

FORM 40NR Alabama 2023 Individual Income Tax Return NONRESIDENTS ONLY



Your social security number 809-51-4735

Spouse's SSN if joint return

Check if primary is deceased Primary's deceased date (mm/dd/yyyy)

Check if spouse is deceased Spouse's deceased date (mm/dd/yyyy)

Your first name Initial Last name AKARSH VARRE

Spouse's first name Initial Last name

Present home address (number and street or P.O. Box number)

360 HUGUENOT ST 1911

City, town, or post office

State ZIP code NY 10801

Check if address is outside U.S. Foreign Country

NEW ROCHELLE

Filing Status/ 1 X \$1,500 Single 3 \$1,500 Married filing separate. Complete Spouse SSN NRA

Exemptions 2 \$3,000 Married filing joint 4 \$3,000 Head of Family (with qualifying person). Complete Schedule HOF.

		A - Alabama Tax Withheld	B - All Sources	C - Alabama Income
5	Wages, salaries, tips, etc. (From Schedule W-2, line 18, columns G, H, and I.) (Include spouse's income if married filing joint.)	4,847	233,800	125,993
6	Other income (from page 2, Part I, line 9)		704	0
7	Total income. Add amounts in col. B then add amounts in col. C, lines 5 and 6		234,504	125,993
8	Adjustments to income (from page 2, Part II, line 8)			
9	Adjusted total income. Subtract line 8 from line 7		234,504	125,993
10	Alabama percentage of adjusted total income. Divide line 9, col. C, by line 9, col. B (not over 100%)			53.73%
11	Other Adjustments (from page 2, Part III, line 4 and line 6)			
12	Adjusted Gross Income. Subtract line 11 from line 9		234,504	125,993

Deductions		Box a or b MUST be checked	
13	Check appropriate box. If you itemize, enter amount from Schedule A, line 30. a X Itemized Deductions b Standard Deduction	13	7,321
14	Federal Income Tax deduction (from page 2, Part IV, line 7)	14	26,579
15	Personal exemption (multiply line 1, 2, 3, or 4 by percentage on line 10)	15	806
16	Dependent exemption (from page 2, Part V, line 4)	16	
17	Total deductions. Add lines 13, 14, 15, and 16	17	34,706

Tax		Tax	
18	Taxable income. Subtract line 17 from line 12, column C	18	91,287
19	Tax due. Enter amount from tax table or check if from Form NOL-85A	19	4,523
20	Net tax due Alabama. Check box if computing tax using Schedule OC, otherwise enter amount from line 19	20	4,523

Payments		Payments	
21	Alabama Income Tax withheld (from column A, line 5)	21	4,847
22	2023 estimated tax payments/Automatic Extension Payment	22	
23	Composite tax payments/Electing PTE credit (from Schedule CP, Section B, line 1)	23	
24	Amended Returns Only - Previous payments (see instructions)	24	
25	Refundable Credits. Enter the amount from the Schedule OC, Section F, line F4	25	
26	Total payments. Add lines 21 through 25	26	4,847
27	Amended Returns Only - Previous refund (see instructions)	27	
28	Adjusted total payments. Subtract line 27 from line 26	28	4,847

AMOUNT YOU OWE		AMOUNT YOU OWE	
29	If line 20 is larger than line 28, subtract line 28 from line 20, and add line 30 and enter AMOUNT YOU OWE. Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)	29	
30	Estimated tax penalty (see instructions)	30	
31	If line 28 is larger than line 20, subtract line 20 from line 28 and enter AMOUNT OVERPAID.	31	324
32	Amount of line 31 to be applied to your 2024 estimated tax	32	
33	REFUNDED TO YOU. If line 31 is greater than zero, subtract lines 30 and 32 from line 31	33	324

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer. 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.

Sign Here In Black Ink Keep a copy of this return for your records. Your Signature Date Daytime Telephone Number Your Occupation (267) 632-3517 TECH. LEAD AUTONOMY Spouse's Signature (if joint return, BOTH must sign) Date Daytime Telephone Number Spouse's Occupation

Paid Preparer's Use Only Preparer's Signature Date 04/03/2024 Check if Self-employed Preparer's SSN or PTIN P02082703 E.I. Number Firms Name (or yours if self employed) GLOBAL TAXES LLC Daytime Telephone No. (678) 965-9522 ZIP Code 08816 Address 245 ROONEY CT

MAIL FORM 40NR TO: SEE INSTRUCTIONS



		B – All Sources		C – Alabama Income	
PART I Other Income <i>(See instructions)</i>	1 Interest and dividend income <i>(attach Schedule B if over \$1500.00)</i>	1 ●	704	1 ●	0
	2 Alimony received	2 ●			
	3 Taxable portion of pensions and annuities <i>(attach Schedule RS)</i>	3 ●			
	4 Business income or (loss) <i>(attach Federal Schedule C) (see instructions)</i>	4 ●		4 ●	
	5 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. <i>(attach Schedule D)</i>	5 ●		5 ●	
	6 Rents, Royalties, Partnerships, Estates, Trusts, etc. <i>(attach Schedule E)</i>	6 ●	0	6 ●	0
	7 Farm income or (loss) <i>(attach Federal Schedule F) (see instructions)</i>	7 ●		7 ●	
	8 Other income <i>(state nature and source)</i>	8 ●		8 ●	
	9 Total other income. Add lines 1 through 8, column B, and lines 1, 4 through 8, column C. Enter here and also on page 1, line 6	9 ●	704	9 ●	0
PART II Adjustments to Income <i>(See instructions)</i>	1 IRA deduction, Keogh retirement plan, and self-employed SEP deduction	1 ●		1 ●	
	2 Penalty on early withdrawal of savings	2 ●			
	3 Moving Expenses (Attach Federal Form 3903)				
	Place of new employment:	3 ●		3 ●	
	4 Self-employed health insurance deduction	4 ●		4 ●	
	5 Payments to Alabama College Counts 529 Fund or Alabama PACT program	5 ●		5 ●	
	6 Firefighter's Insurance Premiums	6 ●		6 ●	
	7 Contributions to an Achieving a Better Life Experience (ABLE) savings account	7 ●		7 ●	
8 Adjustments to income. Add lines 1 through 7, Column B, and lines 1, 3 through 7, Column C. Enter here and also on page 1, line 8, columns B and C	8 ●		8 ●		
PART III Other Adjustments <i>(See instructions)</i>	1 Alimony Paid	1 ●			
	2 Adoption Expenses	2 ●			
	3 Health insurance deduction for small employer employee	3 ●			
	4 Add lines 1 through 3, enter here and on page 1, line 11, column B	4 ●			
	5 Enter the percentage from page 1, line 10	5 ●	53.73%		
	6 Multiply line 4 by line 5. Enter here and also page 1, line 11, column C	6 ●			
PART IV Federal Income Tax Deduction <i>(See instructions)</i>	If you are filing separately on your Alabama return and jointly on your Federal return, complete all lines below. Otherwise, omit lines 1 through 3.	B – Federal Adjusted Gross Income		C – Alabama Federal Tax Deduction Computation	
	1 Your joint federal adjusted gross income	1 ●			
	2 Your federal adjusted gross income	2 ●			
	3 Divide line 2 by line 1. Enter percentage here			3 ●	%
	4 Enter the Federal Income Tax Liability from worksheet <i>(see instructions)</i>			4 ●	49,468
	5 If you completed lines 1 through 3 above, multiply line 4 by the percentage from line 3			5 ●	
	6 Enter the percentage from page 1, line 10			6 ●	53.73%
7 If you completed lines 1-3 above, multiply line 5 by percentage on line 6. Otherwise, multiply line 4 by percentage on line 6			7 ●	26,579	
PART V Dependents	1 Total number of dependents from Schedule DS, line 1b			1 ●	
	2 Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions			2 ●	
	3 Enter the percentage from page 1, line 10 of your return			3 ●	53.73%
	4 Dependent exemption allowable. Multiply the amount on line 2 by the percentage on line 3. Enter here and on page 1, line 16			4 ●	
PART VI General Information	1 Name of state of which you were a legal resident in 2023 <u>NY</u>				
	2 Did you file a return with that state for 2023? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____				
	3 If married, did your spouse receive a separate income for 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is your spouse filing a separate Alabama return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name here. _____				
	4 Did you file an Alabama return for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason why: _____				
All Taxpayers Must Complete This Section <i>(See instructions)</i>	5 Give name and address of your present employer(s). Yours: <u>JUSTWORKS EMPLOYMENT GROUP LLC P.O. BOX 7119 CHURCH STREET STATION NEW YORK NY 10008</u> Your Spouse's: _____				
	6 Enter the Adjusted Gross Income reported on your 2023 Federal Individual Income Tax Return			6 ●	234,504
Drivers License Info	DOB (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>	Your state ● <u>XX</u> DL# ● <u>XXXXXXXX</u>	Iss date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>	Exp date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>	
	DOB (mm/dd/yyyy) ● _____	Spouse state ● _____ DL# ● _____	Iss date (mm/dd/yyyy) ● _____	Exp date (mm/dd/yyyy) ● _____	

**SCHEDULES
A, B, D, & E**
(FORM 40NR)



(Schedules B, D, and E are on back)
ATTACH TO FORM 40NR — SEE INSTRUCTIONS FOR SCHEDULE A

Name(s) as shown on Form 40NR AKARSH VARRE	Your social security number 809-51-4735
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The itemized deductions you may claim for the year 2023 are similar to the itemized deductions claimed on your Federal return; however, the amounts may differ. Please see instructions before completing this schedule.

<i>CAUTION: Do not include expenses reimbursed or paid by others.</i>					
Medical and Dental Expenses	1 Medical and dental expenses.....	1	0	00	
	2 Enter amount from Form 40NR, line 12, col. B	2		00	
	3 Multiply the amount on line 2 by 4% (.04). Enter the result.	3		00	
	4 Subtract line 3 from line 1. Enter the result. If zero or less, enter -0-.....	4	•		00
Taxes You Paid	5 Real estate taxes.	5		00	
	6 FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax.	6	13,626	00	
	7 Railroad Retirement. (Tier 1 only)	7		00	
	8 Other taxes. (List - include personal property taxes.) _____	8		00	
	9 Add the amounts on lines 5 through 8. Enter the total here.	9	•	13,626	00
Interest You Paid	10a Home mortgage interest and points reported to you on Federal Form 1098.	10a		00	
	b Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ► _____				
	10b _____	10b		00	
	11 Reserved for future use.	11		00	
	12 Points not reported to you on Form 1098.	12		00	
<i>NOTE: Personal interest is not deductible.</i>	13 Investment interest. (Attach Form 4952A).	13		00	
14 Add the amounts on lines 10a through 13. Enter the total here.	14	•		00	
Gifts to Charity	<i>CAUTION: If you made a charitable contribution and received a benefit in return, see instructions.</i>				
	15 Contributions by cash or check (If more than \$250, see instructions).	15		00	
	16 Other than cash or check. (You MUST attach Federal Form 8283 if over \$500.)	16		00	
	17 Carryover from prior year.	17		00	
18 Add the amounts on lines 15 through 17. Enter the total here.	18	•		00	
Qualified Long-Term Care	<i>CAUTION: Do not include medical insurance premiums.</i>				
	19 Enter Amount	19	•		00
Miscellaneous Deductions	20 Other (from list in the instructions). List type and amount. ► _____				

		20	•		00
Proration of Above Amounts	21 Total itemized deductions to be prorated. (Add lines 4, 9, 14, 18, 19, and 20.)	21	•	13,626	00
	22 Enter percentage (%) from Form 40NR, page 1, line 10.	22	•	53.73	%
	23 Multiply line 21 by the percentage on line 22.	23	•	7,321	00
Alabama Casualty and Theft Losses	24a Enter the loss from Federal Form 4684, either A <input type="checkbox"/> line 15, or B <input type="checkbox"/> line 16, attach copy.	24a		00	
	b Enter 10% of your Adjusted Gross Income (Form 40NR, line 12, column C) if box B checked, otherwise enter zero	24b		00	
	c Subtract line 24b from line 24a. If zero or less, enter -0-.....	24c	•		00
Alabama Job Related Expenses	25 Unreimbursed employee expenses — job travel, union dues, job education, etc. (You MUST attach Federal Form 2106 if required. See instructions.) ► _____	25		00	
	26 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ► _____	26		00	
	27 Add the amounts on lines 25 and 26. Enter the total here.	27		00	
	28 Multiply the amount on Form 40NR, line 12, column C by 2% (.02). Enter the result here.	28		00	
<i>You may ONLY deduct expenses associated with your Alabama income.</i>	29 Subtract line 28 from line 27. Enter the result. If zero or less, enter -0-.....	29	•		00
Total Itemized Deductions	30 Add the amounts on lines 23, 24c, and 29. Enter the total here. Then enter on Form 40NR, page 1, line 13 and check 13a, Itemized Deductions.	30	•	7,321	00



Name(s) as shown on Form 40NR (Do not enter name and social security number if shown on other side)
AKARSH VARRE

Your social security number
809-51-4735

SCHEDULE B – Interest and Dividend Income

1	Total Income from Interest and Dividends before any exclusions	1	704	00	B Adjusted Gross Income from All Sources	C Adjusted Gross Income Earned in Alabama
2	List all interest received from obligations of the Federal Government, State of Alabama, and political subdivisions of Alabama.					
a	_____	2a		00		
b	_____	2b		00		
c	_____	2c		00		
d	_____	2d		00		
3	Total. Add amounts on lines 2a, b, c, and d.	3		00		
4	TOTAL TAXABLE INCOME FROM INTEREST AND DIVIDENDS. Subtract line 3 from line 1. Enter here and also on Form 40NR, page 2, Part I, line 1, column B and C.	4	704	00	0	00

SCHEDULE D – Profit From Sale of Real Estate, Stocks, Bonds, etc.

1	Enter total gain or (loss), before any Federal exclusion, from the sale of all assets which is not taxable to the State of Alabama.	1		00	B	C							
2	Itemize all other transactions which are taxable to Alabama in columns a through f below.												
a	Kind of Property & Location	b	Date Acquired	c			Amount Received	d	Depreciation Allowable Since Acquisition	e	Cost or Other Basis	f	Subsequent Improvements
3	Totals.												
4	Net profit or (loss) (total of columns c and d less total of columns e and f).	4		00				00					
5	TOTAL GAIN OR (LOSS) FROM SALE OF REAL ESTATE, STOCKS, BONDS, ETC. Add the amounts on lines 1 and 4. Enter here and on Form 40NR, page 2, Part I, line 5, columns B and C.	5		00		00							

SCHEDULE E – Income From Rents, Royalties, Partnerships, Estates, Trusts, and S Corporations

PART I – Rent and Royalty Income or (Loss)

1	Enter total income or (loss) from all rents and royalties which is not taxable to Alabama.	1		00	B	C					
2	Itemize below all rent and royalty income which is taxable to Alabama.										
a	Kind of Property & Location	b	Amount of Rent or Royalty	c			Depreciation or Depletion (attach schedule)	d	Repairs (attach itemized list)	e	Other Expenses (attach itemized list)
3	Totals (columns 2b through 2e).										
4	Net profit or (loss) (column b less sum of columns 2c through 2e).	4	0	00				0	00		
5	TOTAL INCOME FROM RENTS AND ROYALTIES. Add the amounts on lines 1 and 4. Enter the totals here and include in line 8 below.	5	0	00		0	00				

PART II – Income or (Loss) from Partnerships, S Corporations, Estates, or Trusts

6	List income received from partnerships, estates, trusts, and S corporations in 2023. Income from these sources not taxable to Alabama should be listed in column B only. This type income earned from Alabama sources should be listed in both columns B and C.					
	Name and Address	Check One Partnership Estate or Trust S Corporation			Employer Identification Number	
6a	_____					00
6b	_____					00
6c	_____					00
7	TOTAL INCOME OR (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS. Add the amounts on lines 6a, b, and c. Enter the totals here and include in line 8 below.	7		00		00

PART III – Summary

8	TOTAL INCOME OR (LOSS). Combine the amounts on lines 5 and 7, columns B and C. Enter here and on Form 40NR, page 2, Part I, line 6, columns B and C.	8	0	00		0	00
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Alabama Department of Revenue
Wages, Salaries, Tips, etc.

Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.

NAME(S) AS SHOWN ON TAX RETURN
AKARSH VARRE

PRIMARY'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.
809-51-4735

	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C Statutory Employee	D Schedule C/C-EZ Filed?	E State Code	F Alabama Employer's State ID Number	G Alabama State Income Tax Withheld	H Federal Wages (Box 1 of Form W-2)	I Alabama State Wages (Box 16 of Form W-2)	J Additional Taxable Wages - Other States	
1	• 809-51-4735	• 462283648	• <input type="checkbox"/>	• <input type="checkbox"/>	• AL	• 009082278	• 4,847	•	• 125,993	•	
2	• 809-51-4735	• 462283648	• <input type="checkbox"/>	• <input type="checkbox"/>	• OS	•	•	• 233,800	•	• 233,800	
3	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
4	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
5	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
6	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
7	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
8	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
9	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
10	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
11	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
12	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
13	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
14	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
15	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here . .						• 4,847				
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements.						• 0				
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions.						• 4,847	• 233,800	• 125,993	• 233,800	

THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE

For the year January 1 – December 31, 2023

Your first name and initial AKARSH Last name VARRE

If a joint return, spouse's first name and initial Last name

Your social security number 8 0 9 : 5 1 : 4 7 3 5 Spouse's soc. sec. no. if joint return Telephone number (optional) (267) 632-3517

Home address (number and street). If a P.O. Box, see instructions. 360 HUGUENOT ST Apt. no. 1911 City, town or post office, state, and ZIP code NEW ROCHELLE NY 10801

Table with 5 rows and 2 columns: Line number, Description, Amount. Includes Alabama taxable income, total tax liability, total payments, refund, and amount owed.

Part II Refund and Payment Information. Includes routing number, account number, type of account (Checking/Savings), type of transaction (Direct Deposit/Debit), and paper check option.

Part III Declaration of Taxpayer. Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator...

Sign Here. Includes lines for taxpayer signature and date, and spouse's signature and date.

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer. I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge...

ERO's Use Only. Includes fields for ERO's signature, date (04/03/2024), check if also paid preparer, Preparer's PTIN, firm's name (GLOBAL TAXES LLC), address (245 ROONEY CT E BRUNSWICK NJ), E.I. No. (84-3171965), and ZIP Code (08816).

Paid Preparer's Use Only. 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. Includes fields for Preparer's signature, date (04/03/2024), check if self-employed, Preparer's PTIN (P02082703), firm's name (SYAM PRIYA RAM SAGAR GUPTA), address (245 ROONEY CT E BRUNSWICK NJ), E.I. No., and ZIP Code (08816).

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

Income Worksheet

2023

Name as Shown on Return AKARSH VARRE	Social Security Number 809-51-4735
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Wages, Salaries, Tips, Etc for Line 5 of Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
Check this box to exclude income from your Alabama return.

Check this box if you are excluding income and plan to attempt to electronically file your return.

NOTE: Part-year residents may use this worksheet to remove non Alabama source income. Resident and Non-Resident returns may be rejected during electronic filing if you exclude income by marking boxes in the # column.

Payer's name	#	State name	Gross earnings	Alabama wages	Alabama tax withheld
JUSTWORKS EMPLOYMENT GROU	<input type="checkbox"/>	AL	125,993.	125,993.	4,847.
JUSTWORKS EMPLOYMENT GROU	<input type="checkbox"/>	NY	233,800.	0.	
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total			359,793.	125,993.	4,847.

Other Income for Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
Check this box to exclude income from your Alabama return.

Description	#	Total amount	Alabama amount
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Total			

Interest Income Statement

2023
Statement INT

Name(s) shown on return AKARSH VARRE	Social Security Number 809-51-4735
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Interest Income and Adjustments

Payer's Name	Regular Interest	Type	U.S. Government Interest	Tax exempt Interest	Type of Adjustment	Adjustment Amount (enter as positive)	Subtotal	St ID
	Minus Bond Premium on regular interest		Minus Bond Premium on U.S. Govt Interest	Minus Bond Premium on exempt interest				
GOLDMAN SACHS BANK USA								
	704.						704.	

- | | |
|--|--|
| <p>Type</p> <ul style="list-style-type: none"> (blank) Regular Taxable Interest M State Use Only S Seller Financed | <p>Type of Adjustment</p> <ul style="list-style-type: none"> N Nominee Distribution O OID Adjustment A Accrued Interest H Other Adjustment U U.S. Savings Bond Previously Reported |
|--|--|

Summary

	Exempt	Subtotal
1 Subtotal of all interest income		704.
2 Net U.S. obligations		
3 Net in-state municipal bonds		
4 Net tax-exempt municipal bonds from certain U.S. Territories		
5 Net interest income (Line 1 minus lines 2, 3 and 4)		704.



New York State E-File Signature Authorization for Tax Year 2023

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 AKARSH VARRE	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 2023 Form IT-370 and Tax Year 2024 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.	234504.
2 Refund.....	2.	
3 Amount you owe.....	3.	3009.
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 2023 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 2023 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 2023 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 2023 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 2023 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2023 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 2023 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	Date 04032024



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2023, through December 31, 2023, or fiscal year beginning ... **23**

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name AKARSH		MI	Your last name (for a joint return, enter spouse's name on line below) VARRE		Your date of birth (mmddyyyy) 01281994	Your Social Security number 809514735
Spouse's first name		MI	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) 360 HUGUENOT ST					Apartment number 1911	New York State county of residence WESTCHESTER
City, village, or post office NEW ROCHELLE			State NY	ZIP code 10801	Country UNITED STATES	School district name YONKERS
Taxpayer's permanent home address (see instructions) (number and street or rural route)					Apartment number	School district code number 715
City, village, or post office			State NY	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
					Decedent information	

- A Filing status**
(mark an X in one box):
- ① Single
 - ② Married filing joint return (enter spouse's Social Security number above)
 - ③ Married filing separate return (enter spouse's Social Security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying surviving spouse

B Did you itemize your deductions on your 2023 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 (1) Did you or your spouse **maintain living quarters in Yonkers** for any part of 2023? ... Yes No
If Yes:

(2) Number of months **you** lived in Yonkers in 2023

(3) Number of months **your spouse** lived in Yonkers in 2023

If No:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 Yes No

E (1) Did you or your spouse **maintain living quarters in NYC** (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island) during 2023? Yes No

(2) Enter the number of days spent in NYC in 2023 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only:
(1) Number of months **you** lived in NYC in 2023

(2) Number of months **your spouse** lived in NYC in 2023

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

H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box.



201001233555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
809514735

Federal income and adjustments

Whole dollars only

Table with 19 rows for Federal income and adjustments. Includes items like Wages, salaries, tips, etc. (233800.00), Taxable interest income (704.00), and Total federal adjusted gross income (234504.00).

New York additions

Table with 4 rows for New York additions. Includes Interest income on state and local bonds (0.00), Public employee 414(h) retirement contributions (0.00), and New York's 529 college savings program distributions (0.00).

New York subtractions

Table with 9 rows for New York subtractions. Includes Taxable refunds, credits, or offsets of state and local income taxes (0.00), Pensions of NYS and local governments (0.00), and New York adjusted gross income (234504.00).



Standard deduction or itemized deduction

Table with 4 rows for Standard deduction or itemized deduction. Includes Enter your standard deduction or your itemized deduction (8000.00), Subtract line 34 from line 33 (226504.00), and Taxable income (226504.00).

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1
AKARSH VARRE

Your Social Security number
809514735

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	226504 .00
39 NYS tax on line 38 amount	39	14385 .00
40 NYS household credit	40	.00
41 Resident credit	41	4523 .00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	42	.00
43 Add lines 40, 41, and 42	43	4523 .00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	9862 .00
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46 Total New York State taxes (add lines 44 and 45)	46	9862 .00

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

47 NYC taxable income	47	.00
47a NYC resident tax on line 47 amount	47a	.00
48 NYC household credit	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a MCTMT net earnings base for Zone 1 ..	54a	.00
54b MCTMT net earnings base for Zone 2 ..	54b	.00
54c MCTMT for Zone 1	54c	.00
54d MCTMT for Zone 2	54d	.00
54e Total MCTMT (add lines 54c and 54d)	54e	.00
55 Yonkers resident income tax surcharge	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1) ..	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54e through 57) ..	58	.00
59 Sales or use tax (do not leave blank)	59	0 .00
60 Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	9862 .00

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



See instructions to compute the MCTMT for each zone.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your Social Security number
809514735

62 Enter amount from line 61 **62** 9862.00

Payments and refundable credits

63	Empire State child credit	63	.00
64	NYS/ NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	6853.00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments (add lines 63 through 75)	76	6853.00



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

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)	77	.00
78	Amount of line 77 available for refund (subtract line 79 from line 77) TIP: Use this amount to check your refund status online.	78	.00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	.00

Mark one refund choice: direct deposit to checking or savings account (fill in line 83) - or - paper check

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

79	Amount of line 77 that you want applied to your 2024 estimated tax (see instructions)	79	.00
80	Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	80	3009.00
81	Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77)	81	.00
82	Other penalties and interest	82	.00

See instructions for the proper assembly of your return.

83 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.....

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 83c Account number

84 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 NYTPRN	NYTPRN 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 Date 04032024	
Email: SYAM@GTAXFILE.COM			

Taxpayer(s) must sign here	
Your signature	
Your occupation TECH. LEAD AUTONOMY	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (267)632 3517
Email: AV12@IITBBS.AC.IN	

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

New York State Resident Credit

Tax Law – Section 620

IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Name(s) as shown on return AKARSH VARRE	Identifying number as shown on return 809514735
--	--

Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 – Income and adjustments (see instructions)	A		B	
	Amount reported on New York State return		Amount sourced to and taxed by other taxing authority	
	Whole dollars only		Whole dollars only	
1 Wages, salaries, tips, etc.	1	233800.00	1	125993.00
2 Taxable interest income	2	704.00	2	0.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4	.00	4	.00
5 Alimony received.....	5	.00	5	.00
6 Business income or loss	6	.00	6	.00
7 Capital gain or loss.....	7	.00	7	.00
8 Other gains or losses	8	.00	8	.00
9 Taxable amount of IRA distributions.....	9	.00	9	.00
10 Taxable amount of pensions and annuities.....	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.....	11	0.00	11	0.00
12 Farm income or loss.....	12	.00	12	.00
13 Unemployment compensation.....	13	.00	13	.00
14 Taxable amount of Social Security benefits	14	.00	14	.00
15 Other income.....	15	.00	15	.00
16 Add lines 1 through 15	16	234504.00	16	125993.00
17 Total federal adjustments to income.....	17	.00	17	.00
18 Federal adjusted gross income (subtract line 17 from line 16)	18	234504.00	18	125993.00
19 New York State adjustments (see instructions).....	19	.00	19	
20 New York State adjusted gross income (see instructions)	20	234504.00	20	125993.00
21 Capital gain portion of lump-sum distributions (see instr.)	21	.00	21	.00
22 Add lines 20 and 21	22	234504.00	22	125993.00

(continued on page 2)

NO HANDWRITTEN ENTRIES ON THIS FORM

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Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia

23 Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (see instructions)..... **23** AL

Also enter the locality name, if applicable Locality name: _____

24 Enter the amount of income tax imposed on this year's return for the other state or local government that was paid by the:

24a Taxpayer.....	24a	4523.00
24b Entity on behalf of the taxpayer.....	24b	.00
24 Total income tax imposed (add lines 24a and 24b)	24	4523.00

If the taxes were paid on a group (composite) return, then mark an **X** in the box.....

Enter the group's EIN

25 New York State tax payable (see instructions).....	25	14385.00
26 Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) ...	26	0.5373
27 Multiply line 25 by line 26	27	7729.00
28 Enter amount from line 24 or line 27, whichever is less (see instructions).....	28	4523.00
29 Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions)	29	.00
30 Add lines 28 and 29	30	4523.00

Part 3 – Application of Credit

31 Tax due before credits (see instructions)	31	14385.00
32 Other credits that you applied before this credit (see instructions)	32	.00
33 Subtract line 32 from line 31	33	14385.00
34 Enter the amount from line 30 or line 33, whichever is less (see instructions)	34	4523.00

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you submit a copy of the other return, you **must** complete this section.

35 Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions).....	35	.00
36 Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions).....	36	.00
37 Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions).....	37	.00

NO HANDWRITTEN ENTRIES ON THIS FORM





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

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

809514735

Box b Employer identification number (EIN)

462283648

Box c Employer's information

Employer's name			
JUSTWORKS EMPLOYMENT GROUP LLC			
Employer's address (number and street)			
P.O. BOX 7119 CHURCH STREET STATION			
City	State	ZIP code	Country
NEW YORK	NY	10008	

Box 1 Wages, tips, other compensation

233800.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

8314.00

Code

DD

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

399.00

Description

NY-PFL

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.

233800.00

Box 17a NYS income tax withheld

6853.00

Other state information:

Box 15b other state

AL

Box 16b Other state wages, tips, etc.

125993.00

Box 17b Other state income tax withheld

4847.00

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

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