



# 2020 Income Tax Return

## **New York Return**

Thank you for using  
FreeTaxUSA.com to prepare your  
2020 income tax return.

You can view the status of your e-filed tax return by  
signing in to your account at [www.freetaxusa.com](http://www.freetaxusa.com).

2021 tax preparation on FreeTaxUSA.com will be  
available starting in January of 2022.

We look forward to preparing your 2021 tax return.



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, 2020, through December 31, 2020, or fiscal year beginning .....  20  
and ending .....

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

Your first name and middle initial <b>SIBI MYLON</b>		Your last name (for a joint return, enter spouse's name on line below) <b>JEYAMURUGAN</b>		Your date of birth (mmddyyyy) <b>08171993</b>	Your Social Security number <b>832227567</b>
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions, page 14) (number and street or PO box) <b>83 OAKLAND AVE</b>				Apartment number <b>1</b>	New York State county of residence <b>NR</b>
City, village, or post office <b>JERSEY CITY</b>		State <b>NJ</b>	ZIP code <b>07306</b>	Country (if not United States)	School district name <b>NR</b>
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	<input type="text"/>
State	ZIP code	Country (if not United States)		Decedent information	Taxpayer's date of death
					Spouse's date of death

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

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

**B** Did you itemize your deductions on your 2020 federal income tax return? Yes  No

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

**D1** Did you have a financial account located in a foreign country? (see page 15) Yes  No

**D2** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see page 15) Yes  No

### E New York City part-year residents only (see page 15)

- (1) Number of months you lived in NY City in 2020 .....
- (2) Number of months your spouse lived in NY City in 2020 .....

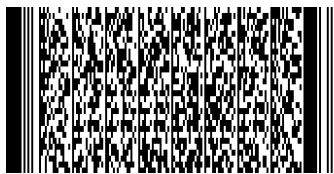
**F** Enter your 2-character special condition code(s) if applicable (see page 15) .....

### G New York State part-year residents (see page 16)

- Enter the date you moved into or out of NYS (mmddyyyy) .....
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS .....
  - 2) Lived outside NYS; received income from NYS sources during nonresident period .....
  - 3) Lived outside NYS; received no income from NYS sources during nonresident period .....

### H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2020? Yes  No   
(if Yes, complete Form IT-203-B)



### I Dependent information (see page 16)

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

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



203001201201

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
832227567

**Federal income and adjustments** (see page 18)

Federal amount  
Whole dollars only

New York State amount  
Whole dollars only

1	Wages, salaries, tips, etc. ....	1	66345.00	1	38491.00
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 <b>X</b> in box <input type="checkbox"/> .....	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/> .....	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) .....	11	.00	11	.00
12	Rental real estate included in line 11 (federal amount) <b>12.</b> .....		.00		
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040) .....	13	.00	13	.00
14	Unemployment compensation.....	14	.00	14	.00
15	Taxable amount of Social Security benefits (also enter on line 26) .....	15	.00	15	.00
16	Other income (see page 24) Identify: .....	16	.00	16	.00
17	Add lines <b>1 through 11</b> and <b>13 through 16</b> .....	17	66345.00	17	38491.00
18	Total federal adjustments to income (see page 24) Identify: <b>SEE ADJUSTMENT STATEMENT</b> .....	18	290.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17) ..	19	66055.00	19	38491.00
19a	Recomputed federal adjusted gross income (see page 25, Line 19a worksheet)	19a	66345.00	19a	38491.00

**New York additions** (see page 26)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities) .....	20	.00	20	.00
21	Public employee 414(h) retirement contributions .....	21	.00	21	.00
22	Other (Form IT-225, line 9) .....	22	.00	22	.00
23	Add lines <b>19a through 22</b> .....	23	66345.00	23	38491.00

**New York subtractions** (see page 27)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 27) .....	25	.00	25	.00
26	Taxable amount of Social Security benefits (from line 15) .....	26	.00	26	.00
27	Interest income on U.S. government bonds .....	27	.00	27	.00
28	Pension and annuity income exclusion .....	28	.00	28	.00
29	Other (Form IT-225, line 18) .....	29	.00	29	.00
30	Add lines 24 through 29 .....	30	.00	30	.00
31	<b>New York adjusted gross income</b> (subtract line 30 from line 23)	31	66345.00	31	38491.00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 66345.00

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**Standard deduction or itemized deduction** (see page 29)

**33** Enter your **standard deduction** (table on page 29) or your **itemized deduction** (from Form IT-196).

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

<b>33</b>	8000.00
<b>34</b>	58345.00
<b>35</b>	000.00
<b>36</b>	58345.00

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

<b>37</b>	New York taxable income (from line 36)	58345.00
<b>38</b>	New York State tax on line 37 amount (see page 30)	3291.00
<b>39</b>	New York State household credit (page 30, table 1, 2, or 3)	.00
<b>40</b>	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	3291.00
<b>41</b>	New York State child and dependent care credit (see page 31)	.00
<b>42</b>	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	3291.00
<b>43</b>	New York State earned income credit (see page 31)	.00

**44** Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) ..... **44** 3291.00

**45** Income percentage (see page 31)  New York State amount from line 31  ÷ Federal amount from line 31  = **45** Round result to 4 decimal places

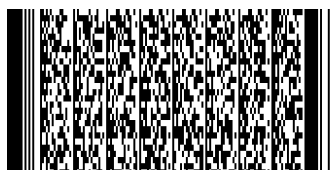
<b>46</b>	Allocated New York State tax (multiply line 44 by the decimal on line 45)	1909.00
<b>47</b>	New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
<b>48</b>	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	1909.00
<b>49</b>	Net other New York State taxes (Form IT-203-ATT, line 33)	.00
<b>50</b>	<b>Total New York State taxes</b> (add lines 48 and 49)	1909.00

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

<b>51</b>	Part-year New York City resident tax (Form IT-360.1)	.00
<b>52</b>	Part-year resident nonrefundable New York City child and dependent care credit	.00
<b>52a</b>	Subtract line 52 from 51	.00
<b>52b</b>	MCTMT net earnings base	.00
<b>52c</b>	MCTMT	.00
<b>53</b>	Yonkers nonresident earnings tax (Form Y-203)	.00
<b>54</b>	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	.00
<b>55</b>	<b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54)	.00
<b>56</b>	<b>Sales or use tax</b> (See the instructions on page 33. Do not leave line 56 blank.)	0.00
<b>57</b>	<b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)	.00
<b>58</b>	<b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57)	1909.00

See instructions on pages 31 and 32 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

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Enter your Social Security number  
832227567

59 Enter amount from line 58 ..... **59** 1909.00

**Payments and refundable credits** (see page 34)

60 Part-year NYC school tax credit (fixed amount) (also complete E on front)	60	.00	If applicable, complete <b>Form(s) IT-2 and/or IT-1099-R</b> and submit them with your return (see pages 12 and 13). <b>Do not send federal Form W-2 with your return.</b>
60a NYC school tax credit (rate reduction amount) .....	60a	.00	
61 Other refundable credits (Form IT-203-ATT, line 17) .....	61	.00	
62 Total <b>New York State</b> tax withheld .....	62	1823.00	
63 Total <b>New York City</b> tax withheld .....	63	.00	
64 Total <b>Yonkers</b> tax withheld .....	64	.00	
65 Total estimated tax payments/amount paid with Form IT-370	65	.00	
<b>66 Total payments and refundable credits</b> (add lines 60 through 65) .....	<b>66</b>	<b>1823.00</b>	

**Your refund, amount you owe, and account information** (see pages 36 through 38)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66; see page 36) .....	67	.00
68 Amount of line 67 available for refund (subtract line 69 from line 67) .....	68	.00
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	.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 page 37 for payment options.**

69 Amount of line 67 that you want applied to your 2021 estimated tax (see instructions) .....	69	.00
70 Amount you <b>owe</b> (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an <b>X</b> in the box <input checked="" type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you <b>must</b> complete Form IT-201-V and mail it with your return.....	70	86.00
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 37) .....	71	.00
72 Other penalties and interest (see page 37).....	72	.00

**See page 40 for the proper assembly of your return.**

73 Account information for direct deposit or electronic funds withdrawal (see page 38).  
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 38)

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

73b Routing number 021202337 73c Account number 870917791

74 Electronic funds withdrawal (see page 38) ..... Date 02122021 Amount 86.00

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

<b>▼ Paid preparer must complete ▼</b> (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature	Preparer's printed name		
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN		
Address	Employer identification number		
	Date		
Email:			

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation <b>NETWORK ENGINEER</b>	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (201) 850 2216
Email:	

See instructions for where to mail your return.

**NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM**

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Department of Taxation and Finance

# New York State Adjustments due to Decoupling from the IRC

# IT-558

## Attachment to Form IT-201, IT-203, IT-204, or IT-205

Name(s) as shown on return	Identifying number as shown on return
SIBI MYLON JEYAMURUGAN	832227567

Complete all parts that apply to you; see instructions (Form IT-558-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an X in the box identifying the return you are filing: IT-201  IT-203  IT-204  IT-205

### Schedule A – New York State addition adjustments to recompute federal amounts (enter whole dollars only)

#### Part 1 – Individuals, partnerships, and estates or trusts

##### 1 New York State additions

	Number	A - Total amount	B - NYS allocated amount
1a	A - 0   0   3	290.00	.00
1b	A -	.00	.00
1c	A -	.00	.00
1d	A -	.00	.00
1e	A -	.00	.00
1f	A -	.00	.00
1g	A -	.00	.00

2 Total (add column A, lines 1a through 1g) .....	2	290.00
3 Total of Schedule A, Part 1, column A amounts from additional Form(s) IT-558, if any .....	3	.00
4 Add lines 2 and 3 .....	4	290.00

#### Part 2 – Partners, shareholders, and beneficiaries

##### 5 New York State additions

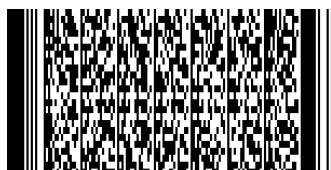
	Number	A - Total amount	B - NYS allocated amount
5a	EA -	.00	.00
5b	EA -	.00	.00
5c	EA -	.00	.00
5d	EA -	.00	.00
5e	EA -	.00	.00
5f	EA -	.00	.00
5g	EA -	.00	.00

6 Total (add column A, lines 5a through 5g) .....	6	.00
7 Total of Schedule A, Part 2, column A amounts from additional Form(s) IT-558, if any .....	7	.00
8 Add lines 6 and 7 .....	8	.00
9 Total additions (add lines 4 and 8; see instructions) .....	9	290.00

(continued)

NO HANDWRITTEN ENTRIES ON THIS FORM

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**Schedule B – New York State subtraction adjustments to recompute federal amounts** *(enter whole dollars only)*

**Part 1 – Individuals, partnerships, and estates or trusts**

**10** New York State subtractions

	Number	A - Total amount	B - NYS allocated amount
10a	S -	.00	.00
10b	S -	.00	.00
10c	S -	.00	.00
10d	S -	.00	.00
10e	S -	.00	.00
10f	S -	.00	.00
10g	S -	.00	.00

11	Total (add column A, lines 10a through 10g) .....	11	.00
12	Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-558, if any .....	12	.00
13	Add lines 11 and 12 .....	13	.00

**Part 2 – Partners, shareholders, and beneficiaries**

**14** New York State subtractions

	Number	A - Total amount	B - NYS allocated amount
14a	ES -	.00	.00
14b	ES -	.00	.00
14c	ES -	.00	.00
14d	ES -	.00	.00
14e	ES -	.00	.00
14f	ES -	.00	.00
14g	ES -	.00	.00

15	Total (add column A, lines 14a through 14g) .....	15	.00
16	Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-558, if any .....	16	.00
17	Add lines 15 and 16 .....	17	.00
18	<b>Total subtractions</b> (add lines 13 and 17; see instructions) .....	18	.00

**NO HANDWRITTEN ENTRIES ON THIS FORM**





Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

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

## W-2 Record 1

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

832227567

Box b Employer identification number (EIN)

650172853

### Box c Employer's information

Employer's name			
UNLIMITED TECHNOLOGY IN			
Employer's address (number and street)			
10200 SUNSET DRIVE			
City	State	ZIP code	Country (if not United States)
MIAMI	FL	33173	

Box 1 Wages, tips, other compensation

27854.00

Box 12a Amount

1024.00

Code DD

Box 14a Amount

10.00

Description

NY SDI

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

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 NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state NJ

Box 16b Other state wages, tips, etc. 28440.00

Box 17b Other state income tax withheld 1478.00

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

Do not detach.

## W-2 Record 2

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

832227567

Box b Employer identification number (EIN)

814547662

### Box c Employer's information

Employer's name			
LAYER 7 DATA SOLUTIONS LLC			
Employer's address (number and street)			
79 MADISON AVENUE			
City	State	ZIP code	Country (if not United States)
NEW YORK	NY	10016	

Box 1 Wages, tips, other compensation

38491.00

Box 12a Amount

.00

Code

Box 14a Amount

104.00

Description

NY PFL

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

17.00

Description

VPDI

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

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 NY

Box 16a NYS wages, tips, etc.

38491.00

Box 17a NYS income tax withheld

1823.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc. .00

Box 17b Other state income tax withheld .00

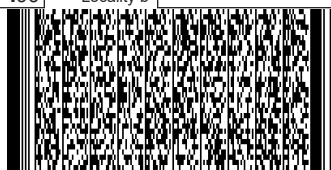
NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc. Locality a .00 Locality b .00

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

Box 20 Locality name

102001201201



NO HANDWRITTEN ENTRIES ON THIS FORM



