



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 VIJAY SAIDA BABU GUNDA	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.	100791.
2 Refund	2.	
3 Amount you owe	3.	5402.
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 the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2023 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2023 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2023 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2023 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2023 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA	Date 03152024



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 VIJAY SAIDA BABU		Your last name (for a joint return, enter spouse's name on line below) GUNDA		Your date of birth (mmddyyyy) 06271992		Your Social Security number 829392152	
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) 219 N KING ST				Apartment number 408		New York State county of residence NR	
City, village, or post office WILMINGTON			State DE	ZIP code 19801	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.



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For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
829392152

Federal income and adjustments

Federal amount
Whole dollars only

New York State amount
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 1-19 include items like Wages, salaries, tips, etc.; Taxable interest income; Ordinary dividends; Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or loss; Capital gain or loss; Other gains or losses; Taxable amount of IRA distributions; Taxable amount of pensions/annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Rental real estate included in line 11; Farm income or loss; Unemployment compensation; Taxable amount of Social Security benefits; Other income; Add lines 1 through 11 and 13 through 16; Total federal adjustments to income; Federal adjusted gross income.

New York additions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 20-23 include items like Interest income on state and local bonds and obligations; Public employee 414(h) retirement contributions; Other; Add lines 19 through 22.

New York subtractions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 24-31 include items like Taxable refunds, credits, or offsets of state and local income taxes; Pensions of NYS and local governments and the federal government; Taxable amount of Social Security benefits; Interest income on U.S. government bonds; Pension and annuity income exclusion; Other; Add lines 24 through 29; New York adjusted gross income.

32 Enter the amount from line 31, Federal amount column 32 100791.00

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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)	92791 .00
35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	000.00
36 New York taxable income (subtract line 35 from line 34)	92791 .00

Tax computation, credits, and other taxes

37 New York taxable income (from line 36)	92791 .00
38 New York State tax on line 37 amount	4999 .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)	4999 .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)	4999 .00
43 New York State earned income credit	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	4999 .00
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45 Income percentage	<input type="text"/>	New York State amount from line 31	Federal amount from line 31	=	Round result to 4 decimal places
	<input type="text"/>	109329 .00	100791 .00		45 1.0847

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	5422 .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)	5422 .00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 Total New York State taxes (add lines 48 and 49)	5422 .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 line 51	52a	.00	See instructions to compute the MCTMT for each zone.
52b MCTMT net earnings base for Zone 1..	52b	.00	
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 Total MCTMT (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 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52f through 54)	55	.00	

56 Sales or use tax (Do not leave blank.)	56	0 .00
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57 Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00
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58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	5422 .00
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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number
829392152

59 Enter amount from line 58 **59** 5422 .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 to owe, and estimated tax penalty.

See instructions for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box []

73a Account type: [] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number [] 73c Account number []

74 Electronic funds withdrawal Date [] Amount [] .00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions) Preparer's signature, Preparer's printed name, Firm's name, Address, Date, Email, NYTPRIN excl. code, Preparer's PTIN or SSN, Employer identification number

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation, Date, Daytime phone number, Email

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

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 VIJAY SAIDA BABU GUNDA	Identifying number as shown on return 829392152
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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	0 .00	
1b Activities with net loss from Part IV, column (b)	1b	-9475 .00	
1c Prior years unallowed losses from Part IV, column (c) (see instructions)	1c	.00	
1d Add lines 1a, 1b, and 1c.....	1d		-9475 .00

All other passive activities

2a Activities with net income from Part V, column (a)	2a	.00	
2b Activities with net loss from Part V, column (b)	2b	.00	
2c Prior years unallowed losses from Part V, column (c) (see instructions)	2c	.00	
2d Add lines 2a, 2b, and 2c.....	2d		.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	-9475 .00
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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 Ⓞ, 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	9475 .00
5 Enter 150,000 (if married filing separately, see instructions)	5	150000 .00
6 Enter federal modified adjusted gross income, but not less than zero (see instr.)	6	110266 .00
Note: 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	39734 .00
8 Multiply line 7 by 50% (.5). Do not enter more than 25,000. (If married filing separately, filing status Ⓞ, see instr.) ..	8	19867 .00
9 Enter the smaller of line 4 or line 8 (if line 3 includes any CRD, see instructions)	9	9475 .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	9475 .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
10-1-218/45, ROAD NO:01			0 .00	9475 .00	.00	.00	9475 .00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
			.00	.00	.00	.00	.00
Totals. Enter on Part I, lines 1a, 1b, and 1c.....			0 .00	9475 .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
			.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
Totals. Enter on Part I, lines 2a, 2b, and 2c.....			.00	.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)
10-1-218/45, ROAD NO:01	E LN 22	9475 .00	1.00000000	9475 .00	0 .00
		.00		.00	.00
		.00		.00	.00
		.00		.00	.00
Totals.....		9475 .00	1.00	9475 .00	0 .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
			.00	.00
			.00	.00
			.00	.00
			.00	.00
Totals.....			1.00	.00

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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
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
Totals .....		.00	.00	.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
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule .....	.00				
1b Net income from form or schedule .....	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank .....		.00		.00	.00
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule .....	.00				
1b Net income from form or schedule .....	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank .....		.00		.00	.00
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule .....	.00				
1b Net income from form or schedule .....	.00				
1c Subtract line 1b from line 1a. If zero or less, leave blank00		.00	.00
Totals00	1.00	.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

829392152

Box b Employer identification number (EIN)

150532082

Box c Employer's information

Employer's name CORNELL UNIVERSITY			
Employer's address (number and street) 377 PINE TREE ROAD			
City ITHACA	State NY	ZIP code 14850	Country

Box 1 Wages, tips, other compensation

2463.00

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.

2463.00

Box 17a NYS income tax withheld

20.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

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

829392152

Box b Employer identification number (EIN)

134994650

Box c Employer's information

Employer's name JP MORGAN CHASE BANK NATIONAL ASSOCIATION			
Employer's address (number and street) 1111 POLARSIS PARKWAY			
City COLUMBUS	State OH	ZIP code 43240	Country

Box 1 Wages, tips, other compensation

106866.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

26.00

Code

C

Box 12b Amount

4996.00

Code

DD

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

2045.00

Description

NY STATE WAGES

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.

106866.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

DE

Box 16b Other state wages, tips, etc.

106866.00

Box 17b Other state income tax withheld

6341.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

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DELAWARE 2023

DIVISION OF REVENUE FORM
PIT-RES

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



For Fiscal Year beginning _____ and ending _____

Your Taxpayer ID
8 2 9 3 9 2 1 5 2

Spouse Taxpayer ID

Amended Return
Must include page 3

Filing Status (Must check one)

1. Single, Divorced, Widow(er) 2. Joint 3. Married & Filing Separate Forms
4. Married & Filing Combined Separate on this form 5. Head of Household

Your First Name M.I. Last Name Suffix
VIJAY SAIDA BABU GUNDA

Spouse First Name M.I. Last Name Suffix

Present Home Address (Number and Street) Apartment #
219 N KING ST 408

City State Zip Code
WILMINGTON DE 19801

Form PIT-UND Attached

Claimed as Dependant on someone else's return

If you were a part-year resident in 2023, give the dates you resided in Delaware:

mm-dd-yyyy

mm-dd-yyyy

Column A is for Spouse information, Filing status 4 only. All other filing status use Column B.

		COLUMN A		COLUMN B
+ SECTION A - ADDITIONS				
1. FEDERAL AGI AMOUNT FROM FEDERAL FORM 1040	1.	.00	1.	100791.00
2. INTEREST ON STATE & LOCAL OBLIGATIONS OTHER THAN DELAWARE	2.	.00	2.	.00
3. FIDUCIARY ADJUSTMENT, OIL DEPLETION	3.	.00	3.	.00
4. TOTAL - Add Lines 1 through 3	4.	.00	4.	100791.00
- SECTION B - SUBTRACTIONS				
5. INTEREST RECEIVED ON U.S. OBLIGATIONS	5.	.00	5.	.00
6. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)				
6. Column A if Spouse had a Military Pension Column B if You had a Military Pension	6.	.00	6.	.00
7. DELAWARE STATE TAX REFUND, FIDUCIARY ADJUSTMENT, WORK OPPORTUNITY TAX CREDIT, DELAWARE NOL CARRYFORWARD, ETC. (See instructions)	7.	.00	7.	.00
8a. TAXABLE SOCIAL SECURITY/RR RETIREMENT BENEFITS/HIGHER EDUCATION EXCLUSION/CERTAIN LUMP SUM DISTRIBUTIONS (See instructions)	8a.	.00	8a.	.00
8b. 529 CONTRIBUTION TO DELAWARE-SPONSORED TUITION PROGRAM OR ABLE PROGRAM				
8b. Column A if Spouse 529 ABLE Column B if You 529 ABLE	8b.	.00	8b.	.00
9. Add Lines 5 through 8b	9.	.00	9.	.00
10. Subtract Line 9 from Line 4	10.	.00	10.	100791.00
11. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)	11.	.00	11.	.00
12. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 11 from Line 10. Enter here.	12.	.00	12.	100791.00
≡ SECTION C - DEDUCTIONS If columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.				
13. TOTAL ITEMIZED DEDUCTIONS FROM DELAWARE SCHEDULE A (Must attach PIT-RSA)	13.	.00	13.	.00
14. FOREIGN TAXES PAID (See instructions)	14.	.00	14.	.00
15. CHARITABLE MILEAGE DEDUCTION (See instructions)	15.	.00	15.	.00
16. SUBTOTAL - Add Line 13 through Line 15	16.	.00	16.	.00
17. FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	17.	.00	17.	.00
18. NET ITEMIZED DEDUCTIONS - Subtract Line 17 from Line 16. Enter here and on Line 19 (See instructions)	18.	.00	18.	.00
19. If you elect the DELAWARE STANDARD DEDUCTION check here				
a. <input checked="" type="checkbox"/> Filing Statuses 1, 3, & 5 enter \$3250 in Column B; Filing Status 2 enter \$6500 in Column B; Filing Status 4 enter \$3250 in Column A and in Column B				
b. If you elect DELAWARE ITEMIZED DEDUCTIONS check here				
Filing Statuses 1, 2, 3, and 5, enter itemized deductions from Line 18 in Column B; Filing Status 4 enter itemized deductions from Line 18 in Columns A and B				
	19.	.00	19.	3250.00
20. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)				
Multiply the number of boxes checked below by \$2500. If you are filing a combined separate return (Filing status 4), enter the total for each appropriate column. All others enter total in Column B.				
Column A - if Spouse was: 65 or over blind Column B - if You were: 65 or over blind	20.	.00	20.	.00
21. TOTAL DEDUCTIONS - Add Line 19 and Line 20 and enter here.	21.	.00	21.	3250.00
▣ SECTION D - CALCULATIONS				
22. TAXABLE INCOME - Subtract Line 21 from Line 12, and compute tax on this amount	22.	.00	22.	97541.00
23. TAX LIABILITY FROM TAX RATE TABLE/SCHEDULE (See instructions)	23.	.00	23.	5421.00
24. TAX ON LUMP SUM DISTRIBUTION (Form PIT-STC)	24.	.00	24.	.00



DELAWARE 2023

DIVISION OF REVENUE F O R M PIT-RES

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



Column A is for Spouse information, Filing status 4 only. All other filing status use Column B.

	COLUMN A		COLUMN B
25. TOTAL TAX - Add Line 23 and Line 24	25.	.00	25. 5421 .00
26a. PERSONAL CREDITS Enter number of exemptions 1 x \$110 On Line 26a, enter the number of exemptions for: Column A Column B 1	26a.	.00	26a. 110 .00
26b. CHECK BOXES Spouse 60 or over (Column A) Self 60 or over (Column B) Enter number of boxes checked on Line 26b x \$110	26b.	.00	26b. .00
27. TAX IMPOSED BY OTHER STATES (Must attach copy of PIT-RSS and other state return.)	27.	.00	27. 5421 .00
28. VOLUNTEER FIREFIGHTER CO. # Spouse (Column A) Self (Column B) Enter credit amount	28.	.00	28. .00
29. OTHER NON-REFUNDABLE CREDITS (See instructions)	29.	.00	29. 0 .00
30. CHILD CARE CREDIT . Must attach Form 2441. (Enter 50% of Federal credit)	30.	.00	30. .00
31. TOTAL NON-REFUNDABLE CREDITS (See instructions)	31.	.00	31. 5421 .00
32. BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0.	32.	.00	32. 0 .00
33. EARNED INCOME TAX CREDIT . REFUNDABLE NON-REFUNDABLE (See instructions)	33.	.00	33. .00
34. DELAWARE TAX WITHHELD (Attach W2s/1099s)	34.	.00	34. 6341 .00
35. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	35.	.00	35. .00
36. S CORP PAYMENTS	36.	.00	36. .00
37. REFUNDABLE BUSINESS CREDITS	37.	.00	37. .00
38. CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST)	38.	.00	38. .00
39. TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions)	39.	.00	39. 6341 .00
40. BALANCE DUE If Line 33 plus Line 39 is less than or equal to Line 32, Subtract the sum of Line 33 and Line 39 from Line 32.	40.	.00	40. 0 .00
41. OVERPAYMENT If Line 33 plus Line 39 is greater than Line 32, Subtract Line 32 from the sum of Line 33 and Line 39.	41.	.00	41. 6341 .00
42. CONTRIBUTIONS TO SPECIAL FUNDS . If electing a contribution, complete and attach PIT-RSS.	42.	.00	42. .00
43. AMOUNT OF LINE 41 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT	43.	.00	43. .00
44. PENALTIES AND INTEREST DUE . If Line 40 is greater than \$800, see estimated tax instructions	44.	.00	44. .00
45. NET BALANCE DUE . For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44.	45.	.00	45. .00
46. NET REFUND . For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 42, Line 43, and Line 44 from Line 41.	46.	.00	46. 6341 .00

SECTION E - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete Section E below. See instructions for details.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER
<input checked="" type="checkbox"/> CHECKING		
<input type="checkbox"/> SAVINGS	0 8 3 0 0 0 1 3 7	5 2 0 1 0 9 0 2 9

Is this refund going to or through an account that is located outside of the United States?
YES **NO**

DMV STATE ID #

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

YOUR SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____

HOME PHONE NUMBER _____ BUSINESS PHONE NUMBER 607-697-5455

EMAIL ADDRESS _____

PAID PREPARER INFORMATION

SYAM PRIYA RAM SAGAR GUPTA 03/15/2024

PAID PREPARER SIGNATURE _____ DATE _____

ADDRESS

245 ROONEY CT

CITY STATE ZIP CODE

E BRUNSWICK NJ 08816

EIN, SSN or PTIN PHONE NUMBER

P02082703 678-965-9522

EMAIL ADDRESS _____

BALANCE DUE WITH PAYMENT ENCLOSED (LINE 45) MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 508, Wilmington, DE 19899-0508
Make check payable to: Delaware Division of Revenue

REFUND (LINE 46) MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8710
Wilmington, DE 19899-8710

ALL OTHER RETURNS MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8711
Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN



DELAWARE 2023

DIVISION OF REVENUE FORM
PIT-RES

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



FOR AMENDED RETURNS ONLY

COLUMN A

COLUMN B

47. TOTAL REFUNDABLE CREDITS - Add Line 39 and any EITC on Line 33.	47.	.00		47.		.00
48. AMOUNT PAID ON ORIGINAL RETURN	48.	.00		48.		.00
49. SUBTOTAL. Add Lines 47 and 48.	49.	.00		49.		.00
50. REFUND RECEIVED (If any, see instructions)	50.	.00		50.		.00
Estimated tax carryover and/or Special Funds contributions as shown on original return	51.	.00		51.		.00
52. Subtract Line 50 and Line 51 from Line 49.	52.	.00		52.		.00
53. BALANCE DUE. If Line 32 is greater than Line 52, Subtract 52 from 32.	53.	.00		53.		.00
54. OVERPAYMENT. If Line 52 is greater than Line 32, Subtract 32 from 52.	54.	.00		54.		.00
55. AMOUNT OF LINE 54 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See instructions)				55.		.00
56. PENALTIES AND INTEREST DUE				56.		.00
57. NET BALANCE DUE For Filing Status 4, see instructions. For all other filing statuses Add Line 53, Line 55, and Line 56.				57.		.00
58. NET REFUND For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 55 and Line 56 from Line 54.				58.		.00

59. Is an amended Federal return being filed? **Yes** **No**
 If no, please explain. If the changes pertain to the DE return only, list the line numbers being amended.

60. Has the Delaware Division of Revenue advised you your original return is being audited? **Yes** **No**
61. Is this amended return being filed as a protective claim? **Yes** **No**

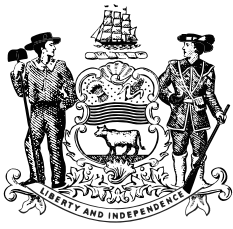
A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.

**NET BALANCE DUE WITH
PAYMENT ENCLOSED (LINE 57)**
MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 508, Wilmington, DE 19899-0508
 Make check payable to: Delaware Division of Revenue

NET REFUND (LINE 58)
MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8710
 Wilmington, DE 19899-8710

ALL OTHER RETURNS
MAIL COMPLETED FORM TO:
 Delaware Division of Revenue
 PO Box 8711
 Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN



DELAWARE 2023

DIVISION OF REVENUE FORM
PIT-RSS

DELAWARE RESIDENT SCHEDULES



FIRST NAME	LAST NAME	TAXPAYER ID
VIJAY SAIDA BABU	GUNDA	8 2 9 3 9 2 1 5 2

Columns: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See instructions for worksheet.) Taxpayers using filing statuses 1,2,3, or 5 are to complete Column B only.

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

Enter the credit in the highest to lowest amount order.

See the instructions and complete the worksheet prior to completing DE Schedule I.

		Filing Status 4 ONLY Spouse Information COLUMN A		All other filing statuses You or You plus Spouse COLUMN B
1. Tax imposed by State of NY (Enter 2 character state name)	1.	.00	1.	5421 .00
2. Tax imposed by State of (Enter 2 character state name)	2.	.00	2.	.00
3. Tax imposed by State of (Enter 2 character state name)	3.	.00	3.	.00
4. Tax imposed by State of (Enter 2 character state name)	4.	.00	4.	.00
5. Tax imposed by State of (Enter 2 character state name)	5.	.00	5.	.00
6. Enter the total here and on Form PIT-RES Page 2, Line 27. You must attach a copy of the other state return(s) with your Delaware tax return	6.	.00	6.	5421 .00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

QUALIFYING CHILD INFORMATION

7a. CHILD'S FIRST NAME	7b. CHILD'S LAST NAME	8. CHILD'S SSN	9. CHILD'S DATE OF BIRTH
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	CHILD 1		CHILD 2		CHILD 3	
10. Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse, if filing jointly)?	Yes	No	Yes	No	Yes	No
11. Was the child permanently and totally disabled during any part of 2023?	Yes	No	Yes	No	Yes	No
12. DELAWARE STATE INCOME TAX LESS NON-REFUNDABLE CREDITS - Enter the higher tax amount from Column A or Column B of Form PIT-RES Line 32					12.	.00
13. FEDERAL EARNED INCOME TAX CREDIT (EITC) - Enter amount from IRS form 1040 or 1040-SR, Line 27					13.	.00
14. REFUNDABLE EITC CALCULATION - Multiply Line 13 x 0.045 and enter here					14.	.00
15. NON-REFUNDABLE EITC CALCULATION - Multiply Line 13 x 0.20 and enter here					15.	.00
16. REFUNDABLE EITC - If Line 14 is greater than or equal to Line 12, enter the amount from Line 14 here and on Line 33 of Form PIT-RES and check the refundable box on Line 33 of Form PIT-RES					16.	.00
17. NON-REFUNDABLE EITC - If Line 14 is less than Line 12, compare Line 12 to Line 15, enter the smaller amount here and on Line 33 of Form PIT-RES, and check the non-refundable box on Line 33 of Form PIT-RES					17.	.00

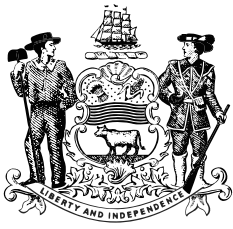
DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See instructions for a description of each worthwhile fund listed below.

See the instructions for ALL required documentation to attach.

18. A. Non-Game Wildlife	.00	H. DE National Guard	.00	O. Senior Trust Fund	.00	
B. Beau Biden Fund	.00	I. Juvenile Diabetes Fund	.00	P. Veterans Trust Fund	.00	
C. Emergency Housing	.00	J. Multiple Sclerosis Soc.	.00	Q. Protect DE's Child Fund	.00	
D. Breast Cancer Edu.	.00	K. Ovarian Cancer Fndn	.00	R. Food Bank of DE	.00	
E. Organ Donations	.00	L. <i>Intentionally left blank</i>		S. DE Hab For Humanity	.00	
F. Diabetes Education	.00	M. White Clay Creek	.00	T. B+ Childhood Cancer	.00	
G. Veterans Home	.00	N. Home of the Brave	.00	U. Combined Campaign for Justice	.00	
19. Enter the total Contribution amount here and on Form PIT-RES, Line 42					19.	.00

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



DELAWARE 2023
 DIVISION OF REVENUE F O R M
 PIT-RSS
DELAWARE RESIDENT SCHEDULES



DE SCHEDULE IV - W-2 AND 1099-R INFORMATION

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
X W-2	JP MORGAN CHASE BANK NATIONAL ASSOCIATION	134994650	DE	106866	6341	X Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse

DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT
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