



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 YASHWANTH PALETTI	Spouse's name (jointly filed return only)
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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).

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.

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*.

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.	13263.
2 Refund	2.	5.
3 Amount you owe	3.	
4 Financial institution routing number	4.	021000322
5 Financial institution account number	5.	483087838265
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

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

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

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

Taxpayer's signature	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 VENKATA SAI PAVAN KUMAR DUDIPALLI	Date 02272023



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 YASHWANTH		Your last name (for a joint return, enter spouse's name on line below) PALETI		Your date of birth (mmddyyyy) 04171997	Your Social Security number 866256475
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) 8404 WARREN PARKWAY				Apartment number	New York State county of residence ERIC
City, village, or post office FRISCO		State TX	ZIP code 75034	Country UNITED STATES	School district name ERIC
Taxpayer's permanent home address (see instructions) (no. and street or rural route)				Apartment no.	City, village, or post office
State		ZIP code	Country	Decedent information	Taxpayer's date of death
					Spouse's date of death
				School district code number	

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 **.00**

E New York City part-year residents only

(1) Number of months **you** lived in NY City in 2022 **5**

(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) **06052022**

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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For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
866256475

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 13263 .00

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Name(s) as shown on page 1
YASHWANTH PALETI

Enter your Social Security number
866256475

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: ... <input checked="" type="checkbox"/> Standard – or – <input type="checkbox"/> Itemized	33	8000.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	5263.00
35	Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	35	000.00
36	New York taxable income (subtract line 35 from line 34)	36	5263.00

Tax computation, credits, and other taxes

37	New York taxable income (from line 36)	37	5263.00
38	New York State tax on line 37 amount	38	211.00
39	New York State household credit	39	45.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	166.00
41	New York State child and dependent care credit	41	.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	166.00
43	New York State earned income credit	43	.00

44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	166.00
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45 Income percentage New York State amount from line 31 ÷ Federal amount from line 31 = Round result to 4 decimal places

46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	36.00
47	New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	36.00
49	Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50	Total New York State taxes (add lines 48 and 49)	50	36.00

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

51	Part-year New York City resident tax (Form IT-360.1)	51	.00	See instructions to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52	Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a	Subtract line 52 from line 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 (Form IT-360.1)	54	.00	
55	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00	
56	Sales or use tax (Do not leave blank.)	56	0.00	
57	Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00	
58	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	36.00	

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Enter your Social Security number
866256475

59 Enter amount from line 58 59 36 .00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include 60 Part-year NYC school tax credit, 60a NYC school tax credit, 61 Other refundable credits, 62 Total New York State tax withheld, 63 Total New York City tax withheld, 64 Total Yonkers tax withheld, 65 Total estimated tax payments/amount paid with Form IT-370, and 66 Total payments and refundable credits.

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

Table with 2 columns: Description and Amount. Rows include 67 Amount overpaid, 68 Amount of line 67 available for refund, 68a Amount of line 68 that you want to deposit into a NYS 529 account, and 68b Total refund after NYS 529 account deposit.

Mark one refund choice: [X] 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.

Table with 2 columns: Description and Amount. Rows include 69 Amount of line 67 that you want applied to your 2023 estimated tax, 70 Amount you owe, 71 Estimated tax penalty, and 72 Other penalties and interest.

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: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 021000322 73c Account number 483087838265

74 Electronic funds withdrawal Date Amount00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code | 0 | 9, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, Email.

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, Email.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

Change of City Resident Status

IT-360.1

New York City • Yonkers

Submit this form with Form IT-201 or Form IT-203.

Name(s) as shown on return YASHWANTH PALETI	Social Security number 866256475
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Change of resident status – If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I).

Mark an **X** in only **one** box (A) **New York City change of residence** – Complete Parts 1, 2, 3, and 4.

(B) **Yonkers change of residence** – Complete Parts 1 and 5.

(C) **New York City and Yonkers change of residence** – Complete the entire form.

Part 1 – New York adjusted gross income (see instructions)	Column A Federal income and adjustments (all sources)	Column B Amount of Column A for New York City resident period	Column C Amount of Column A for Yonkers resident period
1 Wages, salaries, tips, etc	1 13263 .00	.00	.00
2 Taxable interest income	2 .00	.00	.00
3 Ordinary dividends	3 .00	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4 .00	.00	.00
5 Alimony received	5 .00	.00	.00
6 Business income or loss (submit copy of federal Schedule C, Form 1040)	6 .00	.00	.00
7 Capital gain or loss (submit copy of federal Schedule D, Form 1040)	7 .00	.00	.00
8 Other gains or losses (submit copy of federal Form 4797)	8 .00	.00	.00
9 Taxable amount of IRA distributions	9 .00	.00	.00
10 Taxable amount of pensions and annuities	10 .00	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11 .00	.00	.00
12 Farm income or loss (submit copy of federal Schedule F, Form 1040)	12 .00	.00	.00
13 Unemployment compensation	13 .00	.00	.00
14 Taxable amount of Social Security benefits	14 .00	.00	.00
15 Other income	15 .00	.00	.00
Identify:			
16 Total (add lines 1 through 15)	16 13263 .00	.00	.00
17 Total federal adjustments to income	17 .00	.00	.00
Identify:			
18 Federal adjusted gross income (subtract line 17 from line 16)	18 13263 .00	.00	.00
18a Recomputed federal adjusted gross income (see instructions)	18a 13263 .00	.00	.00
19 New York modifications (submit schedule)	19 .00	.00	.00
20 New York adjusted gross income (line 18a and add or subtract line 19)	20 13263 .00	.00	.00

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Part 2 – Itemized deductions for New York City (see instructions) If you are claiming the standard deduction, do not complete Part 2.		Column A Itemized deductions (see instructions)	Column B Amount of Column A for New York City resident period
21	Medical and dental expenses	.00	.00
22	Taxes you paid	.00	.00
23	Interest you paid	.00	.00
24	Gifts to charity	.00	.00
25	Casualty and theft losses	.00	.00
26	Job expenses and certain miscellaneous deductions	.00	.00
27	Other itemized deductions	.00	.00
28	Add lines 21 through 27	.00	.00
29	Reduction for itemized deduction limitation (see instructions)	.00	.00
30	Total itemized deductions (subtract line 29 from line 28)	.00	.00
31	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments		.00
32	Subtract line 31 from line 30		.00
33	Addition adjustments and college tuition itemized deduction (see instructions)		.00
34	Add lines 32 and 33		.00
35	Itemized deduction adjustment (if line 20, Column B, is more than \$100,000, see instructions; all others enter 0 on line 35)		.00
36	Itemized deduction (subtract line 35 from line 34, enter here and on line 44)		.00

Part 3 – Dependent exemptions (see instructions)

37 Enter the period you were a New York City **resident** during 2022; use a two-digit number to represent the month and day (see instructions)

From: month day To: month day

38 Enter the county where you resided while a **nonresident** of New York City

39	Enter the number of full months in the New York City resident period	5	
40	Enter the prorated value of one dependent exemption (use Proration chart; see instructions)		.00
41	Enter the number of dependent exemptions you claimed on Form IT-201, line 36, or Form IT-203, line 35		
42	Multiply the amount on line 40 by the number of dependent exemptions claimed on line 41 (enter here and on line 46)		.00

Part 4 – Part-year New York City resident tax (see instructions)

43	New York City adjusted gross income (see instructions)		.00
44	Resident period standard deduction (see instructions) or resident period itemized deduction (from line 36)	3 3 3 3	.00
45	Subtract line 44 from line 43		.00
46	Dependent exemption amount (from line 42)		.00
47	New York City taxable income (subtract line 46 from line 45)		.00
48	New York City tax on line 47 amount (see instructions)		0 .00
49	Total New York City household credit and accumulation distribution credit (see instructions)		.00
50	Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0)		0 .00
51	Part-year New York City separate tax on lump-sum distributions (from Form IT-230)		.00
52	Part-year New York City resident tax on capital gain portion of lump-sum distributions (from Form IT-230)		.00
53	Add lines 50, 51, and 52		0 .00
54	Credit for part-year New York City unincorporated business tax paid (see instructions)		.00
55	Part-year New York City resident tax (subtract line 54 from line 53 and enter tax on Form IT-201, line 50, or Form IT-203, line 51; if line 54 is larger than line 53, enter 0)		0 .00

NO HANDWRITTEN ENTRIES ON THIS FORM

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Part 5 – Part-year Yonkers resident income tax surcharge (see instructions)

		Full-year NYS resident	Part-year NYS resident
56 Total New York State taxes (Form IT-201, line 46)	56	.00	
57 Empire State child credit (Form IT-201, line 63)	57	.00	
58 NYS child and dependent care credit (Form IT-216, line 14)	58	.00	
59 Earned income credit (Form IT-201, line 65)	59	.00	
60 Noncustodial parent New York State earned income credit (Form IT-201, line 66)	60	.00	
61 Real property tax credit (Form IT-201, line 67)	61	.00	
61a New York City school tax credit (Form IT-201, lines 69 and 69a)	61a	.00	
62 College tuition credit (Form IT-201, line 68)	62	.00	
62a Homeowner tax rebate credit (see instructions)	62a	.00	
63 Amount from Form IT-201-ATT, line 13	63	.00	
64 Add lines 57 through 63	64	.00	
65 Subtract line 64 from line 56 (if line 64 is more than line 56, enter 0 here and on Form IT-201, line 57)	65	.00	
66 Base tax (Form IT-203, line 44)	66		.00
67 New York State nonrefundable credits (Form IT-203-ATT, line 8)	67		.00
68 Subtract line 67 from line 66 (if line 67 is more than line 66, enter 0) ..	68		.00
69 Net other New York State taxes (Form IT-203-ATT, line 33)	69		.00
70 Add lines 68 and 69	70		.00
71 Total of amounts from Form IT-203-ATT, lines 9, 10, and 12	71		.00
71a Homeowner tax rebate credit (see instructions)	71a		.00
71b New York City school tax credit (Form IT-203, lines 60 and 60a)	71b		.00
71c Add lines 71, 71a, and 71b	71c		.00
72 Subtract line 71c from line 70 (if line 71c is more than line 70, enter 0)	72		.00
73 Income percentage (see worksheet in the instructions)	73		
74 Multiply line 65 by line 73. This is the net state tax for full-year state residents	74	.00	
75 Multiply line 72 by line 73. This is the net state tax for part-year state residents	75		.00
76 Yonkers resident tax rate	76	.1675	

77 Part-year Yonkers resident income tax surcharge

(Full-year NYS residents: Multiply line 74 by line 76. Part-year NYS residents: Multiply line 75 by line 76.) **77** .00

Enter the line 77 amount on Form IT-201, line 57, or Form IT-203, line 54.

See Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I, if you received wages or net earnings from self-employment from Yonkers sources during your nonresident period.

NO HANDWRITTEN ENTRIES ON THIS FORM

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Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

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

866256475

Box b Employer identification number (EIN)

166018833

Box c Employer's information

Employer's name			
FACULTY STUDENT ASSOCIATION OF SUNY AT BUFFALO INC			
Employer's address (number and street)			
146 FARGO QUAD			
City	State	ZIP code	Country
BUFFALO	NY	14261	

Box 1 Wages, tips, other compensation

2863.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Box 14a Amount

15.00 NY-FLI

Box 14b Amount

10.00 NY-SDI

Box 14c Amount

.00

Box 14d Amount

.00

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. 2863.00

Box 17a NYS income tax withheld 15.00

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

Do not detach.

W-2 Record 2

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

866256475

Box b Employer identification number (EIN)

814484675

Box c Employer's information

Employer's name			
BLOMMING TECH INC			
Employer's address (number and street)			
3167 CALDWELL RIDGE PKWY			
City	State	ZIP code	Country
CHARLOTTE	NC	28213	

Box 1 Wages, tips, other compensation

10400.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Box 14a Amount

.00

Box 14b Amount

.00

Box 14c Amount

.00

Box 14d Amount

.00

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

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

NO HANDWRITTEN ENTRIES ON THIS FORM

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