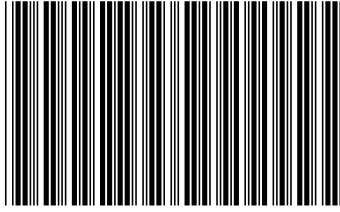


2022 NJ-1040  
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040  
2022  
Page 1



040MP01220

Your Social Security Number (required)  
293496881

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)  
VEMULAPALLI NIKHIL KRISHNA

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50)  
1205

Home Address (Number and Street, including apartment number)  
21 MINEBROOK ROAD APT 39A

City, Town, Post Office  
EDISON

State ZIP Code  
NJ 08817

Driver's License Number (Voluntary) (See instructions)

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

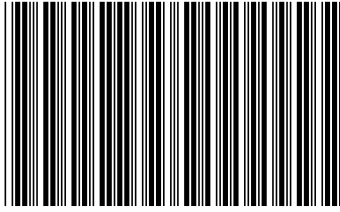
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes	No

**Direct Deposit Information**

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2. Account type (C for checking, S for savings)	dd2.	C	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4. Routing number	dd4.		021202337
dd5. Account number	dd5.		370060987





040MP02220

Name(s) as shown on Form NJ-1040  
VEMULAPALLI NIKHIL KRISHNA

Your Social Security Number  
293496881

1555

Part-year residents, provide months/days you were a New Jersey resident during 2022:

From: To:

Fiscal year filers only:

Enter month of your year end 2 0 2 3

**Filing Status**

Fill in only one.

- 1.  Single
- 2.  Married/CU Couple, filing joint return
- 3.  Married/CU Partner, filing separate return
- 4.  Head of Household Enter spouse's/CU partner's SSN
- 5.  Qualifying Widow(er)/Surviving CU Partner  
Indicate the year of your spouse's/CU partner's death: 2020 2021

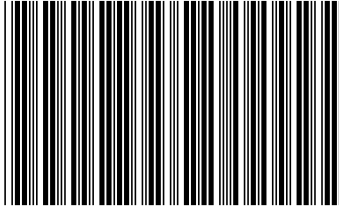
**Exemptions**

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

- |  |                                     |      |                   |                  |   |             |             |
|--|-------------------------------------|------|-------------------|------------------|---|-------------|-------------|
| 6. Regular   | <input checked="" type="checkbox"/> | Self | Spouse/CU Partner | Domestic Partner | 1 | x \$1,000 = | <u>1000</u> |
| 7. Senior 65+ (Born in 1957 or earlier)                                | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$1,000 = | _____       |
| 8. Blind/Disabled  | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$1,000 = | _____       |
| 9. Veteran   | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$6,000 = | _____       |
| 10. Qualified Dependent Children                                       | <input type="checkbox"/>            |      |                   |                  |   | x \$1,500 = | _____       |
| 11. Other Dependents   | <input type="checkbox"/>            |      |                   |                  |   | x \$1,500 = | _____       |
| 12. Dependents Attending Colleges (See instructions)                   | <input type="checkbox"/>            |      |                   |                  |   | x \$1,000 = | _____       |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) |                                     |      |                   |                  |   | 13.         | 1000 .      |

14. Dependent Information. Provide the following information for each dependent.

Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a. _____			
b. _____			
c. _____			
d. _____			



040MP03220

Name(s) as shown on Form NJ-1040  
VEMULAPALLI NIKHIL KRISHNA

Your Social Security Number  
293496881

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	55505 .		
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	. .		
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	. .		
17. Dividends	17.	. .		
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	. .		
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	. .		
20a. Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	. .		
20b. Excludable pension, annuity, and IRA distributions/withdrawals	20b.	. .		
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	. .		
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	. .		
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	. .		
24. Net gambling winnings (See instructions)	24.	. .		
25. Alimony and separate maintenance payments received	25.	. .		
26. Other (Enclose documents) (See instructions)	26.	. .		
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	55505 .		
28a. Pension/Retirement Exclusion (See instructions)	28a.	. .		
28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	. .		
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	. .		
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	55505 .		
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .		
31. Medical Expenses (See Worksheet F and instructions)	31.	. .		
32. Alimony and separate maintenance payments (See instructions)	32.	. .		
33. Qualified Conservation Contribution	33.	. .		
34. Health Enterprise Zone Deduction	34.	. .		
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .		
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	. .		
37a. NJBEST Deduction	37a.	. .		
37b. NJCLASS Deduction	37b.	. .		
37c. NJ Higher Ed. Tuition Deduction	37c.	. .		
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .		
39. Taxable Income (Subtract line 38 from line 29)	39.	54505 .		
40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	3145 .		
40b. Indicate your residency status during 2022 (fill in only one)				
	Homeowner	Tenant	Both	
41. Property Tax Deduction (From Worksheet H) (See instructions)	41.	3145 .		
42. New Jersey Taxable Income (Subtract line 41 from line 39)	42.	51360 .		
43. Tax on amount on line 42 (Tax Table page 52)	43.	1346 .		
44. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	113 .		
Enter Code		32		
45. Balance of Tax (Subtract line 44 from line 43)	45.	1233 .		
46. Sheltered Workshop Tax Credit	46.	. .		
47. Gold Star Family Counseling Credit (See instructions)	47.	. .		
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	. .		
49. Total Credits (Add lines 46 through 48)	49.	. .		
50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	1233 .		
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0 .		
52. Interest on Underpayment of Estimated Tax	52.	. .		
Fill in if Form NJ-2210 is enclosed				
53. Shared Responsibility Payment (See instructions)	REQUIRED Enclose Schedule HCC and fill in <input checked="" type="checkbox"/>	53.	0 .	



Name(s) as shown on Form NJ-1040  
VEMULAPALLI NIKHIL KRISHNA

Your Social Security Number  
293496881 1555

54. Total Tax Due (Add lines 50 through 53)	54.	1233 .
55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	55.	1738 .
56. Property Tax Credit (See instructions page 24)	56.	.
57. New Jersey Estimated Tax Payments/Credit from 2021 tax return	57.	.
58. New Jersey Earned Income Tax Credit (See instructions)	58.	.
Fill in if you had the IRS calculate your federal earned income credit		
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit		
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	.
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	.
62. Wounded Warrior Caregivers Credit (See instructions)	62.	.
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	.
64. Child and Dependent Care Credit (See instructions)	64.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
65. New Jersey Child Tax Credit (See instructions)	65.	.
Number of dependents under age 6 on 12/31/2022		
66. Total Withholdings, Credits, and Payments (Add lines 55 through 65)	66.	1738 .
67. If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe	67.	.
If you owe tax, you can still make a donation on lines 70 through 77.		
68. If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment	68.	505 .
69. Amount from line 68 you want to credit to your 2023 tax	69.	.
70. Contribution to N.J. Endangered Wildlife Fund	70.	.
71. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	71.	.
72. Contribution to N.J. Vietnam Veterans' Memorial Fund	72.	.
73. Contribution to N.J. Breast Cancer Research Fund	73.	.
74. Contribution to U.S.S. New Jersey Educational Museum Fund	74.	.
75. Other Designated Contribution (See instructions)	75.	.
		Enter Code
76. Other Designated Contribution (See instructions)	76.	.
		Enter Code
77. Other Designated Contribution (See instructions)	77.	.
		Enter Code
78. Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)	78.	.
79. Balance due (If line 67 is more than zero, add line 67 and line 78)	79.	.
80. Refund amount (If line 68 is more than zero, subtract line 78 from line 68)	80.	505 .

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

_____		_____	
Your Signature	Date	Spouse's/CU Partner's Signature (required if filing jointly)	Date
Paid Preparer's Signature		Federal Identification Number	
SYAM PRIYA RAM SAGAR GUPTA TALLAM		P02082703	
Firm's Name		Firm's Federal Employer Identification Number	
GLOBAL TAXES LLC		84-3171965	

**Tax Due Address**  
 Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:  
 State of New Jersey  
 Division of Taxation  
 Revenue Processing Center - Payments  
 PO Box 111  
 Trenton, NJ 08645-0111  
 Include Social Security number and make check or money order payable to:  
 State of New Jersey - TGI  
 You can also make a payment on our website:  
 nj.gov/taxation

**Refund or No Tax Due Address**  
 Use the labels provided with the envelope and mail to:  
 New Jersey Division of Taxation  
 Revenue Processing Center - Refunds  
 PO Box 555  
 Trenton, NJ 08647-0555

## Schedule NJ-DOP

### Net Gains or Income From Disposition of Property

## 2022

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.

	(a)	(b)	(c)	(d)	(e)	(f)
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)
	COINBASE	09/29/2021	03/06/2022	5,379.	6,109.	-730.
2.	Capital Gains Distributions .....					
3.	Other Net Gains.....					
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter zero here and make no entry on line 19.).....					0.

## Schedule NJ-WWC

### Wounded Warrior Caregivers Credit

## 2022

Did you provide care for a relative who was a qualifying armed services member (see instructions)? .....  Yes  No

If "Yes," enter the name and Social Security number of the qualifying service member.

\_\_\_\_\_

Last Name, First Name, Initial

\_\_\_\_\_

Social Security number

Enter your relationship to the qualifying service member.

\_\_\_\_\_

If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on line 62, NJ-1040.

1. Enter the federal disability compensation of the armed services member .....	1.		
2. Maximum credit allowed .....	2.	675	00
3. Enter the lesser of line 1 or line 2 .....	3.		
4. Were you the only caregiver for this service member during the tax year? <input type="radio"/> Yes <input type="radio"/> No If "No," enter your share (percentage) of the total care expenses for the year.	4.		%
5. If you answered "Yes" at line 4, enter the amount from line 3 here and on line 62, NJ-1040.  If you answered "No" at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040 .....	5.		

**Keep a copy of this schedule for your records**

If your income on line 29 is at or below the filing threshold,  
do not complete this schedule.

Name as Shown on Return VEMULAPALLI NIKHIL KRISHNA	Social Security No. 293-49-6881
---	------------------------------------


**Part I**

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

**Part II**

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

**QuickZoom** to Shared Responsibility Payment Calculation Worksheet . . . . .  \_\_\_\_\_

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exemption Code . .	_____	Check box if this individual has more than one exemption number .											
		Check box if this individual is under 18 . . . . .											



# Instructions for Form IT-201-V Payment Voucher for Income Tax Returns

**Did you know?** You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit [www.tax.ny.gov](http://www.tax.ny.gov).

## How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

## Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your Social Security number (SSN), the tax year, and **Income Tax** on it.

## Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses
- Foreign address – Enter the city, province, or state all in the **City** box, and the **full** country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

## Mailing address

### E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX  
PROCESSING CENTER  
PO BOX 4124  
BINGHAMTON NY 13902-4124**

### Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER  
PO BOX 15555  
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

◀ Cut here ▶

**STOP:** Pay this electronically on our website.

Department of Taxation and Finance

## Payment Voucher for Income Tax Returns



REV 01/27/23 PRO

# IT-201-V

(12/22)

Tax year (yyyy) 2022	Make your check or money order payable in U.S. funds to <b>New York State Income Tax</b> . Write on your check or money order the last four digits of your SSN, the tax year, and <b>Income Tax</b> .		
Your first name and middle initial NIKHIL KRISHNA	Your last name (for a joint return, enter spouse's name on line below) VEMULAPALLI	Your full SSN 293496881	
Spouse's first name and middle initial	Spouse's last name	Spouse's full SSN (only if filing a joint return)	
Mailing address 21 MINEBROOK ROAD		Apartment number 39A	Country
City, village or post office EDISON	State NJ	ZIP code 08817	
Email:			

Payment amount	Dollars	Cents
	16	00



040001223555

For office use only

0401223555 293496881 6





# 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 NIKHIL KRISHNA VEMULAPALLI	Spouse's name (jointly filed return only)
---	---

### Purpose

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

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

### General instructions

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

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

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105*.

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

### Part A – Tax return information

1 Federal adjusted gross income (from applicable line).....	1.	54775.
2 Refund.....	2.	
3 Amount you owe.....	3.	16.
4 Financial institution routing number.....	4.	
5 Financial institution account number.....	5.	
6 Account type: <input type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

### Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

### Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

### Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02172023



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

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

22

and ending .....

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

Your first name and middle initial NIKHIL KRISHNA		Your last name (for a joint return, enter spouse's name on line below) VEMULAPALLI		Your date of birth (mmddyyyy) 05161995		Your Social Security number 293496881	
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) (number and street or PO Box) 21 MINEBROOK ROAD				Apartment number 39A		New York State county of residence NR	
City, village, or post office EDISON			State NJ	ZIP code 08817		Country UNITED STATES	
Taxpayer's permanent home address (see instructions) (no. and street or rural route)				Apartment no.		City, village, or post office	
						School district code number	
State		ZIP code		Country		Decedent information	
						Taxpayer's date of death	
						Spouse's date of death	

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

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

**B** Did you itemize your deductions on your 2022 federal income tax return? Yes  No

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

**D1** Did you have a financial account located in a foreign country? Yes  No



### D2 Yonkers part-year residents only:

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

(2) Enter the amount .....

### E New York City part-year residents only

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

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

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

### G New York State part-year residents

Enter the date you moved into or out of NYS (mmddyyyy) .....

On the last day of the tax year (mark an X in one box):

- 1) Lived in NYS .....
- 2) Lived outside NYS; received income from NYS sources during nonresident period .....
- 3) Lived outside NYS; received no income from NYS sources during nonresident period .....

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

### I Dependent information

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

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



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Enter your Social Security number  
293496881

Federal income and adjustments

Federal amount  
Whole dollars only

New York State amount  
Whole dollars only

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

New York additions

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

New York subtractions

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

32 Enter the amount from line 31, Federal amount column ..... 32 54775.00

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Name(s) as shown on page 1  
NIKHIL KRISHNA VEMULAPALLI

Enter your Social Security number  
293496881

Standard deduction or itemized deduction

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

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

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

Tax computation, credits, and other taxes

Table with 2 columns: Line number and Amount. Rows 37-43 showing tax computation steps.

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 44 2523.00

45 Income percentage [ ] New York State amount from line 31 4655.00 ÷ Federal amount from line 31 54775.00 = 45 0.0850

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

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

Table with 2 columns: Line number and Amount. Rows 51-58 showing NYC and Yonkers taxes, MCTMT, and total taxes.

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

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Enter your Social Security number  
293496881

59 Enter amount from line 58 ..... **59** 214 .00

**Payments and refundable credits**

<b>60</b> Part-year NYC school tax credit (fixed amount) (also complete E on front)	<b>60</b>	.00
<b>60a</b> NYC school tax credit (rate reduction amount)	<b>60a</b>	.00
<b>61</b> Other refundable credits (Form IT-203-ATT, line 17)	<b>61</b>	.00
<b>62</b> Total <b>New York State</b> tax withheld	<b>62</b>	198 .00
<b>63</b> Total <b>New York City</b> tax withheld	<b>63</b>	.00
<b>64</b> Total <b>Yonkers</b> tax withheld	<b>64</b>	.00
<b>65</b> Total estimated tax payments/amount paid with Form IT-370	<b>65</b>	.00
<b>66</b> Total payments and refundable credits (add lines 60 through 65)	<b>66</b>	198 .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**

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

Mark one refund choice:  direct deposit to checking or savings account (fill in line 73) - or -  paper check

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

<b>69</b> Amount of line 67 that you want applied to your 2023 estimated tax (see instructions)	<b>69</b>	.00
<b>70</b> Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an <b>X</b> in the box <input 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.	<b>70</b>	16 .00
<b>71</b> Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67)	<b>71</b>	.00
<b>72</b> Other penalties and interest	<b>72</b>	.00

**See instructions for the proper assembly of your return.**

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

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

**73b** Routing number  **73c** Account number

**74** Electronic funds withdrawal ..... Date  Amount  .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   0   9
Preparer's signature SYAM PRIYA RAM SAGAR GUP	Preparer's printed name SYAM PRIYA RAM SAGAR GUP	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC	Preparer's PTIN or SSN P02082703	
Address 245 ROONEY CT E BRUNSWICK NJ 08816	Employer identification number 843171965	Date 02172023
Email: SYAM@GTAXFILE.COM		

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation QC CHEMIST	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ( 862 ) 301 8885
Email:	

**See instructions for where to mail your return.**

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Department of Taxation and Finance

# Summary of W-2 Statements

# IT-2

New York State • New York City • Yonkers

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

## W-2 Record 1

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

293496881

**Box b** Employer identification number (EIN)

472145170

**Box c** Employer's information

<b>Employer's name</b>			
APPCO PHARMA LLC RAJENDRA APPALANENI MBR			
<b>Employer's address (number and street)</b>			
262 OLD NEWBRUNSWICK ROAD SUIT			
<b>City</b>	<b>State</b>	<b>ZIP code</b>	<b>Country</b>
PISCATAWAY	NJ	08854	

**Box 1** Wages, tips, other compensation

50850.00

**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

169.00

Description

UI/HC/WD

**Box 14b** Amount

71.00

Description

DI

**Box 14c** Amount

71.00

Description

NJ FLI

**Box 14d** Amount

.00

Description

**Box 13** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a**

NY State

N | Y

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

.00

**Box 17a** NYS income tax withheld

.00

**Other state information:**

**Box 15b**

other state

N | J

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

50850.00

**Box 17b** Other state income tax withheld

1738.00

**NYC and Yonkers**

information (see instr.):

**Box 18** Local wages, tips, etc.

Locality a .00

Locality b .00

**Box 19** Local income tax withheld

Locality a .00

Locality b .00

**Box 20** Locality name

Locality a

Locality b

Do not detach.

## W-2 Record 2

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

293496881

**Box b** Employer identification number (EIN)

814822495

**Box c** Employer's information

<b>Employer's name</b>			
INNOGENIX INC			
<b>Employer's address (number and street)</b>			
8200 NEW HORIZONS BLVD			
<b>City</b>	<b>State</b>	<b>ZIP code</b>	<b>Country</b>
AMITYVILLE	NY	11701	

**Box 1** Wages, tips, other compensation

4655.00

**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

25.00

Description

NY PFL

**Box 14b** Amount

4.00

Description

VPDI

**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

N | Y

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

4655.00

**Box 17a** NYS income tax withheld

198.00

**Other state information:**

**Box 15b**

other state

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

.00

**Box 17b** Other state income tax withheld

.00

**NYC and Yonkers**

information (see instr.):

**Box 18** Local wages, tips, etc.

Locality a .00

Locality b .00

**Box 19** Local income tax withheld

Locality a .00

Locality b .00

**Box 20** Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

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