



# Tips for Estimated Tax

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

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

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

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

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

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

**Note:** If there is **no amount** to be entered for one or more lines, **leave them blank.**

**Do not** staple or clip the check or money order to the voucher. Detach any check stubs before mailing.

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- get information and manage your taxes online
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### Telephone assistance

Automated income tax refund status:	518-457-5149
Personal Income Tax Information Center:	518-457-5181
To order forms and publications:	518-457-5431
Text Telephone (TTY) or TDD equipment users	Dial 7-1-1 for the New York Relay Service

◀ Detach (cut) here ▶



## Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

## IT-2105

**Calendar-year filer due dates:** April 15, 2024; June 17, 2024; September 16, 2024; and January 15, 2025. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2024 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

### Estimated tax amounts

Full SSN or taxpayer ID number 719720390		Enter your <b>2-character special condition code</b> if applicable (see instr.) ..... <input type="text"/>		New York State	1096	.00
Taxpayer's first name and middle initial VENKAT		Taxpayer's last name SUREDDI		New York City		.00
Mailing address (number and street or PO Box; see instructions) 1775 YORK AVE			Apartment number		Yonkers	.00
City, village, or post office NEW YORK		State NY	ZIP code 10128		MCTMT	.00
Taxpayer's email address VENKATSUREDDI1995@GMAIL.COM						

	Dollars	Cents
New York State	1096	.00
New York City		.00
Yonkers		.00
MCTMT		.00
<b>Total payment</b>	1096	.00

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## IT-2105

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Taxpayer's first name and middle initial VENKAT		Taxpayer's last name SUREDDI	
Mailing address (number and street or PO Box; see instructions) 1775 YORK AVE		Apartment number	
City, village, or post office NEW YORK	State NY	ZIP code 10128	
Taxpayer's email address VENKATSUREDDI1995@GMAIL.COM			

	Dollars	Cents
New York State	1096	00
New York City		00
Yonkers		00
MCTMT		00
<b>Total payment</b>	1096	00

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Department of Taxation and Finance

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New York State • New York City • Yonkers • MCTMT

REV 12/20/23 PRO

# IT-2105

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City, village, or post office NEW YORK		State NY	ZIP code 10128		MCTMT	.00
Taxpayer's email address VENKATSUREDDI1995@GMAIL.COM						

	Dollars	Cents
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Department of Taxation and Finance

## Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

REV 12/20/23 PRO

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City, village, or post office NEW YORK		State NY	ZIP code 10128		MCTMT	.00
Taxpayer's email address VENKATSUREDDI1995@GMAIL.COM						

	Dollars	Cents
New York State	1095	.00
New York City		.00
Yonkers		.00
MCTMT		.00
<b>Total payment</b>	1095	.00

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# Instructions for Form IT-201-V Payment Voucher for Income Tax Returns

**Did you know?** You can pay personal income tax owed with your return through your Individual Online Services account, no matter how you file your return. You can pay—or schedule a payment for—any day up to and including the due date. To learn about your payment options, visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: *pay*).

### When to use this form

If you are paying New York State income tax by check or money order, you must use Form IT-201-V and submit it with your payment.

### Caution

Do **not** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax. For more information, visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: *pay a bill*).

If you received a bill from us for the amount you owe with your return **and** want to request an installment payment agreement (IPA), visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: *IPA*); do **not** use Form IT-201-V.

### How to fill out your check or money order

1. Make your check or money order payable in U.S. funds to **New York State Income Tax**.
2. Write the last four digits of your Social Security number (SSN), the tax year, and **Income Tax** on it.

### Completing the voucher

You must complete **all** information on the voucher to be sure your payment is credited to your account.

1. Enter the tax year from the income tax return you are filing and your **entire** SSN. If you do not enter this information completely and accurately, your payment may not be properly credited to your account.

2. If you are filing a joint return, include information for both spouses.
3. If you are entering a foreign address:
  - a. Enter the city, province, or state all in the *City, village, or post office* box,
  - b. Enter the **full** country name in the *Country* box. Do **not** abbreviate.
  - c. Enter the postal code, if any, in the *ZIP code* box.
4. Do not staple or clip your payment to Form IT-201-V. Place it loose in the envelope.

### 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, see Publication 55, *Designated Private Delivery Services*.

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**STOP:** Pay this electronically on our website.

Department of Taxation and Finance

## Payment Voucher for Income Tax Returns



REV 12/20/23 PRO

# IT-201-V

(12/23)

Tax year (yyyy) 2023		Make your check or money order payable in U.S. funds to <b>New York State Income Tax</b> . Write on your check or money order the last four digits of your SSN, the tax year, and <b>Income Tax</b> .	
Your first name and middle initial VENKAT	Your last name (for a joint return, enter spouse's name on line below) SUREDDI	Your full SSN 719720390	
Spouse's first name and middle initial	Spouse's last name	Spouse's full SSN (only if filing a joint return)	
Mailing address 1775 YORK AVE		Apartment number	Country
City, village or post office NEW YORK		State NY	ZIP code 10128
Email: VENKATSUREDDI1995@GMAIL.COM			

Payment amount	Dollars	Cents
	446	00



040001233555

For office use only

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# 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 VENKAT SUREDDI	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), *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.	102939.
2 Refund .....	2.	
3 Amount you owe .....	3.	446.
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 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 01172024



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

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

23

and ending .....

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

Your first name and middle initial VENKAT		Your last name (for a joint return, enter spouse's name on line below) SUREDDI		Your date of birth (mmddyyyy) 01011995		Your Social Security number 719720390	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's Social Security number	
Mailing address (see instructions) (number and street or PO Box) 1775 YORK AVE				Apartment number		New York State county of residence NR	
City, village, or post office NEW YORK		State NY	ZIP code 10128	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 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 New York City part-year residents only** (This includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)
- (1) Number of months you lived in NY City in 2023 ....   
(2) Number of months your spouse lived in NY City in 2023 .....

**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 2023? ..... 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.



203001233555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number  
719720390

**Federal income and adjustments**

**Federal amount**  
Whole dollars only

**New York State amount**  
Whole dollars only

1	Wages, salaries, tips, etc. ....	1	102939 .00	1	102939 .00
2	Taxable interest income .....	2	.00	2	.00
3	Ordinary dividends .....	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) .....	4	.00	4	.00
5	Alimony received .....	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040) .....	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .....	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/> .....	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/> .....	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) .....	11	0 .00	11	.00
12	Rental real estate included in line 11 (federal amount) <b>12.</b> <input type="text" value="0"/> .00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040) .....	13	.00	13	.00
14	Unemployment compensation.....	14	.00	14	.00
15	Taxable amount of Social Security benefits (also enter on line 26) .....	15	.00	15	.00
16	Other income Identify: .....	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	102939 .00	17	102939 .00
18	Total federal adjustments to income Identify: .....	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17) ..	19	102939 .00	19	102939 .00

**New York additions**

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities) .....	20	.00	20	.00
21	Public employee 414(h) retirement contributions .....	21	.00	21	.00
22	Other (Form IT-225, line 9) .....	22	.00	22	.00
23	Add lines 19 through 22 .....	23	102939 .00	23	102939 .00

**New York subtractions**

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government .....	25	.00	25	.00
26	Taxable amount of Social Security benefits (from line 15) .....	26	.00	26	.00
27	Interest income on U.S. government bonds .....	27	.00	27	.00
28	Pension and annuity income exclusion .....	28	.00	28	.00
29	Other (Form IT-225, line 18) .....	29	.00	29	.00
30	Add lines 24 through 29 .....	30	.00	30	.00
31	<b>New York adjusted gross income</b> (subtract line 30 from line 23) .....	31	102939 .00	31	102939 .00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 102939 .00

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**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	8000.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	94939.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	000.00
36 <b>New York taxable income</b> (subtract line 35 from line 34)	94939.00

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

37 <b>New York taxable income</b> (from line 36)	94939.00
38 New York State tax on line 37 amount	5128.00
39 New York State household credit	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	5128.00
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)	5128.00
43 New York State earned income credit	.00
44 <b>Base tax</b> (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	5128.00
45 <b>Income percentage</b> <input type="text"/> <b>New York State amount from line 31</b> 102939.00 ÷ <b>Federal amount from line 31</b> 102939.00 = <b>45</b> 1.0000 <small>Round result to 4 decimal places</small>	
46 <b>Allocated New York State tax</b> (multiply line 44 by the decimal on line 45)	5128.00
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)	5128.00
49 <b>Net other New York State taxes</b> (Form IT-203-ATT, line 33)	.00
50 <b>Total New York State taxes</b> (add lines 48 and 49)	5128.00

**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.
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from 51	52a	.00	
52b MCTMT net earnings base for Zone 1..	52b	.00	See instructions to compute the MCTMT for each zone.
52c MCTMT net earnings base for Zone 2..	52c	.00	
52d MCTMT for Zone 1	52d	.00	
52e MCTMT for Zone 2	52e	.00	
52f <b>Total MCTMT</b> (add lines 52d and 52e)	52f	.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 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52f through 54)	55	.00	
56 <b>Sales or use tax</b> (Do not leave blank.)	56	0.00	
57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)	57	.00	
58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57)	58	5128.00	

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Enter your Social Security number
719720390

59 Enter amount from line 58 59 5128 .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 2024 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.) 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.



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Department of Taxation and Finance

# Passive Activity Loss Limitations

## For Nonresidents and Part-Year Residents

# IT-182

Submit with your Form IT-203 or IT-205.

Name as shown on return VENKAT SUREDDI	Identifying number as shown on return 719720390
---	--

See the instructions on page 4, before completing this form.

### Part I – Passive activity loss (see instructions)

#### Rental real estate activities with active participation

1a Activities with net income from Part IV, column (a) .....	1a	.00	
1b Activities with net loss from Part IV, column (b) .....	1b	.00	
1c Prior years unallowed losses from Part IV, column (c) (see instructions) .....	1c	.00	
1d Add lines 1a, 1b, and 1c.....	1d		.00

#### All other passive activities

2a Activities with net income from Part V, column (a) .....	2a	0 .00	
2b Activities with net loss from Part V, column (b) .....	2b	-8760 .00	
2c Prior years unallowed losses from Part V, column (c) (see instructions) .....	2c	.00	
2d Add lines 2a, 2b, and 2c.....	2d		-8760 .00

3 Add lines 1d and 2d and subtract any prior year unallowed CRD (see instructions). **Note:** If this line is zero or more, stop here and submit this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used. .... **3** -8760 .00

If line 3 is a loss and: • Line 1d is a loss, go to Part II.  
• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to Part III, line 10.

**Caution:** If married filing separately, filing status ③, and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

### Part II – Special allowance for rental real estate activities with active participation (see instructions)

**Note:** Enter all numbers in Part II as positive amounts (greater than zero). See instructions.

4 Enter the smaller of the loss on line 1d or the loss on line 3.....	4		.00
5 Enter 150,000 (if married filing separately, see instructions) .....	5	.00	
6 Enter federal modified adjusted gross income, but not less than zero (see instr.) .....	6	.00	
<b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8, and leave line 9 blank. Otherwise, go to line 7.			
7 Subtract line 6 from line 5 .....	7	.00	
8 Multiply line 7 by 50% (.5). Do not enter more than 25,000. (If married filing separately, filing status ③, see instr.)..	8		.00
9 Enter the smaller of line 4 or line 8 (if line 3 includes any CRD, see instructions) .....	9		0 .00

### Part III – Total losses allowed

10 Add the income, if any, from lines 1a and 2a and enter the total .....	10		0 .00
11 Total losses allowed from all passive activities for this year. (Add lines 9 and 10. See the instructions to find out how to report the losses on your return.) .....	11		0 .00

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**Part IV – For Part I, lines 1a, 1b, and 1c** (see instructions)

Name of activity/property description and address	Date of acquisition	Date of sale	Current year		Prior years	Overall gain or loss	
			(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
<b>Totals. Enter on Part I, lines 1a, 1b, and 1c.....</b>			.00	.00	.00		

**Part V – For Part I, lines 2a, 2b, and 2c** (see instructions)

Name of activity/property description and address	Date of acquisition	Date of sale	Current year		Prior years	Overall gain or loss	
			(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
29-14-36 SOWBHAGYA NILAYAM			0 .00	8760 .00	.00	.00	8760 .00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
<b>Totals. Enter on Part I, lines 2a, 2b, and 2c.....</b>			0 .00	8760 .00	.00		

**Part VI – Use this Part if an amount is shown on Part II, line 9** (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Special Allowance	(d) Subtract column (c) from column (a)
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
<b>Totals.....</b>		.00	<b>1.00</b>	.00	.00

**Part VII – Allocation of unallowed losses** (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
29-14-36 SOWBHAGYA NILAYAM	E LN 22	8760 .00	1.00000000	8760 .00
		.00		.00
		.00		.00
		.00		.00
<b>Totals.....</b>		8760 .00	<b>1.00</b>	8760 .00





**Part VIII – Allowed losses** (see instructions)

Name of activity/property description and address	Form or schedule and line number to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
29-14-36 SOWBHAGYA NILAYAM	E LN 22	8760 .00	8760 .00	0 .00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
<b>Totals</b> .....		8760 .00	8760 .00	0 .00

**Part IX – Activities with losses reported on two or more different forms or schedules** (see instructions)

Name of activity/property description and address:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss	
<b>Form or schedule and line number to be reported on</b> (see instructions): _____						
<b>1a</b> Net loss plus prior year unallowed loss from form or schedule .....						.00
<b>1b</b> Net income from form or schedule .....						.00
<b>1c</b> Subtract line 1b from line 1a. If zero or less, leave blank .....						.00
<b>Form or schedule and line number to be reported on</b> (see instructions): _____						
<b>1a</b> Net loss plus prior year unallowed loss from form or schedule .....						.00
<b>1b</b> Net income from form or schedule .....						.00
<b>1c</b> Subtract line 1b from line 1a. If zero or less, leave blank.....						.00
<b>Form or schedule and line number to be reported on</b> (see instructions): _____						
<b>1a</b> Net loss plus prior year unallowed loss from form or schedule .....						.00
<b>1b</b> Net income from form or schedule .....						.00
<b>1c</b> Subtract line 1b from line 1a. If zero or less, leave blank.....						.00
<b>Totals</b> .....	.00		<b>1.00</b>	.00	.00	

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Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

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

## W-2 Record 1

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

719720390

Box b Employer identification number (EIN)

943326476

### Box c Employer's information

Employer's name

EXLSERVICE.COM, LLC

Employer's address (number and street)

10 EXCHANGE PLACE STE 2200

City State ZIP code Country

JERSEY CITY NJ 07302

Box 1 Wages, tips, other compensation

102939.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

77.00

Code C

Box 12b Amount

7663.00

Code DD

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

63.00

Description

NJ FLI

Box 14b Amount

175.00

Description

NJUI WF SW

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.

102939.00

Box 17a NYS income tax withheld

746.00

Other state information:

Box 15b other state NJ

Box 16b Other state wages, tips, etc.

105700.00

Box 17b Other state income tax withheld

5518.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc. Locality a 102939.00 Locality b .00

Box 19 Local income tax withheld Locality a 3936.00 Locality b .00

Box 20 Locality name NYC

## 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

NO HANDWRITTEN ENTRIES ON THIS FORM

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