

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 SUMANTH BHUKYA	Social security number 360-31-1885
Spouse's name CATHERINE DURAN	Spouse's social security number 119-76-1545

Part I Tax Return Information – Tax Year Ending December 31, 2022 (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	108,299.
2 Total tax	9,474.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	4,726.
4 Amount you want refunded to you	
5 Amount you owe	4,748.

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

1	1	8	8	5
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 as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

6	1	5	4	5
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 as my signature on the income tax return (original or amended) I am now authorizing.

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

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.

2	2	2	4	9	6	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 [X] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name, social security numbers, and address for both filers.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns for name, social security number, relationship, and tax credit options.

Income section table with rows 1a through 1z for various income types and their totals.

Table for tax-exempt interest, qualified dividends, and IRA distributions (rows 2a-6a).

Table for taxable interest, ordinary dividends, pensions, and other income (rows 2b-15).

Tax and Credits table with rows 16-24. Total tax: 9,474.

Payments table with rows 25-33. Total payments: 4,726.

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

Refund table with rows 34-36. Amount of refund: 4,748.

Amount You Owe table with rows 37-38. Total amount owed: 4,748.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines, dates, and occupations for taxpayer and spouse.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

2022 AR1000NR



P1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2022 or fiscal year ending _____, 20____ •

PROSERIES

TAXPAYER INFORMATION	Primary's legal first name ● SUMANTH		MI ●	Last name ● BHUKYA		Check if ● <input type="checkbox"/> Deceased		Primary's social security number ● 360-31-1885		
	Spouse's legal first name ● CATHERINE		MI ●	Last name ● DURAN		Check if ● <input type="checkbox"/> Deceased		Spouse's social security number ● 119-76-1545		
	Mailing address (number and street, P.O. box or rural route) ● 3548 TRYON AVE, APT. 3B								<input type="checkbox"/> Check if address is outside U.S.	
	City ● BRONX		State or province ● NY		ZIP ● 10467		Foreign country name			
	Primary email				Secondary email					
	ATTACH PAGE 1 AND 2 OF YOUR FEDERAL RETURN				● <input checked="" type="checkbox"/> NONRESIDENT:		● <input type="checkbox"/> PART YEAR RESIDENT: Dates lived in AR:			
					List state of residence: <u>NEW YORK</u>		From: _____ To: _____			
	● <input type="checkbox"/> We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.									
	● <input type="checkbox"/> Check here if you want a tax booklet mailed to you next year.					● <input type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension				
	DL# / State ID <u>286334302</u>		Your state <u>NY</u>		Issue date (mm/dd/yyyy) <u>03/11/2020</u>		Expiration date (mm/dd/yyyy) <u>03/05/2025</u>			
DL# / State ID <u>519668786</u>		Spouse state <u>NY</u>		Issue date (mm/dd/yyyy) <u>11/16/2020</u>		Expiration date (mm/dd/yyyy) <u>12/17/2024</u>				
FILING STATUS	1. ● <input type="checkbox"/> Single (Or widowed before 2022 or divorced at end of 2022)				4. ● <input checked="" type="checkbox"/> Married filing separately on the same return					
	2. ● <input type="checkbox"/> Married filing joint (Even if only one had income)				5. ● <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____					
3. ● <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____				6. ● <input type="checkbox"/> Surviving spouse with dependent child Year spouse died: (See instructions) _____						
PERSONAL TAX CREDITS	7A. <input checked="" type="checkbox"/> Yourself ● <input type="checkbox"/> 65 or over ● <input type="checkbox"/> 65 Special ● <input type="checkbox"/> Blind ● <input type="checkbox"/> Deaf <input type="checkbox"/> Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)									
	<input checked="" type="checkbox"/> Spouse ● <input type="checkbox"/> 65 or over ● <input type="checkbox"/> 65 Special ● <input type="checkbox"/> Blind ● <input type="checkbox"/> Deaf									
	Multiply number of boxes checked 7A <input type="checkbox"/> X \$29 = 58.00									
	Dependents (Do not list yourself or spouse)									
	First name		Last name		Dependent's social security number			Dependent's relationship to you		
1.										
2.										
3.										
4.										
5.										
7B. Multiply number of DEPENDENTS from above..... 7B ● <input type="checkbox"/> X \$29 = 00										
7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) 7C ● <input type="checkbox"/> X \$500 = 00										
7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) 7D 58.00										



Primary SSN 360-31-1885

		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only		
ROUND ALL AMOUNTS TO WHOLE DOLLARS						
INCOME	8. Wages, salaries, tips, etc: (Attach W-2s)	8	● 69,863.00	● 38,436.00	● 9,901.00	
	9. Military pay: Primary ● [] 00 Spouse ● [] 00					
	10. Interest income: (If over \$1,500, attach AR4)	10	● [] 00	● [] 00	● [] 00	
	11. Dividend income: (If over \$1,500, attach AR4)	11	● [] 00	● [] 00	● [] 00	
	12. Alimony and separate maintenance received:	12	● [] 00	● [] 00	● [] 00	
	13. Business or professional income: (Attach federal Sch. C)	13	● [] 00	● [] 00	● [] 00	
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D) ..	14	● [] 00	● [] 00	● [] 00	
	15. Other gains or (losses): (See instructions)	15	● [] 00	● [] 00	● [] 00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) ...	16	● [] 00	● [] 00	● [] 00	
	17. Military retirement: Primary ● [] 00 Spouse ● [] 00					
	18A. Primary employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18A	● [] 00		● [] 00	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18B	● [] 00	● [] 00	● [] 00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E)	19	● [] 00	● [] 00	● [] 00	
	20. Farm income: (Attach federal Sch. F)	20	● [] 00	● [] 00	● [] 00	
	21. Unemployment:	21	● [] 00	● [] 00	● [] 00	
	22. Other income/depreciation differences: (Attach Form AR-OI)	22	● [] 00	● [] 00	● [] 00	
	23. TOTAL INCOME: (Add lines 8 through 22)	23	● 69,863.00	● 38,436.00	● 9,901.00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24	● [] 00	● [] 00	● [] 00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25	● 69,863.00	● 38,436.00	● 9,901.00	
	TAX COMPUTATION	26. Select tax table: (Select only one)	26			
		27. ● <input type="checkbox"/> Low income table (\$0), See line 26 instructions ● <input checked="" type="checkbox"/> Standard deduction (See instructions) ● <input type="checkbox"/> Itemized deductions (Attach AR3)	27	● 2,270.00	● 2,270.00	
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28	● 67,593.00	● 36,166.00	
		29. TAX: (Enter tax from tax table)	29	● 2,682.00	● 1,143.00	
		30. Combined tax: (Add amounts from line 29, columns A and B)	30			● 3,825.00
		31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	31			● [] 00
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See Instructions)		32			● [] 00	
33. TOTAL TAX: (Add lines 30 through 32)	33			● 3,825.00		
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D)	34			● 58.00	
	35. Child care credit: (Attach AR2441)	35			● [] 00	
	36. Other credits: (Attach AR1000TC)	36			● [] 00	
	37. TOTAL CREDITS: (Add lines 34 through 36)	37			● 58.00	
	38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38			● 3,767.00	
APPORTIONMENT	38A. Enter the amount from line 25, Column C:	38A			● 9,901.00	
	38B. Enter the total amount from line 25, Columns A and B:	38B			● 108,299.00	
	38C. Divide line 38A by 38B: (See instructions)	38C	0.091423			
	38D. APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C)	38D			● 344.00	



Primary SSN 360-31-1885

PAYMENTS	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1) 39 ● 519.00
	40. Estimated tax paid or credit brought forward from 2021: 40 ● 00
	41. Payment made with extension: (See instructions) 41 ● 00
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions) 42 ● 00
	43. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441) 43 ● 00
	44. TOTAL PAYMENTS: (Add lines 39 through 43) 44 ● 519.00
REFUND OR TAX DUE	45. AMENDED RETURNS ONLY - Previous refund: (See instructions) 45 ● 00
	46. Adjusted total payments: (Subtract line 45 from line 44) 46 ● 519.00
	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, enter difference) 47 ● 175.00
	48. Amount to be applied to 2023 estimated tax: 48 ● 00
	49. Amount of Check-Off contributions: (Attach Form AR1000CO) 49 ● 00
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) REFUND 50 ● ☺ 175.00
DIRECT DEPOSIT	51. AMOUNT DUE: (If line 46 is less than line 38D, enter difference; If over \$1,000, continue to 52A) TAX DUE 51 ● ☹ 00
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A ● Penalty 52B ● 00
	52C. Add lines 51 and 52B: (See instructions) TOTAL DUE 52C ● 00
	Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. ● <input type="checkbox"/>
PLEASE SIGN HERE	Routing number Account number 1 ● <input checked="" type="checkbox"/> Checking or ● <input type="checkbox"/> Savings Direct deposit 1 amt. ● 0 2 1 2 0 0 3 3 9 ● 3 8 1 0 5 3 6 8 4 8 2 0 ● 175.00
	Routing number Account number 2 ● <input type="checkbox"/> Checking or ● <input type="checkbox"/> Savings Direct deposit 2 amt. ● ● ● 00
PAID PREPARER	PLEASE 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. Primary's signature _____ Date _____ Telephone (201) 884-3334 Spouse's signature _____ Date _____ Telephone _____
	Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/25/2023 PTIN/ID number 843171965 Preparer's name GLOBAL TAXES LLC Telephone (678) 965-9522 Address 245 ROONEY CT City E BRUNSWICK State NJ ZIP 08816 E-mail SYAM@GTAXFILE.COM
PAY ONLINE Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours. PAY BY MAIL: (See instructions) PAY BY CREDIT CARD: (See instructions)	
Refun Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000	
Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144	



**ARKANSAS INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING**

Primary's Legal First Name and Middle Initial ● SUMANTH		Last Name ● BHUKYA		Primary's Social Security Number ● 360-31-1885	
Spouse's Legal First Name and Middle Initial CATHERINE		Last Name DURAN		Spouse's Social Security Number ● 119-76-1545	
Mailing Address (Number and Street, P.O. Box or Rural Route) 3548 TRYON AVE, APT. 3B				Telephone ● (201) 884-3334	
City BRONX	State or Province NY	ZIP 10467	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

1. Total Income (Form AR1000F or AR1000NR, Line 23)	1	108,299.	00
2. Net Tax (Form AR1000F or AR1000NR, Line 38)	2		00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39)	3	●	00
4. Refund (Form AR1000F or AR1000NR, Line 47)	4	175.	00
5. Tax Due (Form AR1000F or AR1000NR, Line 51)	5		00

PART II - DECLARATION OF TAXPAYER

- 6a. I consent that my refund be direct deposited as designated in the electronic portion of my 2022 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.
- 6b. I do not want direct deposit of my refund or I am not receiving a refund.
- 6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).
- 6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2022 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here

_____ Primary's Signature	_____ Date	_____ Spouse's Signature	_____ Date
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PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only	_____ ERO'S Signature	02/25/2023 Date	Check if paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	_____ Your SSN or PTIN
	GLOBAL TAXES LLC 245 ROONEY CT Firm's name and address		E BRUNSWICK NJ 08816		88-2145487 FEIN

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	_____ Preparer's Signature	02/25/2023 Date	Check if self-employed <input type="checkbox"/>	_____ Preparer's SSN or PTIN
	SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT Firm's name and address		E BRUNSWICK NJ 08816	
				P02082703 84-3171965 FEIN



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2022, through December 31, 2022, or fiscal year beginning ... **22**

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your Social Security number
SUMANTH		BHUKYA	05051990	360311885
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
CATHERINE		DURAN	12171989	119761545
Mailing address (see instructions) (number and street or PO Box)			Apartment number	New York State county of residence
3548 TRYON AVE			3B	BRONX
City, village, or post office	State	ZIP code	Country	School district name
BRONX	NY	10467	UNITED STATES	BRONX
Taxpayer's permanent home address (see instructions) (number and street or rural route)			Apartment number	School district code number
				068
City, village, or post office	State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
	NY			

- A Filing status** (mark an X in one box):
- ① Single
 - ② Married filing joint return (enter spouse's Social Security number above)
 - ③ Married filing separate return (enter spouse's Social Security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying 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 residents and Yonkers part-year residents only:

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

(2) Enter the amount

E (1) Did you or your spouse **maintain living quarters in NYC** during 2022? Yes No

(2) Enter the number of days spent in NYC in 2022 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only:

(1) Number of months **you** lived in NYC in 2022

(2) Number of months **your spouse** lived in NYC in 2022

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

H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box.



201001223555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
360311885

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	1	108299.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	108299.00
18	Total federal adjustments to income Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	108299.00
19a	Recomputed federal adjusted gross income (see Line 19a worksheet)	19a	108299.00

New York additions

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	21	.00
22	New York's 529 college savings program distributions	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19a through 23	24	108299.00

New York subtractions

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government	26	.00
27	Taxable amount of Social Security benefits (from line 15) ...	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	108299.00



Standard deduction or itemized deduction

34	Enter your standard deduction or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	16050.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	92249.00
36	Dependent exemptions (enter the number of dependents listed in item H)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	92249.00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1
 SUMANTH BHUKYA AND CATHERINE DURAN

Your Social Security number
 360311885

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	92249 .00
39 NYS tax on line 38 amount	39	4972 .00
40 NYS household credit	40	.00
41 Resident credit	41	328 .00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	42	.00
43 Add lines 40, 41, and 42	43	328 .00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	4644 .00
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46 Total New York State taxes (add lines 44 and 45)	46	4644 .00

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

47 NYC taxable income	47	92249 .00
47a NYC resident tax on line 47 amount	47a	3351 .00
48 NYC household credit	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	3351 .00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	3351 .00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	3351 .00
54a MCTMT net earnings base	54a	.00
54b MCTMT	54b	.00
55 Yonkers resident income tax surcharge	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	58	3351 .00
59 Sales or use tax (do not leave blank)	59	0 .00
60 Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	7995 .00

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



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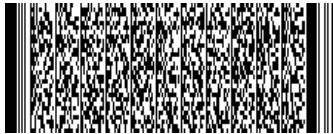


Your Social Security number
360311885

62 Enter amount from line 61 **62** 7995 .00

Payments and refundable credits

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) <i>(also complete F on page 1)</i>	69	125 .00
69a	NYC school tax credit (rate reduction amount)	69a	198 .00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits <i>(Form IT-201-ATT, line 18)</i>	71	.00
72	Total New York State tax withheld	72	5081 .00
73	Total New York City tax withheld	73	3429 .00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments <i>(add lines 63 through 75)</i>	76	8833 .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

77	Amount overpaid <i>(if line 76 is more than line 62, subtract line 62 from line 76)</i>	77	838 .00
78	Amount of line 77 available for refund <i>(subtract line 79 from line 77)</i> TIP: Use this amount to check your refund status online.	78	838 .00
78a	Amount of line 78 that you want to deposit into a NYS 529 account <i>(Form IT-195, line 4) (also submit Form IT-195)</i>	78a	.00
78b	Total refund after NYS 529 account deposit <i>(subtract line 78a from line 78)</i>	78b	838 .00

Mark one refund choice: **direct deposit** to checking or savings account *(fill in line 83)* - or - **paper check**

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

79	Amount of line 77 that you want applied to your 2023 estimated tax <i>(see instructions)</i>	79	.00
80	Amount you owe <i>(if line 76 is less than line 62, subtract line 76 from line 62)</i> . To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	80	.00
81	Estimated tax penalty <i>(include this amount in line 80 or reduce the overpayment on line 77)</i>	81	.00
82	Other penalties and interest	82	.00

See instructions for the proper assembly of your return.

83 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.....

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

83b Routing number 021200339 83c Account number 381053684820

84 Electronic funds withdrawal Date Amount00

Third-party designee? <i>(see instr.)</i> 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 ▼ <i>(see instructions)</i>		Preparer's NYTPRN	NYTPRN excl. code 0 9
Preparer's signature SYAM PRIYA RAM SAGAR GUP		Preparer's printed name SYAM PRIYA RAM SAGAR GUP	
Firm's name <i>(or yours, if self-employed)</i> GLOBAL TAXES LLC		Preparer's PTIN or SSN P02082703	
Address 245 ROONEY CT E BRUNSWICK NJ 08816		Employer identification number 843171965	
Email: SYAM@GTAXFILE.COM		Date 02252023	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation SOFTWARE ENGINEER	
Spouse's signature and occupation <i>(if joint return)</i> SOFTWARE ENGINEER	
Date	Daytime phone number (201)884 3334
Email: CHANTII.B801@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 State Resident Credit

Tax Law – Section 620

IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Name(s) as shown on return SUMANTH BHUKYA AND CATHERINE DURAN	Identifying number as shown on return 360311885
--	--

Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 – Income and adjustments (see instructions)	A		B	
	Amount reported on New York State return		Amount sourced to and taxed by other taxing authority	
	Whole dollars only		Whole dollars only	
1 Wages, salaries, tips, etc.	1	108299.00	1	9901.00
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	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss	6	.00	6	.00
7 Capital gain or loss	7	.00	7	.00
8 Other gains or losses	8	.00	8	.00
9 Taxable amount of IRA distributions	9	.00	9	.00
10 Taxable amount of pensions and annuities	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11	.00	11	.00
12 Farm income or loss	12	.00	12	.00
13 Unemployment compensation	13	.00	13	.00
14 Taxable amount of Social Security benefits	14	.00	14	.00
15 Other income	15	.00	15	.00
16 Add lines 1 through 15	16	108299.00	16	9901.00
17 Total federal adjustments to income	17	.00	17	.00
18 Federal adjusted gross income (subtract line 17 from line 16)	18	108299.00	18	9901.00
18a Recomputed federal adjusted gross income (see instr.) ...	18a	.00	18a	
19 New York adjustments (see instructions)	19	.00	19	
20 New York adjusted gross income (see instructions)	20	108299.00	20	9901.00
21 Capital gain portion of lump-sum distributions (see instr.)	21	.00	21	.00
22 Add lines 20 and 21	22	108299.00	22	9901.00

(continued on Page 2)

NO HANDWRITTEN ENTRIES ON THIS FORM

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Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia

23 Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (*see instructions*)..... **23** AR

Also enter the locality name, if applicable Locality name: _____

24 Enter the amount of income tax imposed on this year's return for the other state or local government that was paid by the:

24a Taxpayer.....	24a	328.00
24b Entity on behalf of the taxpayer.....	24b	.00
24 Total income tax imposed (<i>add lines 24a and 24b</i>)	24	328.00

If the taxes were paid on a group (composite) return, then mark an **X** in the box.....

Enter the group's EIN

25 New York State tax payable (<i>see instructions</i>).....	25	4972.00
26 Divide line 22, column B, by line 22, column A (<i>round to the fourth decimal place; see instructions</i>) ...	26	0.0914
27 Multiply line 25 by line 26	27	454.00
28 Enter amount from line 24 or line 27, whichever is less (<i>see instructions</i>)	28	328.00
29 Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (<i>see instructions</i>)	29	.00
30 Add lines 28 and 29	30	328.00

Part 3 – Application of Credit

31 Tax due before credits (<i>see instructions</i>)	31	4972.00
32 Other credits that you applied before this credit (<i>see instructions</i>)	32	.00
33 Subtract line 32 from line 31	33	4972.00
34 Enter the amount from line 30 or line 33, whichever is less (<i>see instructions</i>)	34	328.00

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you submit a copy of the other return, you **must** complete this section.

35 Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (<i>see instructions</i>).....	35	.00
36 Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (<i>see instructions</i>).....	36	.00
37 Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (<i>see instructions</i>).....	37	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

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

119761545

Box b Employer identification number (EIN)

815382237

Box c Employer's information

Employer's name CUPID HOME CARE			
Employer's address (number and street) 2825 THIRD AVE			
City BRONX	State NY	ZIP code 10455	Country

Box 1 Wages, tips, other compensation

38436.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

31.00

Description

SDI

Box 14b Amount

196.00

Description

NY PFL

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.

38436.00

Box 17a NYS income tax withheld

1572.00

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 38436.00

Locality b .00

Box 19 Local income tax withheld

Locality a 1114.00

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

360311885

Box b Employer identification number (EIN)

202874566

Box c Employer's information

Employer's name LTF CLUB MANAGEMENT CO, LLC			
Employer's address (number and street) 2902 CORPORATE PLACE			
City CHANHASSEN	State MN	ZIP code 55317	Country

Box 1 Wages, tips, other compensation

69863.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

306.00

Description

NY PFL

Box 14b Amount

14.00

Description

NY SDI

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.

69863.00

Box 17a NYS income tax withheld

3509.00

Other state information:

Box 15b other state

AR

Box 16b Other state wages, tips, etc.

9901.00

Box 17b Other state income tax withheld

519.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a 59962.00

Locality b .00

Box 19 Local income tax withheld

Locality a 2315.00

Locality b .00

Box 20 Locality name

Locality a NYC

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

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