

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and middle initial: MANDAR NITIN  
 Last name: KOLHATKAR  
 Your identifying number (see instructions): 759-58-3558

Home address (number and street). If you have a P.O. box, see instructions. 433 78TH STREET Apt. no. \_\_\_\_\_

City, town, or post office. If you have a foreign address, also complete spaces below. BROOKLYN State: NY ZIP code: 11209

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

**Filing Status**  
 Single  Married filing separately (MFS)  Qualifying surviving spouse (QSS)  Estate  Trust  
 If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_  
 Check only one box.

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

| (1) First name | Last name | (2) Dependent's identifying number | (3) Relationship to you | (4) Check the box if qualifies for (see inst.): |                             |
|----------------|-----------|------------------------------------|-------------------------|---|-----------------------------|
|                |           |                                    |                         | Child tax credit                                | Credit for other dependents |
|                |           |                                    |                         | <input type="checkbox"/>                        | <input type="checkbox"/>    |
|                |           |                                    |                         | <input type="checkbox"/>                        | <input type="checkbox"/>    |
|                |           |                                    |                         | <input type="checkbox"/>                        | <input type="checkbox"/>    |
|                |           |                                    |                         | <input type="checkbox"/>                        | <input type="checkbox"/>    |

|   |   |  |                         |                             |           |  |
|---|---|--|-------------------------|-----------------------------|-----------|--|
| <b>Income Effectively Connected With U.S. Trade or Business</b><br><br>Attach Form(s) W-2, 1042-S, SSA-1042-S, RRB-1042-S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld.<br><br>If you did not get a Form W-2, see instructions. | <b>1a</b>   | Total amount from Form(s) W-2, box 1 (see instructions)                            |                         | <b>1a</b>                   | 15,972.   |  |
|   | <b>b</b>  | Household employee wages not reported on Form(s) W-2                               |                         | <b>1b</b>                   |           |  |
|   | <b>c</b>  | Tip income not reported on line 1a (see instructions)                              |                         | <b>1c</b>                   |           |  |
|   | <b>d</b>  | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)            |                         | <b>1d</b>                   |           |  |
|   | <b>e</b>  | Taxable dependent care benefits from Form 2441, line 26                            |                         | <b>1e</b>                   |           |  |
|   | <b>f</b>  | Employer-provided adoption benefits from Form 8839, line 29                        |                         | <b>1f</b>                   |           |  |
|   | <b>g</b>  | Wages from Form 8919, line 6   |                         | <b>1g</b>                   |           |  |
|   | <b>h</b>  | Other earned income (see instructions)   |                         | <b>1h</b>                   |           |  |
|   | <b>i</b>  | Reserved for future use  | <b>1i</b>               |                             |           |  |
|   | <b>j</b>  | Reserved for future use  |                         | <b>1j</b>                   |           |  |
|   | <b>k</b>  | Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e) | <b>1k</b>               |                             |           |  |
|   | <b>z</b>  | Add lines 1a through 1h  |                         | <b>1z</b>                   | 15,972.   |  |
|   | <b>2a</b>   | Tax-exempt interest  | <b>2a</b>               | <b>b</b> Taxable interest   | <b>2b</b> |  |
|   | <b>3a</b>   | Qualified dividends  | <b>3a</b>               | <b>b</b> Ordinary dividends | <b>3b</b> |  |
|   | <b>4a</b>   | IRA distributions  | <b>4a</b>               | <b>b</b> Taxable amount     | <b>4b</b> |  |
| <b>5a</b>   | Pensions and annuities  | <b>5a</b>  | <b>b</b> Taxable amount | <b>5b</b>                   |           |  |
| <b>6</b>  | Reserved for future use   |  |                         | <b>6</b>                    |           |  |
| <b>7</b>  | Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here <input type="checkbox"/>   |  |                         | <b>7</b>                    |           |  |
| <b>8</b>  | Additional income from Schedule 1 (Form 1040), line 10  |  |                         | <b>8</b>                    |           |  |
| <b>9</b>  | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your <b>total effectively connected income</b>  |  |                         | <b>9</b>                    | 15,972.   |  |
| <b>10</b>   | Adjustments to income from Schedule 1 (Form 1040), line 26. These are your <b>total adjustments to income</b>   |  |                         | <b>10</b>                   |           |  |
| <b>11</b>   | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>   |  |                         | <b>11</b>                   | 15,972.   |  |
| <b>12</b>   | <b>Itemized deductions</b> (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). Std Dedn US/India Treaty |  |                         | <b>12</b>                   | 13,850.   |  |
| <b>13a</b>  | Qualified business income deduction from Form 8995 or Form 8995-A   | <b>13a</b>   |                         |                             |           |  |
| <b>b</b>  | Exemptions for estates and trusts only (see instructions)   | <b>13b</b>   |                         |                             |           |  |
| <b>c</b>  | Add lines 13a and 13b   |  |                         | <b>13c</b>                  |           |  |
| <b>14</b>   | Add lines 12 and 13c  |  |                         | <b>14</b>                   | 13,850.   |  |
| <b>15</b>   | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>   |  |                         | <b>15</b>                   | 2,122.    |  |

|                        |   |   |            |      |
|------------------------|---|---|------------|------|
| <b>Tax and Credits</b> | <b>16</b>   | <b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____ | <b>16</b>  | 211. |
|                        | <b>17</b>   | Amount from Schedule 2 (Form 1040), line 3 . . . . .  | <b>17</b>  | 0.   |
|                        | <b>18</b>   | Add lines 16 and 17 . . . . .   | <b>18</b>  | 211. |
|                        | <b>19</b>   | Child tax credit or credit for other dependents from Schedule 8812 (Form 1040) . . . . .  | <b>19</b>  |      |
|                        | <b>20</b>   | Amount from Schedule 3 (Form 1040), line 8 . . . . .  | <b>20</b>  |      |
|                        | <b>21</b>   | Add lines 19 and 20 . . . . .   | <b>21</b>  |      |
|                        | <b>22</b>   | Subtract line 21 from line 18. If zero or less, enter -0- . . . . .   | <b>22</b>  | 211. |
| <b>23a</b>             | Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15 . . . . . |   | <b>23a</b> |      |
|                        | <b>b</b>  | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21 . . . . .  | <b>23b</b> |      |
|                        | <b>c</b>  | Transportation tax (see instructions) . . . . .   | <b>23c</b> |      |
|                        | <b>d</b>  | Add lines 23a through 23c . . . . .   | <b>23d</b> |      |
| <b>24</b>              | Add lines 22 and 23d. This is your <b>total tax</b> . . . . .   | <b>24</b>   | 211.       |      |

|                 |   |   |            |        |
|-----------------|---|---|------------|--------|
| <b>Payments</b> | <b>25</b>   | Federal income tax withheld from:   |            |        |
|                 | <b>a</b>  | Form(s) W-2 . . . . .   | <b>25a</b> | 1,465. |
|                 | <b>b</b>  | Form(s) 1099 . . . . .  | <b>25b</b> |        |
|                 | <b>c</b>  | Other forms (see instructions) . . . . .                                  | <b>25c</b> |        |
|                 | <b>d</b>  | Add lines 25a through 25c . . . . .                                       | <b>25d</b> | 1,465. |
|                 | <b>e</b>  | Form(s) 8805 . . . . .  | <b>25e</b> |        |
|                 | <b>f</b>  | Form(s) 8288-A . . . . .  | <b>25f</b> |        |
|                 | <b>g</b>  | Form(s) 1042-S . . . . .  | <b>25g</b> |        |
|                 | <b>26</b>   | 2023 estimated tax payments and amount applied from 2022 return . . . . . | <b>26</b>  |        |
|                 | <b>27</b>   | Reserved for future use . . . . .   | <b>27</b>  |        |
| <b>28</b>       | Additional child tax credit from Schedule 8812 (Form 1040) . . . . .                                  | <b>28</b>   |            |        |
| <b>29</b>       | Credit for amount paid with Form 1040-C . . . . .   | <b>29</b>   |            |        |
| <b>30</b>       | Reserved for future use . . . . .   | <b>30</b>   |            |        |
| <b>31</b>       | Amount from Schedule 3 (Form 1040), line 15 . . . . .   | <b>31</b>   |            |        |
| <b>32</b>       | Add lines 28, 29, and 31. These are your <b>total other payments and refundable credits</b> . . . . . | <b>32</b>   |            |        |
| <b>33</b>       | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your <b>total payments</b> . . . . .              | <b>33</b>   | 1,465.     |        |

|               |  |   |            |        |
|---------------|--|---|------------|--------|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .                        | <b>34</b>  | 1,254. |
|               | <b>35a</b>   | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>             | <b>35a</b> | 1,254. |
|               | <b>b</b>   | Routing number 0 2 1 0 0 0 0 2 1 . . . . . <b>c</b> Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings |            |        |
|               | <b>d</b>   | Account number 7 6 2 5 3 2 6 9 2 . . . . .  |            |        |
|               | <b>e</b>   | If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. _____                  |            |        |
| <b>36</b>     | Amount of line 34 you want <b>applied to your 2024 estimated tax</b> . . . . . | <b>36</b>   |            |        |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions . . . . . | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions) . . . . .  | <b>38</b> |  |

|                             |  |                 |  |
|-----------------------------|--|-----------------|--|
| <b>Third Party Designee</b> | Do you want to allow another person to discuss this return with the IRS? See instructions. <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b> |                 |  |
|                             | Designee's name _____  | Phone no. _____ | Personal identification number (PIN) _____ |

|                  |  |                     |                             |   |
|------------------|--|---------------------|-----------------------------|---|
| <b>Sign Here</b> | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |                     |                             |   |
|                  | Your signature _____   | Date _____          | Your occupation<br>EMPLOYEE | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____ |
|                  | Phone no. _____  | Email address _____ |                             |   |

|                               |   |  |                    |                   |   |
|-------------------------------|---|--|--------------------|-------------------|---|
| <b>Paid Preparer Use Only</b> | Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA   | Date<br>04/10/2024 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
|                               | Firm's name<br>GLOBAL TAXES LLC               | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816 |                    |                   | Phone no.<br>(678) 965-9522                         |
|                               | Firm's EIN<br>84-3171965                      |  |                    |                   |   |

**SCHEDULE NEC  
(Form 1040-NR)**

Department of the Treasury  
Internal Revenue Service

**Tax on Income Not Effectively Connected With a U.S. Trade or Business**

Attach to Form 1040-NR.

Go to [www.irs.gov/Form1040NR](http://www.irs.gov/Form1040NR) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **7B**

Name shown on Form 1040-NR

MANDAR NITIN KOLHATKAR

Your identifying number

759-58-3558

Enter **amount of income** under the appropriate rate of tax. See instructions.

| Nature of Income  |            | (a) 10% | (b) 15% | (c) 30% | (d) Other (specify) |   |
|---|------------|---------|---------|---------|---------------------|---|
|   |            |         |         |         | %                   | % |
| <b>1</b> Dividends and dividend equivalents:  |            |         |         |         |                     |   |
| <b>a</b> Dividends paid by U.S. corporations . . . . .  | <b>1a</b>  |         |         |         |                     |   |
| <b>b</b> Dividends paid by foreign corporations . . . . .   | <b>1b</b>  |         |         |         |                     |   |
| <b>c</b> Dividend equivalent payments received with respect to section 871(m) transactions  | <b>1c</b>  |         |         |         |                     |   |
| <b>2</b> Interest:  |            |         |         |         |                     |   |
| <b>a</b> Mortgage . . . . .   | <b>2a</b>  |         |         |         |                     |   |
| <b>b</b> Paid by foreign corporations . . . . .   | <b>2b</b>  |         |         |         |                     |   |
| <b>c</b> Other . . . . .  | <b>2c</b>  |         |         |         |                     |   |
| <b>3</b> Industrial royalties (patents, trademarks, etc.) . . . . .   | <b>3</b>   |         |         |         |                     |   |
| <b>4</b> Motion picture or TV copyright royalties . . . . .   | <b>4</b>   |         |         |         |                     |   |
| <b>5</b> Other royalties (copyrights, recording, publishing, etc.) . . . . .  | <b>5</b>   |         |         |         |                     |   |
| <b>6</b> Real property income and natural resources royalties . . . . .   | <b>6</b>   |         |         |         |                     |   |
| <b>7</b> Pensions and annuities . . . . .   | <b>7</b>   |         |         |         |                     |   |
| <b>8</b> Social security benefits . . . . .   | <b>8</b>   |         |         |         |                     |   |
| <b>9</b> Capital gain from line 18 below . . . . .  | <b>9</b>   |         |         |         |                     |   |
| <b>10</b> Gambling—Residents of Canada only. Enter net income in column (c).<br>If zero or less, enter -0-.   |            |         |         |         |                     |   |
| <b>a</b> Winnings _____   |            |         |         |         |                     |   |
| <b>b</b> Losses _____   | <b>10c</b> |         |         |         |                     |   |
| <b>11</b> Gambling—Residents of countries other than Canada.<br>Note: Enter winnings only. Losses aren't allowed . . . . .  | <b>11</b>  |         |         |         |                     |   |
| <b>12</b> Other (specify): _____  |            |         |         |         |                     |   |
|   | <b>12</b>  |         |         |         |                     |   |
| <b>13</b> Add lines 1a through 12 in columns (a) through (d) . . . . .  | <b>13</b>  |         |         |         |                     |   |
| <b>14</b> Multiply line 13 by rate of tax at top of each column . . . . .   | <b>14</b>  |         |         |         |                     |   |
| <b>15</b> Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a | <b>15</b>  |         |         |         |                     |   |

**Capital Gains and Losses From Sales or Exchanges of Property**

| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040).<br><br>Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both. | <b>16</b> | (a) Kind of property and description<br>(if necessary, attach statement of descriptive details not shown below)                   | (b) Date acquired<br>mm/dd/yyyy | (c) Date sold<br>mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS<br>If (e) is more than (d), subtract (d) from (e). | (g) GAIN<br>If (d) is more than (e), subtract (e) from (d). |
|--|-----------|---|---------------------------------|-----------------------------|-----------------|-------------------------|---|---|
|  |           |   |                                 |                             |                 |                         |   |   |
|  |           |   |                                 |                             |                 |                         |   |   |
|  |           |   |                                 |                             |                 |                         |   |   |
|  |           |   |                                 |                             |                 |                         |   |   |
|  |           |   |                                 |                             |                 |                         |   |   |
|  | <b>17</b> | Add columns (f) and (g) of line 16 . . . . .  |                                 |                             |                 |                         |   | ( )   |
|  | <b>18</b> | Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0- . . . . . |                                 |                             |                 |                         |   |   |

SCHEDULE OI (Form 1040-NR)

Department of the Treasury Internal Revenue Service

Other Information

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information. Answer all questions.

OMB No. 1545-0074

2023 Attachment Sequence No. 7C

Name shown on Form 1040-NR

MANDAR NITIN KOLHATKAR

Your identifying number

759-58-3558

- A Of what country or countries were you a citizen or national during the tax year? INDIA
B In what country did you claim residence for tax purposes during the tax year? United States
C Have you ever applied to be a green card holder (lawful permanent resident) of the United States?
D Were you ever: 1. A U.S. citizen? 2. A green card holder (lawful permanent resident) of the United States?
E If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. F1
F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?
G List all dates you entered and left the United States during 2023. See instructions. Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, check the box for Canada or Mexico and skip to item H.

Table with 2 columns: Date entered United States mm/dd/yy, Date departed United States mm/dd/yy

Table with 2 columns: Date entered United States mm/dd/yy, Date departed United States mm/dd/yy

- H Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2021, 2022, and 2023 365
I Did you file a U.S. income tax return for any prior year?
J Are you filing a return for a trust?
K Did you receive total compensation of \$250,000 or more during the tax year?
L Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.
1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

Table with 4 columns: (a) Country, (b) Tax treaty article, (c) Number of months claimed in prior tax years, (d) Amount of exempt income in current tax year

- (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1
2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?
3. Are you claiming treaty benefits pursuant to a Competent Authority determination?
M Check the applicable box if:
1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions
2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions



# 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<br>MANDAR NITIN KOLHATKAR | 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. | 15972.    |
| 2 Refund .....   | 2. | 442.      |
| 3 Amount you owe .....   | 3. |           |
| 4 Financial institution routing number .....   | 4. | 021000021 |
| 5 Financial institution account number .....   | 5. | 762532692 |
| 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 designate 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<br>GLOBAL TAXES LLC           | Date             |
| Paid preparer's signature | Print name<br>SYAM PRIYA RAM SAGAR GUPTA | Date<br>04102024 |



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         |                                   |
| MANDAR NITIN  |  |    | KOLHATKAR  |          | 06151998                          | 759583558                           |                                   |
| 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  |                                   |
| 433 78TH STREET   |  |    |  |          |                                   | KINGS                               |                                   |
| City, village, or post office   |  |    | State  | ZIP code | Country                           | School district name                |                                   |
| BROOKLYN  |  |    | NY   | 11209    | UNITED STATES                     | BROOKLYN                            |                                   |
| Taxpayer's permanent home address (see instructions) (number and street or rural route) |  |    |  |          | Apartment number                  | School district code number         |                                   |
|   |  |    |  |          |                                   | 071                                 |                                   |
| 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  
759583558

**Federal income and adjustments**

Whole dollars only

|    |  |    |          |
|----|--|----|----------|
| 1  | Wages, salaries, tips, etc.  | 1  | 15972.00 |
| 2  | Taxable interest income  | 2  | .00      |
| 3  | Ordinary dividends   | 3  | .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  | .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 <b>X</b> in the box <input type="checkbox"/>      | 9  | .00      |
| 10 | Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> 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 | .00      |
| 12 | Rental real estate included in line 11   | 12 | .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 | 15972.00 |
| 18 | Total federal adjustments to income Identify:  | 18 | .00      |
| 19 | Federal adjusted gross income (subtract line 18 from line 17)  | 19 | 15972.00 |

**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 | 15972.00 |

**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 | 15972.00 |



**Standard deduction or itemized deduction**

|    |   |    |         |
|----|---|----|---------|
| 34 | Enter your <b>standard deduction</b> or your <b>itemized deduction</b> (from Form IT-196)<br>Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b> | 34 | 8000.00 |
| 35 | Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)  | 35 | 7972.00 |
| 36 | Dependent exemptions (enter the number of dependents listed in item H)  | 36 | 000.00  |
| 37 | <b>Taxable income</b> (subtract line 36 from line 35)   | 37 | 7972.00 |

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1  
MANDAR NITIN KOLHATKAR

Your Social Security number  
759583558

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

|  |           |          |
|--|-----------|----------|
| <b>38</b> Taxable income (from line 37 on page 2) .....                                      | <b>38</b> | 7972 .00 |
| <b>39</b> NYS tax on line 38 amount .....  | <b>39</b> | 319 .00  |
| <b>40</b> NYS household credit .....   | <b>40</b> | 45 .00   |
| <b>41</b> Resident credit .....  | <b>41</b> | .00      |
| <b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...                      | <b>42</b> | .00      |
| <b>43</b> Add lines 40, 41, and 42 .....   | <b>43</b> | 45 .00   |
| <b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) ..... | <b>44</b> | 274 .00  |
| <b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30) .....                               | <b>45</b> | .00      |
| <b>46</b> Total New York State taxes (add lines 44 and 45) .....                             | <b>46</b> | 274 .00  |

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

|   |            |          |
|---|------------|----------|
| <b>47</b> NYC taxable income .....  | <b>47</b>  | 7972 .00 |
| <b>47a</b> NYC resident tax on line 47 amount .....   | <b>47a</b> | 245 .00  |
| <b>48</b> NYC household credit .....  | <b>48</b>  | .00      |
| <b>49</b> Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) .....  | <b>49</b>  | 245 .00  |
| <b>50</b> Part-year NYC resident tax (Form IT-360.1) .....  | <b>50</b>  | .00      |
| <b>51</b> Other NYC taxes (Form IT-201-ATT, line 34) .....  | <b>51</b>  | .00      |
| <b>52</b> Add lines 49, 50, and 51 .....  | <b>52</b>  | 245 .00  |
| <b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10) .....  | <b>53</b>  | .00      |
| <b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....  | <b>54</b>  | 245 .00  |
| <b>54a</b> MCTMT net earnings base for Zone 1..   | <b>54a</b> | .00      |
| <b>54b</b> MCTMT net earnings base for Zone 2 ..  | <b>54b</b> | .00      |
| <b>54c</b> MCTMT for Zone 1 .....   | <b>54c</b> | .00      |
| <b>54d</b> MCTMT for Zone 2 .....   | <b>54d</b> | .00      |
| <b>54e</b> Total MCTMT (add lines 54c and 54d) .....  | <b>54e</b> | .00      |
| <b>55</b> Yonkers resident income tax surcharge .....   | <b>55</b>  | .00      |
| <b>56</b> Yonkers nonresident earnings tax (Form Y-203) .....   | <b>56</b>  | .00      |
| <b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....   | <b>57</b>  | .00      |
| <b>58</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54e through 57) ..   | <b>58</b>  | 245 .00  |
| <b>59</b> Sales or use tax (do not leave blank) .....   | <b>59</b>  | 0 .00    |
| <b>60</b> Voluntary contributions (Form IT-227, Part 2, line 1) .....   | <b>60</b>  | .00      |
| <b>61</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) ..... | <b>61</b>  | 519 .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  
759583558

62 Enter amount from line 61 ..... **62** 519.00

**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 | 14.00  |
| 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  | 669.00 |
| 73  | Total New York City tax withheld                                 | 73  | 215.00 |
| 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  | 961.00 |



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  | 442.00 |
| 78  | Amount of line 77 available for refund (subtract line 79 from line 77)<br>TIP: Use this amount to check your refund status online. | 78  | 442.00 |
| 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 | 442.00 |

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 762532692

84 Electronic funds withdrawal ..... Date ..... Amount .....00

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

|  |  |   |                           |
|--|--|---|---------------------------|
| Paid preparer must complete (see instructions)               |  | Preparer's NYTPRN                                   | NYTPRN excl. code   0   9 |
| Preparer's signature<br>SYAM PRIYA RAM SAGAR GUP             |  | Preparer's printed name<br>SYAM PRIYA RAM SAGAR GUP |                           |
| Firm's name (or yours, if self-employed)<br>GLOBAL TAXES LLC |  | Preparer's PTIN or SSN<br>P02082703                 |                           |
| Address<br>245 ROONEY CT<br>E BRUNSWICK NJ 08816             |  | Employer identification number<br>843171965         |                           |
| Email: SYAM@GTAXFILE.COM                                     |  | Date<br>04102024                                    |                           |

|   |                             |
|---|-----------------------------|
| Taxpayer(s) must sign here                          |                             |
| Your signature                                      |                             |
| Your occupation<br>EMPLOYEE                         |                             |
| Spouse's signature and occupation (if joint return) |                             |
| Date  | Daytime phone number<br>( ) |
| Email: MK7921@NYU.EDU                               |                             |

201004233555

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

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

759583558

**Box b** Employer identification number (EIN)

391929719

**Box c** Employer's information

|   |             |                   |         |
|---|-------------|-------------------|---------|
| <b>Employer's name</b><br>EXPERIS US LLC                            |             |                   |         |
| <b>Employer's address (number and street)</b><br>100 MANPOWER PLACE |             |                   |         |
| City<br>MILWAUKEE   | State<br>WI | ZIP code<br>53212 | Country |

**Box 1** Wages, tips, other compensation

6660.00

**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

30.00  
Description: NY FLI

**Box 14b** Amount

4.00  
Description: NY SDI

**Box 14c** Amount

.00  
Description:

**Box 14d** Amount

.00  
Description:

**Box 13** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State  
NY

**Box 16a** NYS wages, tips, etc.  
6660.00

**Box 17a** NYS income tax withheld  
290.00

**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: 6660.00  
Locality b: .00

**Box 19** Local income tax withheld  
Locality a: 215.00  
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

759583558

**Box b** Employer identification number (EIN)

135562308

**Box c** Employer's information

|   |             |                        |         |
|---|-------------|------------------------|---------|
| <b>Employer's name</b><br>NEW YORK UNIVERSITY                         |             |                        |         |
| <b>Employer's address (number and street)</b><br>105 EAST 17TH STREET |             |                        |         |
| City<br>NEW YORK  | State<br>NY | ZIP code<br>10003-9580 | Country |

**Box 1** Wages, tips, other compensation

9312.00

**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

183.00  
Description: CBA DUES

**Box 14b** Amount

12.00  
Description: NY SDI

**Box 14c** Amount

42.00  
Description: NYPFL

**Box 14d** Amount

.00  
Description:

**Box 13** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State  
NY

**Box 16a** NYS wages, tips, etc.  
9312.00

**Box 17a** NYS income tax withheld  
379.00

**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

102001233555

