

MAKE CHECK PAYABLE TO:  
PENNSYLVANIA DEPARTMENT OF REVENUE  
MAIL TO:  
PENNSYLVANIA DEPARTMENT OF REVENUE  
PAYMENT ENCLOSED  
1 REVENUE PLACE  
HARRISBURG, PA 17129-0001

NOTE:  
WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT),  
DAYTIME PHONE NUMBER AND TAX YEAR ON YOUR CHECK.

2021 PA-40 V PA PAYMENT VOUCHER

1555  
REV 03/22/22 PRO

799-97-4872 JO

2100913793

PAYMENT AMOUNT

JOSEPH  
MICHAEL

267-206-9842

\$ 19.00

APT 304  
2220 WALNUT ST  
PHILADELPHIA  
PA  
19103

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue

PA-40 - 2021
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (06-21)

799974872

JOSEPH

MICHAEL

Occupation CONSULTANT

Occupation

APT 304

2220 WALNUT ST

PHILADELPHIA

PA 19103

267-206-9842

99999

N Extension. N Amended Return.

N Residency Status. PA Resident/Nonresident/Part-Year Resident from to

S Single, Married/Filing Jointly, Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name NOT IN PA

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number and Amount. Rows include 1a (11112), 1b (0), 1c (11112), 2 (0), 3 (0), 4 (0), 5 (599), 6 (0), 7 (0), 8 (0), 9 (11711), 10 (0), 11 (11711).



EC OFFICIAL USE ONLY FC
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

PA-40 - 2021

Social Security Number

799974872

Name(s) MICHAEL JOSEPH

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2020 PA Income Tax return.

15 2021 Estimated Installment Payments. REV-459B included.

16 2021 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Section II, Line 2, PA Schedule SP

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

31 Credit - Amount of Line 29 you want as a credit to your 2022 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		360
13		341
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		341
25		0
26		19
27		0
28		19
29		0
30		0
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522	Date 041122

E-File Opt Out

N

Firm FEIN

301017196

Preparer's PTIN

P02082703



**PA SCHEDULE D**  
Sale, Exchange or Disposition of Property

2101310023

PA-40 D (EX) 06-21 (I)  
PA Department of Revenue

**2021**

OFFICIAL USE ONLY

If you need more space, you may photocopy.

Name of the taxpayer filing this schedule <b>MICHAEL JOSEPH</b>	Social Security Number (shown first) <b>799-97-4872</b>
--	--

Taxpayer  Spouse  Joint

**Important:** A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. **Read the instructions.** Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).
1. Robinhood Securities	01/01/21	12/31/21	7,843.	7,244.	LOSS 599.
					LOSS
					LOSS
					LOSS
					LOSS
					LOSS
					LOSS
					LOSS
					LOSS
					LOSS
					LOSS
					LOSS
					LOSS
					LOSS
					LOSS
					LOSS
					LOSS
					LOSS
					LOSS
					LOSS
					LOSS
2. Net gain (loss) from above sales. . . . .					LOSS 599.
3. Gain from installment sales from PA Schedule D-1. . . . .					3.
4. Taxable distributions from C corporations. . . . . Enter total distribution					
. . . . . Minus adjusted basis					= 4.
5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71. . . . .					LOSS 5.
6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1 . . . . .					LOSS 6.

**Taxable gain from selling a principal residence.** Complete and submit **PA Schedule 19**. Complete Columns (a) through (e) and enter your total gain on Line 7.

(a) Address of residence	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e)
7. Taxable gain from the sale of your principal residence. If you realized a loss on the sale of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1 . . . . .					7.
8. Taxable distributions from partnerships from REV-999. . . . .					8.
9. Taxable distributions from PA S corporations from REV-998. . . . .					9.
10. Taxable gain from exchange of insurance contracts. . . . .					10.
11. <b>Total PA Taxable Gain (Loss).</b> Add Lines 2 through 10. Enter on Line 5 of your PA-40. (If a net loss, fill in the oval). . . . .					LOSS 11. 599.

1555  
REV 03/22/22 PRO



2101310023

Name  
MICHAEL JOSEPH

Social Security Number  
799-97-4872

**Federal Forms W-2**

# of W2	* N T / T X B L	TS	N R H	Employer Name  Employer identification number from box B	Federal wages from box 1  Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1		T		ADP TOTALSOURCE FL XIX INC 65-0121767	86,131.	11,112. 341.	PA
1	X	T		ADP TOTALSOURCE FL XIX INC 65-0121767		76,951. 0.	NJ
2	X	T		INSPERITY PEO SERVICES L.P. 76-0689539	13,423.	13,423. 0.	NY

	Taxpayer	Spouse
Pennsylvania W-2 . . . . .	11,112.	0.
Pennsylvania W-2 to Schedule NRH, line 9 . . . . .		
Federal Form 4137, Unreported Tips, line 6 . . . . .		
Non-Pennsylvania W-2 to Schedule SP, line 6 . . . . .	90,374.	
Withholding . . . . .	341.	

**Federal Forms W-2: Local Tax**

# of W2	* N T / T X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
1		T	65-0121767	PHILADEL	7,548.	290.	PA
2		T	76-0689539	PHILADELPHIA	14,173.	544.	PA

	Taxpayer	Spouse
Pennsylvania Local W-2 . . . . .	21,721.	
Federal Form 4137, Unreported Tips, line 6 . . . . .		
Withholding . . . . .	834.	

**Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements . . . . .		

Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

Table with 8 columns: \*, Payer Name, Payer EIN, T/S, Code, PA Taxable Comp., PA Tax Withheld, Fed. Income. Includes three empty rows for data entry.

Pennsylvania Payment type:

- A Executor fee
B Jury duty pay
C Director's fee
D Expert witness fee
E Honorarium
F Covenant not to compete
G Damages or settlement for lost wages, other than personal injury
H Other nonemployee compensation. Describe:
I Employer sponsored retirement/pension/deferred compensation plan
J Distribution from IRA (Traditional or Roth)
K Distribution from Life Insurance, Annuity or Endowment Contracts
L Distribution from Charitable Gift Annuities
M Distribution from Employee Stock Ownership Plan. Describe:
N Fiduciary fees from a trust
O Other income not listed above. Describe:

Table for Pennsylvania Payment type with columns for Taxpayer and Spouse. Includes 'Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Withholding'.

Compensation from Federal Forms 1099R

Table with 9 columns: \*, Payer's EIN, Payer's Name, T, S, Fed #, PA Type, Gross Distribution, Basis, PA Taxable, PA Tax Withheld. Includes four empty rows for data entry.

\* Enter an 'X' if this income is Not subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- N No entry
I22 I'm not eligible yet; plan is eligible in PA
I31 PA school, state, or municipal employee plan
J1 Traditional or Roth IRA; I'm over 59.5
I11 United Mine Workers pension
J2 Traditional or Roth IRA; I'm under 59.5
I32 Military pension
K2 Non-qualified deferred compensation plan
I33 U.S. Civil service retirement/disability/annuity
K3 Life insurance or endowment
K1 Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity)
L Distribution from Charitable Gift Annuities
M1 ESOP: Allocated ESOP Stock Dividend
I21 Early distribution from a retirement plan
M2 ESOP: Non-Allocated ESOP Stock Dividend
I12 Rollover
M3 KSOP: Taxable ESOP within a 401(k)
I13 I'm eligible; plan is eligible (no PA tax)
M4 KSOP: Nontaxable ESOP within a 401(k)

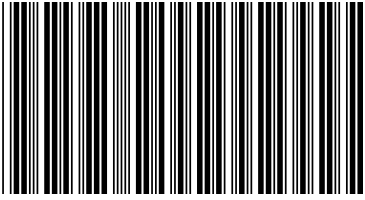
Table for Pennsylvania Distribution type with columns for Taxpayer and Spouse. Includes 'Distribution from Life Insurance, Annuity, Endowment Contracts or... ineligible retirement plans'.

Total Gross Compensation

Table for Total Gross Compensation with columns for Taxpayer and Spouse. Includes 'Total gross compensation to Form PA-40 line 1a' and 'Total Schedule NRH gross compensation to PA-40, line 12'.

Total gross compensation to Form PA-40 line 1a . . . . . 11,112.

\* Enter an 'X' if this income is Not subject to Pennsylvania tax.



0130201010

### 2021 NJ-1040-V PAYMENT VOUCHER

#### Payment by Credit Card

You may pay your 2021 New Jersey income taxes or make payment of estimated tax for 2022 by credit card by visiting the Division's website at [nj.gov/taxation](http://nj.gov/taxation).

#### Payment by E-Check

You may pay your 2021 New Jersey income taxes or make a payment of estimated tax for 2022 by e-check. This option is available on the Division's Website at: [nj.gov/taxation](http://nj.gov/taxation). Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

#### Payment by Check

If you are paying your 2021 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2021 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2022, use separate checks or money orders for each payment. Send your 2022 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

### DO NOT CUT THIS PAGE

New Jersey Gross Income Tax  
Resident Payment Voucher  
NJ-1040-V

799-97-4872 JOSE  
JOSEPH, MICHAEL  
2220 WALNUT ST, Apt. 304  
PHILADELPHIA, PA 19103

1555 2021

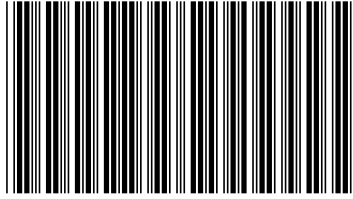
Make your check payable to "State of New Jersey - TGI".  
Write your Social Security number and tax year on your check.

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 643  
Trenton, NJ 08646-0643

Enter amount of payment here:

240.00





040MP01210

For Privacy Act Notification, See Instructions

Your Social Security Number (required)  
799974872

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)  
JOSEPH MICHAEL

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50)  
1212

Home Address (Number and Street, including apartment number)  
2220 WALNUT ST APT 304

City, Town, Post Office  
PHILADELPHIA

State ZIP Code  
PA 19103

Driver's License Number (Voluntary) (See instructions)  
34162514

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

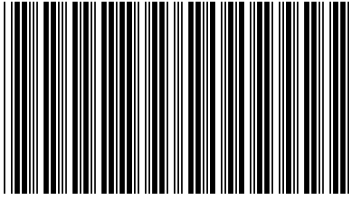
Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes	No

**Direct Deposit Information**

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	4
dd2. Account type (C for checking, S for savings)	dd2.	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4. Routing number	dd4.	
dd5. Account number	dd5.	







040MP02210

Name(s) as shown on Form NJ-1040  
**JOSEPH MICHAEL**

Your Social Security Number  
**799974872**

1555

Part-year residents, provide months/days you were a New Jersey resident during 2021:  
From: To:

Fiscal year filers only:  
Enter month of your year end **2 0 2**

**Filing Status**  
Fill in only one.

- 1.  Single
- 2.  Married/CU Couple, filing joint return
- 3.  Married/CU Partner, filing separate return
- 4.  Head of Household Enter spouse's/CU partner's SSN
- 5.  Qualifying Widow(er)/Surviving CU Partner  
Indicate the year of your spouse's/CU partner's death: 2019 2020

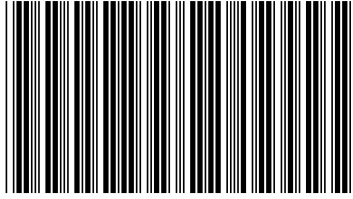
**Exemptions**

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	<u>1</u>	x \$1,000 = <u>1000</u>
7. Senior 65+ (Born in 1956 or earlier)	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 = _____
8. Blind/Disabled	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 = _____
9. Veteran	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$6,000 = _____
10. Qualified Dependent Children	<input type="checkbox"/>					x \$1,500 = _____
11. Other Dependents	<input type="checkbox"/>					x \$1,500 = _____
12. Dependents Attending Colleges (See instructions)	<input type="checkbox"/>					x \$1,000 = _____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13. <u>1000</u> .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____			
b.	_____			
c.	_____			
d.	_____			



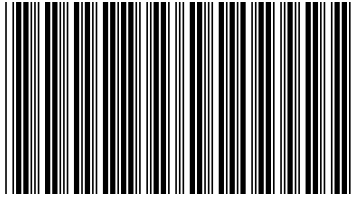
040MP03210

Name(s) as shown on Form NJ-1040  
**JOSEPH MICHAEL**

Your Social Security Number  
**799974872**

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	101686 .
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	480 .
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	. .
17. Dividends	17.	45 .
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	. .
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	601 .
20a. Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	. .
20b. Excludable pension, annuity, and IRA distributions/withdrawals	20b.	. .
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	21.	. .
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	. .
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	. .
24. Net Gambling Winnings (See instructions)	24.	. .
25. Alimony and Separate Maintenance Payments received	25.	. .
26. Other (Enclose documents) (See instructions)	26.	. .
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	102812 .
28a. Pension/Retirement Exclusion (See instructions)	28a.	. .
28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	. .
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	. .
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	102812 .
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .
31. Medical Expenses (See Worksheet F and instructions)	31.	. .
32. Alimony and Separate Maintenance Payments (See instructions)	32.	. .
33. Qualified Conservation Contribution	33.	. .
34. Health Enterprise Zone Deduction	34.	. .
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	. .
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	1000 .
38. Taxable Income (Subtract line 37 from line 29)	38.	101812 .
39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	. .
39b. Block	.	. .
39b. Lot	.	. .
39b. Qualifier		Fill in if you completed Worksheet G
39c. County/Municipality Code		
39d. Indicate your residency status during 2021 (fill in only one)		Homeowner      Tenant      Both
40. Property Tax Deduction (From Worksheet H) (See instructions)	40.	. .
41. New Jersey Taxable Income (Subtract line 40 from line 38)	41.	101812 .
42. Tax on Amount on line 41 (Tax Table page 52)	42.	4359 .
43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.	569 .
Enter Code		32
44. Balance of Tax (Subtract line 43 from line 42)	44.	3790 .
45. Sheltered Workshop Tax Credit	45.	. .
46. Gold Star Family Counseling Credit (See instructions)	46.	. .
47. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	47.	. .
48. Total Credits (Add lines 45 through 47)	48.	. .
49. Balance of Tax After Credits (Subtract line 48 from line 44) If zero or less, make no entry	49.	3790 .
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	50.	0 .
51. Interest on Underpayment of Estimated Tax	51.	. .
Fill in if Form NJ-2210 is enclosed		
52. Shared Responsibility Payment (See instructions) <b>REQUIRED</b> Enclose Schedule HCC and fill in <b>X</b>	52.	0 .



040MP04210

Name(s) as shown on Form NJ-1040  
**JOSEPH MICHAEL**

Your Social Security Number  
**799974872**

**1555**

53. Total Tax Due (Add lines 49 through 52)	53.	<b>3790</b>	.
54. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	54.	<b>3550</b>	.
55. Property Tax Credit (See instructions page 23)	55.	.	.
56. New Jersey Estimated Tax Payments/Credit from 2020 tax return	56.	.	.
57. New Jersey Earned Income Tax Credit (See instructions)	57.	.	.
Fill in if you had the IRS calculate your federal earned income credit			
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
58. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	58.	.	.
59. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	.	.
60. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.	.
61. Wounded Warrior Caregivers Credit (See instructions)	61.	.	.
62. Pass-Through Business Alternative Income Tax Credit (See instructions)	62.	.	.
63. Child and Dependent Care Credit (See instructions)	63.	.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
64. Total Withholdings, Credits, and Payments (Add lines 54 through 63)	64.	<b>3550</b>	.
65. If line 64 is less than line 53, you have tax due. Subtract line 64 from line 53 and enter the amount you owe	65.	<b>240</b>	.
If you owe tax, you can still make a donation on lines 68 through 75.			
66. If the total on line 64 is more than line 53, you have an overpayment. Subtract line 53 from line 64 and enter the overpayment	66.	.	.
67. Amount from line 66 you want to credit to your 2022 tax	67.	.	.
68. Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other
69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other
70. Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other
71. Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other
72. Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other
73. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
74. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
75. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)	76.	.	.
77. Balance due (If line 65 is more than zero, add line 65 and line 76)	77.	<b>240</b>	.
78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66)	78.	.	.

Under penalties of perjury, I declare that I have examined this Income Tax 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 the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Your Signature Date

\_\_\_\_\_  
Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature

Federal Identification Number

**SYAM PRIYA RAM SAGAR GUPTA TALLAM**

**P02082703**

Firm's Name

Firm's Federal Employer Identification Number

**GLOBAL TAXES LLC**

**30-1017196**

**Tax Due Address**  
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:  
State of New Jersey  
Division of Taxation  
Revenue Processing Center - Payment  
PO Box 111  
Trenton, NJ 08645-0111  
Include Social Security number and make check or money order payable to:  
State of New Jersey - TGI  
You can also make a payment on our website:  
nj.gov/taxation

**Refund or No Tax Due Address**  
Use the labels provided with the envelope and mail to:  
New Jersey Division of Taxation  
Revenue Processing Center - Refunds  
PO Box 555  
Trenton, NJ 08647-0555

## Schedule NJ-DOP

## Net Gains or Income From Disposition of Property

## 2021

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.						
	(a)	(b)	(c)	(d)	(e)	(f)
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)
	Robinhood Securities LLC	01/01/2021	12/31/2021	7,843.	7,242.	601.
2.	Capital Gains Distributions .....					
3.	Other Net Gains .....					
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter zero here and make no entry on line 19.).....					601.

## Schedule NJ-WWC

## Wounded Warrior Caregivers Credit

## 2021

<p>Did you provide care for a relative who was a qualifying armed services member (see instructions)? ..... <input type="radio"/> Yes <input type="radio"/> No</p> <p>If <b>"Yes,"</b> enter the name and Social Security number of the qualifying service member.</p> <p style="text-align: center;">- -</p> <p>_____ Social Security number</p> <p>_____ Last Name, First Name, Initial</p> <p>Enter your relationship to the qualifying service member.</p> <p>_____</p> <p>If <b>"No,"</b> you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on line 61, NJ-1040.</p>			
1.	Enter the federal disability compensation of the armed services member .....	1.	
2.	Maximum credit allowed .....	2.	675 00
3.	Enter the lesser of line 1 or line 2 .....	3.	
4.	Were you the only caregiver for this service member during the tax year? <input type="radio"/> Yes <input type="radio"/> No If <b>"No,"</b> enter your share (percentage) of the total care expenses for the year.	4.	%
5.	If you answered <b>"Yes"</b> at line 4, enter the amount from line 3 here and on line 61, NJ-1040.  If you answered <b>"No"</b> at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 61, NJ-1040 .....	5.	

**Keep a copy of this schedule for your records**

**Statement for Wages, Salaries, and Tips**

**2019**

Name <b>JOSEPH, MICHAEL</b>	Social Security No. <b>799-97-4872</b>
--------------------------------	---

	Income from all sources	Income attributed to New Jersey (part-year resident or non-resident only)
<b>Not applicable if a part-year nonresident with NJ source income.</b>		
<b>1</b> Wages, from Form W-2 . . . . .	101,486.	
<b>Deductions from wages:</b> Complete the following if included on line 1 above and meet all requirements (see help)		
<b>a</b> Meals and lodging . . . . .		
<b>b</b> Employee business expenses . . . . .		
<b>c</b> Moving expenses . . . . .		
<b>d</b> Compensation for injuries or sickness . . . . .		
<b>e</b> Total deductions from wages . . . . .		
<b>f</b> Taxable wages . . . . .	101,486.	
<b>2</b> Miscellaneous income, Form 8919 . . . . .		
<b>3</b> Excess employee business expense reimbursement . . . . .		
<b>4</b> Taxable tips, from Form 4137 . . . . .		
<b>5</b> Excess moving expense reimbursement . . . . .		
<b>6</b> Wages earned as a household employee (if less than \$2,000 and without a Form W-2) . . . . .		
<b>7</b> Wages from a foreign source . . . . .		
<b>8</b> Ordinary income from ESPP stock sale and incentive stock options . . . . .		
<b>9</b> Military spouses residency relief act (see New Jersey instructions) . .		
<b>10</b> Other:		
INSPERIT -W-Employer contribution to HSA	200.	
_____		
_____		
_____		
_____		
_____		
<b>11 Total wages, salaries, tips, etc . . . . .</b>	<b>101,686.</b>	

If your income on line 29 is at or below the filing threshold,  
do not complete this schedule.

Name as Shown on Return JOSEPH, MICHAEL	Social Security No. 799-97-4872
--	------------------------------------

**Part I**

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2021 (See instructions for line 52, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 52, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

**Part II**

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 52, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

**QuickZoom** to Shared Responsibility Payment Calculation Worksheet . . . . . ➔ \_\_\_\_\_

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											



# Instructions for Form IT-201-V

## Payment Voucher for Income Tax Returns

# IT-201-V

(12/21)

**Did you know?** You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit [www.tax.ny.gov](http://www.tax.ny.gov).

### How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

### Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your Social Security number (SSN), the tax year, and **Income Tax** on it.

### Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address – Enter the city, province, or state all in the **City** box, and the **full** country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

### Mailing address

#### E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX  
PROCESSING CENTER  
PO BOX 4124  
BINGHAMTON NY 13902-4124**

#### Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER  
PO BOX 15555  
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

◀ Cut here ▶

**STOP:** Pay this electronically on our website.

Department of Taxation and Finance

## Payment Voucher for Income Tax Returns



REV 03/29/22 PRO

# IT-201-V

(12/21)

Tax year (yyyy) 2021		Make your check or money order payable in U.S. funds to <b>New York State Income Tax</b> . Write on your check or money order the last four digits of your SSN, the tax year, and <b>Income Tax</b> .	
Your first name and middle initial MICHAEL	Your last name (for a joint return, enter spouse's name on line below) JOSEPH	Your full SSN 799974872	
Spouse's first name and middle initial	Spouse's last name	Spouse's full SSN (only if filing a joint return)	
Mailing address 2220 WALNUT ST		Apartment number 304	Country (if not United States)
City, village or post office PHILADELPHIA	State PA	ZIP code 19103	
040001213555		Email: MIKEANDROID26@GMAIL.COM	

Payment amount

Dollars

Cents

6 . 00



For office use only

0401213555 799974872 2





# 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 MICHAEL JOSEPH	Spouse's name (jointly filed return only)
-----------------------------------	---

### Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. 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.	100680.
2 Refund .....	2.	
3 Amount you owe .....	3.	6.
4 Financial institution routing number .....	4.	
5 Financial institution account number .....	5.	
6 Account type: <input 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 04112022



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 MICHAEL		Your last name (for a joint return, enter spouse's name on line below) JOSEPH		Your date of birth (mmddyyyy) 08261995	Your Social Security number 799974872
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) 2220 WALNUT ST				Apartment number 304	New York State county of residence NR
City, village, or post office PHILADELPHIA		State PA	ZIP code 19103	Country	School district name NR
Taxpayer's permanent home address (see instr., pg. 12) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country		Decedent information	Taxpayer's date of death
					Spouse's date of death

### A Filing status (mark an X in one box):

- ①  Single
- ②  Married filing joint return (enter both spouses' Social Security numbers above)
- ③  Married filing separate return (enter both spouses' Social Security numbers above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er)

**B** Did you itemize your deductions on your 2021 federal income tax return? Yes  No

**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes  No

**D1** Did you have a financial account located in a foreign country? (see page 13) Yes  No

**D2** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) Yes  No

### E New York City part-year residents only (see page 13)

(1) Number of months you lived in NY City in 2021 .....

(2) Number of months your spouse lived in NY City in 2021 .....

**F** Enter your 2-character special condition code(s) if applicable (see page 13) .....

### G New York State part-year residents (see page 14)

Enter the date you moved into or out of NYS (mmddyyyy) .....

On the last day of the tax year (mark an X in one box):

1) Lived in NYS .....

2) Lived outside NYS; received income from NYS sources during nonresident period .....

3) Lived outside NYS; received no income from NYS sources during nonresident period .....

### H New York State nonresidents (see page 14)

Did you or your spouse maintain living quarters in NYS in 2021? Yes  No   
(if Yes, complete Form IT-203-B)



### I Dependent information (see page 14)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



203001213555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
799974872

**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	99554 .00	1	13423 .00
2	Taxable interest income .....	2	480 .00	2	.00
3	Ordinary dividends .....	3	45 .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	601 .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 <b>X</b> in box <input type="checkbox"/> .....	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/> .....	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) .....	11	.00	11	.00
12	Rental real estate included in line 11 (federal amount) <b>12.</b> .....		.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 <b>1 through 11</b> and <b>13 through 16</b> .....	17	100680 .00	17	13423 .00
18	Total federal adjustments to income (see page 22) Identify: .....	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17) ..	19	100680 .00	19	13423 .00
19a	Recomputed federal adjusted gross income (see page 23, Line 19a worksheets)	19a	100680 .00	19a	13423 .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 <b>19a</b> through <b>22</b> .....	23	100680 .00	23	13423 .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	<b>New York adjusted gross income</b> (subtract line 30 from line 23)	31	100680 .00	31	13423 .00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 100680 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203002213555



Name(s) as shown on page 1  
MICHAEL JOSEPH

Enter your Social Security number  
799974872

**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)	92680.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 27)	000.00
36 <b>New York taxable income</b> (subtract line 35 from line 34)	92680.00

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

37 <b>New York taxable income</b> (from line 36)	92680.00
38 New York State tax on line 37 amount (see page 28)	5340.00
39 New York State household credit (page 28, table 1, 2, or 3)	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	5340.00
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)	5340.00
43 New York State earned income credit (see page 29)	.00

44 <b>Base tax</b> (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	5340.00
--	---------

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)	712.00
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)	712.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 <b>Total New York State taxes</b> (add lines 48 and 49)	712.00

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

51 Part-year New York City resident tax (Form IT-360.1)	51	.00
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a Subtract line 52 from line 51	52a	.00
52b MCTMT net earnings base	52b	.00
52c MCTMT	52c	.00
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00
55 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54)	55	.00
56 <b>Sales or use tax</b> (See the instructions on page 31. Do not leave line 56 blank.)	56	0.00
57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)	57	.00
58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57)	58	712.00

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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203003213555



Enter your Social Security number
799974872

59 Enter amount from line 58 ..... 59 712.00

Payments and refundable credits (see page 32)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 10 and 11). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 34 through 36)

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [ ] direct deposit to checking or savings account (fill in line 73) - or - [ ] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 35 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2022 tax, amount owed, and other penalties and interest.

See page 38 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 36). 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: [ ] Personal checking - or - [ ] Personal savings - or - [ ] Business checking - or - [ ] Business savings

73b Routing number [ ] 73c Account number [ ]

74 Electronic funds withdrawal (see page 36) ..... Date [ ] Amount [ ].00

Third-party designee? (see instr.) Yes [ ] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, Email.

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

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

# Summary of W-2 Statements

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

799974872

Box b Employer identification number (EIN)

650121767

### Box c Employer's information

Employer's name			
ADP TOTALSOURCE FL XIX INC INFOMATIC INC			
Employer's address (number and street)			
10200 SUNSET DRIVE			
City	State	ZIP code	Country (if not United States)
MIAMI	FL	33173	

Box 1 Wages, tips, other compensation

86131.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

3646.00

Code

D

Box 12b Amount

417.00

Code

W

Box 12c Amount

2666.00

Code

DD

Box 12d Amount

.00

Code

Box 14a Amount

430.00

Description

NJ DI

Box 14b Amount

256.00

Description

FLI

Box 14c Amount

154.00

Description

SUI

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

PA

Box 16b Other state wages, tips, etc.

11112.00

Box 17b Other state income tax withheld

341.00

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

799974872

Box b Employer identification number (EIN)

760689539

### Box c Employer's information

Employer's name			
INSPERITY PEO SERVICES L.P. VERANA HEALTH, INC.			
Employer's address (number and street)			
19001 CRESCENT SPRINGS DR			
City	State	ZIP code	Country (if not United States)
KINGWOOD	TX	77339-3802	

Box 1 Wages, tips, other compensation

13423.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

550.00

Code

D

Box 12b Amount

200.00

Code

W

Box 12c Amount

847.00

Code

DD

Box 12d Amount

.00

Code

Box 14a Amount

72.00

Description

NYFLI

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.

13423.00

Box 17a NYS income tax withheld

706.00

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

