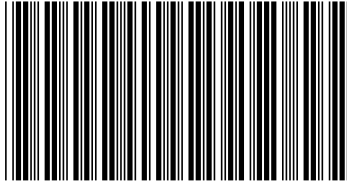


2023 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2023
Page 1



040NV01230

For Taxable Year January 1, 2023 – December 31, 2023 or Other Tax Year
Beginning _____, 2023 Ending _____, 2024

1555

Your Social Security Number
758361452

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
KOTHAPALLY SRI TAPASYA

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
NEW YORK

Home Address (Number and Street, incl. apt. # or rural route)
70 W 37TH ST

Driver's License # (Voluntary)

State

City, Town, Post Office
NEW YORK

State

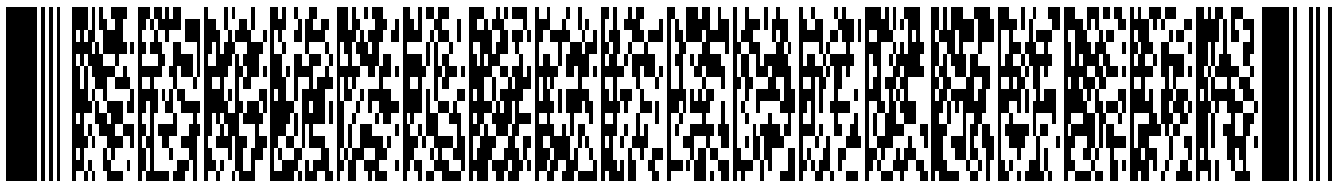
ZIP Code

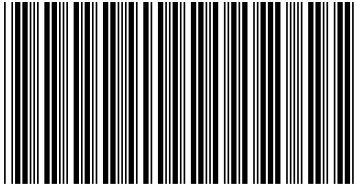
NY 10018

- This is an amended return
- Federal extension application attached or enter confirmation number _____
- The address above is a foreign address
- Your address has changed
- Death certificate for deceased taxpayer is attached (See instructions)
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

Gubernatorial Elections Fund	Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No





040NV02230

Name(s) as shown on Form NJ-1040NR
KOTHAPALLY SRI TAPASYA

Your Social Security Number
758361452

1555

Filing Status
(Check only ONE box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Name and SSN of Spouse/CU Partner
- 5. Qualifying Widow(er)/Surviving CU Partner

Exemptions

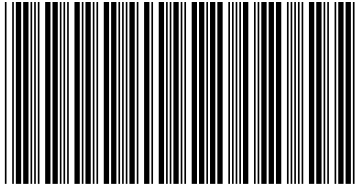
- 6. Regular Self Spouse/CU Partner Domestic Partner 6. 1
- 7. Age 65 or over Self Spouse/CU Partner 7.
- 8. Blind or Disabled Self Spouse/CU Partner 8.
- 9. Veteran Exemption Self Spouse/CU Partner 9.
- 10. Number of your qualified dependent children 10.
- 11. Number of other dependents 11.
- 12. Dependents attending colleges (See Instructions) 12.
- 13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9. 13a. 1 13b. 13c.

Dependent Information

- | 14. Dependent's Last Name, First Name, Middle Initial | Dependent's Social Security Number | Birth Year |
|---|------------------------------------|------------|
| a. _____ | | |
| b. _____ | | |
| c. _____ | | |
| d. _____ | | |

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 69 through 75	15.	85870 .	15.	85870 .
16. Interest	16.	.	16.	.
17. Dividends	17.	.	17.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	.	18.	.
19. Net gains or income from disposition of property (From line 68)	19.	.	19.	.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	0 .	20.	0 .
21. Net gambling winnings (See Instructions)	21.	.	21.	.
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.	.	22.	.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	23.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	24.	.
25. Alimony and separate maintenance payments received	25.	.	25.	.
26. Other – State Nature and Source _____	26.	.	26.	.
27. TOTAL INCOME (Add lines 15 through 26)	27.	85870 .	27.	85870 .



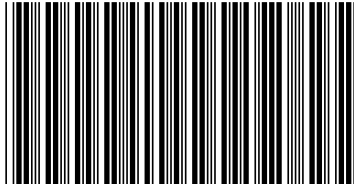
040NV03230

Name(s) as shown on Form NJ-1040NR
KOTHAPALLY SRI TAPASYA

Your Social Security Number
758361452

1555

28a. Pension/Retirement Exclusion (See Instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b. .
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c. .
29. Gross Income (Subtract line 28c from line 27)	29.	85870 .	29. 85870 .
30. Total Exemption Amount (See Instructions)	30.	1000 .	
31. Medical Expenses (See Worksheet and Instructions)	31.	.	
32. Alimony and separate maintenance payments	32.	.	
33. Qualified Conservation Contribution	33.	.	
34. Health Enterprise Zone Deduction	34.	.	
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .	
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	
37a. NJBEST Deduction	37a.	.	
37b. NJCLASS Deduction	37b.	.	
37c. NJ Higher Education Tuition Deduction	37c.	.	
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .	
39. Taxable Income (Subtract line 38 from line 29, column A)	39.	84870 .	
40. Tax on amount on line 39 (From Tax Table)	40.	3280 .	
41. Income Percentage B. (line 29) / A. (line 29) = <u>100.00</u> %			
42. New Jersey Tax (Multiply amount from line 40 by income percentage from line 41)	42.		3280 .
43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	43.		.
44. Gold Star Family Counseling Credit (See Instructions)	44.		.
45. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	45.		.
46. Total Credits (Add lines 43, 44, and 45)	46.		.
47. Balance of Tax After Credits (Subtract line 46 from line 42)	47.		3280 .
48. Interest on Underpayment of Estimated Tax.	48.		123 .
Check box if Form NJ-2210NR is enclosed			x
49. Total Tax Due (Add line 47 and line 48)	49.		3403 .
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	1014 .	
51. New Jersey Estimated Tax Payments/Credit from 2022 return	51.	.	Also enter on line 51:
52. Tax paid on your behalf by Partnership(s)	52.	.	• Payments made in connection with sale of NJ real property
53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	.	• Payments by S corporation for nonresident shareholder
54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.	.	
55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.	.	
56. Pass-Through Business Alternative Income Tax Credit (See instructions)	56.	.	



040NV04230

Name(s) as shown on Form NJ-1040NR
KOTHAPALLY SRI TAPASYA

Your Social Security Number
758361452

1555

57.	Total Payments/Credits (Add lines 50 through 56)	57.	1014 .
58.	If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe If you owe tax, you can still make a donation on line 61A through 61F	58.	2389 .
59.	If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment	59.	.
60.	Amount from line 59 you want to credit to your 2024 tax	60.	.
61.	Amount you want to credit to:		
	(A) N.J. Endangered Wildlife Fund	61A.	.
	(B) N.J. Children's Trust Fund	61B.	.
	(C) N.J. Vietnam Veterans' Memorial Fund	61C.	.
	(D) N.J. Breast Cancer Research Fund	61D.	.
	(E) U.S.S. N.J. Educational Museum Fund	61E.	.
	(F) Designated Contribution	Code	61F.
62.	Total Adjustments to Tax Due/ Overpayment (Add lines 60 through 61F)	62.	.
63.	Balance due (If line 58 is more than zero, add line 58 and 62)	63.	2389 .
64.	Refund amount (If line 59 is more than zero, subtract line 62 from line 59)	64.	.

NOTE:
An entry on lines 60 through 61F will reduce your tax refund

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date

> _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA

P02082703

Firm's Federal Employer Identification Number

Firm's Name GLOBAL TAXES LLC

84-3171965

Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You can also make a payment on our website:
nj.gov/taxation

Name(s) as shown on Form NJ-1040NR
KOTHAPALLY SRI TAPASYA

Your Social Security Number
758361452

Part I Net Gains or Income From Disposition of Property List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
65.					
66. Capital Gains Distribution					66.
67. Other Net Gains					67.
68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero)					68.

Part II Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used. **Note:** Residents of states that impose a **convenience of the employer test**, see instructions before completing Part II.

69. Amount reported on line 15 in column A required to be allocated	69.	
70. Total days in taxable year	70.	
71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	71.	
72. Total days worked in taxable year (subtract line 71 from line 70)	72.	
73. Deduct days worked outside New Jersey.....	73.	
74. Days worked in New Jersey (subtract line 73 from line 72).....	74.	
75. Allocation Formula _____ x _____ = _____ (Include this amount on line 15, col. B) (Enter amount from line 69) (Salary earned inside N.J.)		

Part III Allocation of Business Income to New Jersey (See instructions if other than Formula Basis of allocation is used.)

Business Allocation Percentage (From Schedule NJ-NR-A)
 Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____

Name(s) as shown on Form NJ-1040NR KOTHAPALLY SRI TAPASYA	Social Security Number 758-36-1452
--	---------------------------------------

Schedule NJ-BUS-1
(Form NJ-1040NR)

New Jersey Gross Income Tax
Business Income Summary Schedule

2023

Part I Net Profits From Business List the net profit (loss) from business(es). See Instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.)		4.

Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.
Type of Property:
1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	802, GANGAVIHAR, DIXIT ROAD	758361452	1	-19,138.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)			4. -19,138.

Part III Distributive Share of Partnership Income List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships	Share of Pass-Through Business Alternative Income Tax
1.					
2.					
3.					
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)				
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 52.				
6.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)				

Part IV Net Pro Rata Share of S Corporation Income List the pro rata share of income (usable loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.)			4.
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)			5.

Schedule NJ-BUS-2
(Form NJ-1040NR)

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2023

		Column A			Column B		
		Reportable Regular Business Income			Alternative Business Income (Loss)		
Part I Income (Loss)							
1.	Net Profits From Business	1a.	0.		1b.	0.	
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.		2b.	-19,138.	
3.	Distributive Share of Partnership Income	3a.	0.		3b.	0.	
4.	Net Pro Rata Share of S Corporation Income	4a.	0.		4b.	0.	
5.	Loss Carryforward From Tax Year 2022				5b.	()	
6.	Totals	6a.	0.		6b.	-19,138.	
Part II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.				
9.	Business Increment (Subtract line 8 from line 7)	9.	0.				
10.	Adjustment Percentage	10.	0.50				
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.				
Part III Loss Carryforward to Tax Year 2024							
12.	Loss Carryforward to Tax Year 2024	12.			(-19,138.))

Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2023 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Keep a copy of this schedule for your records

**NJ-2210NR
2023**

**Underpayment of Estimated Tax
By Nonresident Individuals**

Check the box at line 48, Form NJ-1040NR, and enclose this form with your return

Name(s) as shown on Form NJ-1040NR KOTHAPALLY SRI TAPASYA	Social Security Number 758-36-1452
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Part I Figuring Your Underpayment

No interest will be assessed on an underpayment of estimated tax resulting from the provisions of:

- P.L. 2023, c.96, as long as you pay all additional estimated tax by April 15, 2024;
- P.L. 2023, c.125, as long as you began complying with the new law by September 15, 2023.

1. 2023 Tax (line 47, Form NJ-1040NR)	1.	3,280.
2. Enter the total of lines 50, 52, 53, 54, 55 and 56, Form NJ-1040NR	2.	1,014.
3. Subtract line 2 from line 1 (If less than \$400, do not complete the rest of this form).....	3.	2,266.
4a. Multiply the amount on line 1 by .80 (80%) (Two-thirds for qualified farmers)	4a.	2,624.
4b. Enter 2022 tax (From Form NJ-1040NR, line 47)	4b.	

	Payment Due Dates			
	(A) April 18, 2023	(B) June 15, 2023	(C) Sept 15, 2023	(D) Jan 16, 2024
5. Use the lesser amount from either line 4a or 4b and divide by four. Enter the result in each column	5.	656.	656.	656.
6. Estimated tax paid and tax withheld per period (see instr.). If each column on line 6 is greater than the corresponding column on line 5, do not complete the rest of this form	6.	253.	253.	254.
7. Enter the overpayment (line 13) from the previous column. (Complete lines 7 through 13 for one column before completing the next column.).....	7.			
8. Add line 6 and line 7	8.	253.	253.	254.
9. Enter the total underpayment (add line 11 and line 12) from the previous column	9.		403.	806.
10. Subtract line 9 from line 8. If zero or less, enter zero	10.	253.	0.	0.
11. Remaining underpayment from previous period. If line 10 is zero, subtract line 8 from line 9. Otherwise enter zero	11.		150.	552.
12. Underpayment (If line 5 is greater than line 10, subtract line 10 from line 5).....	12.	403.	656.	656.
13. Overpayment (If line 10 is greater than line 5, subtract line 5 from line 10).....	13.			

Part II Exceptions

(See instructions. Complete worksheets for exceptions 2, 3, and 4 and enclose calculations for each exception claimed.)

If you meet exception 1 at line 15, do not file this form. These amounts will be verified by the Division of Taxation.

	April 18, 2023	June 15, 2023	Sept 15, 2023	Jan 16, 2024
14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2023.) (See instructions).....	14.	253.	506.	760.
15. Exception 1 – Enter 2022 tax (2022 NJ-1040NR, line 47).....	15.	25% of 2022 Tax	50% of 2022 Tax	75% of 2022 Tax
16. Exception 2 – Tax on 2022 gross income using 2023 exemptions and tax rates	16.	25% of Tax	50% of Tax	75% of Tax
17. Exception 3 – Tax on annualized 2023 income	17.	20% of Tax	40% of Tax	60% of Tax
18. Exception 4 – Tax on 2023 income over 3, 5, and 8-month periods.....	18.	90% of Tax	90% of Tax	90% of Tax

If the amount of any exception is equal to or less than the corresponding amount at line 14, interest will **not** be charged for that period

19. Total Interest (Include this amount on line 48, Form NJ-1040NR)..... See 2210 Wks	\$	123.
---	----	------

Worksheets

Exception II Tax on 2022 gross income using 2023 exemptions and tax rates

1. Enter 2022 Gross Income (line 29, column A, 2022 NJ-1040NR).....	1.	
2. Enter 2023 Total Exemptions (line 30, 2023 NJ-1040NR).....	2.	
3. Subtract line 2 from line 1.....	3.	
4. Calculate tax on line 3 (2023 tax rates).....	4.	
5. Income Percentage (line 41, 2023 NJ-1040NR).....	5.	
6. Multiply line 4 by line 5. Enter the applicable percentage of this amount on line 16, Part II of this form	6.	

Exception III Tax on 2023 Annualized Income (attach calculations)

		1/1/23 – 3/31/23	1/1/23 – 5/31/23	1/1/23 – 8/31/23
1. Enter the portion of Gross Income (line 29, column A, NJ-1040NR) that is applicable to each period shown	1.			
2. Annualization amounts	2.	4	2.4	1.5
3. Annualized Income (Multiply line 1 by line 2)	3.			
4. Enter Total Exemptions (line 30, NJ-1040NR).....	4.			
5. Subtract line 4 from line 3.....	5.			
6. Calculate tax on line 5	6.			
7. Enter the portion of Gross Income from New Jersey sources (line 29, column B, NJ-1040NR) that is applicable to each period shown.....	7.			
8. Percentage of income from New Jersey sources (Divide line 7 by line 1).....	8.			
9. Multiply line 6 by line 8. Enter the applicable percentage of this amount on line 17, Part II of this form.....	9.			

Exception IV Tax on Actual 2023 Taxable Income over 3, 5, and 8-month periods (attach calculations)

		1/1/23 – 3/31/23	1/1/23 – 5/31/23	1/1/23 – 8/31/23
1. Enter the actual amount of Taxable Income (line 39, NJ-1040NR) that is applicable to each period shown	1.			
2. Calculate tax on line 1	2.			
3. Income percentage (line 41, NJ-1040NR).....	3.			
4. Multiply line 2 by line 3. Enter 90% of this amount on line 18, Part II of this form	4.			

Interest Computation Worksheet

2022

▶ Attach to Form NJ-2210 or NJ-2210NR

Name as Shown on Return <u>KOTHAPALLY SRI TAPASYA</u>	Social Security No. <u>758-36-1452</u>
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Option 1

	A	B	C	D	E	F	G
Period	Amount Due (line 5, NJ-2210)	Balance Due Previous Quarter (column E)	Total Due (A + B)	Total Paid (line 6, NJ-2210)	Balance (C - D)	Multi- plier	Interest (E x F)
1 4/15 - 6/15	<u>656.</u>		<u>656.</u>	<u>253.</u>	<u>403.</u>	<u>.010</u>	<u>7.</u>
2 6/16 - 9/15	<u>656.</u>	<u>403.</u>	<u>1,059.</u>	<u>253.</u>	<u>806.</u>	<u>.019</u>	<u>23.</u>
3 9/16 - 1/15	<u>656.</u>	<u>806.</u>	<u>1,462.</u>	<u>254.</u>	<u>1,208.</u>	<u>.031</u>	<u>46.</u>
4 1/16 - 4/15	<u>656.</u>	<u>1,208.</u>	<u>1,864.</u>	<u>254.</u>	<u>1,610.</u>	<u>.025</u>	<u>47.</u>
5 Total interest for Option 1						5	<u>123.</u>

Option 2

	(a)	(b)	(c)	(d)	
Payment due dates ▶	4/15/2022	6/15/2022	9/15/2022	1/15/2023	
1 Payment date	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
2 Amount due	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
3 Balance from previous quarter		<u> </u>	<u> </u>	<u> </u>	
4 Balance due	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
5 a Number of months from due date to payment date or next quarter due date, whichever is earlier	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
b Interest rate	<u>.0625</u>	<u>.0775</u>	<u>.0925</u>	<u>.1000</u>	
6 Late payment interest. (Line 4 times line 5a times line 5b divided by 12.) If line 1 is blank, skip lines 7 through 10.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
7 Payment amount	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
8 Underpayment amount	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
9 a Number of months from payment date to next quarter due date	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
b Interest rate	<u>.0625</u>	<u>.0775</u>	<u>.0925</u>	<u>.1000</u>	
10 Underpayment interest. (Line 8 times line 9a times line 9b divided by 12.)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
11 Total interest for Option 2. Add lines 6 and 10, columns (a) through (d)					11



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 SRI TAPASYA KOTHAPALLY	Spouse's name (jointly filed return only)
---	---

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.	201332.
2 Refund.....	2.	1007.
3 Amount you owe.....	3.	
4 Financial institution routing number.....	4.	021200339
5 Financial institution account number.....	5.	381047040548
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

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

Under penalty of perjury, I declare that I have examined the information on my 2023 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2023 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its 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 04122024



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

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

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

and ending ...

Your first name		MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)	Your Social Security number	
SRI TAPASYA			KOTHAPALLY		08191992	758361452	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number	
Mailing address (see instructions) (number and street or PO Box)					Apartment number	New York State county of residence	
70 W 37TH ST						NEW YORK	
City, village, or post office			State	ZIP code	Country	School district name	
NEW YORK			NY	10018	UNITED STATES	MANHATTAN	
Taxpayer's permanent home address (see instructions) (number and street or rural route)					Apartment number	School district code number	
						369	
City, village, or post office			State	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
			NY				

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

B Did you itemize your deductions on your 2023 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No



D1 Did you have a financial account located in a foreign country? Yes No

D2 (1) Did you or your spouse **maintain living quarters in Yonkers** for any part of 2023? ... Yes No
If Yes:

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

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

If No:

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

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

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

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

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

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

H Dependent information

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

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



201001233555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
758361452

Federal income and adjustments

Whole dollars only

Table with 19 rows for Federal income and adjustments. Columns include line number, description, and amount. Total for line 19 is 201332.00.

New York additions

Table with 4 rows for New York additions. Total for line 24 is 201332.00.

New York subtractions

Table with 10 rows for New York subtractions. Total for line 33 is 201332.00.



Standard deduction or itemized deduction

Table with 4 rows for Standard deduction or itemized deduction. Total for line 37 is 193332.00.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1
SRI TAPASYA KOTHAPALLY

Your Social Security number
758361452

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	193332 .00
39 NYS tax on line 38 amount	39	11600 .00
40 NYS household credit	40	.00
41 Resident credit	41	3280 .00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	42	.00
43 Add lines 40, 41, and 42	43	3280 .00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	8320 .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	8320 .00

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

47 NYC taxable income	47	193332 .00
47a NYC resident tax on line 47 amount	47a	7369 .00
48 NYC household credit	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	7369 .00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	7369 .00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	7369 .00
54a MCTMT net earnings base for Zone 1 ..	54a	.00
54b MCTMT net earnings base for Zone 2 ..	54b	.00
54c MCTMT for Zone 1	54c	.00
54d MCTMT for Zone 2	54d	.00
54e Total MCTMT (add lines 54c and 54d)	54e	.00
55 Yonkers resident income tax surcharge	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1) ..	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54e through 57) ..	58	7369 .00
59 Sales or use tax (do not leave blank)	59	0 .00
60 Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	15689 .00

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



See instructions to compute the MCTMT for each zone.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your Social Security number
758361452

62 Enter amount from line 61 **62** 15689 .00

Payments and refundable credits

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	63 .00
69a	NYC school tax credit (rate reduction amount)	69a	434 .00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	11725 .00
73	Total New York City tax withheld	73	4474 .00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments (add lines 63 through 75)	76	16696 .00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return.
Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)	77	1007 .00
78	Amount of line 77 available for refund (subtract line 79 from line 77) TIP: Use this amount to check your refund status online.	78	1007 .00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	1007 .00

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

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

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

See instructions for the proper assembly of your return.

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

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

83b Routing number 021200339 83c Account number 381047040548

84 Electronic funds withdrawal Date Amount00

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

Paid preparer must complete (see instructions)		Preparer's NYTPRN	NYTPRN excl. code 0 9
Preparer's signature SYAM PRIYA RAM SAGAR GUP		Preparer's printed name SYAM PRIYA RAM SAGAR GUP	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC		Preparer's PTIN or SSN P02082703	
Address 245 ROONEY CT E BRUNSWICK NJ 08816		Employer identification number 843171965	
Email: SYAM@GTAXFILE.COM		Date 04122024	

Taxpayer(s) must sign here	
Your signature	
Your occupation MANAGEMENT CONSULTANT	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (551) 227 5061
Email: TAPASYAKOTHAPALLY@GMAIL.COM	

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

New York State Resident Credit

Tax Law – Section 620

IT-112-R

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

Name(s) as shown on return SRI TAPASYA KOTHAPALLY	Identifying number as shown on return 758361452
--	--

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

Part 1 – Income and adjustments (see instructions)	A		B	
	Amount reported on New York State return		Amount sourced to and taxed by other taxing authority	
	Whole dollars only		Whole dollars only	
1 Wages, salaries, tips, etc.	1	201332.00	1	85870.00
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	4	.00	4	.00
5 Alimony received.....	5	.00	5	.00
6 Business income or loss	6	.00	6	.00
7 Capital gain or loss.....	7	.00	7	.00
8 Other gains or losses	8	.00	8	.00
9 Taxable amount of IRA distributions.....	9	.00	9	.00
10 Taxable amount of pensions and annuities.....	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.....	11	0.00	11	0.00
12 Farm income or loss.....	12	.00	12	.00
13 Unemployment compensation.....	13	.00	13	.00
14 Taxable amount of Social Security benefits	14	.00	14	.00
15 Other income.....	15	.00	15	.00
16 Add lines 1 through 15	16	201332.00	16	85870.00
17 Total federal adjustments to income.....	17	.00	17	.00
18 Federal adjusted gross income (subtract line 17 from line 16)	18	201332.00	18	85870.00
19 New York State adjustments (see instructions).....	19	.00	19	
20 New York State adjusted gross income (see instructions)	20	201332.00	20	85870.00
21 Capital gain portion of lump-sum distributions (see instr.)	21	.00	21	.00
22 Add lines 20 and 21	22	201332.00	22	85870.00

(continued on page 2)

NO HANDWRITTEN ENTRIES ON THIS FORM

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

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

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

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

24a Taxpayer.....	24a	3 280.00
24b Entity on behalf of the taxpayer.....	24b	.00
24 Total income tax imposed (add lines 24a and 24b)	24	3 280.00

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

Enter the group's EIN

25 New York State tax payable (see instructions).....	25	1 1600.00
26 Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) ...	26	0 . 4265
27 Multiply line 25 by line 26	27	4947.00
28 Enter amount from line 24 or line 27, whichever is less (see instructions).....	28	3 280.00
29 Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions)	29	.00
30 Add lines 28 and 29	30	3 280.00

Part 3 – Application of Credit

31 Tax due before credits (see instructions)	31	1 1600.00
32 Other credits that you applied before this credit (see instructions)	32	.00
33 Subtract line 32 from line 31	33	1 1600.00
34 Enter the amount from line 30 or line 33, whichever is less (see instructions)	34	3 280.00

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

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

35 Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions).....	35	1 014.00
36 Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions).....	36	.00
37 Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions).....	37	2 266.00

NO HANDWRITTEN ENTRIES ON THIS FORM





Department of Taxation and Finance

Summary of W-2 Statements

IT-2

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.

W-2 Record 1

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

758361452

Box b Employer identification number (EIN)

133796161

Box c Employer's information

Employer's name			
MCKINSEY & COMPANY INC. US			
Employer's address (number and street)			
711 THIRD AVENUE			
City	State	ZIP code	Country
NEW YORK	NY	10017	

Box 1 Wages, tips, other compensation

201332.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

379.00

Code

C

Box 12b Amount

10319.00

Code

D

Box 12c Amount

11750.00

Code

D D

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

N | Y

Box 16a NYS wages, tips, etc.

201332.00

Box 17a NYS income tax withheld

11725.00

Other state information:

Box 15b other state

N | J

Box 16b Other state wages, tips, etc.

85870.00

Box 17b Other state income tax withheld

1014.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a 112717.00

Locality b .00

Box 19 Local income tax withheld

Locality a 4474.00

Locality b .00

Box 20 Locality name

Locality a NYC

Locality b

Do not detach.

W-2 Record 2

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

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

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