



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 VENKATA R | Your last name (for a joint return, enter spouse's name on line below) AKULA | Your full SSN 440110155 | |
| Spouse's first name and middle initial RATNA S | Spouse's last name AKULA | Spouse's full SSN (only if filing a joint return) 277063251 | |
| Mailing address 1355 WOOD DUCK DRIVE | | Apartment number | Country |
| City, village or post office COPPELL | | State TX | ZIP code 75019 |
| 040001223555 | | Email: VRAKULA@YAHOO.COM | |

Payment amount

Dollars

203

Cents

00



For office use only

0401223555 440110155 4



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 VENKATA R AKULA | Spouse's name (jointly filed return only) RATNA S AKULA |
|------------------------------------|--|

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. | 384176. |
| 2 Refund | 2. | |
| 3 Amount you owe | 3. | 203. |
| 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 RVSSMANIKUMARAPPANA | Date 03252023 |



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

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

IT-203

22

and ending

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

| | | | | | |
|--|----------|---|-------------------|---|--|
| Your first name and middle initial VENKATA R | | Your last name (for a joint return, enter spouse's name on line below) AKULA | | Your date of birth (mmddyyyy) 09071964 | Your Social Security number 440110155 |
| Spouse's first name and middle initial RATNA S | | Spouse's last name AKULA | | Spouse's date of birth (mmddyyyy) 04291969 | Spouse's Social Security number 277063251 |
| Mailing address (see instructions) (number and street or PO Box) 1355 WOOD DUCK DRIVE | | | | Apartment number | New York State county of residence NR |
| City, village, or post office COPPELL | | State TX | ZIP code 75019 | 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 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.



203001223555

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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
440110155

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 384176.00

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203002223555



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 | 16050.00 |
| 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) | 368126.00 |
| 35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions) | 000.00 |
| 36 New York taxable income (subtract line 35 from line 34) | 368126.00 |

Tax computation, credits, and other taxes

| | |
|---|-----------|
| 37 New York taxable income (from line 36) | 368126.00 |
| 38 New York State tax on line 37 amount | 25217.00 |
| 39 New York State household credit | .00 |
| 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) | 25217.00 |
| 41 New York State child and dependent care credit | .00 |
| 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) | 25217.00 |
| 43 New York State earned income credit | .00 |

| | |
|---|----------|
| 44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) | 25217.00 |
|---|----------|

| | | | | | |
|----------------------|------------------------------------|---|-----------------------------|---|----------------------------------|
| 45 Income percentage | New York State amount from line 31 | ÷ | Federal amount from line 31 | = | Round result to 4 decimal places |
| | 10150.00 | | 384176.00 | | 45 0.0264 |

| | |
|---|--------|
| 46 Allocated New York State tax (multiply line 44 by the decimal on line 45) | 666.00 |
| 47 New York State nonrefundable credits (Form IT-203-ATT, line 8) | .00 |
| 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) | 666.00 |
| 49 Net other New York State taxes (Form IT-203-ATT, line 33) | .00 |
| 50 Total New York State taxes (add lines 48 and 49) | 666.00 |

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 | 666.00 | |

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Enter your Social Security number
440110155

59 Enter amount from line 58 59 666 .00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and 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 amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

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.

Table with 2 columns: Description and Amount. Rows include amount applied to 2023 tax, amount owed, and estimated tax penalty.

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

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, 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

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

440110155

Box b Employer identification number (EIN)

581760235

Box c Employer's information

| | | | |
|--|-------|----------|---------|
| Employer's name | | | |
| INFOSYS LIMITED | | | |
| Employer's address (number and street) | | | |
| 2400 N GLENNVILLE DR C150 | | | |
| City | State | ZIP code | Country |
| RICHARDSON | TX | 75082 | |

Box 1 Wages, tips, other compensation

217978.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

129.00

Code

C

Box 12b Amount

7747.00

Code

W

Box 12c Amount

27000.00

Code

A A

Box 12d Amount

6895.00

Code

D D

Box 14a Amount

4239.00

Description

RSO

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

N | Y

Box 16a NYS wages, tips, etc.

217978.00

Box 17a NYS income tax withheld

463.00

Other state information:

Box 15b other state

A | Z

Box 16b Other state wages, tips, etc.

2295.00

Box 17b Other state income tax withheld

62.00

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

277063251

Box b Employer identification number (EIN)

131675522

Box c Employer's information

| | | | |
|---|-------|----------|---------|
| Employer's name | | | |
| VERIZON CORP SERVICES GRP INC AGENT FOR VERIZON DATA SERVICES | | | |
| Employer's address (number and street) | | | |
| 899 HEATHROW PARK LN 02-2135 | | | |
| City | State | ZIP code | Country |
| LAKE MARY | FL | 32746 | |

Box 1 Wages, tips, other compensation

70225.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

70.00

Code

C

Box 12b Amount

7497.00

Code

A A

Box 12c Amount

4911.00

Code

D D

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

N | Y

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





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

277063251

Box b Employer identification number (EIN)

135266470

Box c Employer's information

| | | | |
|---|-------------|-------------------|---------|
| Employer's name CITIBANK N.A | | | |
| Employer's address (number and street) 3800 CITIGROUP CENTER DRIVE | | | |
| City TAMPA | State FL | ZIP code 33610 | Country |

Box 1 Wages, tips, other compensation

3260.00

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

Do not detach.

W-2 Record 2

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

277063251

Box b Employer identification number (EIN)

742853258

Box c Employer's information

| | | | |
|--|-------------|-------------------|---------|
| Employer's name PERFICIENT INC | | | |
| Employer's address (number and street) 555 MARYVILLE UNV DR 500 | | | |
| City SAINT LOUIS | State MO | ZIP code 63141 | Country |

Box 1 Wages, tips, other compensation

73712.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

21726.00

Code

AA

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

