

Form CT-1040NR/PY Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Schedule CT-CHET; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; **and** Form CT-6251, Pages 1 and 2.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
4. **Do not attach or send copies of forms W-2 or 1099.**
5. Verify that the address lines on the return are correct and proper abbreviations are used.
6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
9. Send **all** completed pages of CT-1040, Schedule CT-EITC, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed CT-EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2021 Form CT-1040" on your check.
12. To mail your return, use the following addresses:
 - For all tax returns with payment:
 - Department of Revenue Services
 - PO Box 2977
 - Hartford CT 06104-2977
 - For refunds and tax returns without payment:
 - Department of Revenue Services
 - PO Box 2976
 - Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

Do not send this sheet with your return.

NRPY1221V011555



Form CT-1040NR/PY - 2021
Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/21)

Page 1 of 4

Other tax year, beginning: and ending:

Y S N FJ N MFS N HOH N QW
114 - 71 - 9612 - -

ANURAG RATHORE N Dec. Y P
N Dec. N N

446 62ND ST N CT-8379 N CT-2210
N CT-1040 CRC N Federal Form 1310

BROOKLYN NY 11220 - •

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 18 detailing federal adjusted gross income, deductions, and total tax.

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.



NRPY1221V011555

Form CT-1040NR/PY, Page 2 of 4

NRPY1221V021555



• 114719612

19. Amount from Line 18

19. • 111

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a. 27 - 3305101	• 12612	• N	806
20b. -	• 0	•	0
20c. -	• 0	•	0
20d. -	• 0	•	0
20e. -	• 0	•	0
20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3)		20f.	0

20. Total Connecticut income tax withheld: Amounts in Column C.	20.	806
21. All 2021 estimated tax payments and any overpayments applied from a prior year	21.	0
22. Payments made with Form CT-1040 EXT	22.	0
22a. Claim of right credit (from Form CT-1040 CRC, Line 6)	22a.	0
22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached.	22b.	0
23. Total payments and refundable credits: Add Lines 20, 21, 22, 22a and 22b.	23.	806
24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23.	24.	695
25. Amount of Line 24 you want applied to your 2022 estimated tax	25.	0
26. Amount of Line 24 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4)	26.	0
26a. Total contributions of refund to designated charities (from Schedule 4, Line 63)	26a.	0
27. Refund: Lines 25, 26, and 26a subtracted from Line 24. If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.	27.	695
27a. Acct. type <input checked="" type="checkbox"/> Y <input type="checkbox"/> Ck. <input checked="" type="checkbox"/> N <input type="checkbox"/> Sv. 27b. Rout. # 021000021 27c. Acct. # 653085701		
27d. Refund going to a bank account outside the U.S. 27d. <input checked="" type="checkbox"/> N		
28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19.	28.	0
29. If late: Penalty entered. Line 28 multiplied by 10% (.10).	29.	0
30. If late: Interest entered. Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01).	30.	0
31. Interest on underpayment of estimated tax (from Form CT-2210.)	31.	0
32. Total amount due: Add Lines 28 through 31.	32.	0.00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature	Date	Home/cell telephone number
•	•	3477039532
Spouse's signature (if joint return)	Date	Daytime telephone number
•	•	•
Paid preparer's signature	Date	Telephone number
• SYAM PRIYA RAM SAGAR GU	• 040722	• 6789659522
Paid preparer's name	Paid Preparer's PTIN	
SYAM PRIYA RAM SAGAR GUPTA TALL	P02082703	
Firm's name, address and ZIP code	FEIN	
GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 -	301017196	
	Self-employed	
	N	

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
•	•	•

NRPY1221V021555

Sign Here
Keep a copy for your records.

Form CT-1040NR/PY, Page 3 of 4

NRPY1221V031555



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Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	38.	0
38a. 80% of Section 179 federal deduction.	38a.	0
39. Other - specify •	39.	0
40. Total additions: Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 50% of income received from Connecticut Teachers' Retirement System	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions made in 2021 or an excess carried forward from a prior year Acct. #	50.	0
50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.	50a.	0
50b. 42% of pension or annuity income.	50b.	228
51. Other - specify •	51.	0
52. Total subtractions: Add Lines 41 through 51.	52.	228

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year	53.	0
	Col. A	Col. B
54. Qualifying jurisdiction's name and two-letter code	54. •	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Allowable income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
61. Total credit: Add Line 60, all columns.	61.	0

NRPY1221V031555

NRPY1221V041555



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Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62. •	0

Schedule 4 - Contributions to Designated Charities

63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. CBS	63g.	0
63h. MHCIA	63h.	0
63. Total Contributions: Add Lines 63a through 63h.	63.	0

Taxpayer email

NRPY1221V041555

Schedule CT-SI

Nonresident or Part-Year Resident

Schedule of Income From Connecticut Sources

2021

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

Your first name and middle initial ANURAG	Last name RATHORE	Your Social Security Number 1 1 4 : 7 1 : 9 6 1 2
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number

See 2021 Connecticut Nonresident and Part-Year Resident Income Tax Return Instructions online before completing this schedule.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation**. Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.
Nonresidents: Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc.	▶ 1.	12,612	
2. Taxable interest	▶ 2.		
3. Ordinary dividends	▶ 3.		
4. Alimony received	▶ 4.		
5. Business income or (loss)	▶ 5.		
6. Capital gain or (loss)	▶ 6.		
7. Other gains or (losses)	▶ 7.		
8. Taxable amount of IRA distributions	▶ 8.		
9. Taxable amounts of pension and annuities	▶ 9.	0	
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	▶ 10.		
11. Farm income or (loss)	▶ 11.		
12. Unemployment compensation	▶ 12.		
13. Taxable amount of social security benefits	▶ 13.		
14. Other income: See instructions.	▶ 14.		
15. Gross income from Connecticut sources: Add Lines 1 through 14.	▶ 15.	12,612	00

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

16. Educator expenses	▶ 16.		
17. Certain business expenses of reservists, performing artists, and fee-basis government officials	▶ 17.		
18. Health savings account deduction	▶ 18.		
19. Moving expenses for members of the armed forces	▶ 19.		
20. Deductible part of self-employment tax	▶ 20.		
21. Self-employed SEP, SIMPLE, and qualified plans	▶ 21.		
22. Self-employed health insurance deduction	▶ 22.		
23. Penalty on early withdrawal of savings	▶ 23.		
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ - _____ - _____	▶ 24.		
25. IRA deduction	▶ 25.		
26. Student loan interest deduction	▶ 26.	0	
27. Archer MSA deduction	▶ 27.		
28. Other adjustments	▶ 28.		
29. Total adjustments: Add Lines 16 through 28.	▶ 29.	0	
30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY , Line 6.	▶ 30.	12,612	00

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.**

A. Working days (or other basis) outside Connecticut	A	
B. Working days (or other basis) inside Connecticut	B	
C. Total working days: Add Line A and Line B.	C	
D. Nonworking days (Holidays, weekends, etc.)	D	
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places.	E	
F. Total income being apportioned	F	
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. Basis, if other than working days: _____	G	

Schedule CT-1040AW

Part-Year Resident Income Allocation

2021

Part-year residents must complete this schedule before completing Schedule CT-SI and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

Your first name and middle initial ANURAG	Last name RATHORE	Your Social Security Number 1 1 4 : 7 1 : 9 6 1 2
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number

		Federal Income as Modified <small>See instructions.</small>		Connecticut Resident Period		Connecticut Nonresident Period	
				Column A <small>Income from federal return</small>	Column B <small>Income from Column A for this period</small>	Column C <small>Income from Column A for this period</small>	Column D <small>Income from Column C from Connecticut sources</small>
1. Wages, salaries, tips, etc.	1.	27,561	12,612	14,949	0		
2. Taxable interest.....	2.						
3. Ordinary dividends.....	3.						
4. Alimony received	4.						
5. Business income or (loss).....	5.						
6. Capital gain or (loss).....	6.						
7. Other gains or (losses)	7.						
8. Taxable amount of IRA distributions	8.						
9. Taxable amounts of pension and annuities.....	9.	544	0	544			
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	10.						
11. Farm income or (loss).....	11.						
12. Unemployment compensation	12.						
13. Taxable amount of social security benefits	13.	0		0			
14. Other income: See instructions.	14.						
15. Add Lines 1 through 14.	15.	28,105 00	12,612 00	15,493 00	0 00		

		Column A	Column B	Column C	Column D
16. Educator expenses	16.				
17. Certain business expenses of reservists, performing artists, and fee-basis government officials.....	17.				
18. Health savings account deduction	18.				
19. Moving expenses for members of the armed forces	19.				
20. Deductible part of self-employment tax	20.				
21. Self-employed SEP, SIMPLE, and qualified plans..	21.				
22. Self-employed health insurance deduction	22.				
23. Penalty on early withdrawal of savings.....	23.				
24. Alimony paid	24.				
25. IRA deduction	25.				
26. Student loan interest deduction	26.	2,500	0	2,500	0
27. Archer MSA deduction	27.				
28. Other adjustments	28.				
29. Total adjustments: Add Lines 16 through 28.	29.	2,500	0	2,500	0
30. Subtract Line 29 from Line 15.	30.	25,605 00	12,612 00	12,993 00	0 00

Line 30, Column A, must equal the amount on Form CT-1040NR/PY, Line 5.
Add Columns B and D for each line and enter the totals on Lines 1 through 30 on Schedule CT-SI.

Part 3 – Part-Year Resident Information

Moved Into Connecticut

- Date **you** moved into Connecticut ____ / ____ / ____ and state of **prior** residence: _____
- Date **your spouse** moved into Connecticut ____ / ____ / ____ and state of **prior** residence: _____

Moved Out of Connecticut

- Date **you** moved out of Connecticut 06 / 29 / 21 and state of **new** residence: NY
- Date **your spouse** moved out of Connecticut ____ / ____ / ____ and state of **new** residence: _____

Income From Connecticut Sources During Nonresident Period

- Did **you** receive income from Connecticut sources during your nonresident period? Yes No
- Did **your spouse** receive income from Connecticut sources during his or her nonresident period? Yes No



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 ANURAG RATHORE	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.	25605.
2 Refund	2.	4.
3 Amount you owe	3.	
4 Financial institution routing number	4.	021000021
5 Financial institution account number	5.	653085701
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 04072022



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 ANURAG		Your last name (for a joint return, enter spouse's name on line below) RATHORE		Your date of birth (mmddyyyy)		Your Social Security number 114719612	
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) 446 62ND STREET				Apartment number		New York State county of residence KINGS	
City, village, or post office BROOKLYN		State NY	ZIP code 11220	Country		School district name BROOKLYN	
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 071
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 **6**
- (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) **07012021**
- 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
114719612

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	27561 .00	1	14949 .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 (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	.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	544 .00	10	544 .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	28105 .00	17	15493 .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	25605 .00	19	15493 .00
19a	Recomputed federal adjusted gross income (see page 23, Line 19a worksheets)	19a	25605 .00	19a	15493 .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	25605 .00	23	15493 .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	25605 .00	31	15493 .00

32 Enter the amount from line 31, **Federal amount** column **32** 25605 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1
ANURAG RATHORE

Enter your Social Security number
114719612

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)	17605.00
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)	17605.00

Tax computation, credits, and other taxes

37 New York taxable income (from line 36)	17605.00
38 New York State tax on line 37 amount (see page 28)	820.00
39 New York State household credit (page 28, table 1, 2, or 3)	20.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	800.00
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)	800.00
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) 800.00

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)	484.00
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)	484.00
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)	484.00

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

51 Part-year New York City resident tax (Form IT-360.1)	265.00	See instructions on pages 29 through 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	.00	
52a Subtract line 52 from line 51	265.00	
52b MCTMT net earnings base	.00	
52c MCTMT	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	0.00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	265.00	
56 Sales or use tax (See the instructions on page 31. Do not leave line 56 blank.)	0.00	
57 Voluntary contributions (Form IT-227, Part 2, line 1)	.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)	749.00	

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Enter your Social Security number
114719612

59 Enter amount from line 58 59 749 .00

Payments and refundable credits (see page 32)

Table with 2 columns: Line number and Amount. Rows include 60-66 for various tax credits and withholdings, totaling 753.00 on line 66.

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 overpaid amount and refund, and 68a-68b for NYS 529 account deposit, totaling 4.00 on line 68b.

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 refund application, estimated tax, and penalties, totaling .00 on line 70.

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 021000021 73c Account number 653085701

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 signature: SYAM PRIYA RAM SAGAR GUP
Preparer's printed name: SYAM PRIYA RAM SAGAR GUP
Firm's name: GLOBAL TAXES LLC
Preparer's PTIN or SSN: P02082703
Address: 2530 PEBBLE CREEK LN, CUMMING GA 30041
Employer identification number: 301017196
Date: 04072022
Email: SYAM@GTAXFILE.COM

Taxpayer(s) must sign here
Your signature
Your occupation: SOFTWARE ENGINEER
Spouse's signature and occupation (if joint return)
Date
Daytime phone number: (347) 703 9532
Email: AR6634@NYU.EDU

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

Change of City Resident Status

IT-360.1

New York City • Yonkers

Submit this form with Form IT-201 or Form IT-203.

Name(s) as shown on return ANURAG RATHORE	Social Security number 114719612
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Change of resident status – If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I, front page).

- Mark an **X** in only **one** box (A) **New York City change of residence** – Complete Parts 1, 2, 3, and 4.
- (B) **Yonkers change of residence** – Complete Parts 1 and 5.
- (C) **New York City and Yonkers change of residence** – Complete the entire form.

Part 1 – New York adjusted gross income (see instructions, page 3)	Column A Federal income and adjustments (all sources)	Column B Amount of Column A for New York City resident period	Column C Amount of Column A for Yonkers resident period
1 Wages, salaries, tips, etc	1 27561 .00	12612 .00	.00
2 Taxable interest income	2 .00	.00	.00
3 Ordinary dividends	3 .00	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4 .00	.00	.00
5 Alimony received	5 .00	.00	.00
6 Business income or loss (submit copy of federal Schedule C, Form 1040)	6 .00	.00	.00
7 Capital gain or loss (submit copy of federal Schedule D, Form 1040)	7 .00	.00	.00
8 Other gains or losses (submit copy of federal Form 4797)	8 .00	.00	.00
9 Taxable amount of IRA distributions	9 .00	.00	.00
10 Taxable amount of pensions and annuities	10 544 .00	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11 .00	.00	.00
12 Farm income or loss (submit copy of federal Schedule F, Form 1040)	12 .00	.00	.00
13 Unemployment compensation	13 .00	.00	.00
14 Taxable amount of Social Security benefits	14 .00	.00	.00
15 Other income	15 .00	.00	.00
Identify:			
16 Total (add lines 1 through 15)	16 28105 .00	12612 .00	.00
17 Total federal adjustments to income	17 .00	.00	.00
Identify:			
18 Federal adjusted gross income (subtract line 17 from line 16)	18 25605 .00	12612 .00	.00
18a Recomputed federal adjusted gross income (see instructions)	18a 25605 .00	12612 .00	.00
19 New York modifications	19 .00	.00	.00
20 New York adjusted gross income (line 18a and add or subtract line 19)	20 25605 .00	12612 .00	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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Part 2 – Itemized deductions for New York City (see instr., page 4) If you are claiming the standard deduction, do not complete Part 2.		Column A Itemized deductions (see instructions)	Column B Amount of Column A for New York City resident period
21	Medical and dental expenses	21	.00
22	Taxes you paid	22	.00
23	Interest you paid	23	.00
24	Gifts to charity	24	.00
25	Casualty and theft losses	25	.00
26	Job expenses and certain miscellaneous deductions	26	.00
27	Other itemized deductions	27	.00
28	Add lines 21 through 27	28	.00
29	Reduction for itemized deduction limitation (see instructions)	29	.00
30	Total itemized deductions (subtract line 29 from line 28)	30	.00
31	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments	31	.00
32	Subtract line 31 from line 30	32	.00
33	Addition adjustments and college tuition itemized deduction (see instructions)	33	.00
34	Add lines 32 and 33	34	.00
35	Itemized deduction adjustment (if line 20, Column B, is more than \$100,000, see instructions, page 5; all others enter 0 on line 35)	35	.00
36	Itemized deduction (subtract line 35 from line 34, enter here and on line 44)	36	.00

Part 3 – Dependent exemptions (see instructions, page 6)

37 Enter the period you were a New York City **resident** during 2021; use a two-digit number to represent the month and day
(see instructions)

From: month day To: month day

38 Enter the county where you resided while a **nonresident** of New York City

39	Enter the number of full months in the New York City resident period	39	6
40	Enter the prorated value of one dependent exemption (use Proration chart; see instructions, page 2)	40	.00
41	Enter the number of dependent exemptions you claimed on Form IT-201, line 36, or Form IT-203, line 35	41	
42	Multiply the amount on line 40 by the number of dependent exemptions claimed on line 41 (enter here and on line 46)	42	.00

Part 4 – Part-year New York City resident tax (see instructions, page 6)

43	New York City adjusted gross income (see instructions)	43	12612.00
44	Resident period standard deduction (see instructions, page 2) or resident period itemized deduction (from line 36)	44	4000.00
45	Subtract line 44 from line 43	45	8612.00
46	Dependent exemption amount (from line 42)	46	.00
47	New York City taxable income (subtract line 46 from line 45)	47	8612.00
48	New York City tax on line 47 amount (see instructions, page 6)	48	265.00
49	Total New York City household credit and accumulation distribution credit (see instructions, page 6)	49	.00
50	Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0)	50	265.00
51	Part-year New York City separate tax on lump-sum distributions (from Form IT-230)	51	.00
52	Part-year New York City resident tax on capital gain portion of lump-sum distributions (from Form IT-230)	52	.00
53	Add lines 50, 51, and 52	53	265.00
54	Credit for part-year New York City unincorporated business tax paid (see instructions, page 9)	54	.00
55	Part-year New York City resident tax (subtract line 54 from line 53 and enter tax on Form IT-201, line 50, or Form IT-203, line 51; if line 54 is larger than line 53, enter 0)	55	265.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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Part 5 – Part-year Yonkers resident income tax surcharge (see instructions, page 9)

		Full-year NYS resident	Part-year NYS resident
56 Total New York State taxes (Form IT-201, line 46)	56	.00	
57 Empire State child credit (Form IT-201, line 63)	57	.00	
58 NYS child and dependent care credit (Form IT-216, line 14)	58	.00	
59 Earned income credit (Form IT-201, line 65)	59	.00	
60 Noncustodial parent New York State earned income credit (Form IT-201, line 66)	60	.00	
61 Real property tax credit (Form IT-201, line 67)	61	.00	
61a New York City school tax credit (Form IT-201, lines 69 and 69a)	61a	.00	
62 College tuition credit (Form IT-201, line 68)	62	.00	
62a This line intentionally left blank	62a		
63 Amount from Form IT-201-ATT, line 13	63	.00	
64 Add lines 57 through 63	64	.00	
65 Subtract line 64 from line 56 (if line 64 is more than line 56, enter 0 here and on Form IT-201, line 57)	65	.00	
66 Base tax (Form IT-203, line 44)	66		800.00
67 New York State nonrefundable credits (Form IT-203-ATT, line 8)	67		.00
68 Subtract line 67 from line 66 (if line 67 is more than line 66, enter 0) ..	68		800.00
69 Net other New York State taxes (Form IT-203-ATT, line 33)	69		.00
70 Add lines 68 and 69	70		800.00
71 Total of amounts from Form IT-203-ATT, lines 9, 10, and 12	71		.00
71a This line intentionally left blank	71a		
71b New York City school tax credit (Form IT-203, lines 60 and 60a)	71b		46.00
71c Add lines 71 and 71b	71c		46.00
72 Subtract line 71c from line 70 (if line 71c is more than line 70, enter 0)	72		754.00
73 Income percentage (see worksheet on page 9 of the instructions)	73		0.0000
74 Multiply line 65 by line 73. This is the net state tax for full-year state residents	74	.00	
75 Multiply line 72 by line 73. This is the net state tax for part-year state residents	75		0.00
76 Yonkers resident tax rate	76	.1675	

77 Part-year Yonkers resident income tax surcharge

(Full-year NYS residents: Multiply line 74 by line 76. Part-year NYS residents: Multiply line 75 by line 76.) **77** 0.00

Enter the line 77 amount on Form IT-201, line 57, or Form IT-203, line 54.

See Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I, if you received wages or net earnings from self-employment from Yonkers sources during your nonresident period.

NO HANDWRITTEN ENTRIES ON THIS FORM

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Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

114719612

Box b Employer identification number (EIN)

135562308

Box c Employer's information

Employer's name NEW YORK UNIVERSITY			
Employer's address (number and street) 105 E 17TH STREET			
City NEW YORK	State NY	ZIP code 10003-9580	Country (if not United States)

Box 1 Wages, tips, other compensation

14949.00

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

196.00 Description: CBA DUES

Box 14b Amount

23.00 Description: NY SDI

Box 14c Amount

76.00 Description: NYPFL

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.

14949.00

Box 17a NYS income tax withheld

267.00

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

114719612

Box b Employer identification number (EIN)

273305101

Box c Employer's information

Employer's name LOUIS DREYFUS COMPANY SERVICES LLC			
Employer's address (number and street) 40 DANBURY ROAD			
City WILTON	State CT	ZIP code 06897-0810	Country (if not United States)

Box 1 Wages, tips, other compensation

12612.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

292.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Box 14a Amount

65.00 Description: CT PFL

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 CT

Box 16b Other state wages, tips, etc. 12612.00

Box 17b Other state income tax withheld 806.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a 12612.00
Locality b .00

Box 19 Local income tax withheld

Locality a 440.00
Locality b .00

Box 20 Locality name

Locality a NYC
Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

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