



# 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 VINAY KUMAR KARUTURI	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.	86747.
2 Refund.....	2.	251.
3 Amount you owe.....	3.	
4 Financial institution routing number.....	4.	021000021
5 Financial institution account number.....	5.	3888357317
6 Account type: <input type="checkbox"/> Personal checking <input checked="" 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 04062024



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 VINAY KUMAR		Your last name (for a joint return, enter spouse's name on line below) KARUTURI		Your date of birth (mmddyyyy) 03291995		Your Social Security number 668150061		
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) 6722 DESEO				Apartment number 234		New York State county of residence NR		
City, village, or post office IRVING			State TX	ZIP code 75039	Country UNITED STATES		School district name NR	
Taxpayer's permanent home address (see instructions) (no. and street or rural route)				Apartment no.	City, village, or post office		School district code number	
State		ZIP code		Country		Decedent information	Taxpayer's date of death	Spouse's date of death

### A Filing status (mark an X in one box):

- ①  Single
- ②  Married filing joint return (enter both spouses' Social Security numbers above)
- ③  Married filing separate return (enter both spouses' Social Security numbers above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying surviving spouse

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

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

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

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

- (2) Number of months you lived in Yonkers in 2023 ...
- (3) Number of months your spouse lived in Yonkers in 2023 ...   
If No:
- (4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 ... Yes  No

### E New York City part-year residents only (This includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)

- (1) Number of months you lived in NY City in 2023 ....
- (2) Number of months your spouse lived in NY City in 2023 .....

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

### G New York State part-year residents

- Enter the date you moved into or out of NYS (mmddyyyy) .....
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS .....
  - 2) Lived outside NYS; received income from NYS sources during nonresident period .....
  - 3) Lived outside NYS; received no income from NYS sources during nonresident period .....

**H** Did you or your spouse maintain living quarters in NYS in 2023? Yes  No   
(if Yes, complete Form IT-203-B)

### I Dependent information

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



203001233555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
668150061

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 include Wages, salaries, tips, etc. (95611.00), Taxable interest income (.00), Ordinary dividends (.00), Taxable refunds, credits, or offsets of state and local income taxes (-9564.00), Alimony received (.00), Business income or loss (.00), Capital gain or loss (.00), Other gains or losses (.00), Taxable amount of IRA distributions (.00), Taxable amount of pensions/annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (-9564.00), Rental real estate included in line 11 (-9564.00), Farm income or loss (.00), Unemployment compensation (.00), Taxable amount of Social Security benefits (.00), Other income (1099-MISC BOX 3, 700.00), Add lines 1 through 11 and 13 through 16 (86747.00), Total federal adjustments to income (.00), Federal adjusted gross income (86747.00).

New York additions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Interest income on state and local bonds and obligations (but not those of New York State or its localities) (.00), Public employee 414(h) retirement contributions (.00), Other (Form IT-225, line 9) (.00), Add lines 19 through 22 (86747.00).

New York subtractions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Taxable refunds, credits, or offsets of state and local income taxes (from line 4) (.00), Pensions of NYS and local governments and the federal government (.00), Taxable amount of Social Security benefits (from line 15) (.00), Interest income on U.S. government bonds (.00), Pension and annuity income exclusion (.00), Other (Form IT-225, line 18) (.00), Add lines 24 through 29 (.00), New York adjusted gross income (subtract line 30 from line 23) (86747.00).

32 Enter the amount from line 31, Federal amount column ..... 32 86747.00

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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)	78747.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	<b>000.00</b>
36 <b>New York taxable income</b> (subtract line 35 from line 34)	78747.00

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

37 <b>New York taxable income</b> (from line 36)	78747.00
38 New York State tax on line 37 amount	4167.00
39 New York State household credit	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	4167.00
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)	4167.00
43 New York State earned income credit	.00
44 <b>Base tax</b> (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	4167.00

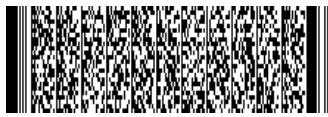
45 Income percentage  New York State amount from line 31  1.00 ÷ Federal amount from line 31  86747.00 = **45**  0.0000 Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	0.00
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)	.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 <b>Total New York State taxes</b> (add lines 48 and 49)	.00

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

51 Part-year New York City resident tax (Form IT-360.1)	<b>51</b>	.00	<b>See instructions to compute New York City and Yonkers taxes, credits, and surcharges.</b>
52 Part-year resident nonrefundable New York City child and dependent care credit	<b>52</b>	.00	
52a Subtract line 52 from line 51	<b>52a</b>	.00	
52b MCTMT net earnings base for Zone 1..	<b>52b</b>	.00	<b>See instructions to compute the MCTMT for each zone.</b>
52c MCTMT net earnings base for Zone 2..	<b>52c</b>	.00	
52d MCTMT for Zone 1	<b>52d</b>	.00	
52e MCTMT for Zone 2	<b>52e</b>	.00	
52f Total MCTMT (add lines 52d and 52e)	<b>52f</b>	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	<b>53</b>	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	<b>54</b>	.00	
55 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52f through 54)	<b>55</b>	.00	
56 <b>Sales or use tax</b> (Do not leave blank.)	<b>56</b>	0.00	
57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)	<b>57</b>	.00	
58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57)	<b>58</b>	.00	

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Enter your Social Security number
668150061

59 Enter amount from line 58 ..... 59 .00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include 60 Part-year NYC school tax credit, 60a NYC school tax credit, 61 Other refundable credits, 62 Total New York State tax withheld, 63 Total New York City tax withheld, 64 Total Yonkers tax withheld, 65 Total estimated tax payments/amount paid with Form IT-370, 66 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 67 Amount overpaid, 68 Amount of line 67 available for refund, 68a Amount of line 68 that you want to deposit into a NYS 529 account, 68b Total refund after NYS 529 account deposit.

Mark one refund choice: [X] 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 69 Amount of line 67 that you want applied to your 2024 estimated tax, 70 Amount you owe, 71 Estimated tax penalty, 72 Other penalties and interest.

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 - [X] Personal savings - or - [ ] Business checking - or - [ ] Business savings

73b Routing number 021000021 73c Account number 3888357317

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 NYTPRIN, NYTPRIN excl. code | 0 | 9, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, Email.

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

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, 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

668150061

Box b Employer identification number (EIN)

135266470

### Box c Employer's information

Employer's name CITI BANK			
Employer's address (number and street) 3800 CITIGROUP CENTER DRIVE			
City TAMPA	State FL	ZIP code 33610	Country

Box 1 Wages, tips, other compensation

91507.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

42.00

Code

C

Box 12b Amount

4028.00

Code

D

Box 12c Amount

7552.00

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.

91507.00

Box 17a NYS income tax withheld

110.00

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

668150061

Box b Employer identification number (EIN)

141368361

### Box c Employer's information

Employer's name THE RESEARCH FOUNDATION FOR SUNY			
Employer's address (number and street) PO BOX 9 35 STATE STREET			
City ALBANY	State NY	ZIP code 12201-5340	Country

Box 1 Wages, tips, other compensation

4104.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

642.00

Code

D D

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

19.00

Description

NY SDI

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.

4104.00

Box 17a NYS income tax withheld

141.00

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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