

IRS e-file Signature Authorization

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name FNU MOHAMMED MAHMOODURRA	Social security number 849-89-4115
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	71,211.
2	Total tax	2	8,591.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,079.
4	Amount you want refunded to you	4	488.
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	4	1	1	5
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 as my signature on the income tax return (original or amended) I am now authorizing.
- 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 ▶ 4/12/2022

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.
- 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 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 FNU	Last name MOHAMMED MAHMOODURRA	Your social security number 849-89-4115
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 250 WASHINGTON AVENUE		Apt. no. B2
City, town, or post office. If you have a foreign address, also complete spaces below. BROOKLYN		State NY
		ZIP code 11205
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. 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.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	71,211.
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8 Other income from Schedule 1, line 10	8	
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	71,211.
	10 Adjustments to income from Schedule 1, line 26	10	
	11 Subtract line 10 from line 9. This is your adjusted gross income ▶	11	71,211.
	12a Standard deduction or itemized deductions (from Schedule A)	12a	12,550.
	b Charitable contributions if you take the standard deduction (see instructions)	12b	300.
	c Add lines 12a and 12b	12c	12,850.
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
14 Add lines 12c and 13	14	12,850.	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	58,361.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	8,591.									
17	Amount from Schedule 2, line 3	17										
18	Add lines 16 and 17	18	8,591.									
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19										
20	Amount from Schedule 3, line 8	20										
21	Add lines 19 and 20	21										
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,591.									
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.									
24	Add lines 22 and 23. This is your total tax	24	8,591.									
25	Federal income tax withheld from:											
a	Form(s) W-2	25a	9,079.									
b	Form(s) 1099	25b										
c	Other forms (see instructions)	25c										
d	Add lines 25a through 25c	25d	9,079.									
26	2021 estimated tax payments and amount applied from 2020 return	26										
27a	Earned income credit (EIC) No	27a										
	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	Nontaxable combat pay election	27b										
c	Prior year (2019) earned income	27c										
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28										
29	American opportunity credit from Form 8863, line 8	29										
30	Recovery rebate credit. See instructions	30										
31	Amount from Schedule 3, line 15	31										
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32										
33	Add lines 25d, 26, and 32. These are your total payments	33	9,079.									
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	488.									
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	488.									
b	Routing number <table border="1" style="display:inline-table; border-collapse: collapse; text-align:center;"> <tr><td>0</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>2</td><td>1</td></tr> </table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	0	2	1	0	0	0	0	2	1		
0	2	1	0	0	0	0	2	1				
d	Account number <table border="1" style="display:inline-table; border-collapse: collapse; text-align:center;"> <tr><td>5</td><td>0</td><td>6</td><td>8</td><td>6</td><td>5</td><td>5</td><td>5</td><td>6</td></tr> </table>	5	0	6	8	6	5	5	5	6		
5	0	6	8	6	5	5	5	6				
36	Amount of line 34 you want applied to your 2022 estimated tax	36										
37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37										
38	Estimated tax penalty (see instructions)	38										

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

Refund

Direct deposit? See instructions.

Amount You Owe

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)								
		<table border="1" style="display:inline-table; border-collapse: collapse; width:100%;"> <tr><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td></tr> </table>								

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)								
		RESIDENT PHYSICIAN	<table border="1" style="display:inline-table; border-collapse: collapse; width:100%;"> <tr><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td></tr> </table>								
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)								
			<table border="1" style="display:inline-table; border-collapse: collapse; width:100%;"> <tr><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td></tr> </table>								

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	04/13/2022	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196



Department of Taxation and Finance

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 FNU MOHAMMED MAHMOODURRA	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).

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*.

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

1 Federal adjusted gross income (from applicable line).....	1.	71211.
2 Refund	2.	405.
3 Amount you owe	3.	
4 Financial institution routing number	4.	
5 Financial institution account number	5.	

6 Account type: Personal checking Personal savings Business checking 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 04132022



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
FNU			MOHAMMED MAHMOODURRA		09071993	849894115
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions, page 12) (number and street or PO Box)					Apartment number	New York State county of residence
250 WASHINGTON AVENUE					B2	KINGS
City, village, or post office			State	ZIP code	Country	
BROOKLYN			NY	11205	BROOKLYN	
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route)					Apartment number	School district code number
						071
City, village, or post office			State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
			NY			

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 12

(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.



201001213555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
849894115

Federal income and adjustments (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc.	1	71211.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box .. <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.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	71211.00
18	Total federal adjustments to income (see page 14) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	71211.00
19a	Recomputed federal adjusted gross income (see page 14, Line 19a worksheet)	19a	71211.00

New York additions (see page 15)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	21	.00
22	New York's 529 college savings program distributions (see page 15)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19a through 23	24	71211.00

New York subtractions (see page 16)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 16)	26	.00
27	Taxable amount of Social Security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 17)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	71211.00



Standard deduction or itemized deduction (see page 19)

34	Enter your standard deduction (table on page 19) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	63211.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 19)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	63211.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1
 FNU MOHAMMED MAHMOODURRA

Your Social Security number
 849894115

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	63211 .00
39	NYS tax on line 38 amount (see page 20)	39	3539 .00
40	NYS household credit (page 20, table 1, 2, or 3)	40	.00
41	Resident credit (see page 21)	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	3539 .00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	Total New York State taxes (add lines 44 and 45)	46	3539 .00

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

47	NYC taxable income (see page 21)	47	63211 .00
47a	NYC resident tax on line 47 amount (see page 21)	47a	2326 .00
48	NYC household credit (page 21)	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	2326 .00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	2326 .00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	2326 .00
54a	MCTMT net earnings base	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge (see page 24)	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	2326 .00
59	Sales or use tax (see page 25; do not leave line 59 blank)	59	0 .00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	5865 .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
849894115

62 Enter amount from line 61 **62** 5865 .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	63 .00
69a NYC school tax credit (rate reduction amount)	69a	138 .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	3571 .00
73 Total New York City tax withheld	73	2498 .00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00
76 Total payments (add lines 63 through 75)	76	6270 .00



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

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

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 30)	77	405 .00
78 Amount of line 77 available for refund (subtract line 79 from line 77) TIP: Use this amount to check your refund status online.	78	405 .00
78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	405 .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
80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	80	.00

See page 31 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31)	81	.00
82 Other penalties and interest (see page 31)	82	.00

See page 34 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 32).
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 32)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 83c Account number

84 Electronic funds withdrawal (see page 32) Date Amount .00

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

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRN NYTPRN excl. code 0 9
Preparer's signature SYAM PRIYA RAM SAGAR GUP	Preparer's printed name SYAM PRIYA RAM SAGAR GUP	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC	Preparer's PTIN or SSN P02082703	
Address 2530 PEBBLE CREEK LN CUMMING GA 30041	Employer identification number 301017196	Date 04132022
Email: SYAM@GTAXFILE.COM		

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation RESIDENT PHYSICIAN	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (347) 404 4346
Email: MMAHMOOD 7993@HOTMAIL.COM	

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

See instructions for where to mail your return.

201004213555





Department of Taxation and Finance

REV 03/29/22 PRO

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

849894115

Box b Employer identification number (EIN)

111630755

Box 1 Wages, tips, other compensation

71211.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box c Employer's information

Employer's name			
BROOKLYN HOSPITAL CENTER			
Employer's address (number and street)			
255 DUFFIELD ST 3RD FL			
City	State	ZIP code	Country (if not United States)
BROOKLYN	NY	11201	

Box 12a Amount

54.00

Code

C

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

31.00

Description

SDI

Box 14b Amount

364.00

Description

NY PFL

Box 14c Amount

108.00

Description

LEGSR

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.

71211.00

Box 17a NYS income tax withheld

3571.00

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 71211.00

Locality b .00

Box 19 Local income tax withheld

Locality a 2498.00

Locality b .00

Box 20 Locality name

Locality a NYC

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 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box c Employer's information

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

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

