8879 Form

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		•		
Taxpayer's name	Social security	y numb	er	
ANANTHA KRISHNA DEEP MANUGURI	804-01-	-9952	2	
Spouse's name	Spouse's soci	ial secu	rity number	
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter	 er year you ar	re aut	horizina.)	
Enter whole dollars only on lines 1 through 5.	o. you. you u.	0.0.1		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income		1		850.
2 Total tax		2		281.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		477.
4 Amount you want refunded to you5 Amount you owe		5	8,	196.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and		_	our retur	n)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abreturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institu authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation re business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I Electronic Funds Withdrawal Consent.	mitter, or electro ejection of the tra U.S. Treasury ar dicated in the ta tion to debit the atte the authoriza quests must be the processing of payment. I furtl	onic returnismismod its distributed its distri	urn originato sion, (b) the esignated F aration softwo this accou o revoke (can ed no later ectronic pay knowledge	or (ERO) e reason inancial ware for int. This ancel) a than 2 ment of that the
Taxpayer's PIN: check one box only				
☐ I authorize GLOBAL TAXES LLC to enter or generate	a my PIN	9 9	5 2	as my
ERO firm name	Ent		ligits, but all zeros	asiny
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 if you are entering your own PIN and your return is filed using the Practitioner PIN met below.				
Your signature ► Date ►	4/13/2023			
Spouse's PIN: check one box only I authorize ERO firm name 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 if you are entering your own PIN and your return is filed using the Practitioner PIN met	Ent dor now authorizin	n't enter ng. Che		
below. Spouse's signature ▶ Date ▶			·	
Practitioner PIN Method Returns Only—continue below	w			
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 Don't ente	6 3 er all zer	1 9 8 ros	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sub requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of	mitting this retu	rn in a	ccordance v	
ERO's signature ▶ Date ▶				
ERO Must Retain This Form — See Instructions				
Don't Submit This Form to the IRS Unless Requested To	Do So			

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the na		ed filing separately (M		_		·	_	spou	ifying sun ise (QSS)	_
One box.		on is a child but not your dependent		our opouse. If you or	ioone		400	box, one	, 1110	orma o	namo ii ti	io qualityirig
Your first name	and mi	ddle initial	Last na	me					Y	our so	cial securit	y number
		SHNA DEEP	MANU)1-995	•
		first name and middle initial	Last na									curity number
		er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.				on Campaign
605 W 42								40Q	- 1		ere if you, if filing ioin	or your itly, want \$3
		ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP o					Checking a
NEW YORK					NY		100				ow will not	
Foreign country	/ name		F	Foreign province/state/o	county	/	Forei	gn postal co	ode y	our tax	or refund.	Spouse
 Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward. award. or i	oavm	ent for prope	rtv or	services)	 : or (b) sell.		
Assets		ange, gift, or otherwise dispose of a					•				☐ Yes	⊠ No
Standard		eone can claim: You as a de		_				, ,				
Deduction	_	Spouse itemizes on a separate return			alien	'						
Age/Blindness	You:	☐ Were born before January 2, 19	958	Are blind Spo	use:	☐ Was bor	rn bef	ore Janua	ıry 2, [.]	1958	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4) Check th	ne box	if qualif	ies for (see	instructions):
If more		rst name Last name		number		to you	·	Child ta	ax crec	lit	Credit for ot	her dependents
than four											[
dependents, see instructions											[
and check	· —										[
here											[
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instructions)						1a	(63,662.
	b	Household employee wages not re	ported	on Form(s) W-2						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see ir	nstrud	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits for	rom For	m 2441, line 26 .						1e		
was withheld.	f	Employer-provided adoption bene-	fits from	Form 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instructi	ons) .				ή.			1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>li</u>	i					
	Z	Add lines 1a through 1h								1z	+	63 , 662.
Attach Sch. B	2 a	Tax-exempt interest	2a			xable interes				2b		
if required.	<u>3a</u>		3a			dinary divide				3b		
	4a	_	4a			xable amoun				4b		
Standard Deduction for—	5a		5a			xable amoun				5b		
Single or	6a	, <u> </u>	6a			xable amoun				6b		
Married filing separately,	_ C	If you elect to use the lump-sum el							. 님	_		
\$12,950	7	Capital gain or (loss). Attach Sched							. Ц	7		
Married filing jointly or	8	Other income from Schedule 1, line								8		-6,812.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	+ ;	56,850.
\$25,900	10	Adjustments to income from Scher								10	1	
 Head of household, 	11	Subtract line 10 from line 9. This is	•	-						11		56,850.
\$19,400	12	Standard deduction or itemized								12	+	12,950.
If you checked any box under	13	Qualified business income deducti								13	+	10 050
Standard Deduction,	14	Add lines 12 and 13								14		12 , 950.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -u This is ye	our t a	axable incom	ie .			15	1 4	43,900.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check if any	y from Form	(s): 1 881	4 2 7 4972	3 🗍		16	5,281.
Credits	17	Amount from Schedule 2, line 3					•	17	,
0.00.00	18	Add lines 16 and 17						18	5,281.
	19	Child tax credit or credit for other	r dependent	ts from Sched	ule 8812			19	,
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If ze	ero or less, o	enter -0				22	5,281.
	23	Other taxes, including self-emplo	yment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is your	total tax					24	5,281.
Payments	25	Federal income tax withheld from							·
	а	Form(s) W-2				25a 13	3,477.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions) .				25c			
	d	Add lines 25a through 25c						25d	13,477.
If you have a	26	2022 estimated tax payments and	d amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from Sch	nedule 8812			28			
	29	American opportunity credit from	Form 8863	, line 8 . .		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 15				31			
	32	Add lines 27, 28, 29, and 31. The	se are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. These	are your to	tal payments				33	13,477.
Refund	34	If line 33 is more than line 24, sub	otract line 2	4 from line 33.	This is the amour	nt you overpaid		34	8,196.
	35a	Amount of line 34 you want refur			is attached, chec	ck here		35a	8,196.
Direct deposit?	b	Routing number 0 2 2 0			c Type: 🔀	Checking	Savings		
See instructions.	d	Account number 0 0 5 0							
	36	Amount of line 34 you want appli	ed to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This For details on how to pay, go to u		•				37	
	38	Estimated tax penalty (see instruc	ctions) .			38			
Third Party	Do	you want to allow another pers	son to disc	cuss this retur	n with the IRS?	See			
Designee ²	ins	structions					omplete b		X No
	De nar	signee's ne		Phone no.			onal identif ber (PIN)	ication	
Sign		der penalties of perjury, I declare that I lief, they are true, conlect, and complete.							
Here		ur signature			Your occupation		If the	IRS se	nt you an Identity
Joint return?		Ly.sh-		4/13/2023	MANAGEMENT	' CONSULTAN			IN, enter it here
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both r	must sign.	Date	Spouse's occupati	on		ity Prote	nt your spouse an ection PIN, enter it here
	Ph	one no. (646) 856-5021		Email address	DEEPAK.KRI	SHNA@BCG.CO	_		
	_		parer's signat			Date Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYA	M PRIYA	RAM SAGAR	GUPTA TALLAM	04/12/2023	P02082	2703	Self-employed
Preparer		m's name GLOBAL TAXES				, , , , , , , , , , ,			(678) 965-9522

Firm's address

Use Only

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's EIN

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ANANTHA KRISHNA DEEP MANUGURI

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

•		Sequence No. 01	
	Your soci	ial security num	ber
	l ona_na.	_0052	

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-6,812.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (<u>)</u>	
b	Gambling	8b	1	
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (<u>)</u>	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f	_	
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
į	Prizes and awards	8i	4	
j	Activity not engaged in for profit income	8j	4	
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	-	
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	-	
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	90 (
	Pension or annuity from a nonqualifed deferred compensation plan or	8s (4	
t	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u	-	
u z	Other income. List type and amount:	Ou	-	
2		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR		_	-6.812

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee-	-basis	s gove	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction	. ,			23	
24	Other adjustments:					
а	, , , , , , , , , , , , , , , , , , ,	24a				
b	Deductible expenses related to income reported on line 8l from the					
	, , , , , , , , , , , , , , , , , ,	24b			4	
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	•	24c				
d	· · · · · · · · · · · · · · · · · · ·	24d			-	
е	Repayment of supplemental unemployment benefits under the Trade	04-				
£		24e 24f			-	
f		241 24g			-	
g	Attorney fees and court costs for actions involving certain unlawful	<u> 249</u>			+	
h		24h				
i	Attorney fees and court costs you paid in connection with an award	2411			+	
'	from the IRS for information you provided that helped the IRS detect					
		24i				
i		24i			1	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	27]				
ĸ		24k				
z	Other adjustments. List type and amount:	2-713				
_	adjustments Electype and amount.	24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number

	NTHA KRISHNA DEEP MANUGURI						804-01	L <u>-9952</u>		
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper			C. See	instru	ctions. If you	are an indiv	idual, rep	ort farm	
	rental income or loss from Form 4835 on page 2, line 40.									
	Did you make any payments in 2022 that would require you									
В	ff "Yes," did you or will you file required Form(s) 1099? .								s N	<u> </u>
1a	Physical address of each property (street, city, state, ZIF	code	∋)							
Α	B8-901, LA MARINA ADANI SHANTIGRAM AHME	DABA	AD IN 3	8242	1					
В	,									
С										
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair real estate properabove.				Fa	ir Rental Days	Person Day		QJV	
Α	gersonal use days. Check the Qu			Α		356		0		
В	if you meet the requirements to f			В						
С	qualified joint venture. See instru	CHORS	·	С						
Гуре	of Property:									
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)			
						Propert				
ncor	ne:			Α		В			С	
3	Rents received	3			28.					
4	Royalties received	4								
	nses:	<u> </u>								
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		8	65.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		9	50.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,1	40.					
15	Supplies	15		2,2	35.					
16	Taxes	16								
17	Utilities	17		1,2	50.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		7,4	40.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see instructions to find out if you must file Form 6198	04		_ 6 0	10					
20		21		-6, 8	⊥∠•					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	,	6,81	2 1	(,		,
23a	Total of all amounts reported on line 3 for all rental prope		<u> \</u>	0,01	∠ .) 23a	\	628.			
zsa b	Total of all amounts reported on line 4 for all regalty properties.				23b		020.			
C	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d		-			
e	Total of all amounts reported on line 20 for all properties				23e	-	,440.			
24	Income. Add positive amounts shown on line 21. Do no						. 24			
25	Losses. Add royalty losses from line 21 and rental real estat		•		nter to	otal losses he		,	6,812	_
26	Total rental real estate and royalty income or (loss).								-,	
	here. If Parts II, III, IV, and line 40 on page 2 do not a									
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar						. 26		-6,81	2.





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	Spouse's name (jointly filed return only)
ANANTHA KRISHNA DEEP MANUGURI	

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 Taxpaver Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105.

Ē	Part	Δ -	- Tax	return	infor	mation

1	Federal adjusted gross income (from applicable line)	1.	56850.
	Refund	2.	5633.
3	Amount you owe	3.	
	Financial institution routing number	4.	022000020
	Financial institution account number	5.	005012384
6	Account type: X Personal checking Personal savings Business checking Business savings	ngs	

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, 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 signatur	Kr.sh-	^{ate} 4/13/2023
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	ate
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04122023

IT-203



Nonresident and Part-Year Resident Income Tax Return New York State • New York City • Yo

iax Return	New York State •	New York City • Yonkers	s • MCTMT	
	2022, through December	er 31, 2022, or fiscal year be	ginning	22
		and	ending	
ee the instructions,	Form IT-203-I.			

For help completing your return, see the	instructions	Form IT-203	2_I			and	ending	g		
		iter spouse's name o		You	r date of birth (mmd	ldvvvv)	Your S	ocial Sec	urity num	ber
ANANTHA KRISHNA DE MANUGURI	a joint return, en	iter spouse's riame o	ii iiiie below)	100	0806199		Tour o		01995	
Spouse's first name and middle initial Spouse's last name				Sno	use's date of birth (m		Snous	e's Social		
Spouse's list frame and middle limital Spouse's last fram	C			Spor	use's date of billin (//	iinaayyyy)	Opous	c 3 Oociai	Occurity	number
Mailing address (see instructions) (number and street or	PO Box)				Apartment numb	per	New Y	ork State	county of	fresidence
605 W 42ND ST					40Q		NR			
City, village, or post office	State ZIP co	ode	Country				Schoo	l district n	ame	
NEW YORK	1 1		UNITED	SI	ATES		NR			
Taxpayer's permanent home address (see instructions	(no. and street or re	ural route) Ap	artment no.		City, village, or p	ost office		School	district [
									number	
State ZIP code Country					Decedent	Taxpayer	's date o	of death	Spouse's	date of death
					information					
(i) 📈 0:			D2	Yonk	ers part-year	resident	s only	·:		
A Filing (1) X Single				(1) D	id you receive	a homeo	wner ta	ax rebate	,	1
status (mark an ② Married filing joint return (enter both spouses' Social				С	redit? (see instru	uctions)			Yes L	J No L
X in one (enter both spouses' Social	Security numbers	above)		(2) E	nter the amour	ot.				. 00
box): Married filing separate re		, ,		. ,						•00
(enter both spouses' Social S	security numbers	above)	Е	New	York City par	t-year re	sident	s only		
④ Head of household (wit	n qualifying pers	on)		(1) N	lumber of mon	ths you li	ived in	NY City	in 2022	
	, , , , ,	,		(2) N	lumber of mon	ths your	spous	e lived		
Qualifying surviving specific properties of the properties	ouse			ir	NY City in 202	22				
B Did you itemize your deductions on your 20	22 -				r your 2-chara					
federal income tax return?		_{No} [×]		code	e(s) if applicat	ole			··	
C Can you be claimed as a dependent on and			G	New	York State pa	rt-year r	esider	nts		
taxpayer's federal return?		No [X]			r the date you					
D1 Did you have a financial account located in a	. г				it of NYS (mmd					
foreign country?	Yes	No X			ne last day of tl ived in NYS					
NII ULA NAA SANA NAA NASANDA MASANDA AASINGA NAA MISA				•	ived in N10 ived outside N					·····
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Coreants et la la caracte de l				3) L	ived outside N	YS: recei	ved no	income	from	
MARKET AND ASSAULT OF THE STATE				,	IYS sources du					
IIII USA ERBINAMERO ROZENEZ EESK ERWINZA ERBINATII III			Н	Did y	ou or your spo	use mair	ntain		_	1 E.
				_	g quarters in N				Yes] No X
				(if Ye	s, complete Form	т IT-203-В,)			
Dependent information										
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				-						
				+						
				+						
				+						
f more than 6 dependents, mark an X in the box.										
203001223555										
	F	or office use onl	'y							

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Federal amount

New York State amount

Whole dollars only

Whole dollars only

Fe	deral income and adjustments		Federal amount Whole dollars only		Whole dollars only
1	Wages, salaries, tips, etc.	1	63662 .00	1	63662.00
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	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations,				
	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	-6812 .00	11	. 00
12	Rental real estate included				
	in line 11 (federal amount) 126812.00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14		14	.00	14	.00
15		15	.00	15	.00
16		16	.00	16	.00
	Add lines 1 through 11 and 13 through 16	17	56850 .00	17	63662.00
	Total federal adjustments to income				
	Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	56850 .00	19	63662 .0 0
19a	Recomputed federal adjusted gross income (see Line 19a worksheets)	19a	56850 .00	19a	63662 .00
_	w York additions				
20	Interest income on state and local bonds and obligations	-		00	
•	(but not those of New York State or its localities)	20	.00	20	.00
	Public employee 414(h) retirement contributions	21	.00	21	.00
	Other (Form IT-225, line 9)	22	.00	22	.00
23	Add lines 19a through 22	23	56850 .00	23	63662.00
Ne	w York subtractions				
24	Taxable refunds, credits, or offsets of state and				
	local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the				
	federal government	25	.00	25	. 00
26	Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
30	Add lines 24 through 29	30	.00	30	.00
	New York adjusted gross income (subtract line 30 from line 23)		56850 .00	31	63662.00





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

56850.00

Name(s) as shown on page 1	Enter your Social Security number
ANANTHA KRISHNA DEEP MANUGURI	804019952

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34 Subtract line 32 from line 32 (if line 33 is more than line 32, leave blank) 35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions) 36 New York taxable income (subtract line 35 from line 34) Tax computation, credits, and other taxes 37 New York State tax on line 37 amount 38 26 39 New York State tax on line 37 amount 39 New York State to number of credit 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) 41 New York State child and dependent care credit 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) 43 New York State earned income credit 44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 45 Income New York State amount from line 31 percentage New York State amount from line 31 federal amount from line 31 percentage New York State nonrefundable credits (Form IT-203-ATT, line 8) 46 Allocated New York State tax (multiply line 44 by the decimal on line 45) 47 New York State nonrefundable credits (Form IT-203-ATT, line 8) 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) 49 Net other New York State taxes (add lines 48 and 49) New York City and Yonkers taxes (add lines 48 and 49) New York City and Yonkers taxes (add lines 48 and 49) New York City and Yonkers taxes (add lines 48 and 49) New York City and Yonkers taxes (add lines 48 and 49) See instructions to convey York City and Yonkers taxes (add lines 48 and 49) See instructions to convey York City and Yonkers taxes (add lines 48 and 49) See instructions to convey York City and Yonkers taxes (add lines 48 and 49) See instructions to convey York City and Yonkers taxes (add lines 48 and 49) See instructions to convey York City and Yonkers taxes (add lines 48 and 49) See instructions to convey York City and Yonkers taxes (add lines 48 and 49) See instructions to convey York City and Yonkers taxes (add lines 48 and 49) See instructions to convey York City and Yonkers taxes (add lines 4	Sta	andard deduction or itemized deduction			
34 Subtract line 32 (if line 33 is more than line 32, leave blank) 35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions) 36 New York taxable income (subtract line 35 from line 34) Tax computation, credits, and other taxes 37 New York State lax on line 37 amount 38 26 39 New York State household credit 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) 41 New York State child and dependent care credit 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) 43 New York State earned income credit 44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 45 Income New York State amount from line 31 percentage 63662.00	33	Enter your standard deduction or your itemized deduction (from Form	n IT-196).		
35 35 36 36 38 36 36		Mark an X in the appropriate box: X Standard	I − or − ☐ Itemized	33	00. 0008
Tax computation, credits, and other taxes	34			34	48850 .00
Tax computation, credits, and other taxes 37 New York taxable income (from line 36)	35	Dependent exemptions (enter the number of dependents listed in Item I; see	e instructions)	35	00.00
37 New York taxable income (from line 36) 37 488 38 New York State tax on line 37 amount 38 26 39 New York State household credit 39 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) 40 26 41 New York State child and dependent care credit 41 42 26 43 New York State earned income credit 43 42 26 44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 44 26 45 Income percentage New York State amount from line 31 (63662.00) Federal amount from line 31 (70 (70 (70 (70 (70 (70 (70 (70 (70 (70	36	New York taxable income (subtract line 35 from line 34)		36	48850.00
38 New York State tax on line 37 amount 38 26 39 New York State household credit 39 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) 40 26 41 New York State child and dependent care credit 41 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) 42 26 43 New York State earned income credit 43 44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 44 26 45 Income percentage New York State amount from line 31 (63662.00) Federal amount from line 31 (71.1198) Round result to 4 decimal now forward from line 45 (71.1198) 46 Allocated New York State tax (multiply line 44 by the decimal on line 45) 46 29 47 New York State nonrefundable credits (Form IT-203-ATT, line 8) 47 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) 48 29 49 Net other New York State taxes (add lines 48 and 49) 50 29 New York City and Yonkers taxes, credits, and surcharges, and MCTMT 51 .00 52 Part-year resident nonrefundable New York City child and dependent care credit 52 .00 52a Subtract line 52 from 51 52 .00 <t< th=""><th>Tax</th><th>computation, credits, and other taxes</th><th></th><th></th><th></th></t<>	Tax	computation, credits, and other taxes			
38 New York State tax on line 37 amount 38 26 39 New York State household credit 39 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) 40 26 41 New York State child and dependent care credit 41 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) 42 26 43 New York State earned income credit 43 44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 44 26 45 Income percentage New York State amount from line 31 (63662.00) Federal amount from line 31 (71.1198) Round result to 4 decimal now forward from line 45 (71.1198) 46 Allocated New York State tax (multiply line 44 by the decimal on line 45) 46 29 47 New York State nonrefundable credits (Form IT-203-ATT, line 8) 47 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) 48 29 49 Net other New York State taxes (add lines 48 and 49) 50 29 New York City and Yonkers taxes, credits, and surcharges, and MCTMT 51 .00 52 Part-year resident nonrefundable New York City child and dependent care credit 52 .00 52a Subtract line 52 from 51 52 .00 <t< th=""><th>37 N</th><th>New York taxable income (from line 36)</th><th></th><th>37</th><th>48850.00</th></t<>	37 N	New York taxable income (from line 36)		37	48850.00
39 New York State household credit		,			2646.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank). 41 New York State child and dependent care credit. 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank). 43 New York State earned income credit. 44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank). 45 Income New York State amount from line 31 percentage 63662.00 ÷ Federal amount from line 31 not 11.1198 46 Allocated New York State tax (multiply line 44 by the decimal on line 45). 47 New York State nonrefundable credits (Form IT-203-ATT, line 8). 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank). 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank). 49 Net other New York State taxes (Form IT-203-ATT, line 8). 50 Total New York State taxes (add lines 48 and 49). 50 New York City and Yonkers taxes, credits, and surcharges, and MCTMT 51 Part-year New York City resident tax (Form IT-360.1)					.00
41 New York State child and dependent care credit					2646.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)					.00
43 New York State earned income credit		·			2646,00
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 45 Income percentage New York State amount from line 31					.00
45 Income percentage New York State amount from line 31					
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	44 E	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave bla	nk)	44	2646.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8) 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) 49 Net other New York State taxes (Form IT-203-ATT, line 33) 50 Total New York State taxes (add lines 48 and 49) 51 Part-year New York City resident tax (Form IT-360.1) 52 Part-year resident nonrefundable New York City				45	Round result to 4 decimal places 1.1198
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) 49 Net other New York State taxes (Form IT-203-ATT, line 33) 50 Total New York State taxes (add lines 48 and 49) 50 Total New York City and Yonkers taxes, credits, and surcharges, and MCTMT 51 Part-year New York City resident tax (Form IT-360.1)	46 /	Allocated New York State tax (multiply line 44 by the decimal on line 45)		46	2963.00
49 Net other New York State taxes (Form IT-203-ATT, line 33) 50 Total New York State taxes (add lines 48 and 49) New York City and Yonkers taxes, credits, and surcharges, and MCTMT 51 Part-year New York City resident tax (Form IT-360.1)	47 N	New York State nonrefundable credits (Form IT-203-ATT, line 8)		47	.00
50 Total New York State taxes (add lines 48 and 49) New York City and Yonkers taxes, credits, and surcharges, and MCTMT 51 Part-year New York City resident tax (Form IT-360.1)	48 9	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)		48	2963 .00
New York City and Yonkers taxes, credits, and surcharges, and MCTMT 51 Part-year New York City resident tax (Form IT-360.1)	49 N	Net other New York State taxes (Form IT-203-ATT, line 33)		49	.00
51 Part-year New York City resident tax (Form IT-360.1)	50 T	Fotal New York State taxes (add lines 48 and 49)		50	2963 .00
52 Part-year resident nonrefundable New York City child and dependent care credit	Nev	w York City and Yonkers taxes, credits, and surcharges, and MCTM	T	1	
child and dependent care credit 52 .00 52a Subtract line 52 from 51			.00	,	See instructions to compute
52a Subtract line 52 from 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 -00	52	·			
52b MCTMT net earnings base 52b .00 52c .00 53 Yonkers nonresident earnings tax (Form Y-203) 53 .00 .00 54 Part-year Yonkers resident income tax surcharge	50 -	·			
earnings base 52b 52c 52c 52c 53 Yonkers nonresident earnings tax (Form Y-203) 53 53 53 53			. 00	J	
52c.0053Yonkers nonresident earnings tax (Form Y-203)53.0054Part-year Yonkers resident income tax surcharge	5 Z D				
 Yonkers nonresident earnings tax (Form Y-203)	50 -			1	
54 Part-year Yonkers resident income tax surcharge					
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	54	,	20]	
		·	.00		
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) 55	ວວ	Total New York City and Tonkers taxes / Surcharges and MCTMT (add in	nes 52a, and 52c through 54)	ၣ	.00
56 Sales or use tax (Do not leave blank.)	56	Sales or use tax (Do not leave blank.)		56	0.00





58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT,

59 Enter amount from line 58

Payments and refundable credits

	59		2	2963 .00
00]		ole, complete	
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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Email: DEEPAK.KRISHNA@BCG.COM See instructions for where to mail your return.

60	Part-year NYC school	tax credit (fixed amo	unt) (also complete E on from	t) 60		. C	0	If applicable, complete Form(s) IT-2 and/or IT-1099-F
60a	NYC school tax cre	edit (rate reduction	amount)	. 60a		. C	0	and submit them with your
61	Other refundable	credits (Form IT-20	03-ATT, line 17)	. 61		0	0	return.
62	Total New York St	tate tax withheld		. 62		5971 . 0	0	Do not send federal
63	Total New York C	ity tax withheld		. 63		2625.0	0	Form W-2 with your return.
64	Total Yonkers tax	withheld		. 64		.0	0	
65	Total estimated tax	payments/amour	t paid with Form IT-370	65		"C	0	
66			redits (add lines 60 thr		5)		. 66	8596.00
Yo	ur refund, amount	you owe, and a	ccount information)				
67	Amount overpaid	l (if line 66 is more	than line 59, subtract lin	ne 59 fi	om line 66)		. 67	5633.00
	•	·	und (subtract line 69 fro		-			
			r refund status online.		07)			0000100
68a		•	sit into a NYS 529 accoun		IT-195 line 4)	(also submit Form IT-19:	68a	.00
		•	t deposit (subtract line (. 68b	
000	Total Total a artor 1	110 020 0000011	•		•		. [008	3033100
	Mark one	refund choice:	direct deposit is savings account	to cne † <i>(fill in</i>	cking or line 73) = 0	r - paper check		Refund? Direct deposit is the
69	Amount of line 67		_	· (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				easiest, fastest way to get your
03				. 69		.0	0	refund.
70	•		an line 59, subtract line		line 59) To			See instructions for payment
			ne box and fill in				:	options.
			ete Form IT-201-V and					.00
71	Estimated tax pen	•		a man	it with your	10ta111	70	
, ,	Estimated tax pen	alty (molade tills a	mount on mic ro,				_	On a fine dame of least feet the
	or reduce the over	navment on line 6	7)	71		0	nΙ	See instructions for the
72			7)			.0	_	proper assembly of your
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73	Other penalties ar Account information If the funds for your 73a Account type: 73b Routing number	on for direct deport payment (or refix Personal che	ecking - or - Pe	withd (or go	to) an acco	unt outside the U.S	o, marl	proper assembly of your return. k an X in this box
73	Other penalties ar Account information If the funds for your 73a Account type: 73b Routing number	on for direct deport payment (or refix Personal che	ecking - or - Pe	withd (or go	to) an acco	unt outside the U.S	o, marl	proper assembly of your return. k an X in this box
73	Other penalties ar Account information If the funds for your 73a Account type: 73b Routing number Electronic funds with the fu	on for direct deport payment (or refused by Personal cheer 02200	ecking - or - Pe	withd (or go	to) an acco	unt outside the U.S r - Business Amo	o, marl	proper assembly of your return. k an X in this box
73	Other penalties ar Account information If the funds for your 73a Account type: 73b Routing number Electronic funds with Third-party Print	on for direct deport payment (or refix Personal che	ecking - or - Pe	withd (or go	to) an acco	unt outside the U.S	o, marl	proper assembly of your return. k an X in this box
73	Other penalties ar Account informatic If the funds for you 73a Account type: 73b Routing number Electronic funds with Third-party signee? (see instr.)	nd interest	ecking - or - Pe	withd (or go	to) an acco	unt outside the U.S r - Business Amo	o, marl	proper assembly of your return. k an X in this box
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E BRUNSWICK NJ 08816 Email: SYAM@GTAXFILE.COM



Department of Taxation and Finance

Summary of W-2 Statements 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.

	Box c Employer's information					
W-2 Record 1	Employer's name					
Box a Employee's Social Security number	BOSTON CONSULTING	GROUP	INC			
for this W-2 Record	Employer's address (number and	street)				
804019952	200 PIER FOUR BLV	/D				
Box b Employer identification number (EIN)	City		State	ZIP code	Country	
042432614	BOSTON		MA	02210		
Box 1 Wages, tips, other compensation	Box 12a Amount	Code	Box	14a Amount		Description
63662.00	18.0	0 [4 .00	SDI
Box 8 Allocated tips	Box 12b Amount	Code	Box	14b Amount		Description
.00	6698.0	0 DI			.00	
Box 10 Dependent care benefits	Box 12c Amount	Code	Box	14c Amount		Description
.00	1445.0				.00	
Box 11 Nonqualified plans	Box 12d Amount	Code	Box	14d Amount		Description
.00	.0.	0 1			.00	
NV State information: Roy 15a . s	nent plan Box 16a NYS wages, tip N Y Box 16b Other state wag	s, etc.		17a NYS income tax w 5	971.00	Corrected (W-2c)
Other state information: Box 15b		.00			.00	
other state L		100			100	
NYC and Yonkers Box 1	8 Local wages, tips, etc.	Вох	19 Loca	I income tax withheld		Box 20 Locality name
nformation (see instr.):	63662.00	Locality a		2625.0	00 Locality	NYC
Locality b		Locality b			00 Locality I	
Locality b					LUCAIILY I	
		Locality D			Locality I	
Do not detach. W-2 Record 2 Box a Employee's Social Security number	Box c Employer's information Employer's name Employer's address (number and			1	Locality	
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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 some	street)		ZIP code		
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