



New York State E-File Signature Authorization for Tax Year 2022

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 ANSHUL SHARMA	Spouse's name (jointly filed return only) CHARU SHARMA
----------------------------------	---

Purpose

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

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

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2), *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 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.	298753.
2 Refund.....	2.	8241.
3 Amount you owe.....	3.	
4 Financial institution routing number.....	4.	021200339
5 Financial institution account number.....	5.	381033176992
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 2022 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 2022 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 2022 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	ate
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 2022 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 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 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 2022 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	ate 02042023



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, 2022, through December 31, 2022, or fiscal year beginning

22

and ending

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial ANSHUL		Your last name (for a joint return, enter spouse's name on line below) SHARMA		Your date of birth (mmddyyyy) 08091981	Your Social Security number 487654464
Spouse's first name and middle initial CHARU		Spouse's last name SHARMA		Spouse's date of birth (mmddyyyy) 02161984	Spouse's Social Security number 72597813
Mailing address (see instructions) (number and street or PO Box) 17 BRAEMAR CT				Apartment number	New York State county of residence NR
City, village, or post office PARSIPPANY		State NJ	ZIP code 07054	Country UNITED STATES	School district name NR
Taxpayer's permanent home address (see instructions) (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 surviving spouse

B Did you itemize your deductions on your 2022 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? Yes No



D2 Yonkers part-year residents only:

(1) Did you receive a homeowner tax rebate credit? (see instructions) Yes No

(2) Enter the amount

E New York City part-year residents only

(1) Number of months you lived in NY City in 2022

(2) Number of months your spouse lived in NY City in 2022

F Enter your 2-character special condition code(s) if applicable

G New York State part-year residents

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 Did you or your spouse maintain living quarters in NYS in 2022? Yes No
(if Yes, complete Form IT-203-B)

I Dependent information

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
ASHWATH	SHARMA	SON	926945347	12172009
SHIVESH	SHARMA	SON	597431140	08242016

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



203001223555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
487654464

Federal income and adjustments

Federal amount
Whole dollars only

New York State amount
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Wages, salaries, tips, etc. (1), Taxable interest income (2), Ordinary dividends (3), Taxable refunds, credits, or offsets of state and local income taxes (4), Alimony received (5), Business income or loss (6), Capital gain or loss (7), Other gains or losses (8), Taxable amount of IRA distributions (9), Taxable amount of pensions/annuities (10), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (11), Rental real estate included in line 11 (12), Farm income or loss (13), Unemployment compensation (14), Taxable amount of Social Security benefits (15), Other income (16), Add lines 1 through 11 and 13 through 16 (17), Total federal adjustments to income (18), Federal adjusted gross income (19), and Recomputed federal adjusted gross income (19a).

New York additions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Interest income on state and local bonds and obligations (20), Public employee 414(h) retirement contributions (21), Other (22), and Add lines 19a through 22 (23).

New York subtractions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Taxable refunds, credits, or offsets of state and local income taxes (24), Pensions of NYS and local governments and the federal government (25), Taxable amount of Social Security benefits (26), Interest income on U.S. government bonds (27), Pension and annuity income exclusion (28), Other (29), Add lines 24 through 29 (30), and New York adjusted gross income (31).

32 Enter the amount from line 31, Federal amount column 32 298753.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1
ANSHUL AND CHARU SHARMA

Enter your Social Security number
487654464

Standard deduction or itemized deduction

33 Enter your standard deduction or your itemized deduction (from Form IT-196).

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

Table with 2 columns: Line number and Amount. Rows 33-36 showing calculations for standard deduction and taxable income.

Tax computation, credits, and other taxes

Table with 2 columns: Line number and Amount. Rows 37-43 showing New York taxable income, state tax, and credits.

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 44 15932 .00

45 Income percentage [] New York State amount from line 31 298753 .00 ÷ Federal amount from line 31 298753 .00 = 45 1.0000 Round result to 4 decimal places

Table with 2 columns: Line number and Amount. Rows 46-50 showing allocated state tax, nonrefundable credits, and total state taxes.

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

Table with 2 columns: Line number and Amount. Rows 51-58 showing NYC and Yonkers taxes, MCTMT, and total state taxes including sales tax and voluntary contributions.

See instructions to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203003223555



Enter your Social Security number
487654464

59 Enter amount from line 58 **59** 15932.00

Payments and refundable credits

60 Part-year NYC school tax credit (fixed amount) (also complete E on front)	60	.00
60a NYC school tax credit (rate reduction amount)	60a	.00
61 Other refundable credits (Form IT-203-ATT, line 17)	61	.00
62 Total New York State tax withheld	62	24173.00
63 Total New York City tax withheld	63	.00
64 Total Yonkers tax withheld	64	.00
65 Total estimated tax payments/amount paid with Form IT-370	65	.00
66 Total payments and refundable credits (add lines 60 through 65)	66	24173.00

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return.

Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)	67	8241.00
68 Amount of line 67 available for refund (subtract line 69 from line 67)	68	8241.00
TIP: Use this amount to check your refund status online.		
68a Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	68a	.00
68b Total refund after NYS 529 account deposit (subtract line 68a from line 68)	68b	8241.00

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 instructions for payment options.

See instructions for the proper assembly of your return.

69 Amount of line 67 that you want applied to your 2023 estimated tax (see instructions)	69	.00
70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	70	.00
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67)	71	.00
72 Other penalties and interest	72	.00

73 Account information for direct deposit or electronic funds withdrawal.
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

73a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

73b Routing number 021200339 **73c** Account number 381033176992

74 Electronic funds withdrawal Date Amount00

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

▼ Paid preparer must complete ▼ (see instructions)	Preparer's NYTPRIN	NYTPRIN excl. code 0 9
Preparer's signature SYAM PRIYA RAM SAGAR GUP	Preparer's printed name SYAM PRIYA RAM SAGAR GUP	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC	Preparer's PTIN or SSN P02082703	
Address 245 ROONEY CT E BRUNSWICK NJ 08816	Employer identification number 882145487	Date 02042023
Email: SYAM@GTAXFILE.COM		

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation SOFTWARE ENGINEER	
Spouse's signature and occupation (if joint return) HOME MAKER	
Date	Daytime phone number (201)850 3884
Email: ANSHUL.JAVA.2013@GMAIL.COM	

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

IT-196

Submit this form with Form IT-201 or IT-203. See instructions for completing Form IT-196.

Name(s) as shown on your Form IT-201 or IT-203	Your Social Security number
ANSHUL AND CHARU SHARMA	487654464

Medical and dental expenses (see instructions)

Caution: Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses	1	.00
2 Enter amount from Form IT-201 or IT-203, line 19a	2	.00
3 Multiply line 2 by 10% (0.10)	3	.00
4 Subtract line 3 from line 1 (if line 3 is more than line 1, leave blank)	4	.00

Taxes you paid (see instructions)

5 State and local (Mark an X in only one box)		
a <input checked="" type="checkbox"/> Income taxes - or - b <input type="checkbox"/> General sales tax ..	5	24187.00
6 State and local real estate taxes	6	19206.00
7 State and local personal property taxes	7	.00
8 Other taxes. List type and amount	8	.00
9 Add lines 5 through 8	9	43393.00

Interest you paid (see instructions)

10 Home mortgage interest and points reported to you on federal Form 1098	10	18105.00
11 Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying number, and address	11	.00
12 Points not reported to you on federal Form 1098	12	.00
13 Reserved	13	
14 Investment interest	14	.00
15 Add lines 10 through 14	15	18105.00

Gifts to charity (see instructions)

16 Gifts by cash or check	16	.00
16a Qualified contributions included in line 16	16a	.00
17 Other than by cash or check	17	.00
18 Carryover from prior year	18	.00
19 Add lines 16, 17, and 18	19	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

196001223555



Your Social Security number
487654464

Casualty and theft losses

20 Casualty or theft loss(es) other than federal qualified disaster losses (see instructions) **20**00

Job expenses and certain miscellaneous deductions (see instructions)

21 Unreimbursed employee expenses – job travel, union dues, etc.	21	.00
22 Job related education expenses	22	.00
23 Tax preparation fees	23	.00
24 Other expenses – investment, safe deposit box, etc. List type and amount	24	.00
25 Add lines 21 through 24	25	.00
26 Enter amount from Form IT-201 or IT-203, line 19a	26	.00
27 Multiply line 26 by 2% (0.02)	27	.00
28 Subtract line 27 from line 25 (if line 27 is more than line 25, leave blank)	28	.00

Other itemized deductions

29 Gambling losses (see instructions)	29	.00
30 Casualty and theft losses of income-producing property (see instructions)	30	.00
31 Federal estate tax on income in respect of a decedent (see instructions)	31	.00
32 Deduction for amortizable bond premiums (see instructions)	32	.00
33 An ordinary loss attributable to a contingent payment debt instrument or an inflation-indexed debt instrument	33	.00
34 Deduction for repayment of amounts under a claim of right if over \$3000 (see instructions)	34	18470.00
35 Certain unrecovered investments in a pension (see instructions)	35	.00
36 Impairment-related work expenses of a disabled person (see instructions)	36	.00
37 Federal qualified disaster loss (see instructions)	37	.00
38 Other itemized deductions from partnerships (see instructions)	38	.00
39 Add lines 29 through 38	39	18470.00

Total itemized deductions (see instructions)

Is Form IT-201 or IT-203, line 19a, over \$174,500? (Mark an X in the appropriate box)

- If **No**, your deduction is not limited. Add the amounts in the far right column for lines 4 through 39 and enter the amount on line 40.
- If **Yes**, your deduction may be limited. See the *Line 40, Total itemized deductions worksheet*, in the instructions to compute the amount to enter on line 40.

40 **40** 79968.00

NO HANDWRITTEN ENTRIES ON THIS FORM



Adjustments (see instructions)

41 State, local, and foreign income taxes (or general sales tax, if applicable), and other subtraction adjustments (see instructions)	41	24187.00
42 Subtract line 41 from line 40 (see instructions)	42	55781.00
43 College tuition itemized deduction (Form IT-203 filers only, IT-201 filers leave blank and skip to line 44) (Form IT-203-B, line 2; see instructions)	43	.00
44 Addition adjustments (see instructions)	44	.00
45 Add lines 42, 43, and 44	45	55781.00
46 Itemized deduction adjustment (see instructions)	46	13945.00
47 Subtract line 46 from line 45 (see instructions)	47	41836.00
48 College tuition itemized deduction (Form IT-201 filers only, IT-203 filers leave blank and skip to line 49) (See Form IT-272, Claim for College Tuition Credit or Itemized Deduction) (see instructions) ...	48	.00
49 New York State itemized deduction (add lines 47 and 48; enter on Form IT-201, line 34 or Form IT-203, line 33) (see instructions)	49	41836.00

NO HANDWRITTEN ENTRIES ON THIS FORM

196003223555





Department of Taxation and Finance

Summary of W-2 Statements

IT-2

New York State • New York City • Yonkers

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

W-2 Record 1

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

487654464

Box b Employer identification number (EIN)

208424306

Box c Employer's information

Employer's name			
AMAZON DEVELOPMENT CENTER US INC			
Employer's address (number and street)			
PO BOX 80726			
City	State	ZIP code	Country
SEATTLE	WA	98108	

Box 1 Wages, tips, other compensation

150430.00

Box 12a Amount

208.00

Code

C

Box 14a Amount

14.00

Description

NY SDI

Box 8 Allocated tips

.00

Box 12b Amount

10609.00

Code

D

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

2256.00

Code

W

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

10633.00

Code

D D

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

N | Y

Box 16a NYS wages, tips, etc.

150430.00

Box 17a NYS income tax withheld

12961.00

Other state information:

Box 15b other state

N | J

Box 16b Other state wages, tips, etc.

155067.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

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

487654464

Box b Employer identification number (EIN)

133417984

Box c Employer's information

Employer's name			
BLOOMBERG L P			
Employer's address (number and street)			
731 LEXINGTON AVENUE			
City	State	ZIP code	Country
NEW YORK	NY	10022	

Box 1 Wages, tips, other compensation

148323.00

Box 12a Amount

98.00

Code

C

Box 14a Amount

424.00

Description

NY PFL

Box 8 Allocated tips

.00

Box 12b Amount

11438.00

Code

D

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

17522.00

Code

D D

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

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

N | Y

Box 16a NYS wages, tips, etc.

148323.00

Box 17a NYS income tax withheld

11212.00

Other state information:

Box 15b other state

N | J

Box 16b Other state wages, tips, etc.

149135.00

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

102001223555

