

IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **ERO must obtain and retain completed Form 8879.**
 ▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name JASMEET KAUR	Social security number 052-84-2235
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	108,582.
2	Total tax	2	13,608.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	16,624.
4	Amount you want refunded to you	4	3,016.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

4	2	2	3	5
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Your first name and middle initial: JASMEET, Last name: KAUR, Your social security number: 052-84-2235
If joint return, spouse's first name and middle initial, Last name, Spouse's social security number
Home address (number and street), If you have a P.O. box, see instructions. 147 ASHBY ROAD, Apt. no.
City, town, or post office, If you have a foreign address, also complete spaces below. UPPER DARBY, State: PA, ZIP code: 19082
Foreign country name, Foreign province/state/county, Foreign postal code
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [] You [] Spouse

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

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

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

Dependents (see instructions): Table with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income Table with rows 1a through 15. 1a Total amount from Form(s) W-2, box 1 (see instructions) 107,936. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions) 1i. 1z Add lines 1a through 1h 107,936. 2a Tax-exempt interest 2a. b Taxable interest 2b 646. 3a Qualified dividends 3a. b Ordinary dividends 3b. 4a IRA distributions 4a. b Taxable amount 4b. 5a Pensions and annuities 5a. b Taxable amount 5b. 6a Social security benefits 6a. b Taxable amount 6b. c If you elect to use the lump-sum election method, check here (see instructions) []. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here []. 8 Other income from Schedule 1, line 10. 8. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 108,582. 10 Adjustments to income from Schedule 1, line 26. 10. 11 Subtract line 10 from line 9. This is your adjusted gross income 11 108,582. 12 Standard deduction or itemized deductions (from Schedule A) 12 26,805. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 13. 14 Add lines 12 and 13. 14 26,805. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 81,777.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	13,608.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	13,608.
	19	Child tax credit or credit for other dependents from Schedule 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 zero or less, enter -0-	22	13,608.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	13,608.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	16,624.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	16,624.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 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. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	16,624.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,016.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,016.
Direct deposit? See instructions.	b	Routing number 031202084	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number 383011596233		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions.	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation _____	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____
Phone no. (646) 525-1472	Email address JASM33TK@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/17/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

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

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022

Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

JASMEET KAUR

Your social security number

052-84-2235

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1 Medical and dental expenses (see instructions)		1	
	2 Enter amount from Form 1040 or 1040-SR, line 11 2		2	
	3 Multiply line 2 by 7.5% (0.075)		3	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You Paid	5 State and local taxes.			
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a		2,092.
	b State and local real estate taxes (see instructions)	5b		7,575.
	c State and local personal property taxes	5c		
	d Add lines 5a through 5c	5d		9,667.
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e		9,667.
	6 Other taxes. List type and amount: _____	6		
	7 Add lines 5e and 6	7		9,667.
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>			
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a		17,138.
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b		
	c Points not reported to you on Form 1098. See instructions for special rules	8c		
	d Reserved for future use	8d		
	e Add lines 8a through 8c	8e		17,138.
9 Investment interest. Attach Form 4952 if required. See instructions .	9			
	10 Add lines 8e and 9	10		17,138.
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11		
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	12		
	13 Carryover from prior year	13		
	14 Add lines 11 through 13	14		
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15		
Other Itemized Deductions	16 Other—from list in instructions. List type and amount: _____	16		
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17		26,805.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>			



Tips for Estimated Tax

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- **Social Security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office* box). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

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Need help?



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Telephone assistance

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Personal Income Tax Information Center:	518-457-5181
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Text Telephone (TTY) or TDD equipment users	Dial 7-1-1 for the New York Relay Service

◀ Detach (cut) here ▶



Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

IT-2105

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Estimated tax amounts

Full SSN or taxpayer ID number 052842235	Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State	Dollars	680	Cents	00
Taxpayer's first name and middle initial JASMEET	Taxpayer's last name KAUR		New York City				00
Mailing address (number and street or PO Box; see instructions) 147 ASHBY ROAD		Apartment number		Yonkers			00
City, village, or post office UPPER DARBY	State PA	ZIP code 19082	MCTMT				00
Taxpayer's email address JASM33TK@GMAIL.COM			Total payment		680		00

STOP: Pay this electronically on our website

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New York State • New York City • Yonkers • MCTMT

IT-2105

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Estimated tax amounts

		Dollars	Cents
Full SSN or taxpayer ID number 052842235	Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>	New York State	679 . 00
Taxpayer's first name and middle initial JASMEET	Taxpayer's last name KAUR	New York City	. 00
Mailing address (number and street or PO Box; see instructions) Apartment number 147 ASHBY ROAD		Yonkers	. 00
City, village, or post office UPPER DARBY	State PA	MCTMT	. 00
ZIP code 19082			
Taxpayer's email address JASM33TK@GMAIL.COM		Total payment	679 . 00

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Full SSN or taxpayer ID number 052842235	Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State	<input type="text"/>	679	.00
Taxpayer's first name and middle initial JASMEET	Taxpayer's last name KAUR		New York City	<input type="text"/>		.00
Mailing address (number and street or PO Box; see instructions) 147 ASHBY ROAD		Apartment number		Yonkers	<input type="text"/>	.00
City, village, or post office UPPER DARBY	State PA	ZIP code 19082	MCTMT	<input type="text"/>		.00
Taxpayer's email address JASM33TK@GMAIL.COM			Total payment	<input type="text"/>	679	.00

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New York State • New York City • Yonkers • MCTMT

IT-2105

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Estimated tax amounts

Full SSN or taxpayer ID number 052842235	Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State	<input type="text"/>	679	.00
Taxpayer's first name and middle initial JASMEET	Taxpayer's last name KAUR		New York City	<input type="text"/>		.00
Mailing address (number and street or PO Box; see instructions) 147 ASHBY ROAD		Apartment number		Yonkers	<input type="text"/>	.00
City, village, or post office UPPER DARBY	State PA	ZIP code 19082	MCTMT	<input type="text"/>		.00
Taxpayer's email address JASM33TK@GMAIL.COM			Total payment	<input type="text"/>	679	.00

STOP: Pay this electronically on our website



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.

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 New York State Income Tax . Write on your check or money order the last four digits of your SSN, the tax year, and Income Tax .		
Your first name and middle initial JASMEET	Your last name (for a joint return, enter spouse's name on line below) KAUR	Your full SSN 052842235	
Spouse's first name and middle initial	Spouse's last name	Spouse's full SSN (only if filing a joint return)	
Mailing address 147 ASHBY ROAD		Apartment number	Country
City, village or post office UPPER DARBY		State PA	ZIP code 19082
Email: JASM33TK@GMAIL.COM		Payment amount	

Dollars Cents
2717 00



040001223555

For office use only

0401223555 052842235 8



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 JASMEET KAUR	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.	108582.
2 Refund	2.	
3 Amount you owe	3.	2717.
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 03172023



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 JASMEET		Your last name (for a joint return, enter spouse's name on line below) KAUR		Your date of birth (mmdyyyy) 08211994		Your Social Security number 052842235	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmdyyyy)		Spouse's Social Security number	
Mailing address (see instructions) (number and street or PO Box) 147 ASHBY ROAD				Apartment number		New York State county of residence NR	
City, village, or post office UPPER DARBY			State PA	ZIP code 19082	Country UNITED STATES		School district name NR
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 amount00

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 (mmdyyyy)

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 (mmdyyyy)

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



203001223555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
052842235

Federal income and adjustments

Federal amount
Whole dollars only

New York State amount
Whole dollars only

1	Wages, salaries, tips, etc.	1	107936.00	1	107936.00
2	Taxable interest income	2	646.00	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 <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X 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) 12. <input type="text"/> .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 <i>Identify:</i> <input type="text"/>	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	108582.00	17	107936.00
18	Total federal adjustments to income <i>Identify:</i> <input type="text"/>	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17) ..	19	108582.00	19	107936.00
19a	Recomputed federal adjusted gross income (see Line 19a worksheets)	19a	108582.00	19a	107936.00

New York additions

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 19a through 22	23	108582.00	23	107936.00

New 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
31	New York adjusted gross income (subtract line 30 from line 23)	31	108582.00	31	107936.00

32 Enter the amount from line 31, **Federal amount** column 108582.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1
JASMEET KAUR

Enter your Social Security number
052842235

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

33	23653.00
34	84929.00
35	000.00
36	84929.00

Tax computation, credits, and other taxes

37	84929.00
38	4781.00
39	.00
40	4781.00
41	.00
42	4781.00
43	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 44 4781.00

45 Income percentage New York State amount from line 31 ÷ Federal amount from line 31 = Round result to 4 decimal places 45 0.9941

46	4753.00
47	.00
48	4753.00
49	.00
50	4753.00

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

51	.00
52	.00
52a	.00
52b	.00
52c	.00
53	.00
54	.00
55	.00
56	0.00
57	.00
58	4753.00

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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203003223555



Enter your Social Security number
052842235

59 Enter amount from line 58 **59** 4753 .00

Payments and refundable credits

60 Part-year NYC school tax credit (fixed amount) (also complete E on front)	60	.00
60a NYC school tax credit (rate reduction amount)	60a	.00
61 Other refundable credits (Form IT-203-ATT, line 17)	61	.00
62 Total New York State tax withheld	62	2036 .00
63 Total New York City tax withheld	63	.00
64 Total Yonkers tax withheld	64	.00
65 Total estimated tax payments/amount paid with Form IT-370	65	.00
66 Total payments and refundable credits (add lines 60 through 65)	66	2036 .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

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)	67	.00
68 Amount of line 67 available for refund (subtract line 69 from line 67)	68	.00
TIP: Use this amount to check your refund status online.		
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 instructions for payment options.

See instructions for the proper assembly of your return.

69 Amount of line 67 that you want applied to your 2023 estimated tax (see instructions)	69	.00
70 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 X in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	70	2717 .00
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67)	71	.00
72 Other penalties and interest	72	.00

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

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

▼ Paid preparer must complete ▼ (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 03172023
Email: SYAM@GTAXFILE.COM		

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation SOFTWARE ENGINEER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (646) 525 1472
Email: JASM33TK@GMAIL.COM	

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

IT-196

Submit this form with Form IT-201 or IT-203. See instructions for completing Form IT-196.

Name(s) as shown on your Form IT-201 or IT-203 JASMEET KAUR	Your Social Security number 052842235
----------------------------------------------------------------	------------------------------------------

Medical and dental expenses (see instructions)

Caution: Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses	1	.00
2 Enter amount from Form IT-201 or IT-203, line 19a	2	.00
3 Multiply line 2 by 10% (0.10)	3	.00
4 Subtract line 3 from line 1 (if line 3 is more than line 1, leave blank)	4	.00

Taxes you paid (see instructions)

5 State and local (Mark an X in only one box) a <input checked="" type="checkbox"/> Income taxes - or - b <input type="checkbox"/> General sales tax ..	5	2092.00
6 State and local real estate taxes	6	7575.00
7 State and local personal property taxes	7	.00
8 Other taxes. List type and amount	8	.00
9 Add lines 5 through 8	9	9667.00

Interest you paid (see instructions)

10 Home mortgage interest and points reported to you on federal Form 1098	10	17138.00
11 Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying number, and address	11	.00
12 Points not reported to you on federal Form 1098	12	.00
13 Reserved	13	
14 Investment interest	14	.00
15 Add lines 10 through 14	15	17138.00

Gifts to charity (see instructions)

16 Gifts by cash or check	16	.00
16a Qualified contributions included in line 16	16a	.00
17 Other than by cash or check	17	.00
18 Carryover from prior year	18	.00
19 Add lines 16, 17, and 18	19	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

196001223555



Your Social Security number
052842235

Casualty and theft losses

20 Casualty or theft loss(es) other than federal qualified disaster losses (see instructions) **20**00

Job expenses and certain miscellaneous deductions (see instructions)

21 Unreimbursed employee expenses – job travel, union dues, etc.	21	.00
22 Job related education expenses	22	.00
23 Tax preparation fees	23	.00
24 Other expenses – investment, safe deposit box, etc. List type and amount	24	.00
25 Add lines 21 through 24	25	.00
26 Enter amount from Form IT-201 or IT-203, line 19a	26	.00
27 Multiply line 26 by 2% (0.02)	27	.00
28 Subtract line 27 from line 25 (if line 27 is more than line 25, leave blank)	28	.00

Other itemized deductions

29 Gambling losses (see instructions)	29	.00
30 Casualty and theft losses of income-producing property (see instructions)	30	.00
31 Federal estate tax on income in respect of a decedent (see instructions)	31	.00
32 Deduction for amortizable bond premiums (see instructions)	32	.00
33 An ordinary loss attributable to a contingent payment debt instrument or an inflation-indexed debt instrument	33	.00
34 Deduction for repayment of amounts under a claim of right if over \$3000 (see instructions)	34	.00
35 Certain unrecovered investments in a pension (see instructions)	35	.00
36 Impairment-related work expenses of a disabled person (see instructions)	36	.00
37 Federal qualified disaster loss (see instructions)	37	.00
38 Other itemized deductions from partnerships (see instructions)	38	.00
39 Add lines 29 through 38	39	.00

Total itemized deductions (see instructions)

Is Form IT-201 or IT-203, line 19a, over \$174,500? (Mark an X in the appropriate box)

- If **No**, your deduction is not limited. Add the amounts in the far right column for lines 4 through 39 and enter the amount on line 40.
- If **Yes**, your deduction may be limited. See the *Line 40, Total itemized deductions worksheet*, in the instructions to compute the amount to enter on line 40.

40 **40** 26805.00

NO HANDWRITTEN ENTRIES ON THIS FORM

196002223555



Adjustments (see instructions)

41 State, local, and foreign income taxes (or general sales tax, if applicable), and other subtraction adjustments (see instructions)	41	2092.00
42 Subtract line 41 from line 40 (see instructions)	42	24713.00
43 College tuition itemized deduction (Form IT-203 filers only, IT-201 filers leave blank and skip to line 44) (Form IT-203-B, line 2; see instructions)	43	.00
44 Addition adjustments (see instructions)	44	.00
45 Add lines 42, 43, and 44	45	24713.00
46 Itemized deduction adjustment (see instructions)	46	1060.00
47 Subtract line 46 from line 45 (see instructions)	47	23653.00
48 College tuition itemized deduction (Form IT-201 filers only, IT-203 filers leave blank and skip to line 49) (See Form IT-272, Claim for College Tuition Credit or Itemized Deduction) (see instructions) ...	48	.00
49 New York State itemized deduction (add lines 47 and 48; enter on Form IT-201, line 34 or Form IT-203, line 33) (see instructions)	49	23653.00

NO HANDWRITTEN ENTRIES ON THIS FORM

196003223555





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

102842235

Box b Employer identification number (EIN)

541780389

Box c Employer's information

Employer's name			
CAPITAL ONE SERVICES LLC			
Employer's address (number and street)			
1680 CAPITAL ONE DRIVE			
City	State	ZIP code	Country
MC LEAN	VA	22102-3407	

Box 1 Wages, tips, other compensation

107936.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

47.00

Code

C

Box 12b Amount

6917.00

Code

D

Box 12c Amount

7965.00

Code

DD

Box 12d Amount

.00

Code

Box 14a Amount

206.00

Description

NY PFL

Box 14b Amount

11.00

Description

NY SDI

Box 14c Amount

45.00

Description

PA SUI

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.

107936.00

Box 17a NYS income tax withheld

2036.00

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

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 street)			
City	State	ZIP code	Country

Box 1 Wages, tips, other compensation

.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

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.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

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001223555



MAKE CHECK PAYABLE TO:
MAIL TO:
PA DEPARTMENT OF REVENUE
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
PO BOX 280403
HARRISBURG, PA 17128-0403

PA DEPARTMENT OF REVENUE

2023 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 04-18-23
FISCAL FILER ONLY

052-84-2235 KA

DECLARATION OF EST TAX PAYMENT AMOUNT

KAUR
JASMEET

3336.00 834.00

147 ASHBY ROAD
UPPER DARBY
PA
19082 646-525-1472

DEPARTMENT USE ONLY

[Empty box for Department Use Only]

Make check or money order
payable to the Pennsylvania
Department of Revenue
2302512805

2023 ESTIMATED 2023 ESTIMATED 2023 ESTIMATED
PA-40ES

MAKE CHECK PAYABLE TO:
MAIL TO:
PA DEPARTMENT OF REVENUE
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
PO BOX 280403
HARRISBURG, PA 17128-0403

PA DEPARTMENT OF REVENUE

2023 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 06-15-23
FISCAL FILER ONLY

052-84-2235 KA

DECLARATION OF EST TAX PAYMENT AMOUNT

KAUR
JASMEET

3336.00 834.00

147 ASHBY ROAD
UPPER DARBY
PA
19082 646-525-1472

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue

2302512805

2023 ESTIMATED 2023 ESTIMATED 2023 ESTIMATED
PA-40ES

MAKE CHECK PAYABLE TO:
MAIL TO:
PA DEPARTMENT OF REVENUE
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
PO BOX 280403
HARRISBURG, PA 17128-0403

PA DEPARTMENT OF REVENUE

2023 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 09-15-23
FISCAL FILER ONLY

052-84-2235 KA

DECLARATION OF EST TAX PAYMENT AMOUNT

KAUR
JASMEET

3336.00 834.00

147 ASHBY ROAD
UPPER DARBY
PA
19082 646-525-1472

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue

2302512805

2023 ESTIMATED 2023 ESTIMATED 2023 ESTIMATED
PA-40ES

MAKE CHECK PAYABLE TO:
MAIL TO:
PA DEPARTMENT OF REVENUE
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
PO BOX 280403
HARRISBURG, PA 17128-0403

PA DEPARTMENT OF REVENUE

2023 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 01-16-24
FISCAL FILER ONLY

052-84-2235 KA

DECLARATION OF EST TAX PAYMENT AMOUNT

KAUR
JASMEET

3336.00 834.00

147 ASHBY ROAD
UPPER DARBY
PA
19082 646-525-1472

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue

2302512805

2023 ESTIMATED 2023 ESTIMATED 2023 ESTIMATED
PA-40ES

MAKE CHECK PAYABLE TO:
PENNSYLVANIA DEPARTMENT OF REVENUE
MAIL TO:

PENNSYLVANIA DEPARTMENT OF REVENUE
PAYMENT ENCLOSED
1 REVENUE PLACE
HARRISBURG, PA 17129-0001

NOTE:
WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT),
'2022 PA-40 V' AND DAYTIME PHONE NUMBER ON YOUR CHECK.

2022 PA-40 V PA PAYMENT VOUCHER

1555
REV 03/01/23 PRO

052-84-2235 KA

2200916803

PAYMENT AMOUNT

KAUR
JASMEET

646-525-1472

\$ 19.00

147 ASHBY ROAD
UPPER DARBY
PA
19082

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue

PA-40 - 2022
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (05-22)

052842235

KAUR

JASMEET

Occupation SOFTWARE E

Occupation

147 ASHBY ROAD

UPPER DARBY

PA 19082

646-525-1472

23945

N Extension. N Amended Return.
R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to
S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name UPPER DARBY

1a Gross Compensation. Do not include exempt income, such as combat zone pay and
qualifying retirement benefits. See the instructions.

1b Unreimbursed Employee Business Expenses.

1c Net Compensation. Subtract Line 1b from Line 1a.

2 Interest Income. Complete PA Schedule A if required.

3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.

4 Net Income or Loss from the Operation of a Business, Profession or Farm.

5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.

6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.

7 Estate or Trust Income. Complete and submit PA Schedule J.

8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.

9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c,
2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.

10 Other Deductions. Enter the appropriate code for the type of deduction.
See the instructions for additional information.

11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

1a 107936

1b 0

1c 107936

2 646

3 0

4 0

5 0

6 0

7 0

8 0

9 108582

10 0

11 108582



PA-40 - 2022

Social Security Number

052842235

Name(s) JASMEET KAUR

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

12 3333

13 Total PA Tax Withheld. See the instructions.

13 0

14 Credit from your 2021 PA Income Tax return.

14 0

15 2022 Estimated Installment Payments. REV-459B included.

15 0

16 2022 Extension Payment.

16 0

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

17 0

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

18 0

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19a 00

19b Dependents, Section II, Line 2, PA Schedule SP

19b 00

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

20 0

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

21 0

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

22 3314

23 Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.

23 0

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

24 3314

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

25 0

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

26 19

27 Penalties and Interest. See the instructions. Enter Code:

27 0

If including form REV-1630/REV-1630A, mark the box.

N

28 TOTAL PAYMENT DUE. See the instructions.

28 19

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

29 0

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

REFUND

30 0

31 Credit - Amount of Line 29 you want as a credit to your 2023 estimated account.

31 0

32 Refund donation line. Enter the organization code and donation amount. See instructions.

32

33 Refund donation line. Enter the organization code and donation amount. See instructions.

33

34 Refund donation line. Enter the organization code and donation amount. See instructions.

34

35 Refund donation line. Enter the organization code and donation amount. See instructions.

35

36 Refund donation line. Enter the organization code and donation amount. See instructions.

36

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number	Date
SYAM PRIYA RAM SAGAR GUPTA TALLAM 6789659522	031723

E-File Opt Out N

Firm FEIN 843171965

Preparer's PTIN P02082703



PA SCHEDULE A
Interest Income

2201210024

PA-40 A (EX) 06-22 (1)
PA Department of Revenue

2022

OFFICIAL USE ONLY

Name (if filing jointly, use name shown first on the PA-40) JASMEET KAUR	Social Security Number (shown first) 052-84-2235
-----------------------------------------------------------------------------	-----------------------------------------------------

CAUTION: Federal and PA rules for taxable interest income are different. **Read the instructions.**

If your total PA-taxable interest income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and you have no amounts for Lines 2 through 15 (not including subtotal Lines 4 and 10) of PA Schedule A, you must report your income on Line 2 of the PA-40, but you do not have to submit PA Schedule A. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 15 (not including subtotal Lines 4 and 10) of the schedule, you must complete and submit PA Schedule A with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 15 (not including subtotal Lines 4 and 10) of Schedule A. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule A is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE A - PA-Taxable Interest Income (See the instructions.)

Taxpayer Spouse Joint

1. Interest income reported on your federal return. See instructions.	1.	\$	646
2. Tax-exempt interest income included in Line 2a of your federal return.	2.	\$	
3. Other addition adjustments. See instructions. Description: _____	3.	\$	
4. Add Lines 1, 2 and 3.	4.	\$	646
5. Interest income from federal Schedule(s) K-1. See instructions.	5.	\$	
6. Interest income from direct obligations of the Commonwealth of Pennsylvania and/or its municipalities.	6.	\$	
7. Interest income from direct obligations of the U.S. government.	7.	\$	0
8. Other reduction adjustments. See instructions. Description: _____	8.	\$	
9. Add Lines 5, 6, 7 and 8.	9.	\$	0
10. Subtract Line 9 from Line 4.	10.	\$	646
11. Distributions from Life Insurance, Annuity or Endowment Contracts included in federal taxable income.	11.	\$	
12. Distributions from Charitable Gift Annuities included in federal taxable income.	12.	\$	
13. Distributions from IRC Section 529 Qualified Tuition Programs for non-educational purposes.	13.	\$	
14. Distributions from Health/Medical Savings Accounts included in federal taxable income.	14.	\$	
15. Interest income from PA S corporations and partnership(s), reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1.	15.	\$	
16. Total PA-Taxable Interest Income. Add Lines 10 through 15. Enter on Line 2 of your PA-40.	16.	\$	646

1555
REV 03/01/23 PRO



2201210024

2201210024

PA SCHEDULE G-L
PA-40/PA-41 G-L
(10-20)
PA Department of Revenue

SECTION I – CALCULATION OF THE CREDIT

JASMEET KAUR

052842235

1. Name of other state	NEW YORK	Credit from a Pass-Through Entity (see the instructions)		
		A	B	C
		Amount of income subject to tax in PA per PA return	Amount of income subject to tax in the other state	Lesser of Column A or B
2. Class of income subject to tax in the other state				
a. Compensation		107936	107936	
b. Unreimbursed business expenses		0		
c. Net compensation		107936	107936	107936
d. Interest		646	0	0
e. Dividends		0	0	0
f. Net income or loss from business, profession or farm		0	0	0
g. Gain or loss from sale, exchange or disposition of property		0	0	0
h. Income or Loss from rents, royalties, patents and copyrights		0	0	0
i. Estate or trust income		0	0	0
j. Gambling and lottery winnings		0	0	0
3. Income subject to tax in the other state - Add Lines 2c thru 2j for Column C. Enter the result here.				107936
4. a. Tax due or assessed in the other state				4753
b. Tax paid in the other state				4753
c. Enter the lesser of Line 4a or Line 4b				4753
d. Less: adjustments - Enter the amount from Section III, Line 5.				0
e. Adjusted tax paid in the other state - Subtract Line 4d from Line 4c. Enter the result here.				4753
5. Line 3 x 3.07 percent (0.0307)				3314
6. PA Resident Credit. Enter the lesser of Line 4e or Line 5 here and on the appropriate form (see instructions).				3314

SECTION II – SOURCES AND AMOUNTS OF INCOME SUBJECT TO TAX

	A	B	C	D	E
1. Source entity name					TOTALS
2. Income by class					
Compensation					107936
Interest					0
Dividends					0
Net income or loss from business, profession or farm					0
Gain or loss from sale, exchange or disposition of property					0
Income or loss from rents, royalties, patents and copyrights					0
Estate or trust income					0
Gambling and lottery winnings					0

SECTION III – ADJUSTED TAX PAID

1. Enter the amount from Section I, Column C, Line 3 here.	107936
2. Add the amounts from Section I, Column B, Lines 2c through 2j. Enter the result here.	107936
3. Divide the amount from Section III, Line 1 by Section III, Line 2. Enter the result here (calculate to six decimal places). If the amount on Section III, Line 3 equals 1.000000, you may stop here and enter "0" on Section I, Line 4d.	1.000000
4. If the amount on Section III, Line 3 is less than 1.000000, subtract the decimal from 1.000000. Enter the result here (calculate to six decimal places).	0.000000
5. Multiply the decimal on Section III, Line 4 by the amount on Section I, Line 4c. Enter the result here and on Section I, Line 4d.	0





PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

2022

PA-8879 (EX) 11-22

Declaration Control Number/Submission ID

Table with 2 columns: Taxpayer Name and Social Security Number. Rows for Primary and Secondary Taxpayer.

SECTION I TAX RETURN INFORMATION - TAX YEAR ENDING DEC. 31, 2022 (whole dollars only)

Table with 2 columns: Description and Amount. Rows for Adjusted PA taxable income, PA tax liability, Total PA tax withheld, Amount to be refunded, and Total payment.

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2022 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

- I authorize GLOBAL TAXES LLC to enter my PIN 42235 as my signature on my tax year 2022 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return.

Table with 2 columns: Signature and Date.

SECONDARY TAXPAYER'S PIN Mark one oval only.

- I authorize to enter my PIN as my signature on my tax year 2022 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return.

Table with 2 columns: Signature and Date.

SECTION III CERTIFICATION AND AUTHENTICATION - PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN 222496 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2022 electronically filed income tax return for the taxpayer(s) indicated above.

Table with 2 columns: ERO's Signature and Date.

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

Name
JASMEET KAUR

Social Security Number
052-84-2235

Federal Forms W-2

# of W2	* N T / T X B L	TS	N R H	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1		T		CAPITAL ONE SERVICES LLC 54-1780389	107,936. 114,853.	107,936. 0.	NY

	Taxpayer	Spouse
Pennsylvania W-2	107,936.	0.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	0.	

Federal Forms W-2: Local Tax

# of W2	* N T / T X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID

	Taxpayer	Spouse
Pennsylvania Local W-2		
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding		

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

*	Payer Name	Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

Pennsylvania Payment type:

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------|
| A Executor fee | H Other nonemployee compensation.
Describe: _____ |
| B Jury duty pay | I Employer sponsored retirement/pension/deferred compensation plan |
| C Director's fee | J Distribution from IRA (Traditional or Roth) |
| D Expert witness fee | K Distribution from Life Insurance, Annuity or Endowment Contracts |
| E Honorarium | L Distribution from Charitable Gift Annuities |
| F Covenant not to compete | M Distribution from Employee Stock Ownership Plan.
Describe: _____ |
| G Damages or settlement for lost wages, other than personal injury | N Fiduciary fees from a trust |
| | O Other income not listed above
Describe: _____ |

	Taxpayer	Spouse
Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.	_____	_____
Withholding	_____	_____

Compensation from Federal Forms 1099R

*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- | | |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| N No entry | I22 I'm not eligible yet; plan is eligible in PA |
| I31 PA school, state, or municipal employee plan | J1 Traditional or Roth IRA; I'm over 59.5 |
| I11 United Mine Workers pension | J2 Traditional or Roth IRA; I'm under 59.5 |
| I32 Military pension | K2 Non-qualified deferred compensation plan |
| I33 U.S. Civil service retirement/disability/annuity | K3 Life insurance or endowment |
| K1 Annuity or Non-civil service disability
(including Qual Joint Survivorship Annuity) | L Distribution from Charitable Gift Annuities |
| I21 Early distribution from a retirement plan | M1 ESOP: Allocated ESOP Stock Dividend |
| I12 Rollover | M2 ESOP: Non-Allocated ESOP Stock Dividend |
| I13 I'm eligible; plan is eligible (no PA tax) | M3 KSOP: Taxable ESOP within a 401(k) |
| | M4 KSOP: Nontaxable ESOP within a 401(k) |

	Taxpayer	Spouse
Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info)	_____	_____
Distribution from Charitable Gift Annuities	_____	_____
Compensation from Form 1099R (eligible retirement plans)	_____	_____
Withholding	_____	_____

Total Gross Compensation

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a	107,936.	0.
Total Schedule NRH gross compensation to PA-40, line 12	_____	_____
Withholding to Form PA-40 line 13	0.	_____

Total gross compensation to Form PA-40 line 1a	107,936.
----------------------------------------------------------	----------

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.