



# Instructions for Form IT-201-V Payment Voucher for Income Tax Returns

**Did you know?** You can pay personal income tax owed with your return through your Individual Online Services account, no matter how you file your return. You can pay—or schedule a payment for—any day up to and including the due date. To learn about your payment options, visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: *pay*).

### When to use this form

If you are paying New York State income tax by check or money order, you must use Form IT-201-V and submit it with your payment.

### Caution

Do **not** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax. For more information, visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: *pay a bill*).

If you received a bill from us for the amount you owe with your return **and** want to request an installment payment agreement (IPA), visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: *IPA*); do **not** use Form IT-201-V.

### How to fill out your check or money order

1. Make your check or money order payable in U.S. funds to **New York State Income Tax**.
2. Write the last four digits of your Social Security number (SSN), the tax year, and **Income Tax** on it.

### Completing the voucher

You must complete **all** information on the voucher to be sure your payment is credited to your account.

1. Enter the tax year from the income tax return you are filing and your **entire** SSN. If you do not enter this information completely and accurately, your payment may not be properly credited to your account.

2. If you are filing a joint return, include information for both spouses.
3. If you are entering a foreign address:
  - a. Enter the city, province, or state all in the *City, village, or post office box*,
  - b. Enter the **full** country name in the *Country* box. Do **not** abbreviate.
  - c. Enter the postal code, if any, in the *ZIP code* box.
4. Do not staple or clip your payment to Form IT-201-V. Place it loose in the envelope.

### Mailing address

#### E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX  
PROCESSING CENTER  
PO BOX 4124  
BINGHAMTON NY 13902-4124**

#### Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER  
PO BOX 15555  
ALBANY NY 12212-5555**

If you are not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*.

◀ Cut here ▶

**STOP:** Pay this electronically on our website. Department of Taxation and Finance

## Payment Voucher for Income Tax Returns

**IT-201-V**  
(12/23)

REV 01/17/24 PRO

Tax year (yyyy) 2023	Make your check or money order payable in U.S. funds to <b>New York State Income Tax</b> . Write on your check or money order the last four digits of your SSN, the tax year, and <b>Income Tax</b> .		
Your first name and middle initial MALAVIKA	Your last name (for a joint return, enter spouse's name on line below) LOKA	Your full SSN 029080852	
Spouse's first name and middle initial	Spouse's last name	Spouse's full SSN (only if filing a joint return)	
Mailing address 904 CENTERRA HILLS		Apartment number	Country
City, village or post office ROUND ROCK		State TX	ZIP code 78665
040001233555		Email: MLOKA@BUFFALO.EDU	

Dollars      Cents

Payment amount      3 . 00



# 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 MALAVIKA LOKA	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).

### 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), *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2023 Form IT-370 and Tax Year 2024 Form IT-2105*.

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.	13224.
2 Refund .....	2.	
3 Amount you owe .....	3.	3.
4 Financial institution routing number .....	4.	
5 Financial institution account number .....	5.	

6 Account type:  Personal checking  Personal savings  Business checking  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 04072024



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 .....

and ending ..... **23**

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial MALAVIKA		Your last name (for a joint return, enter spouse's name on line below) LOKA		Your date of birth (mmdyyyy) 07152000		Your Social Security number 029080852	
Spouse's first name and middle initial		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) 904 CENTERRA HILLS				Apartment number		New York State county of residence NR	
City, village, or post office ROUND ROCK			State TX	ZIP code 78665	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

- 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

(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 (mmdyyyy) .....

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 (mmdyyyy)

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  
029080852

Federal income and adjustments

Federal amount  
Whole dollars only

New York State amount  
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 1-19 covering various income and adjustment categories.

New York additions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 20-23 covering New York additions.

New York subtractions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 24-31 covering New York subtractions.

32 Enter the amount from line 31, Federal amount column ... 32 13224 .00

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Name(s) as shown on page 1  
MALAVIKA LOKA

Enter your Social Security number  
029080852

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)	5224.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	000.00
36 <b>New York taxable income</b> (subtract line 35 from line 34)	5224.00

Tax computation, credits, and other taxes

37 <b>New York taxable income</b> (from line 36)	5224.00
38 New York State tax on line 37 amount	209.00
39 New York State household credit	45.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	164.00
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)	164.00
43 New York State earned income credit	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 164.00

45 Income percentage  New York State amount from line 31  1004.00 ÷ Federal amount from line 31  13224.00 = 45  0.0759 Round result to 4 decimal places

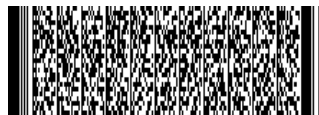
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	12.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	12.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 <b>Total New York State taxes</b> (add lines 48 and 49)	12.00

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

51 Part-year New York City resident tax (Form IT-360.1)	51	.00	See instructions to compute New York City and Yonkers taxes, credits, and surcharges.
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from 51	52a	.00	
52b MCTMT net earnings base for Zone 1..	52b	.00	See instructions to compute the MCTMT for each zone.
52c MCTMT net earnings base for Zone 2..	52c	.00	
52d MCTMT for Zone 1	52d	.00	
52e MCTMT for Zone 2	52e	.00	
52f Total MCTMT (add lines 52d and 52e)	52f	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52f through 54)	55	.00	
56 Sales or use tax (Do not leave blank.)	56	0.00	
57 Voluntary contributions (Form IT-227, Part 2, line 1)	57	.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)	58	12.00	

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203003233555





Enter your Social Security number  
029080852

59 Enter amount from line 58 ..... **59** 12 .00

**Payments and refundable credits**

<b>60</b> Part-year NYC school tax credit (fixed amount) (also complete E on front)	<b>60</b>	.00
<b>60a</b> NYC school tax credit (rate reduction amount)	<b>60a</b>	.00
<b>61</b> Other refundable credits (Form IT-203-ATT, line 17)	<b>61</b>	.00
<b>62</b> Total <b>New York State</b> tax withheld	<b>62</b>	9 .00
<b>63</b> Total <b>New York City</b> tax withheld	<b>63</b>	.00
<b>64</b> Total <b>Yonkers</b> tax withheld	<b>64</b>	.00
<b>65</b> Total estimated tax payments/amount paid with Form IT-370	<b>65</b>	.00
<b>66</b> Total payments and refundable credits (add lines 60 through 65)	<b>66</b>	9 .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**

<b>67</b> Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)	<b>67</b>	.00
<b>68</b> Amount of line 67 available for refund (subtract line 69 from line 67)	<b>68</b>	.00
<b>TIP:</b> Use this amount to check your refund status online.		
<b>68a</b> Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	<b>68a</b>	.00
<b>68b</b> Total refund after NYS 529 account deposit (subtract line 68a from line 68)	<b>68b</b>	.00

Mark one refund choice:  direct deposit to checking or savings account (fill in line 73) - or -  paper check

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

<b>69</b> Amount of line 67 that you want applied to your 2024 estimated tax (see instructions)	<b>69</b>	.00
<b>70</b> Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an <b>X</b> in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you <b>must</b> complete Form IT-201-V and mail it with your return.	<b>70</b>	3 .00
<b>71</b> Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67)	<b>71</b>	.00
<b>72</b> Other penalties and interest	<b>72</b>	.00

**See instructions for the proper assembly of your return.**

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

**73a** Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

**73b** Routing number  **73c** Account number

**74** Electronic funds withdrawal ..... Date  Amount  .00

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

<b>▼ Paid preparer must complete ▼</b> (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 843171965	
	Date 04072024	
Email: SYAM@GTAXFILE.COM		

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation STUDENT	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ( 716 ) 507 2472
Email: MLOKA@BUFFALO.EDU	

**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

029080852

Box b Employer identification number (EIN)

146013200

### Box c Employer's information

Employer's name			
STATE OF NEW YORK			
Employer's address (number and street)			
110 STATE STREET			
City	State	ZIP code	Country
ALBANY	NY	12207	

Box 1 Wages, tips, other compensation

1004.00

Box 12a Amount

.00

Code

Box 14a Amount

.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

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.

1004.00

Box 17a NYS income tax withheld

9.00

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

029080852

Box b Employer identification number (EIN)

850745997

### Box c Employer's information

Employer's name			
MG CLOUD TECHNOLOGIES LLC			
Employer's address (number and street)			
2010 E ALGONQUIN RD SUITE 210			
City	State	ZIP code	Country
SCHAUMBURG	IL	60173	

Box 1 Wages, tips, other compensation

12220.00

Box 12a Amount

.00

Code

Box 14a Amount

.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

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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