **79** .00

See page 31 for payment options.

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box  and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. .... **80** .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31) ..... **81** .00

See page 34 for the proper assembly of your return.

82 Other penalties and interest (see page 31) ..... **82** .00

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:		

<b>▼ Paid preparer must complete ▼</b> (see instructions)	Preparer's NYTPRIN	NYTPRIN 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	Date 03092022
Email: SYAM@GTAXFILE.COM		

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation SOFTWARE DEVELOPER	
Spouse's signature and occupation (if joint return) HOUSE WIFE	
Date	Daytime phone number ( 484) 719 5975
Email: KHILESHREDDYBATHULA@GMAIL.COM	

See instructions for where to mail your return.

201004213555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

# New York State Resident Credit

Tax Law – Section 620

# IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Name(s) as shown on return A BATHULA AND L THUMMA	Identifying number as shown on return 443858648
--	--

Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 – Income and adjustments (see instructions)	A		B	
	Amount reported on New York State return		Amount sourced to and taxed by other taxing authority	
	Whole dollars only		Whole dollars only	
1 Wages, salaries, tips, etc. ....	1	93514.00	1	20820.00
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 .....	4	.00	4	.00
5 Alimony received.....	5	.00	5	.00
6 Business income or loss .....	6	.00	6	.00
7 Capital gain or loss.....	7	.00	7	.00
8 Other gains or losses .....	8	.00	8	.00
9 Taxable amount of IRA distributions.....	9	.00	9	.00
10 Taxable amount of pensions and annuities .....	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.....	11	.00	11	.00
12 Farm income or loss.....	12	.00	12	.00
13 Unemployment compensation.....	13	.00	13	.00
14 Taxable amount of Social Security benefits .....	14	.00	14	.00
15 Other income.....	15	.00	15	.00
16 Add lines 1 through 15 .....	16	93514.00	16	20820.00
17 Total federal adjustments to income.....	17	.00	17	.00
18 Federal adjusted gross income (subtract line 17 from line 16).....	18	93514.00	18	20820.00
18a Recomputed federal adjusted gross income (see instr.) ...	18a	.00	18a	
19 New York adjustments (see instructions) .....	19	.00	19	
20 New York adjusted gross income (see instructions).....	20	93514.00	20	20820.00
21 Capital gain portion of lump-sum distributions (see instr.).....	21	.00	21	.00
22 Add lines 20 and 21 .....	22	93514.00	22	20820.00

NO HANDWRITTEN ENTRIES ON THIS FORM

(continued on page 2)

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**Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia**

23 Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (see instructions)..... **23** MD

Also enter the locality name, if applicable

24 Enter the amount of income tax imposed on this year's return for the other state or local government that was paid by the:

24a Taxpayer.....	24a	1297.00
24b Entity on behalf of the taxpayer.....	24b	.00
24 Total income tax imposed (add lines 24a and 24b).....	24	1297.00

If the taxes were paid on a group (composite) return, then mark an **X** in the box.....

Enter the group's EIN

25 New York State tax payable (see instructions).....	25	4151.00
26 Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) ...	26	0.2226
27 Multiply line 25 by line 26.....	27	924.00
28 Enter amount from line 24 or line 27, whichever is less (see instructions).....	28	924.00
29 Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions) .....	29	.00
30 Add lines 28 and 29 .....	30	924.00

**Part 3 – Application of Credit**

31 Tax due before credits (see instructions) .....	31	4151.00
32 Other credits that you applied before this credit (see instructions) .....	32	.00
33 Subtract line 32 from line 31 .....	33	4151.00
34 Enter the amount from line 30 or line 33, whichever is less (see instructions) .....	34	924.00

**Part 4 – Information from your return filed with the other state, local government, or the District of Columbia**

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you submit a copy of the other return, you **must** complete this section.

35 Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions).....	35	.00
36 Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions).....	36	.00
37 Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions).....	37	.00

NO HANDWRITTEN ENTRIES 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

443858648

Box b Employer identification number (EIN)

202275837

### Box c Employer's information

Employer's name			
VENA PORTAE INC			
Employer's address (number and street)			
44927 GEORGE WASHINGTON BLVD			
City	State	ZIP code	Country (if not United States)
ASHBURN	VA	20147	

Box 1 Wages, tips, other compensation

20820.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Box 14a Amount

.00

Box 14b Amount

.00

Box 14c Amount

.00

Box 14d Amount

.00

Description

Description

Description

Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State  N  Y

Box 16a NYS wages, tips, etc. .00

Box 17a NYS income tax withheld .00

Other state information:

Box 15b other state  M  D

Box 16b Other state wages, tips, etc. 20820.00

Box 17b Other state income tax withheld 1584.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc. Locality a .00 Locality b .00

Box 1 Local income tax withheld Locality a .00 Locality b .00

Box 2 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

443858648

Box b Employer identification number (EIN)

263226362

### Box c Employer's information

Employer's name			
SSTECH LLC			
Employer's address (number and street)			
21135 WHITFIELD PL SUIT # 206			
City	State	ZIP code	Country (if not United States)
STERLING	VA	20165	

Box 1 Wages, tips, other compensation

72694.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Box 14a Amount

372.00

Box 14b Amount

23.00

Box 14c Amount

.00

Box 14d Amount

.00

Description

NY PFL

Description

VPDI

Description

Description

Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State  N  Y

Box 16a NYS wages, tips, etc. 72694.00

Box 17a NYS income tax withheld 3925.00

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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