

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|------------------------------------|---------------------------------------|
| Taxpayer's name RAGINI BHARDWAJ | Social security number 811-93-8929 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | | |
|---|-------------------------------------------------------------------------|---|---------|
| 1 | Adjusted gross income | 1 | 37,311. |
| 2 | Total tax | 2 | 2,738. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 5,835. |
| 4 | Amount you want refunded to you | 4 | 3,097. |
| 5 | Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 3 | 8 | 9 | 2 | 9 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status
 Single Married filing separately (MFS) Qualifying widow(er) (QW)
 If you checked the QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial: RAGINI
 Last name: BHARDWAJ
 Your identifying number (see instructions): 811-93-8929
 Home address (number and street or rural route). If you have a P.O. box, see instructions: 647 2ND AVENUE
 Apt. no.: 4D
 Check if: Individual Estate or Trust
 City, town, or post office. If you have a foreign address, also complete spaces below: NEW YORK
 State: NY ZIP code: 10016
 Foreign country name: Foreign province/state/county: Foreign postal code:

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

| Dependents (see instructions): | (1) First name | Last name | (2) Dependent's identifying number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see inst.): | |
|----------------------------------------------------------------------------------------|----------------|-----------|------------------------------------|-------------------------------------|-----------------------------------------------------------------------|-----------------------------|
| | | | | | Child tax credit | Credit for other dependents |
| If more than four dependents, see instructions and check here <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"/> |

| | | | |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|
| Income Effectively Connected With U.S. Trade or Business | 1a Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1a 37,311. |
| | b Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement. See instructions | | 1b |
| | c Total income exempt by a treaty from Schedule OI (Form 1040-NR), Item L, line 1(e) | 1c | |
| | 2a Tax-exempt interest | 2a | 2b |
| | 3a Qualified dividends | 3a | 3b |
| | 4a IRA distributions | 4a | 4b |
| | 5a Pensions and annuities | 5a | 5b |
| | 6 Reserved for future use | | 6 |
| | 7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here <input type="checkbox"/> | | 7 |
| | 8 Other income from Schedule 1 (Form 1040), line 10 | | 8 |
| | 9 Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income ▶ | | 9 37,311. |
| | 10 Adjustments to income: | | |
| | a From Schedule 1 (Form 1040), line 26 | 10a | |
| | b Reserved for future use | 10b | |
| | c Scholarship and fellowship grants excluded | 10c | |
| | d Add lines 10a and 10c. These are your total adjustments to income ▶ | 10d | |
| | 11 Subtract line 10d from line 9. This is your adjusted gross income ▶ | 11 | 37,311. |
| | 12a Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction. See instructions <i>Std. Dedn US/India Treaty</i> | 12a 12,550. | |
| | b Charitable contributions for certain residents of India. See instructions | 12b 300. | |
| | c Add lines 12a and 12b | 12c | 12,850. |
| | 13a Qualified business income deduction from Form 8995 or Form 8995-A | 13a | |
| | b Exemptions for estates and trusts only. See instructions | 13b | |
| | c Add lines 13a and 13b | 13c | |
| | 14 Add lines 12c and 13c | 14 | 12,850. |
| | 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 24,461. |

| | | | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 2,738. |
| 17 | Amount from Schedule 2 (Form 1040), line 3 | 17 | 0. |
| 18 | Add lines 16 and 17 | 18 | 2,738. |
| 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 (Form 1040) | 19 | |
| 20 | Amount from Schedule 3 (Form 1040), line 8 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 2,738. |
| 23a | Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15 | 23a | |
| b | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21 | 23b | |
| c | Transportation tax (see instructions) | 23c | |
| d | Add lines 23a through 23c | 23d | |
| 24 | Add lines 22 and 23d. This is your total tax | 24 | 2,738. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 5,835. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 5,835. |
| e | Form(s) 8805 | 25e | |
| f | Form(s) 8288-A | 25f | |
| g | Form(s) 1042-S | 25g | |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27 | Reserved for future use | 27 | |
| 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 (Form 1040) | 28 | |
| 29 | Credit for amount paid with Form 1040-C | 29 | |
| 30 | Reserved for future use | 30 | |
| 31 | Amount from Schedule 3 (Form 1040), line 15 | 31 | |
| 32 | Add lines 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments | 33 | 5,835. |

| | | | | |
|--------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,097. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,097. |
| Direct deposit? See instructions. | b | Routing number 0 4 4 0 0 0 0 3 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 5 2 6 9 3 3 7 7 2 | | |
| | e | If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. | | |
| | 36 | Amount of line 34 you want applied to your 2022 estimated tax | 36 | |

| | | | | |
|-----------------------|-----------|-------------------------------------------------------------------------------------------------------------|-----------|--|
| Amount You Owe | 37 | Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes.** Complete below. **No**

Designee's name Phone no. Personal identification number (PIN)

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

Your signature Date Your occupation SOFTWARE ARCHITECT If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Phone no. Email address

| | | | | | |
|-------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------|-----------------|--------------------------------------------|--------------------------------------------------|
| Paid Preparer Use Only | Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 03/22/2022 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| | Firm's name <input type="text"/> GLOBAL TAXES LLC | | | Phone no. (678) 965-9522 | |
| | Firm's address <input type="text"/> 2530 Pebble Creek Ln Cumming GA 30041 | | | Firm's EIN <input type="text"/> 30-1017196 | |

**SCHEDULE NEC
(Form 1040-NR)**

Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

2021
Attachment
Sequence No. **7B**

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/Form1040NR for instructions and the latest information.
► Attach to Form 1040-NR.

Name shown on Form 1040-NR
RAGINI BHARDWAJ

Your identifying number
811-93-8929

Enter **amount of income** under the appropriate rate of tax. See instructions.

| Nature of Income | | (a) 10% | (b) 15% | (c) 30% | (d) Other (specify) | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|---------|---------|---------------------|---|
| | | | | | % | % |
| 1 Dividends and dividend equivalents: | | | | | | |
| a Dividends paid by U.S. corporations | 1a | | | | | |
| b Dividends paid by foreign corporations | 1b | | | | | |
| c Dividend equivalent payments received with respect to section 871(m) transactions | 1c | | | | | |
| 2 Interest: | | | | | | |
| a Mortgage | 2a | | | | | |
| b Paid by foreign corporations | 2b | | | | | |
| c Other | 2c | | | | | |
| 3 Industrial royalties (patents, trademarks, etc.) | 3 | | | | | |
| 4 Motion picture or TV copyright royalties | 4 | | | | | |
| 5 Other royalties (copyrights, recording, publishing, etc.) | 5 | | | | | |
| 6 Real property income and natural resources royalties | 6 | | | | | |
| 7 Pensions and annuities | 7 | | | | | |
| 8 Social security benefits | 8 | | | | | |
| 9 Capital gain from line 18 below | 9 | | | | | |
| 10 Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. | | | | | | |
| a Winnings _____ | | | | | | |
| b Losses _____ | 10c | | | | | |
| 11 Gambling winnings—Residents of countries other than Canada. Note: Losses not allowed | 11 | | | | | |
| 12 Other (specify) ► _____ | | | | | | |
| | 12 | | | | | |
| 13 Add lines 1a through 12 in columns (a) through (d) | 13 | | | | | |
| 14 Multiply line 13 by rate of tax at top of each column | 14 | | | | | |
| 15 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a ► | 15 | | | | | |

Capital Gains and Losses From Sales or Exchanges of Property

| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both. | 16 | (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acquired mm/dd/yyyy | (c) Date sold mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS | (g) GAIN |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------|-----------------|-------------------------|-------------------------------------------------|-------------------------------------------------|
| | | | | | | | If (e) is more than (d), subtract (d) from (e). | If (d) is more than (e), subtract (e) from (d). |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 17 | Add columns (f) and (g) of line 16 | | | | | () | |
| | 18 | Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0- | | | | | | |

**SCHEDULE OI
(Form 1040-NR)**

Department of the Treasury
Internal Revenue Service (99)

Other Information

▶ Go to www.irs.gov/Form1040NR for instructions and the latest information.
▶ Attach to Form 1040-NR.
▶ Answer all questions.

OMB No. 1545-0074

2021
Attachment
Sequence No. **7C**

Name shown on Form 1040-NR

RAGINI BHARDWAJ

Your identifying number

811-93-8929

- A** Of what country or countries were you a citizen or national during the tax year? INDIA
- B** In what country did you claim residence for tax purposes during the tax year? United States
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No
- D** Were you ever:
- A U.S. citizen? Yes No
 - A green card holder (lawful permanent resident) of the United States? Yes No
- If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No
If you answered "Yes," indicate the date and nature of the change ▶
- G** List all dates you entered and left the United States during 2021. See instructions.

Note: If you are a resident of Canada or Mexico **AND** commute to work in the United States at frequent intervals, check the box for **Canada** or **Mexico** and skip to item H. Canada Mexico

| Date entered United States mm/dd/yy | Date departed United States mm/dd/yy | Date entered United States mm/dd/yy | Date departed United States mm/dd/yy |
|----------------------------------------|-----------------------------------------|----------------------------------------|-----------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2019 _____, 2020 _____, and 2021 365.
- I** Did you file a U.S. income tax return for any prior year? Yes No
If "Yes," give the latest year and form number you filed ▶ 1040NR
- J** Are you filing a return for a trust? Yes No
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No
- K** Did you receive total compensation of \$250,000 or more during the tax year? Yes No
If "Yes," did you use an alternative method to determine the source of this compensation? Yes No
- L** Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.
1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

| (a) Country | (b) Tax treaty article | (c) Number of months claimed in prior tax years | (d) Amount of exempt income in current tax year |
|-------------|------------------------|-------------------------------------------------|-------------------------------------------------|
| | | | |
| | | | |
| | | | |

(e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b . . . ▶

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No
If "Yes," attach a copy of the Competent Authority determination letter to your return.
- M** Check the applicable box if:
- This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . ▶
 - You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . ▶



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 RAGINI BHARDWAJ | 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.

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*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

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.

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*.

Part A – Tax return information

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------|
| 1 Federal adjusted gross income (from applicable line)..... | 1. | 37311. |
| 2 Refund..... | 2. | 1791. |
| 3 Amount you owe..... | 3. | |
| 4 Financial institution routing number..... | 4. | 044000037 |
| 5 Financial institution account number..... | 5. | 526933772 |
| 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 03222022 |



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 RAGINI | | Your last name (for a joint return, enter spouse's name on line below) BHARDWAJ | | Your date of birth (mmddyyyy) 01201997 | Your Social Security number 811938929 |
| 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) 647 2ND AVENUE | | | | Apartment number 4D | New York State county of residence NR |
| City, village, or post office NEW YORK | | State NY | ZIP code 10016 | 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? es No

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

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) es 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? es 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

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Enter your Social Security number
811938929

| 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 | 37311 .00 | 1 | 37311 .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 | .00 | 10 | .00 |
| 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) | 11 | .00 | 11 | .00 |
| 12 Rental real estate included in line 11 (federal amount) 12. | 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 | 37311 .00 | 17 | 37311 .00 |
| 18 Total federal adjustments to income (see page 22) Identify: | 18 | .00 | 18 | .00 |
| 1 Federal adjusted gross income (subtract line 18 from line 17) . | 19 | 37311 .00 | 19 | 37311 .00 |
| 19a Recomputed federal adjusted gross income (see page 23, Line 19a worksheets) | 19a | 37311 .00 | 19a | 37311 .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 | 37311 .00 | 23 | 37311 .00 |

| New York subtractions (see page 25) | | | | |
|------------------------------------------------------------------------------------------------|----|-----------|----|-----------|
| 24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 24 | .00 | 2 | .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 Ad lines 24 through 29 | 30 | .00 | 30 | .00 |
| 31 New York adjusted gross income (subtract line 30 from line 23) | 31 | 37311 .00 | 31 | 37311 .00 |

32 Enter the amount from line 31, **Federal amount** column **32** 37311 .00

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Standard deduction or itemized deduction (see page 27)

33 Enter your **standard deduction** (table on page 27) or your **itemized deduction** (from Form IT-196).

Mark an **X** in the appropriate box: ... **Standard** – or – **Itemized**

| | |
|----------------------------------------------------------------------------------------|----------|
| 33 | 8000.00 |
| 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) | 29311.00 |
| 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) | 29311.00 |

Tax computation, credits, and other taxes

| | |
|---------------------------------------------------------------------------------|----------|
| 37 New York taxable income (from line 36) | 29311.00 |
| 38 New York State tax on line 37 amount (see page 28) | 1515.00 |
| 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) | 1515.00 |
| 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) | 1515.00 |
| 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) | 1515.00 |
|--------------------------------------------------------------------------------------------------|---------|

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) | 1515.00 |
| 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) | 1515.00 |
| 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) | 1515.00 |

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|
| 51 Part-year New York City resident tax (Form IT-360.1) | 51 | .00 |
| 52 Part-year resident nonrefundable New York City child and dependent care credit | 52 | .00 |
| 52a Subtract line 52 from line 51 | 52a | .00 |
| 52b MCTMT net earnings base | 52b | .00 |
| 52c MCTMT | 52c | .00 |
| 53 Yonkers nonresident earnings tax (Form Y-203) | 53 | .00 |
| 54 Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 54 | .00 |
| 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) | 55 | .00 |
| 56 Sales or use tax (See the instructions on page 31. Do not leave line 56 blank.) | 56 | 0.00 |
| 57 Voluntary contributions (Form IT-227, Part 2, line 1) | 57 | .00 |
| 58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57) | 58 | 1515.00 |

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

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Enter your Social Security number
811938929

59 Enter amount from line 58 59 1515.00

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: [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: 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: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings
73b Routing number 044000037
73c Account number 526933772

74 Electronic funds withdrawal (see page 36) ate [] 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: 03222022
Email: SYAM@GTAXFILE.COM

Taxpayer(s) must sign here
Your signature
Your occupation: SOFTWARE ARCHITECT
Spouse's signature and occupation (if joint return)
Date, Daytime phone number
Email: BHARDWAJR1@UDAYTON.EDU

See instructions for where to mail your return.

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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

811938929

Box b Employer identification number (EIN)

130871985

Box c Employer's information

| | | | |
|-----------------------------------------------|--------------|-----------------|---------------------------------------|
| Employer's name | | | |
| INTERNATIONAL BUSINESS MACHINES CORPORATION | | | |
| Employer's address (number and street) | | | |
| 1701 NORTH ST BLDG 256-1 | | | |
| City | State | ZIP code | Country (if not United States) |
| ENDICOTT | NY | 13760 | |

Box Wages, tips, other compensation
37311.00

Box Allocated tips
.00

Box 10 Dependent care benefits
.00

Box 11 Nonqualified plans
.00

Box 12a Amount
14.00

Box 12b Amount
2464.00

Box 12c Amount
.00

Box 12d Amount
.00

Box 14a Amount
.00

Box 14b Amount
.00

Box 14c Amount
.00

Box 14d Amount
.00

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State
N|Y

Box 16a NYS wages, tips, etc.
37311.00

Box 17a NYS income tax withheld
1939.00

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 37311.00
Locality b .00

Box 19 Local income tax withheld
Locality a 1367.00
Locality b .00

Box 20 Locality name
Locality a NYC
Locality b

Do not detach.
W-2 Record 2

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

Box b Employer identification number (EIN)

Box c Employer's information

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

Box 1 Wages, tips, other compensation
.00

Box Allocated tips
.00

Box 10 Dependent care benefits
.00

Box 11 Nonqualified plans
.00

Box 12a Amount
.00

Box 12b Amount
.00

Box 12c Amount
.00

Box 12d Amount
.00

Box 14a Amount
.00

Box 14b Amount
.00

Box 14c Amount
.00

Box 14d Amount
.00

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State
N|Y

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

Box 17a NYS income tax withheld
.00

Other state information:

Box 15b other state
| |

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

