

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name DIVYA MALKAPURAM	Social security number 728-30-6416
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (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	4,182.
2	Total tax . . . . .	2	0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	22.
4	Amount you want refunded to you . . . . .	4	22.
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 

0	6	4	1	6
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 as my signature on the income tax return (original or amended) I am now authorizing.   
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.   
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	0	8	2	7	1
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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**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial DIVYA Last name MALKAPURAM Your social security number 728 30 6416

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. 49 WORRALL AVENUE Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. Poughkeepsie NY ZIP code 12603 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.

Foreign country name Foreign province/state/county Foreign postal code Foreign postal code You Spouse

Filing Status Single Married filing jointly Married filing separately Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset? Yes 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, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (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 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 4,182. 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). 1z Add lines 1a through 1h 4,182.

Table with rows 2a through 6b. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends. 3b Ordinary dividends. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount.

Table with rows 7 through 15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 4,182. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 4,182. 12 Standard deduction or itemized deductions (from Schedule A) 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 0.

Attach Sch. B if required.

Standard Deduction for— Single or Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 If you checked any box under Standard Deduction, see instructions.

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, Child tax credit, Amount from Schedule 3, Other taxes, and total tax.

Payments table with rows 25-33. Includes Federal income tax withheld, 2023 estimated tax payments, Earned income credit, and total payments.

Refund table with rows 34-36. Includes overpaid amount, routing number, account number, and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration and signature fields for taxpayer and spouse, including occupation and ID protection PIN.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone/EIN.



# 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 DIVYA MALKAPURAM	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.	4182.
2 Refund .....	2.	74.
3 Amount you owe .....	3.	
4 Financial institution routing number .....	4.	026013673
5 Financial institution account number .....	5.	4409388207
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

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

Under penalty of perjury, I declare that I have examined the information on my 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 designate 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 TALLAM	Date 01282024



# Resident Income Tax Return

# IT-201

New York State • New York City • Yonkers • MCTMT

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 DIVYA		MI	Your last name (for a joint return, enter spouse's name on line below) MALKAPURAM		Your date of birth (mmddyyyy) 08271999	Your Social Security number 728306416
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) 49 WORRALL AVENUE					Apartment number	New York State county of residence DUTCHESS
City, village, or post office POUGHKEEPSIE			State NY	ZIP code 12603	Country UNITED STATES	School district name POUGHKEEPSIE
Taxpayer's permanent home address (see instructions) (number and street or rural route)					Apartment number	School district code number ..... 514
City, village, or post office			State NY	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy) Spouse's date of death (mmddyyyy)

- 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  
728306416

**Federal income and adjustments**

Whole dollars only

1	Wages, salaries, tips, etc.	1	4182 .00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	4182 .00
18	Total federal adjustments to income Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	4182 .00

**New York additions**

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	21	.00
22	New York's 529 college savings program distributions	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	4182 .00

**New York subtractions**

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government	26	.00
27	Taxable amount of Social Security benefits (from line 15) ...	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	4182 .00



**Standard deduction or itemized deduction**

34	Enter your <b>standard deduction</b> or your <b>itemized deduction</b> (from Form IT-196) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	8000 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	.00
36	Dependent exemptions (enter the number of dependents listed in item H)	36	000.00
37	<b>Taxable income</b> (subtract line 36 from line 35)	37	.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1  
DIVYA MALKAPURAM

Your Social Security number  
728306416

**Tax computation, credits, and other taxes**

<b>38</b> Taxable income (from line 37 on page 2) .....	<b>38</b>		.00
<b>39</b> NYS tax on line 38 amount .....	<b>39</b>		0 .00
<b>40</b> NYS household credit .....	<b>40</b>	75 .00	
<b>41</b> Resident credit .....	<b>41</b>	.00	
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	<b>42</b>	.00	
<b>43</b> Add lines 40, 41, and 42 .....	<b>43</b>	75 .00	
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>		.00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30) .....	<b>45</b>		.00
<b>46</b> Total New York State taxes (add lines 44 and 45) .....	<b>46</b>		.00

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

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

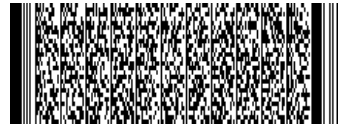


Your Social Security number  
728306416

62 Enter amount from line 61 ..... **62** ..... .00

**Payments and refundable credits**

63	Empire State child credit .....	<b>63</b>	.00
64	NYS/NYC child and dependent care credit .....	<b>64</b>	.00
65	NYS earned income credit (EIC) .....	<b>65</b>	.00
66	NYS noncustodial parent EIC .....	<b>66</b>	.00
67	Real property tax credit .....	<b>67</b>	.00
68	College tuition credit .....	<b>68</b>	.00
69	NYC school tax credit (fixed amount) <i>(also complete F on page 1)</i> .....	<b>69</b>	.00
69a	NYC school tax credit (rate reduction amount) .....	<b>69a</b>	.00
70	NYC earned income credit .....	<b>70</b>	.00
70a	This line intentionally left blank .....	<b>70a</b>	
71	Other refundable credits <i>(Form IT-201-ATT, line 18)</i> .....	<b>71</b>	.00
72	Total <b>New York State</b> tax withheld .....	<b>72</b>	74 .00
73	Total <b>New York City</b> tax withheld .....	<b>73</b>	.00
74	Total <b>Yonkers</b> tax withheld .....	<b>74</b>	.00
75	Total estimated tax payments <b>and</b> amount paid with Form IT-370 .....	<b>75</b>	.00
76	<b>Total payments</b> <i>(add lines 63 through 75)</i> .....	<b>76</b>	74 .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	<b>Amount overpaid</b> <i>(if line 76 is more than line 62, subtract line 62 from line 76)</i> .....	<b>77</b>	74 .00
78	Amount of line 77 <b>available for refund</b> <i>(subtract line 79 from line 77)</i> .....	<b>78</b>	74 .00
78a	Amount of line 78 that you want to deposit into a NYS 529 account <i>(Form IT-195, line 4) (also submit Form IT-195)</i> .....	<b>78a</b>	.00
78b	Total refund after NYS 529 account deposit <i>(subtract line 78a from line 78)</i> .....	<b>78b</b>	74 .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 <i>(see instructions)</i> .....	<b>79</b>	.00
80	Amount you <b>owe</b> <i>(if line 76 is less than line 62, subtract line 76 from line 62)</i> . To pay by electronic funds withdrawal, mark an <b>X</b> in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you <b>must</b> complete Form IT-201-V and mail it with your return. ....	<b>80</b>	.00
81	Estimated tax penalty <i>(include this amount in line 80 or reduce the overpayment on line 77)</i> .....	<b>81</b>	.00
82	Other penalties and interest .....	<b>82</b>	.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 026013673 83c Account number 4409388207

84 Electronic funds withdrawal ..... Date ..... Amount ..... .00

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

<b>▼ Paid preparer must complete ▼</b> <i>(see instructions)</i>		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 <i>(or yours, if self-employed)</i> GLOBAL TAXES LLC		Preparer's PTIN or SSN P02082703	
Address 245 ROONEY CT E BRUNSWICK NJ 08816		Employer identification number 843171965	
Email: SYAM@GTAXFILE.COM		Date 01282024	

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation STUDENT	
Spouse's signature and occupation <i>(if joint return)</i>	
Date	Daytime phone number ( 845 ) 330 8579
Email: DIVYA.MALKAPURAM1@MARIST.EDI	

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

728306416

Box b Employer identification number (EIN)

141442493

### Box c Employer's information

Employer's name			
MARIST COLLEGE			
Employer's address (number and street)			
3399 NORTH ROAD			
City	State	ZIP code	Country
POUGHKEEPSIE	NY	12601	

Box 1 Wages, tips, other compensation  
4182.00

Box 8 Allocated tips  
.00

Box 10 Dependent care benefits  
.00

Box 11 Nonqualified plans  
.00

Box 12a Amount  
.00

Box 12b Amount  
.00

Box 12c Amount  
.00

Box 12d Amount  
.00

Box 14a Amount  
5.00

Box 14b Amount  
19.00

Box 14c Amount  
.00

Box 14d Amount  
.00

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State  
NY

Box 16a NYS wages, tips, etc.  
4182.00

Box 17a NYS income tax withheld  
74.00

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

## 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

Box 12b Amount  
.00

Box 12c Amount  
.00

Box 12d Amount  
.00

Box 14a Amount  
.00

Box 14b Amount  
.00

Box 14c Amount  
.00

Box 14d Amount  
.00

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State  
NY

Box 16a NYS wages, tips, etc.  
.00

Box 17a NYS income tax withheld  
.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.  
.00

Box 17b Other state income tax withheld  
.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.  
Locality a .00  
Locality b .00

Box 19 Local income tax withheld  
Locality a .00  
Locality b .00

Box 20 Locality name

NO HANDWRITTEN ENTRIES ON THIS FORM

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