### E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan	. 1-Dec	a. 31, 2023, or other tax year beginning		, 2023, end	ling	, 20		See sep	parate instructions.	
Your first name	and mi	ddle initial	Last n	ame				Your so	cial security number	
HITHAISH	ΙΙ		RAM	AKRISHNA				328	13   0786	
		s first name and middle initial	Last n						s social security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.		Apt. no	٠.	Presider	ntial Election Campaigr	
484 60TH	STE	REET				4R		Check h	nere if you, or your	
	1000	ce. If you have a foreign address, also co	mplete	spaces below.	State	ZIP code		spouse if filing jointly, want \$3		
BROOKLYN	1				NY	111000			this fund. Checking a ow will not change	
Foreign country				Foreign province/state/o	county	Foreign post	al code		or refund.	
									☐ You ☐ Spouse	
Filing Status	X	Single			☐ Head of h	ousehold (H	IOH)			
Check only		Married filing jointly (even if only or	ne had	income)						
one box.		Married filing separately (MFS)			Qualifying	surviving s	pouse (	QSS)	K.	
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u checked the HOH	or QSS bo	x, ente	r the chi	ld's name if the	
	qu	alifying person is a child but not you	ır depe	endent:						
 Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	s a reward, award, or	payment for prope	erty or service	es); or	(b) sell.		
Assets		ange, or otherwise dispose of a digi							☐ Yes ☒ No	
Standard	Som	eone can claim: You as a de	pende	nt Your spouse	e as a dependent					
Deduction		Spouse itemizes on a separate return								
A (Di						wa bafawa la		1050		
		Were born before January 2, 19	909			rn before Ja			Is blind	
Dependents				(2) Social security number	(3) Relationsh to you	iib I.	ild tax cr		Credit for other dependents	
If more	(1)	(1) First name Last name		Tidriber to you				Cuit		
than four dependents,							౼			
see instructions	3						$-\frac{\sqcup}{\sqcap}$			
and check here							믐			
-	1a	Total amount from Form(s) W-2, bo	ov 1 (c	on instructions)				. 1a	12,251.	
Income	b							1b		
Attach Form(s)	c	Household employee wages not reported on Form(s) W-2						1c	<del></del>	
W-2 here. Also attach Forms	d							1d		
W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								
1099-R if tax was withheld.	f									
If you did not	g g	Wages from Form 8919, line 6 .	into iro					1f	<del>+</del>	
get a Form	h	Other earned income (see instructi	ions)					1h		
W-2, see instructions.	i	Nontaxable combat pay election (s			1i	1		111		
mondonoris.	z	Add lines 1a through 1h						1z	12,251.	
Attach Sch. B	2a		2a		<b>b</b> Taxable interes	t		2b		
if required.	3a		3a		<b>b</b> Ordinary divide			. 3b	1	
	4a	IRA distributions	4a		<b>b</b> Taxable amoun	t		4b		
Standard Deduction for—	5a		5a		<b>b</b> Taxable amoun			. 5b	A Comment	
Single or	6a	Social security benefits	6a		<b>b</b> Taxable amoun	t		6b		
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here	(see instructions)		[			
\$13,850	7	Capital gain or (loss). Attach Scheo					[	7		
Married filing jointly or	8	Additional income from Schedule	1, line	10				. 8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8	. This is your <b>total inc</b>	ome			9	12,251.	
\$27,700	10	Adjustments to income from Scheen	dule 1,	line 26				. 10		
Head of household,	11	Subtract line 10 from line 9. This is	your a	adjusted gross incon	ne			. 11	12,251.	
\$20,800 If you checked	12	Standard deduction or itemized	deduc	tions (from Schedule	A)			12		
any box under	13	Qualified business income deducti	ion fror	m Form 8995 or Form	8995-A			13		
Standard Deduction,	14	Add lines 12 and 13						. 14	13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter -0 This is y	our <b>taxable incom</b>	ne	<u> </u>	. 15	0.	

Form 1040 (2023	3)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(	(s): <b>1</b> 8814	4 <b>2</b> 🗌 4972	3 🗌		16	0.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	0.
	19	Child tax credit or credit for other dependent	s from Schedu	ule 8812			19	
	20	Amount from Schedule 3, line 8				[	20	
	21	Add lines 19 and 20				[	21	
	22	Subtract line 21 from line 18. If zero or less, e	enter -0			[	22	0.
	23	Other taxes, including self-employment tax, f					23	0.
	24	Add lines 22 and 23. This is your total tax					24	0.
Payments	25	Federal income tax withheld from:						
. ayınıcınıc	a	Form(s) W-2			<b>25a</b> 1	,708.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	1,708.
f ha	26	2023 estimated tax payments and amount ap					26	
f you have a l qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28		.4	
	29	American opportunity credit from Form 8863			29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are your					32	
	33	Add lines 25d, 26, and 32. These are your <b>to</b>		-			33	1,708.
Refund	34	If line 33 is more than line 24, subtract line 24					34	1,708.
neiuliu	35a	Amount of line 34 you want <b>refunded to you</b>				. 🗖 🖯	35a	1,708.
Direct deposit?	b	Routing number 0 2 1 0 0 0 0					Jou	2,7,001
See instructions.	d							
	36	Amount of line 34 you want applied to your 2		nd tay	36	- 1		
A					30			
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amo</b> For details on how to pay, go to www.irs.gov					37	
100 OWE	38				38		31	
Think Davie		Estimated tax penalty (see instructions) .						
Third Party		you want to allow another person to disc tructions		n with the IRS?		mplete be	low	X No
Designee		ignee's	Phone			onal identific		Z 140
	nar		no.			per (PIN)	ation	
Sign	Un	der penalties of perjury, I declare that I have examined	this return and	accompanying sched	dules and statement	s, and to the	best	of my knowledge and
Here	bel	ef, they are true, correct, and complete. Declaration of	f preparer (other	than taxpayer) is ba	sed on all information	on of which p	repare	er has any knowledge.
Here	Yo	r signature	Date	Your occupation				nt you an Identity
						Protec (see in:		IN, enter it here
Joint return?				STUDENT			6	
See instructions. Keep a copy for	Sp	buse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	on			nt your spouse an ection PIN, enter it here
your records.						(see in		John Tirt, ortor it flore
	Ph	one no. (934) 210-1461	Email address	HTTHARAMAKRT	SHNA@GMAIL.CC	)M		
		parer's name Preparer's signatu			Date Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		GUPTA TAT.T.AM	02/19/2024	P02082	703	Self-employed
Preparer		n's name GLOBAL TAXES LLC	ITHI DAOAN	COLITY TABLAN	02/15/2024	Phone		(678) 965-9522
Use Only		n's address 245 ROONEY CT E BRU	NSWICK N.	J 08816		Firm's		84-3171965
Co to warming =	_		TANATOR INC			1-11111 8	LIIN	Form <b>1040</b> (2023)
GO TO WWW.Irs.go	JVIFORN	1040 for instructions and the latest information.		BAA	REV 02/11/24 PRO			Form 1040 (2023)





### 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	Spouse's name (jointly filed return only)
HITHAISHI RAMAKRISHNA	

### **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.

#### 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.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

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.

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.

Part	Δ_	Tay	return	info	rma	tion
ган	~ -	Iax	I G LUI II		ппа	LIVII

1	Federal adjusted gross income (from applicable line)	1.		12251.
2	Refund	2.		302.
3	Amount you owe	3.		
4	Financial institution routing number	4.	021000021	
5	Financial institution account number	5.	763999528	
6	Account type: X Personal checking Personal savings Business checking Business saving	ngs		

#### 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. 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 desig 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 02192024



Department of Taxation and Finance

## Resident Income Tax Return New York State • New York City • Yonkers • MCTMT

IT-201

	the full year January 1, 2	_	ber 31, 2023, or fiscal y	ear beginning 2
for help completing your return,			Ty is give a	
	st name (for a <b>joint return</b> , enter sp	pouse's name on line below)	Your date of birth (mmddyyyy)	Your Social Security number
	AKRISHNA e's last name		12161997 Spouse's date of birth (mmddyy)	328130786  yy) Spouse's Social Security number
Spouse's list name	3 dast flame		Spouse's date of birth (mindayy)	Spouse a Social Security Humber
Mailing address <i>(see instructions)</i> (number an	d street or PO Box)		Apartment number	New York State county of residence
484 60TH STREET			4R	KINGS
City, village, or post office	State ZIP code	Country	117	School district name
BROOKLYN	NY 112	220 UNITED	STATES	BROOKLYN
Taxpayer's permanent home address (see	Total State of the		Apartment number	
				School district code number
City, village, or post office	State ZIP code		Taxpayer's date of death (mmd	
	NY	Decedent information		
A Filing (X) Single			u have a financial accou	
status ① X Single			reign country?d you or your spouse ma	
A in one	Social Security number above	e) qu	uarters in Yonkers for an Yes:	
	separate return Social Security number above	e) (2) N	umber of months <b>you</b> live	ed in Yonkers in 2023
	ehold (with qualifying person)	(0) 11	umber of months <b>your sp</b> <i>No</i> :	ouse lived in Yonkers in 2023
⑤ Qualifying su	viving spouse		d you or your spouse wor	THE RESEARCH STREET, S
Did you itemize your deductions or your 2023 federal income tax return		<b>E</b> (1) Di	ot living in Yonkers for any d you or your spouse maint	tain living quarters in
Can you be claimed as a depende on another taxpayer's federal return		Q	YC (this includes the Bronx, ueens, and Staten Island) do	uring 2023? Yes No
		(a		C is considered a day)
			residents and NYC part- umber of months you live	year residents only: ed in NYC in 2023 12
		(2) N	umber of months <b>your sp</b> o	ouse lived in NYC in 2023
Dependent information			your <b>2-character specia</b> s) if applicable	
First name MI	Last name	Relationship	Social Security nu	umber Date of birth (mmddyyyy)
f more than 7 dependents, mark an	<b>X</b> in the box. ☐			
201001233555	For or	ffice use only		

37 Taxable income (subtract line 36 from line 35)

4251.00

Federal income and adjustments

_			Whole dollars only
1	Wages, salaries, tips, etc.	1	12251.00
2	Taxable interest income	2	.00
3	Ordinary dividends		.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	_	.00
5	Alimony received		.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)		.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)		.00
8	Other gains or losses (submit a copy of federal Form 4797)		.00
a	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)		.00
• • • • • • • • • • • • • • • • • • • •	Tremai real estate, royalties, partiterships, o corporations, trusts, etc. (submit topy of rederal schedule E, romin 1040)		.00
12	Rental real estate included in line 11		
	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	00
13		14	.00
14	Unemployment compensation	15	.00
15	Other income Identify:	16	.00
16	Other income identity.	10	
17	Add lines 1 through 11 and 13 through 16	17	12251.00
18	Total federal adjustments to income Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	12251.00
Ne	w 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	12251.00
No	w York subtractions		■
146	TOTA SUBTRICTIONS	_	EXPOSED BY STATES AND
25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 25	)	
26	Pensions of NYS and local governments and the federal government 26 .00	)	WANTED WANTED WITH THE PROPERTY OF THE PROPERT
27	Taxable amount of Social Security benefits (from line 15) 27	)	min in a sententia antina a compressione del propositione
	Interest income on U.S. government bonds	)	
29	Pension and annuity income exclusion	)	
30	New York's 529 college savings program deduction/earnings 30 .00	)	
31	Other (Form IT-225, line 18)	-	
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	12251.00
Sta	andard deduction or itemized deduction		
34	Enter your standard deduction or your itemized deduction (from Form IT-196)		
	Mark an X in the appropriate box: X Standard - or - Itemized	34	8000.00
<b>~</b> =			
	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)		4251.00
36	Dependent exemptions (enter the number of dependents listed in item H)	36	000.00



Nan	ne(s) as shown on page 1	Your Social Security number		IT-201 (2023) Page 3 of 4
HI	THAISHI RAMAKRISHNA	328130786		REV 01/17/24 PRO
			_	
Tax	computation, credits, and other taxes			
38	Taxable income (from line 37 on page 2)		38	4251.00
39	NYS tax on line 38 amount		39	171.00
40	NYS household credit	45.00		175
41	Resident credit			
	Other NYS nonrefundable credits (Form IT-201-ATT, line 7) 42			
43	Add lines 40, 41, and 42		43	45.00
4.4	Outstand the A2 frame line 20 (filling 40 in more than the 20 to the	115	4.4	
	Subtract line 43 from line 39 (if line 43 is more than line 39, leave b		44	126.00
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	126.00
Ne	w York City and Yonkers taxes, credits, and surcharges, and	MCTMT		
47	NYC taxable income	4251.00		
	NYC resident tax on line 47 amount		$\checkmark$	See instructions to
	NYC household credit			compute New York City and
	Subtract line 48 from line 47a (if line 48 is more than	10.00		Yonkers taxes, credits, and surcharges.
	line 47a, leave blank)	122.00		surcharges.
50	Part-year NYC resident tax (Form IT-360.1)			
	Other NYC taxes (Form IT-201-ATT, line 34)	.00		
52	Add lines 49, 50, and 51	122.00		
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)	122.00		
54a	MCTMT net earnings			
	base for Zone 1 54a .00			
54b	MCTMT net earnings			
	base for Zone 2 54b .00			
	MCTMT for Zone 1			
	MCTMT for Zone 2			See instructions to compute
	Total MCTMT (add lines 54c and 54d)			the MCTMT for each zone.
	Yonkers resident income tax surcharge			
	Yonkers nonresident earnings tax (Form Y-203)			
	Part-year Yonkers resident income tax surcharge (Form 17-360.1) 57		F.C.	100
58	Total New York City and Yonkers taxes / surcharges and MCTM	(add lines 54 and 54e through 57)	58	122.00
50	Sales or use tax (do not leave blank)		59	0.00
55	Caroo or and tax (an not reave plant)			

61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and



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Pag	<b>e 4</b> Of 4 <b>II-201</b> (2023) REV 01/17/24 PRO	Your Social Security number			
62	Enter amount from line 61	328130786		62	248.00
$\overline{}$	ments and refundable credits			02	210100
	Empire State child credit	63	.00		
	NYS/NYC child and dependent care credit		.00		
	NYS earned income credit (EIC)		.00		NEES IN SERVICES PORTO LEGIS PORTO VOTAS HIGH. III I III
66	NYS noncustodial parent EIC		.00		MARIAN PARAMETER AND ANALYSIS OF THE SAME
67	Real property tax credit		.00		
68	College tuition credit		.00		
69	NYC school tax credit (fixed amount) (also complete		63.00	miii da revaraz	ATTENNEY OF THE BUY IN THE BUYER OF THE
	NYC school tax credit (rate reduction amount)		7.00		
	NYC earned income credit		.00		
	This line intentionally left blank				
71	Other refundable credits (Form IT-201-ATT, line		.00	If applicable, o	complete Form(s) IT-2
72	Total New York State tax withheld		480.00		9-R and submit them
73	Total New York City tax withheld	73	.00	with your retu	
74	Total <b>Yonkers</b> tax withheld	74	.00	Do not send with your ret	federal Form W-2
75	Total estimated tax payments and amount paid with	Form IT-370 <b>75</b>	.00	with your ret	uiii.
76				76	550.00
<u> </u>					
$\overline{}$	ur refund, amount you owe, and account inf				
	Amount overpaid (if line 76 is more than line 62			77	302.00
78	Amount of line 77 <b>available for refund</b> (subtra <b>TIP:</b> Use this amount to check your refund s			78	302.00
78a	Amount of line 78 that you want to deposit into a NYS	5 529 account (Form IT-195, line	4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (s	ubtract line 78a from line 78)		78b	302.00
	Mark one refund choice: X direction saving	et deposit to checking or igs account (fill in line 83)	- or - paper check		ct deposit is the
79	Amount of line 77 that you want applied to you estimated tax (see instructions)	ur 2024	.00	refund.	st way to get your
90	Amount you <b>owe</b> (if line 76 is <b>less than</b> line 62, s				ons for payment
00	funds withdrawal, mark an <b>X</b> in the box			options.	
	or money order you <b>must</b> complete Form I			80	.00
21	Estimated tax penalty (include this amount in line				
01	reduce the overpayment on line 77)		.00	See instructi	ons for the proper
82	Other penalties and interest		.00	assembly of	
	Account information for direct deposit or elect				_
	If the funds for your payment (or refund) would	d come from (or go to) an	account outside the U.S	6., mark an <b>X</b> i	n this box
	83a Account type: X Personal checking - or	- Personal savings	- or - Business ch	ecking - or -	Business savings
	<b>83b</b> Routing number 021000021	83c Account nu	mber	763999528	3
84	Electronic funds withdrawal	Date	Amoun	t	.00.
	Third-party Print designee's name	D	esignee's phone number		Personal identification
des	signee? (see instr.)	(	)		number (PIN)
Yes	No X Email:				
	Paid preparer must complete ▼ Preparer's NYTPF see instructions)	RIN NYTPRIN excl. code   0   9	<b>▼</b> Taxpa	yer(s) must si	gn here ▼
	arer's signature  AM PRIYA RAM SAGAR GUP  SYAM PR	nted name IYA RAM SAGAR GUP	Your signature		
	's name (or yours, if self-employed)	Preparer's PTIN or SSN	Your occupation		
GL	OBAL TAXES LLC	P02082703	STUDENT		
Addr		Employer identification number 843171965	Spouse's signature and	occupation <i>(if joint</i>	return)
	5 ROONEY CT	Date	Date		hone number
	BRUNSWICK NJ 08816	02192024			210 1461
∣⊏ma	i: SYAM@GTAXFILE.COM		Email: HITHARAM	AKKISHNA@G	MAIL.COM





# Summary of W-2 Statements New York State • New York City • Yonkers

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.

			information	П						,
W-2 Record 1	Emplo	yer's name								
Box a Employee's Social Security number	NEW	YORK	UNIVER	RSIT	Y					
for this W-2 Record	Employer's address (number and street)									
328130786	105	E 17T	H STRE	EET						
Box b Employer identification number (EIN)	City					State	ZIP code		Country	
135562308	NEW	YORK				NY	10003-	9580		
Box 1 Wages, tips, other compensation	Box 12a /	Amount			Code	Во	x 14a Amount			Description
12251.00				.00				1	201.00	CBA DUES
Box 8 Allocated tips	Box 12b /	Amount		-	Code	Во	x 14b Amount			Description
.00				.00					16.00	NY SDI
Box 10 Dependent care benefits	Box 12c /	Amount			Code	Во	x 14c Amount			Description
.00				.00					56.00	NYPFL
Box 11 Nonqualified plans	Box 12d /	Amount			Code	Во	x 14d Amount			Description
.00				.00					.00	
100				100					100	
Box 13 Statutory employee Retire	ment plan		rd-party sic	, ,						Corrected (W-2c)
NY State information: Box 15a	NUN	Box 16a N	IYS wages			Вох	17a NYS incor			
NY State	NIY				251.00				30.00	
Other state information: Box 15b		Box 16b	Other state	wages,		Box	17b Other state	income tax	withheld	
other state	Ш				.00				.00	
						,		>		
NYC and Yonkers Box nformation (see instr.):	18 Local w	ages, tips, e	etc.		Box	<b>19</b> Loc	al income tax w	ithheld		Box 20 Locality name
Locality a			.00	Loc	ality a			.00	Locality a	
Locality b			.00	Loc	ality b			.00	Locality b	
					•					
Do not detach.	Box c	Employer's	information							
M 7 December 7	-		IIIIOIIIIauoi	Λ						
W-2 Record 2	Emplo	yer's name	IIIOIIIIauoi							
Box a Employee's Social Security number		yer's name								
Box a Employee's Social Security number					et)					
Box a Employee's Social Security number for this W-2 Record	Emplo	yer's name			et)					
Box a Employee's Social Security number for this W-2 Record		yer's name			et)	State	ZIP code		Country	
Box a Employee's Social Security number for this W-2 Record	Emplo	yer's name			et)	State	ZIP code		Country	
Box a Employee's Social Security number for this W-2 Record  Box b Employer identification number (EIN)	Emplo	yer's name			Code		ZIP code		Country	Description
Box a Employee's Social Security number for this W-2 Record  Box b Employer identification number (EIN)	<b>Emplo</b> City	yer's name							Country .00	Description
Box a Employee's Social Security number for this W-2 Record  Box b Employer identification number (EIN)  Box 1 Wages, tips, other compensation  .00	<b>Emplo</b> City	yer's name yer's addres		and stree		Во				Description Description
Box a Employee's Social Security number for this W-2 Record  Box b Employer identification number (EIN)  Box 1 Wages, tips, other compensation  .00	Emplo City Box 12a	yer's name yer's addres		and stree	Code	Во	ox 14a Amount			
Box a Employee's Social Security number for this W-2 Record  Box b Employer identification number (EIN)  Box 1 Wages, tips, other compensation  .00  Box 8 Allocated tips .00	Emplo City Box 12a	yer's name yer's addres Amount		and stree	Code	Bo	ox 14a Amount		.00	
Box a Employee's Social Security number for this W-2 Record  Box b Employer identification number (EIN)  Box 1 Wages, tips, other compensation  .00  Box 8 Allocated tips .00	Emplo  City  Box 12a A	yer's name yer's addres Amount		and stree	Code Code	Bo	ox 14a Amount		.00	Description
Box a Employee's Social Security number for this W-2 Record  Box b Employer identification number (EIN)  Box 1 Wages, tips, other compensation  .00  Box 8 Allocated tips  .00  Box 10 Dependent care benefits  .00	Emplo  City  Box 12a A	yer's name yer's addres Amount Amount		.00	Code Code	Bo Bo	ox 14a Amount		.00	Description
Box a Employee's Social Security number for this W-2 Record  Box b Employer identification number (EIN)  Box 1 Wages, tips, other compensation .00  Box 8 Allocated tips .00  Box 10 Dependent care benefits .00  Box 11 Nonqualified plans	Emplo  City  Box 12a A  Box 12b A  Box 12c A	yer's name yer's addres Amount Amount		.00	Code Code Code	Bo Bo	ox 14a Amount ox 14b Amount ox 14c Amount		.00	Description  Description
Box a Employee's Social Security number for this W-2 Record  Box b Employer identification number (EIN)  Box 1 Wages, tips, other compensation  .00  Box 8 Allocated tips  .00  Box 10 Dependent care benefits  .00	Emplo  City  Box 12a A  Box 12b A  Box 12c A	yer's name yer's addres Amount Amount		.00	Code Code Code	Bo Bo	ox 14a Amount ox 14b Amount ox 14c Amount		.00	Description  Description
Box a Employee's Social Security number for this W-2 Record  Box b Employer identification number (EIN)  Box 1 Wages, tips, other compensation .00  Box 8 Allocated tips .00  Box 10 Dependent care benefits .00  Box 11 Nonqualified plans .00	Emplo  City  Box 12a A  Box 12b A  Box 12c A	yer's name yer's addres Amount Amount Amount		.00 .00	Code Code Code	Bo Bo	ox 14a Amount ox 14b Amount ox 14c Amount		.00	Description Description
Box a Employee's Social Security number for this W-2 Record  Box b Employer identification number (EIN)  Box 1 Wages, tips, other compensation .00  Box 8 Allocated tips .00  Box 10 Dependent care benefits .00  Box 11 Nonqualified plans .00  Box 13 Statutory employee Retire	Emplo  City  Box 12a A  Box 12b A  Box 12c A	yer's name yer's addres Amount Amount Thi	ss (number a	.00 .00 .00 .00	Code Code Code Code	Bo Bo Bo	ox 14a Amount ox 14b Amount ox 14c Amount	ne tax with	.00	Description  Description  Description
Box a Employee's Social Security number for this W-2 Record  Box b Employer identification number (EIN)  Box 1 Wages, tips, other compensation  .00  Box 8 Allocated tips  .00  Box 10 Dependent care benefits  .00  Box 11 Nonqualified plans  .00  Box 13 Statutory employee  Retire  NY State information:  Box 15a	Box 12a A Box 12b A Box 12c A Box 12d A	yer's name yer's addres Amount Amount Thi	SS (number a	.00 .00 .00 .00	Code Code Code Code Code Cote Code	Bo Bo Bo	ox 14a Amount ox 14b Amount ox 14c Amount ox 14d Amount	ne tax with	.00 .00 .00	Description  Description  Description
Box a Employee's Social Security number for this W-2 Record  Box b Employer identification number (EIN)  Box 1 Wages, tips, other compensation .00  Box 8 Allocated tips .00  Box 10 Dependent care benefits .00  Box 11 Nonqualified plans .00  Box 13 Statutory employee Retire	Emplo  City  Box 12a A  Box 12b A  Box 12c A	yer's name yer's addres Amount Amount Thi Box 16a	ird-party sic	.00 .00 .00 .ck pay	Code Code Code Code Code Code Code Code	Bo Bo Bo Box	ox 14a Amount ox 14b Amount ox 14c Amount ox 14d Amount ox 14d Amount		.00 .00 .00 .00	Description  Description  Description
Box a Employee's Social Security number for this W-2 Record  Box b Employer identification number (EIN)  Box 1 Wages, tips, other compensation .00  Box 8 Allocated tips .00  Box 10 Dependent care benefits .00  Box 11 Nonqualified plans .00  Box 13 Statutory employee Retire  NY State information: Box 15a NY State Other state information: Box 15b	Box 12a A Box 12b A Box 12c A Box 12d A	yer's name yer's addres Amount Amount Thi	ird-party sic	.00 .00 .00 .ck pay	Code Code Code Code Code Code Code Code	Bo Bo Bo Box	ox 14a Amount ox 14b Amount ox 14c Amount ox 14d Amount		.00 .00 .00 .00 .00 withheld	Description  Description  Description
Box a Employee's Social Security number for this W-2 Record  Box b Employer identification number (EIN)  Box 1 Wages, tips, other compensation .00  Box 8 Allocated tips .00  Box 10 Dependent care benefits .00  Box 11 Nonqualified plans .00  Box 13 Statutory employee Retire  NY State information: Box 15a NY State	Box 12a A Box 12b A Box 12c A Box 12d A	yer's name yer's addres Amount Amount Thi Box 16a	ird-party sic	.00 .00 .00 .ck pay	Code Code Code Code Code Code Code Code	Bo Bo Bo Box	ox 14a Amount ox 14b Amount ox 14c Amount ox 14d Amount ox 14d Amount		.00 .00 .00 .00	Description  Description  Description
Box a Employee's Social Security number for this W-2 Record  Box b Employer identification number (EIN)  Box 1 Wages, tips, other compensation .00  Box 8 Allocated tips .00  Box 10 Dependent care benefits .00  Box 11 Nonqualified plans .00  Box 13 Statutory employee Retire  NY State information: Box 15a NY State Other state information: Box 15b other state	Emplo  City  Box 12a A  Box 12b A  Box 12c A  Box 12d A	yer's name yer's addres Amount Amount Thi Box 16a N	ird-party sic	.00 .00 .00 .ck pay	Code Code Code Code ttc00 tips, etc.	Box	ox 14a Amount ox 14b Amount ox 14c Amount ox 14d Amount ox 14d Amount	income tax	.00 .00 .00 .00 .00 withheld	Description  Description  Corrected (W-2c)
Box a Employee's Social Security number for this W-2 Record  Box b Employer identification number (EIN)  Box 1 Wages, tips, other compensation .00  Box 8 Allocated tips .00  Box 10 Dependent care benefits .00  Box 11 Nonqualified plans .00  Box 13 Statutory employee Retire  NY State information: Box 15a NY State Other state information: Box 15b other state	Emplo  City  Box 12a A  Box 12b A  Box 12c A  Box 12d A	yer's name yer's addres Amount Amount Thi Box 16a	ird-party sic	.00 .00 .00 .00 ck pay , tips, e	Code Code Code Code ttc00 tips, etc.	Box	ox 14a Amount ox 14b Amount ox 14c Amount ox 14d Amount 17a NYS incor	income tax	.00 .00 .00 .00 .00 withheld	Description  Description  Corrected (W-2c)  Box 20 Locality name



