

1040ES0124V011555

Form CT-1040ES
2024 Estimated Connecticut Income
Tax Payment Coupon for Individuals

2024

Department of Revenue Services
State of Connecticut
PO Box 5053
Hartford CT 06102-5053



Form CT-1040ES
2024 Estimated Connecticut Income Tax
Payment Coupon for Individuals

2024
(Rev. 01/24)

VISHAD MAGANLAL BHALODIA ▶ 789 - 80 - 1696

▶ - -

20 WATERSIDE PLZ APT 4F **Due date:** 04152024

NEW YORK NY 10010 - **Payment amount** ▶ 2216.00

1040ES0124V011555

7898016960000000000000220241

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2024
(Rev. 01/24)

VISHAD MAGANLAL BHALODIA ▶ 789 - 80 - 1696

▶ - -

20 WATERSIDE PLZ APT 4F **Due date:** 06172024

NEW YORK NY 10010 - **Payment amount** ▶ 2216.00

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7898016960000000000000220241

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Payment Coupon for Individuals

2024
(Rev. 01/24)

VISHAD MAGANLAL BHALODIA ▶ 789 - 80 - 1696

▶ - -

20 WATERSIDE PLZ APT 4F **Due date:** 09162024

NEW YORK NY 10010 - **Payment amount** ▶ 2216.00

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Tax Payment Coupon for Individuals

2024

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State of Connecticut
PO Box 5053
Hartford CT 06102-5053



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2024 Estimated Connecticut Income Tax
Payment Coupon for Individuals

2024
(Rev. 01/24)

VISHAD MAGANLAL BHALODIA ▶ 789 - 80 - 1696

▶ - -

20 WATERSIDE PLZ APT 4F **Due date:** 01152025

NEW YORK NY 10010 - **Payment amount** ▶ 2216.00

1040ES0124V011555

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1040V1223V011555

Form CT-1040V

2023

2023 Connecticut Electronic
Filing Payment Voucher

REV 01/29/24 PRO

Do not submit a paper copy of your Connecticut income tax return with this voucher.

Department of Revenue Services
State of Connecticut
PO Box 2921
Hartford CT 06104-2921



Form CT-1040V
2023 Connecticut Electronic
Filing Payment Voucher

2023
(Rev. 12/23)

Do not submit a paper copy of your Connecticut income tax return with this voucher.

VISHAD MAGANLAL

BHALODIA

▶ 789 - 80 - 1696

▶ - -

20 WATERSIDE PLZ APT 4F

First time filing Connecticut income tax return:

NEW YORK

NY 10010 -

Payment amount ▶

8864.00

1040V1223V011555

478980169600000000000001231202300000008864009

Form CT-1040NR/PY Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number on Page 4 and Quick Reference (QR) Code, on Page 5.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Schedule CT-CHET; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; and Form CT-6251, Pages 1 and 2.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
4. **Do not attach or send copies of forms W-2 or 1099.**
5. Verify that the address lines on the return are correct and proper abbreviations are used.
6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
9. Send **all** completed pages of CT-1040NR/PY, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2023 Form CT-1040NRPY" on your check.
12. To mail your return, use the following addresses:
 - For all tax returns with payment:
 - Department of Revenue Services
 - PO Box 2977
 - Hartford CT 06104-2977
 - For refunds and tax returns without payment:
 - Department of Revenue Services
 - PO Box 2976
 - Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

Do not send this sheet with your return.

NRPY1223V011555



Form CT-1040NR/PY - 2023
Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/23)

Page 1 of 4

Other tax year, beginning: and ending:

Y S N FJ N MFS N HOH N QSS
789 - 80 - 1696 - -
VISHAD MAGANLAL BHALODIA N Dec. N P
N Dec. Y N
20 WATERSIDE PLZ N CT-8379 N CT-2210 N CT-19IT
APT 4F USA N CT-1040 CRC N Federal Form 1310
NEW YORK NY 10010 -

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 18 detailing federal adjusted gross income, Connecticut adjusted gross income, and total tax.

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.



NRPY1223V011555

Form CT-1040NR/PY, Page 2 of 4

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19. Amount from Line 18

19. • 8864

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

| | Col. A - Employer's Federal ID # | Col. B - CT Wages, Tips, etc. | Sch. CT K-1 | Col. C - CT Income Tax Withheld |
|------|----------------------------------|-------------------------------|-------------|---------------------------------|
| 20a. | - | • 0 | • | 0 |
| 20b. | - | • 0 | • | 0 |
| 20c. | - | • 0 | • | 0 |
| 20d. | - | • 0 | • | 0 |
| 20e. | - | • 0 | • | 0 |

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f. 0

20. Total Connecticut income tax withheld: Amounts in Column C. 20. 0

21. If 2023 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

22a. Claim of right credit (from Form CT-1040 CRC, Line 6) 22a. 0

22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached. 22b. 0

23. Total payments and refundable credits: Add Lines 20, 21, 22, 22a and 22b. 23. 0

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 0

25. Amount of Line 24 you want applied to your 2024 estimated tax 25. 0

26. Amount of Line 24 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4) 26. 0

26a. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26a. 0

27. Refund: Lines 25, 26, and 26a subtracted from Line 24. 27. 0

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type N Ck. N Sv. 27b. Rout. # 27c. Acct. #

27d. Refund going to a bank account outside the U.S. 27d. N

28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 8864

29. If late: Penalty entered. Line 28 multiplied by 10% (.10). 0

30. If late: Interest entered. 0

Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01). 3 0

31. Interest on underpayment of estimated tax (from Form CT-2210.) 31 0

32. Total amount due: Add Lines 28 through 31. 32. 8864.00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

| | | |
|---|------------------|--|
| Your signature • | Date • | Home/cell telephone number 4126166324 |
| Spouse's signature (if joint return) • | Date • | Daytime telephone number • |
| Paid preparer's signature • SYAM PRIYA RAM SAGAR GU | Date • 032024 | Telephone number • 6789659522 |
| Paid preparer's name SYAM PRIYA RAM SAGAR GUPTA | | Paid Preparer's PTIN P02082703 |
| Firm's name, address and ZIP code GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWI NJ 08816 - | | FEIN Self-employed N |

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

| | | |
|----------------------|-----------------------|---|
| Designee's name • | Telephone number • | Personal identification number (PIN) • |
|----------------------|-----------------------|---|

NRPY1223V021555

Sign Here
Keep a copy for your records.

Form CT-1040NR/PY, Page 3 of 4

NRPY1223V031555



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Schedule 1 - Modifications to Federal Adjusted Gross Income

| | | |
|---|------|---|
| 33. Interest on state and local government obligations other than Connecticut | 33. | 0 |
| 34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations | 34. | 0 |
| 35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income | 35. | 0 |
| 36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero. | 36. | 0 |
| 37. Loss on sale of Connecticut state and local government bonds | 37. | 0 |
| 38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year. | 38 | 0 |
| 38a. 80% of Section 179 federal deduction. | 38a. | 0 |
| 39. Other - specify • | 39. | 0 |
| 40. Total additions: Add Lines 33 through 39. | 40. | 0 |
| 41. Interest on U.S. government obligations | 41. | 0 |
| 42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | 42. | 0 |
| 43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet) | 43. | 0 |
| 44. Refunds of state and local income taxes | 44. | 0 |
| 45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities | 45. | 0 |
| 46. Military retirement pay | 4 | 0 |
| 47. 50% of income received from Connecticut Teachers' Retirement System | 47. | 0 |
| 48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero. | 48. | 0 |
| 49. Gain on sale of Connecticut state and local government bonds | 49. | 0 |
| 50. CHET contributions made in 2023 or an excess carried forward from a prior year Acct. # | 50. | 0 |
| 50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years. | 50a. | 0 |
| 50b. 100% of pension or annuity income. | 50b. | 0 |
| 50c. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes. | 50c. | 0 |
| 51. Other - specify • | 51. | 0 |
| 52. Total subtractions: Add Lines 41 through 51. | 52. | 0 |

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

| | | |
|--|---------------|---------------|
| 53. Connecticut AGI during residency portion of taxable year | 53. | 0 |
| | Col. A | Col. B |
| 54. Qualifying jurisdiction's name and two-letter code | 54. • | • |
| 55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet) | 55. | 0 |
| 56. Line 55 divided by Line 53. May not exceed 1.0000. | 56. | 0.0000 |
| 57. Apportioned income tax | 57. | 0 |
| 58. Line 56 multiplied by Line 57 | 58. | 0 |
| 59. Allowable income tax paid to a qualifying jurisdiction | 59. | 0 |
| 60. Lesser of Line 58 or Line 59 | 60. | 0 |
| 61. Total credit: Add Line 60, all columns. | 6 | 0 |

NRPY1223V031555

NRPY1223V041555



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Schedule 3 - Individual Use Tax

| | | |
|--|-------|---|
| 62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7) | a. | 0 |
| 62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7) | 62b. | 0 |
| 62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7) | 62c. | 0 |
| 62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7) | 62d. | 0 |
| 62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d. | 62. • | 0 |

Schedule 4 - Contributions to Designated Charities

| | | |
|--|------|---|
| 63a. AR | 63a. | 0 |
| 63b. OT | 63b. | 0 |
| 63c. ES/W | 63c. | 0 |
| 63d. BCR | 63d. | 0 |
| 63e. SNS | 63e. | 0 |
| 63f. MR | 63f. | 0 |
| 63g. CBS | 63g. | 0 |
| 63h. MHCIA | 63h. | 0 |
| 63. Total Contributions: Add Lines 63a through 63h. | 6 | 0 |

Taxpayer email

NRPY1223V041555

Schedule CT-SI

Nonresident or Part-Year Resident

Schedule of Income From Connecticut Sources



2023

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

| | | |
|---|-----------------------|--|
| Your first name and middle initial VISHAD MAGANLAL | Last name BHALODIA | Your Social Security Number 7 8 9 : 8 0 : 1 6 9 6 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's Social Security Number |

Visit portal.ct.gov/DRS/Individuals/Individual-Income-Tax before completing this schedule.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation.** Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.
Nonresidents: Enter the income received from Connecticut sources.

| | | | | |
|--|---|-----|---------|----|
| 1. Wages, salaries, tips, etc. | ▶ | 1. | 159,978 | |
| 2. Taxable interest | ▶ | 2. | | |
| 3. Ordinary dividends | ▶ | 3. | 0 | |
| 4. Alimony received | ▶ | 4. | | |
| 5. Business income or (loss) | ▶ | 5. | | |
| 6. Capital gain or (loss) | ▶ | 6. | 0 | |
| 7. Other gains or (losses) | ▶ | 7. | | |
| 8. Taxable amount of IRA distributions | ▶ | 8. | | |
| 9. Taxable amounts of pension and annuities | ▶ | 9. | | |
| 10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. | ▶ | 10. | 0 | |
| 11. Farm income or (loss) | ▶ | 11. | | |
| 12. Unemployment compensation | ▶ | 12. | | |
| 13. Taxable amount of social security benefits | ▶ | 13. | | |
| 14. Other income: See instructions. | ▶ | 14. | | |
| 15. Gross income from Connecticut sources: Add Lines 1 through 14. | ▶ | 15. | 159,978 | 00 |

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

| | | | | |
|--|---|-----|---------|----|
| 16. Educator expenses | ▶ | 16. | | |
| 17. Certain business expenses of reservists, performing artists, and fee-basis government officials | ▶ | 17. | | |
| 18. Health savings account deduction | ▶ | 18. | | |
| 19. Moving expenses for members of the armed forces | ▶ | 19. | | |
| 20. Deductible part of self-employment tax | ▶ | 20. | | |
| 21. Self-employed SEP, SIMPLE, and qualified plans | ▶ | 21. | | |
| 22. Self-employed health insurance deduction | ▶ | 22. | | |
| 23. Penalty on early withdrawal of savings | ▶ | 23. | | |
| 24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ - _____ - _____ | ▶ | 24. | | |
| 25. IRA deduction | ▶ | 25. | | |
| 26. Student loan interest deduction | ▶ | 26. | | |
| 27. Archer MSA deduction | ▶ | 27. | | |
| 28. Other adjustments | ▶ | 28. | | |
| 29. Total adjustments: Add Lines 16 through 28. | ▶ | 29. | | |
| 30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY , Line 6. | ▶ | 30. | 159,978 | 00 |

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines through G if you know the exact amount of your Connecticut-sourced income.**

| | | | | |
|--|--|---|--|--|
| A. Working days (or other basis) outside Connecticut | | | | |
| B. Working days (or other basis) inside Connecticut | | B | | |
| C. Total working days: Add Line A and Line B. | | C | | |
| D. Nonworking days (Holidays, weekends, etc.) | | D | | |
| E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places. | | E | | |
| F. Total income being apportioned | | F | | |
| G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. Basis, if other than working days: _____ | | G | | |



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 VISHAD MAGANLAL BHALODIA | 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. | 163341. |
| 2 Refund | 2. | 9771. |
| 3 Amount you owe | 3. | |
| 4 Financial institution routing number | 4. | 021000021 |
| 5 Financial institution account number | 5. | 763706618 |
| 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 03202024 |



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 VISHAD MAGANLAL | | MI | Your last name (for a joint return, enter spouse's name on line below) BHALODIA | | Your date of birth (mmdyyyy) 01241994 | Your Social Security number 789801696 |
| Spouse's first name | | MI | Spouse's last name | | Spouse's date of birth (mmdyyyy) | Spouse's Social Security number |
| Mailing address (see instructions) (number and street or PO Box) 20 WATERSIDE PLAZA | | | | | Apartment number 4F | New York State county of residence NEW YORK |
| City, village, or post office NEW YORK | | | State NY | ZIP code 10010 | Country UNITED STATES | School district name 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 NY | ZIP code | Taxpayer's date of death (mmdyyyy) | Spouse's date of death (mmdyyyy) |
| | | | | | Decedent information | |

- 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 12

(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 (mmdyyyy) |
|------------|----|-----------|--------------|------------------------|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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
789801696

Federal income and adjustments

Whole dollars only

| | | | |
|----|--|----|-----------|
| 1 | Wages, salaries, tips, etc. | 1 | 159978.00 |
| 2 | Taxable interest income | 2 | .00 |
| 3 | Ordinary dividends | 3 | 225.00 |
| 4 | Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) | 4 | .00 |
| 5 | Alimony received | 5 | .00 |
| 6 | Business income or loss (submit a copy of federal Schedule C, Form 1040) | 6 | .00 |
| 7 | Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) | 7 | 3138.00 |
| 8 | Other gains or losses (submit a copy of federal Form 4797) | 8 | .00 |
| 9 | Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/> | 9 | .00 |
| 10 | Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/> | 10 | .00 |
| 11 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) | 11 | 0.00 |
| 12 | Rental real estate included in line 11 | 12 | 0.00 |
| 13 | Farm income or loss (submit a copy of federal Schedule F, Form 1040) | 13 | .00 |
| 14 | Unemployment compensation | 14 | .00 |
| 15 | Taxable amount of Social Security benefits (also enter on line 27) | 15 | .00 |
| 16 | Other income Identify: | 16 | .00 |
| 17 | Add lines 1 through 11 and 13 through 16 | 17 | 163341.00 |
| 18 | Total federal adjustments to income Identify: | 18 | .00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) | 19 | 163341.00 |

New York additions

| | | | |
|----|--|----|-----------|
| 20 | Interest income on state and local bonds and obligations (but not those of NYS or its local governments) | 20 | .00 |
| 21 | Public employee 414(h) retirement contributions from your wage and tax statements | 21 | .00 |
| 22 | New York's 529 college savings program distributions | 22 | .00 |
| 23 | Other (Form IT-225, line 9) | 23 | .00 |
| 24 | Add lines 19 through 23 | 24 | 163341.00 |

New York subtractions

| | | | |
|----|--|----|-----------|
| 25 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 25 | .00 |
| 26 | Pensions of NYS and local governments and the federal government | 26 | .00 |
| 27 | Taxable amount of Social Security benefits (from line 15) | 27 | .00 |
| 28 | Interest income on U.S. government bonds | 28 | .00 |
| 29 | Pension and annuity income exclusion | 29 | .00 |
| 30 | New York's 529 college savings program deduction/earnings | 30 | .00 |
| 31 | Other (Form IT-225, line 18) | 31 | .00 |
| 32 | Add lines 25 through 31 | 32 | .00 |
| 33 | New York adjusted gross income (subtract line 32 from line 24) | 33 | 163341.00 |



Standard deduction or itemized deduction

| | | | |
|----|---|----|-----------|
| 34 | Enter your standard deduction or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized | 34 | 8000.00 |
| 35 | Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) | 35 | 155341.00 |
| 36 | Dependent exemptions (enter the number of dependents listed in item H) | 36 | 000.00 |
| 37 | Taxable income (subtract line 36 from line 35) | 37 | 155341.00 |

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1
 VISHAD MAGANLAL BHALODIA

Your Social Security number
 789801696

Tax computation, credits, and other taxes

| | | |
|--|-----------|------------|
| 38 Taxable income (from line 37 on page 2) | 38 | 155341 .00 |
| 39 NYS tax on line 38 amount | 39 | 9320 .00 |
| 40 NYS household credit | 40 | .00 |
| 41 Resident credit | 41 | 8864 .00 |
| 42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ... | 42 | .00 |
| 43 Add lines 40, 41, and 42 | 43 | 8864 .00 |
| 44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) | 44 | 456 .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 | 456 .00 |

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

| | | |
|---|------------|------------|
| 47 NYC taxable income | 47 | 155341 .00 |
| 47a NYC resident tax on line 47 amount | 47a | 5896 .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 | 5896 .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 | 5896 .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 | 5896 .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 | 5896 .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 | 6352 .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
789801696

62 Enter amount from line 61 **62** 6352 .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 | 348 .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 | 9450 .00 |
| 73 | Total New York City tax withheld | 73 | 6262 .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 | 16123 .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 | 9771 .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 | 9771 .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 | 9771 .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 021000021 83c Account number 763706618

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 NYTPRIN | NYTPRIN excl. code 0 9 |
| Preparer's signature SYAM PRIYA RAM SAGAR GUP | | Preparer's printed name SYAM PRIYA RAM SAGAR GUP | |
| Firm's name (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 | |
| Email: | | Date 03202024 | |

| | |
|---|---------------------------------------|
| Taxpayer(s) must sign here | |
| Your signature | |
| Your occupation QUANTITATIVE RESEARCH ANA | |
| Spouse's signature and occupation (if joint return) | |
| Date | Daytime phone number (412)616 6324 |
| Email: VISHADBHALODIA@GMAIL.COM | |

201004233555

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 VISHAD MAGANLAL BHALODIA | Identifying number as shown on return 789801696 |
|--|--|

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 | 159978.00 | 1 | 159978.00 |
| 2 Taxable interest income | 2 | .00 | 2 | .00 |
| 3 Ordinary dividends | 3 | 225.00 | 3 | 0.00 |
| 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 | 3138.00 | 7 | 0.00 |
| 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 | 163341.00 | 16 | 159978.00 |
| 17 Total federal adjustments to income | 17 | .00 | 17 | .00 |
| 18 Federal adjusted gross income (subtract line 17 from line 16) | 18 | 163341.00 | 18 | 159978.00 |
| 19 New York State adjustments (see instructions) | 19 | .00 | 19 | |
| 20 New York State adjusted gross income (see instructions) | 20 | 163341.00 | 20 | 159978.00 |
| 21 Capital gain portion of lump-sum distributions (see instr.) | 21 | .00 | 21 | .00 |
| 22 Add lines 20 and 21 | 22 | 163341.00 | 22 | 159978.00 |

(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** CT

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 | 8864.00 |
| 24b Entity on behalf of the taxpayer..... | 24b | .00 |
| 24 Total income tax imposed (add lines 24a and 24b) | 24 | 8864.00 |

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 | 9320.00 |
| 26 Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) ... | 26 | 0.9794 |
| 27 Multiply line 25 by line 26..... | 27 | 9128.00 |
| 28 Enter amount from line 24 or line 27, whichever is less (see instructions) | 28 | 8864.00 |
| 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 | 8864.00 |

Part 3 – Application of Credit

| | | |
|---|----|---------|
| 31 Tax due before credits (see instructions) | 31 | 9320.00 |
| 32 Other credits that you applied before this credit (see instructions) | 32 | .00 |
| 33 Subtract line 32 from line 31 | 33 | 9320.00 |
| 34 Enter the amount from line 30 or line 33, whichever is less (see instructions) | 34 | 8864.00 |

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 | 0.00 |
| 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 | 8864.00 |

NO HANDWRITTEN ENTRIES ON THIS FORM





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

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

789801696

Box b Employer identification number (EIN)

061398337

Box c Employer's information

| | | | |
|--|-------|----------|---------|
| Employer's name | | | |
| GRAHAM CAPITAL MANAGEMENT LP | | | |
| Employer's address (number and street) | | | |
| 40 HIGHLAND AVE | | | |
| City | State | ZIP code | Country |
| ROWAYTON | CT | 06853 | |

Box 1 Wages, tips, other compensation

159978.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

503.00 C

Box 12b Amount

10187.00 D D

Box 12c Amount

.00

Box 12d Amount

.00

Box 14a Amount

800.00 CTPL

Box 14b Amount

2700.00 TRANS

Box 14c Amount

.00

Box 14d Amount

.00

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State N|Y

Box 16a NYS wages, tips, etc.

159978.00

Box 17a NYS income tax withheld

9450.00

Other state information:

Box 15b other state C|T

Box 16b Other state wages, tips, etc. 159978.00

Box 17b Other state income tax withheld .00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc. Locality a 159978.00 Locality b .00

Box 19 Local income tax withheld Locality a 6262.00 Locality b .00

Box 20 Locality name Locality a NYC Locality b

W-2 Record 2

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

Box b Employer identification number (EIN)

Box c Employer's information

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

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Box 14a Amount

.00

Box 14b Amount

.00

Box 14c Amount

.00

Box 14d Amount

.00

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State 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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