

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name VAIBHAVI M PATEL	Social security number 042-89-5994
Spouse's name MANAV KOTAK	Spouse's social security number 783-34-5469

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	55,646.
2 Total tax	2	2,747.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	4,545.
4 Amount you want refunded to you	4	1,798.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

9	5	9	9	4
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ *Vaibhavi* Date ▶ 04/11/2024

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

4	5	4	6	9
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ *M Kotak* Date ▶ 04/11/2024

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

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 VAIBHAVI M Last name PATEL Your social security number 042 89 5994

If joint return, spouse's first name and middle initial MANAV Last name KOTAK Spouse's social security number 783 34 5469

Home address (number and street). If you have a P.O. box, see instructions. 810 W PANORAMA DR Apt. no. 309 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. PALATINE IL 60067 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

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

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z and 2a through 2z, including total income of 55,633.

Table with rows 2a through 2z, including taxable interest of 13.

Table with rows 3a through 3z, including total income of 55,646 and adjusted gross income of 55,646.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	2,911.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	2,911.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	164.
	21	Add lines 19 and 20	21	164.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	2,747.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	2,747.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	4,545.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	4,545.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	4,545.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,798.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,798.
Direct deposit? See instructions.	b	Routing number 022000046 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 9884617409		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here 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 <i>Vaibhavi</i>	Date 04/11/2024	Your occupation EMPLOYED	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. <i>Vaibhavi</i>	Date 04/11/2024	Spouse's occupation SOFTWARE ENGINEER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address VAIBPATEL93@GMAIL.COM		

Paid Preparer Use Only

Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI	Date	PTIN P02470833	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 88-2145487

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
VAIBHAVI M PATEL & MANAV KOTAK

Your social security number
042-89-5994

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	164.
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount: _____ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	164.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount: _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	

Credit for Qualified Retirement Savings Contributions

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8880 for the latest information.

2023
Attachment
Sequence No. **54**

Name(s) shown on return

VAIBHAVI M PATEL & MANAV KOTAK

Your social security number

042-89-5994



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2020 and **before** the due date (including extensions) of your 2023 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
1		
2	83.	1,558.
3	83.	1,558.
4		
5	83.	1,558.
6	83.	1,558.
7		1,641.
8	55,646.	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
Enter on line 9—				
---	\$21,750	0.5	0.5	0.5
\$21,750	\$23,750	0.5	0.5	0.2
\$23,750	\$32,625	0.5	0.5	0.1
\$32,625	\$35,625	0.5	0.2	0.1
\$35,625	\$36,500	0.5	0.1	0.1
\$36,500	\$43,500	0.5	0.1	0.0
\$43,500	\$47,500	0.2	0.1	0.0
\$47,500	\$54,750	0.1	0.1	0.0
\$54,750	\$73,000	0.1	0.0	0.0
\$73,000	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4

9	x	.1
10		164.
11		2,911.
12		164.

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.



24 Total tax from Page 1, Line 23. 24 1,340.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 1,468.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 9. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 1,468.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 128.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 128.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 128.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!
Routing number 0 2 2 0 0 0 0 4 6 X Checking or Savings
Account number 9 8 8 4 6 1 7 4 0 9

b paper check.
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00
40 If you have an amount on Line 32, add Lines 32 and 35. If you have an amount on Line 31, and this amount is less than Line 35, subtract Line 31 from Line 35. If Lines 31 and 32 are blank (zero), enter the amount from Line 35. This is the amount you owe. See instructions. 40 .00

Step 12: Health Insurance Checkbox and Signature

41 Check this box and include your email address in Step 1 if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below.
Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer Use Only (Print/Type paid preparer's name, Firm's name, Firm's address, etc.) and Third Party Designee (Designee's name, Designee's phone number).

Refer to the 2023 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue
2023 Schedule NR
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident
 Computation of Illinois Tax**

IL Attachment No. 2

VAIBHAVI M PATEL & MANAV KOTAK
 Your name as shown on your Form IL-1040

0 4 2 - 8 9 - 5 9 9 4
 Your Social Security number

Step 1: Provide the following information

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2023.
a I lived in **Illinois** from 08 / 30 / 23 to 12 / 31 / 23 I lived in New York from 01 / 01 / 23 to 08 / 29 / 23
 Month Day Year Month Day Year State Month Day Year Month Day Year
b My spouse lived in **Illinois** from 08 / 30 / 23 to 12 / 31 / 23, and New York from 01 / 01 / 23 to 08 / 29 / 23
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2023. Enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	<u>5</u> 55,633.00	<u>29,651.00</u>
6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	<u>6</u> 13.00	<u>0.00</u>
7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	<u>7</u> .00	<u>.00</u>
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1)	<u>8</u> .00	<u>.00</u>
9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	<u>9</u> .00	<u>.00</u>
10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	<u>10</u> .00	<u>.00</u>
11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	<u>11</u> .00	<u>.00</u>
12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	<u>12</u> .00	<u>.00</u>
13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	<u>13</u> .00	<u>.00</u>
14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	<u>14</u> .00	<u>.00</u>
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)	<u>15</u> .00	<u>.00</u>
16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	<u>16</u> .00	<u>.00</u>
17 Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	<u>17</u> .00	<u>.00</u>
18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	<u>18</u> .00	<u>.00</u>
19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Include winnings from the Illinois State Lottery as Illinois income in Column B.	<u>19</u> .00	<u>.00</u>
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20 29,651.00	<u>29,651.00</u>

Continue with Step 3 on Page 2 →



Step 3: Continued - Adjustments to Income

	Column A Federal Total	Column B Illinois Portion
21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	29,651.00
22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22 .00	.00
23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23 .00	.00
24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24 .00	.00
25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	25 .00	.00
26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26 .00	.00
27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	27 .00	.00
28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28 .00	.00
29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	29 .00	.00
30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30 .00	.00
31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31 .00	.00
32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32 .00	.00
33 RESERVED	33	
34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34 .00	.00
35 Other adjustments (see instructions)	35 .00	.00
36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	.00
37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 55,646.00	
38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	29,651.00

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

	Column A Form IL-1040 Total	Column B Illinois Portion
39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39 .00	.00
40 Other additions (Form IL-1040, Line 3)	40 .00	.00
41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	29,651.00
42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42 .00	.00
43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	43 .00	.00
44 Other subtractions (Form IL-1040, Line 7)	44 .00	.00
45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	.00

Step 5: Figure your Illinois income and tax

46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	46	29,651.00
47 Enter the base income from Form IL-1040, Line 9.	47 55,646.00	
48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48 0.533	
49 Enter your exemption allowance from your Form IL-1040, Line 10.	49 4,850.00	
50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	2,585.00
51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11.	→ 51	27,066.00
52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your tax .	→ 52	1,340.00



Illinois Department of Revenue

Submission ID [] [] [] [] [] [] - [] [] [] [] [] [] - [] [] [] [] [] []

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail) Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

VAIBHAVI M MANAV KOTAK PATEL
First name and middle initial Spouse's first name (and last name if different) Last name
810 W PANORAMA DR 309
Mailing address
PALATINE IL 60067
City State ZIP
Social Security number 0 4 2 - 8 9 - 5 9 9 4
Spouse's Social Security number 7 8 3 - 3 4 - 5 4 6 9
Daytime phone number ()

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [] IL-1040-X
1 Net income from Form IL-1040 or IL-1040-X, Line 11 1 27,066 | 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 1,340 | 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 1,468 | 00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 128 | 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 | 00
6 Filing status: [] Single [X] Married filing jointly [] Married filing separately [] Widowed [] Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 0 2 2 0 0 0 0 4 6
8 Account no. (AN): 9 8 8 4 6 1 7 4 0 9
9 Type of account: [X] Checking [] Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- [X] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
[] I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2023 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date 04/11/2024 Spouse's signature (if joint return, both must sign) Date 04/11/2024

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature Date GLOBAL TAXES LLC Firm's name or your name if self-employed 245 ROONEY CT Mailing address E BRUNSWICK NJ 08816 City State ZIP
Ch ck if paid preparer: [X] (See instructions.)
P 0 2 4 7 0 8 3 3 Your PTIN
8 8 - 2 1 4 5 4 8 7 Federal employer identification number (FEIN)
(678) 965-9522 Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.





Tips for Estimated Tax

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- **Social Security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is **no amount** to be entered for one or more lines, **leave them blank.**

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Need help?



Visit our website at www.tax.ny.gov

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Telephone assistance

Automated income tax refund status:	518-457-5149
Personal Income Tax Information Center:	518-457-5181
To order forms and publications:	518-457-5431
Text Telephone (TTY) or TDD equipment users	Dial 7-1-1 for the New York Relay Service

◀ Detach (cut) here ▶



Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

IT-2105

Calendar-year filer due dates: April 15, 2024; June 17, 2024; September 16, 2024; and January 15, 2025. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2024 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Estimated tax amounts

Full SSN or taxpayer ID number 042895994		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State	231	.00
Taxpayer's first name and middle initial VAIBHAVI M		Taxpayer's last name PATEL		New York City		.00
Mailing address (number and street or PO Box; see instructions) 810 W PANORAMA DR		Apartment number 309		Yonkers		.00
City, village, or post office PALATINE		State IL	ZIP code 60067	MCTMT		.00
Taxpayer's email address VAIBPATEL93@GMAIL.COM				Total payment	231	.00

STOP: Pay this electronically on our website

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Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

IT-2105

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Estimated tax amounts

Full SSN or taxpayer ID number 042895994		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State	231 . 00
Taxpayer's first name and middle initial VAIBHAVI M		Taxpayer's last name PATEL		New York City	. 00
Mailing address (number and street or PO Box; see instructions) 810 W PANORAMA DR		Apartment number 309		Yonkers	. 00
City, village, or post office PALATINE		State IL	ZIP code 60067	MCTMT	. 00
Taxpayer's email address VAIBPATEL93@GMAIL.COM				Total payment	231 . 00

STOP: Pay this electronically on our website



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Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

IT-2105

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Estimated tax amounts

Full SSN or taxpayer ID number 042895994		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State	231	.00
Taxpayer's first name and middle initial VAIBHAVI M		Taxpayer's last name PATEL		New York City		.00
Mailing address (number and street or PO Box; see instructions) 810 W PANORAMA DR		Apartment number 309		Yonkers		.00
City, village, or post office PALATINE		State IL	ZIP code 60067	MCTMT		.00
Taxpayer's email address VAIBPATEL93@GMAIL.COM				Total payment	231	.00

STOP: Pay this electronically on our website

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Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

REV 01/17/24 PRO

IT-2105

Calendar-year filer due dates: April 15, 2024; June 17, 2024; September 16, 2024; and January 15, 2025. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2024 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Estimated tax amounts

Full SSN or taxpayer ID number 042895994		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State	230	.00
Taxpayer's first name and middle initial VAIBHAVI M		Taxpayer's last name PATEL		New York City		.00
Mailing address (number and street or PO Box; see instructions) 810 W PANORAMA DR		Apartment number 309		Yonkers		.00
City, village, or post office PALATINE		State IL	ZIP code 60067	MCTMT		.00
Taxpayer's email address VAIBPATEL93@GMAIL.COM				Total payment	230	.00

STOP: Pay this electronically on our website

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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 (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 (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 (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



REV 01/17/24 PRO

IT-201-V

(12/23)

Tax year (yyyy) 2023		Make your check or money order payable in U.S. funds to New York State Income Tax . Write on your check or money order the last four digits of your SSN, the tax year, and Income Tax .	
Your first name and middle initial VAIBHAVI M	Your last name (for a joint return, enter spouse's name on line below) PATEL	Your full SSN 042895994	
Spouse's first name and middle initial MANAV	Spouse's last name KOTAK	Spouse's full SSN (only if filing a joint return) 783345469	
Mailing address 810 W PANORAMA DR		Apartment number 309	Country
City, village or post office PALATINE		State IL	ZIP code 60067
Email: VAIBPATEL93@GMAIL.COM			

Payment amount

Dollars

850

Cents

00



040001233555

For office use only

0401233555 042895994 5



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 VAIBHAVI M PATEL	Spouse's name (jointly filed return only) MANAV KOTAK
-------------------------------------	--

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 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.	55646.
2 Refund	2.	
3 Amount you owe	3.	850.
4 Financial institution routing number	4.	
5 Financial institution account number	5.	
6 Account type: <input type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

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

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

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2023 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature 	Date 04/11/2024
Spouse's signature (jointly filed return only) 	Date 04/11/2024

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 VENKATA SAI PAVAN KUMAR DUDIPALLI	Date



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2023, through December 31, 2023, or fiscal year beginning

IT-203

23

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

and ending

Your first name and middle initial VAIBHAVI M		Your last name (for a joint return, enter spouse's name on line below) PATEL		Your date of birth (mmddyyyy) 11291993		Your Social Security number 042895994	
Spouse's first name and middle initial MANAV		Spouse's last name KOTAK		Spouse's date of birth (mmddyyyy) 02161995		Spouse's Social Security number 783345469	
Mailing address (see instructions) (number and street or PO Box) 810 W PANORAMA DR				Apartment number 309		New York State county of residence BROOME COUNTY	
City, village, or post office PALATINE		State IL	ZIP code 60067	Country UNITED STATES		School district name 003	
Taxpayer's permanent home address (see instructions) (no. and street or rural route)				Apartment no.		City, village, or post office	
State		ZIP code		Country		School district code number	
				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 ... 7

(3) Number of months your spouse lived in Yonkers in 2023 ... 7
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 7

(2) Number of months your spouse lived in NY City in 2023 7

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) 08012023

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
042895994

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. (55,633.00), Taxable interest income (.00), Ordinary dividends (.00), Taxable refunds, credits, or offsets of state and local income taxes (.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. (.00), Rental real estate included in line 11 (.00), Farm income or loss (.00), Unemployment compensation (.00), Taxable amount of Social Security benefits (.00), Other income (.00), Add lines 1 through 11 and 13 through 16 (55,646.00), Total federal adjustments to income (.00), Federal adjusted gross income (55,646.00).

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 (.00), Public employee 414(h) retirement contributions (.00), Other (Form IT-225, line 9) (.00), Add lines 19 through 22 (55,646.00).

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) (55,646.00).

32 Enter the amount from line 31, Federal amount column 32 55,646.00

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203002233555



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	16050.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	39596.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	000.00
36 New York taxable income (subtract line 35 from line 34)	39596.00

Tax computation, credits, and other taxes

37 New York taxable income (from line 36)	39596.00
38 New York State tax on line 37 amount	1844.00
39 New York State household credit	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	1844.00
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)	1844.00
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)	1844.00
45 Income percentage <input type="text"/> $\frac{\text{New York State amount from line 31 } 55633.00}{\text{Federal amount from line 31 } 55646.00} =$ <input type="text"/> 45 0.9998 <small>Round result to 4 decimal places</small>	
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	1844.00
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)	1844.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 Total New York State taxes (add lines 48 and 49)	1844.00

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	0.00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52f through 54)	55	0.00	
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 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	1844.00	

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number
042895994

59 Enter amount from line 58 59 1844 .00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and 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 amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

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.

Table with 2 columns: Description and Amount. Rows include amount applied to 2024 tax, amount owed, and estimated tax penalty.

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

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Preparer information: Paid preparer must complete. Includes signature, printed name, PTIN, and address.

Taxpayer(s) must sign here. Includes signature, occupation, spouse's signature, date, and phone number.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Nonresident and Part-Year Resident Income Allocation And College Tuition Itemized Deduction Worksheet

IT-203-B

Name(s) and occupation(s) as shown on Form IT-203: VAIBHAVI M PATEL EMPLOYED AND MANAV KOTAK SOFTWARE ENGINEER. Your Social Security number: 042895994

Complete all parts that apply to you; see instructions (Form IT-203-l). Submit this form with your Form IT-203.

Schedule A - Allocation of wage and salary income to New York State

Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation.

Additional Schedule A sections are provided on page 3 of this form. If you are required to complete more than one Schedule A, total the amounts from line p on all schedules and include this total on Form IT-203, line 1, in the New York State amount column.

Do not use this schedule for income based on the volume of business transacted. See the Schedule A instructions if:

- You had more than one job;
You had a job for only part of the year; or
You and your spouse each had a job that requires allocation.

Form sections 1a through 1p for calculating allocated wage and salary income. Includes fields for total days, nonworking days, and wages.

Include the line 1p amount on Form IT-203, line 1, in the New York State amount column.

Schedule B - Living quarters maintained in New York State

Mark an X in the box if NYS living quarters were maintained for you or by you for the entire tax year

If you or your spouse maintained living quarters in NYS during any part of the year, give address(es) below. Submit additional sheets if necessary. For column E, mark an X in the box if the living quarters are still maintained for or by you.

Table with 5 columns: A - Street address, B - City, village, or post office, C, D - ZIP code, E. Row 1: 810 W PANORAMA DR, NY, NY.

Enter the number of days spent in New York State in this tax year ... Any part of a day spent in New York State is considered a day spent in New York State.

NO HANDWRITTEN ENTRIES ON THIS FORM



Enter your Social Security number
042895994

Schedule C – College tuition itemized deduction worksheet (See the instructions for Schedule C.)

- 1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? 1 Yes No
- If **Yes, stop**; you do not qualify for the college tuition itemized deduction.
 - If **No**, continue. Complete A through I below for each eligible student for whom you paid qualified college tuition expenses. Use additional sheets if necessary.

Eligible student 1	A	First name	MI	Last name	Suffix	B	Social Security number	C	Date of birth (mmddyyyy)		
D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>											
E		EIN of college or university (see instructions)		F						Name of college or university (see instructions)	
G Were expenses for undergraduate tuition? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>											
H Amount of qualified college tuition expenses (see instructions)						I Enter the lesser of line H or 10,000					

Eligible student 2	A	First name	MI	Last name	Suffix	B	Social Security number	C	Date of birth (mmddyyyy)		
D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>											
E		EIN of college or university (see instructions)		F						Name of college or university (see instructions)	
G Were expenses for undergraduate tuition? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>											
H Amount of qualified college tuition expenses (see instructions)						I Enter the lesser of line H or 10,000					

Eligible student 3	A	First name	MI	Last name	Suffix	B	Social Security number	C	Date of birth (mmddyyyy)		
D Is the student claimed as a dependent on your NYS return? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>											
E		EIN of college or university (see instructions)		F						Name of college or university (see instructions)	
G Were expenses for undergraduate tuition? (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>											
H Amount of qualified college tuition expenses (see instructions)						I Enter the lesser of line H or 10,000					

2 **College tuition itemized deduction** (total the line I amounts for all eligible students; include amounts from any additional sheets).
 Also enter this amount on Form IT-196, *New York Resident, Nonresident, and Part-Year Resident Itemized Deductions*. 2 .00

NO HANDWRITTEN ENTRIES ON THIS FORM



Schedule A – Allocation of wage and salary income to New York State

2a Total days (see instructions)		2a	
Nonworking days included in line 2a:			
2b Saturdays and Sundays (not worked)	2b		
2c Holidays (not worked)	2c		
2d Sick leave	2d		
2e Vacation	2e		
2f Other nonworking days	2f		
2g Total nonworking days (add lines 2b through 2f)		2g	
2h Total days worked in year at this job (subtract line 2g from line 2a)		2h	
2i Total days included in line 2h worked outside New York State	2i		
2j Enter number of days worked at home included in line 2i amount	2j		
2k Subtract line 2j from line 2i		2k	
2l Days worked in New York State (subtract line 2k from line 2h)		2l	
2m Enter number of days from line 2h above		2m	
2n Divide line 2l by line 2m; round the result to the fourth decimal place		2n	
2o Wages, salaries, tips, etc. (to be allocated)	2o		.00
2p New York State allocated wage and salary income (multiply line 2n by line 2o)	2p		.00

Include the line 2p amount on Form IT-203, line 1, in the New York State amount column.

Schedule A – Allocation of wage and salary income to New York State

3a Total days (see instructions)		3a	
Nonworking days included in line 3a:			
3b Saturdays and Sundays (not worked)	3b		
3c Holidays (not worked)	3c		
3d Sick leave	3d		
3e Vacation	3e		
3f Other nonworking days	3f		
3g Total nonworking days (add lines 3b through 3f)		3g	
3h Total days worked in year at this job (subtract line 3g from line 3a)		3h	
3i Total days included in line 3h worked outside New York State	3i		
3j Enter number of days worked at home included in line 3i amount	3j		
3k Subtract line 3j from line 3i		3k	
3l Days worked in New York State (subtract line 3k from line 3h)		3l	
3m Enter number of days from line 3h above		3m	
3n Divide line 3l by line 3m; round the result to the fourth decimal place		3n	
3o Wages, salaries, tips, etc. (to be allocated)	3o		.00
3p New York State allocated wage and salary income (multiply line 3n by line 3o)	3p		.00

Include the line 3p amount on Form IT-203, line 1, in the New York State amount column.

NO HANDWRITTEN ENTRIES ON THIS FORM

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Department of Taxation and Finance

Change of City Resident Status

New York City • Yonkers

IT-360.1

Submit this form with Form IT-201 or Form IT-203.

Name(s) as shown on return VAIBHAVI M PATEL AND MANAV KOTAK	Social Security number 042895994
--	-------------------------------------

Change of city resident status – If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I).

For income tax purposes, New York City includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island.

Mark an **X** in only **one** box (A) **New York City change of residence** – Complete Parts 1, 2, 3, and 4.

(B) **Yonkers change of residence** – Complete Parts 1 and 5.

(C) **New York City and Yonkers change of residence** – Complete the entire form.

Part 1 – New York adjusted gross income (see instructions)	Column A Federal income and adjustments (all sources)	Column B Amount of Column A for New York City resident period	Column C Amount of Column A for Yonkers resident period
1 Wages, salaries, tips, etc	1 55 633 .00	0 .00	0 .00
2 Taxable interest income	2 13 .00	0 .00	0 .00
3 Ordinary dividends	3 .00	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4 .00	.00	.00
5 Alimony received	5 .00	.00	.00
6 Business income or loss (submit copy of federal Schedule C, Form 1040)	6 .00	.00	.00
7 Capital gain or loss (submit copy of federal Schedule D, Form 1040)	7 .00	.00	.00
8 Other gains or losses (submit copy of federal Form 4797)	8 .00	.00	.00
9 Taxable amount of IRA distributions	9 .00	.00	.00
10 Taxable amount of pensions and annuities	10 .00	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11 .00	.00	.00
12 Farm income or loss (submit copy of federal Schedule F, Form 1040)	12 .00	.00	.00
13 Unemployment compensation	13 .00	.00	.00
14 Taxable amount of Social Security benefits	14 .00	.00	.00
15 Other income	15 .00	.00	.00
Identify:			
16 Total (add lines 1 through 15)	16 55 646 .00	0 .00	0 .00
17 Total federal adjustments to income	17 .00	.00	.00
Identify:			
18 Federal adjusted gross income (subtract line 17 from line 16)	18 55 646 .00	0 .00	0 .00
19 New York modifications	19 .00	.00	.00
20 New York adjusted gross income (line 18 and add or subtract line 19)	20 55 646 .00	0 .00	0 .00

NO HANDWRITTEN ENTRIES ON THIS FORM

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Part 2 – Itemized deductions for New York City (see instructions) If you are claiming the standard deduction, do not complete Part 2.		Column A Itemized deductions (see instructions)	Column B Amount of Column A for New York City resident period
21	Medical and dental expenses	21	.00
22	Taxes you paid	22	.00
23	Interest you paid	23	.00
24	Gifts to charity	24	.00
25	Casualty and theft losses	25	.00
26	Job expenses and certain miscellaneous deductions	26	.00
27	Other itemized deductions	27	.00
28	Add lines 21 through 27	28	.00
29	Reduction for itemized deduction limitation (see instructions)	29	.00
30	Total itemized deductions (subtract line 29 from line 28)	30	.00
31	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments	31	.00
32	Subtract line 31 from line 30	32	.00
33	Addition adjustments and college tuition itemized deduction (see instructions)	33	.00
34	Add lines 32 and 33	34	.00
35	Itemized deduction adjustment (if line 20, Column B, is more than \$100,000, see instructions; all others enter 0 on line 35)	35	.00
36	Itemized deduction (subtract line 35 from line 34, enter here and on line 44)	36	.00

Part 3 – Dependent exemptions (see instructions)

37 Enter the period you were a New York City **resident** during 2023; use a two-digit number to represent the month and day (see instructions)

From: month day To: month day

38 This line intentionally left blank

39	Enter the number of full months in the New York City resident period	39	7
40	Enter the prorated value of one dependent exemption (use Proration chart; see instructions)	40	.00
41	Enter the number of dependent exemptions you claimed on Form IT-201, line 36, or Form IT-203, line 35	41	
42	Multiply the amount on line 40 by the number of dependent exemptions claimed on line 41 (enter here and on line 46)	42	.00

Part 4 – Part-year New York City resident tax (see instructions)

43	New York City adjusted gross income (see instructions)	43	0.00
44	Resident period standard deduction (see instructions) or resident period itemized deduction (from line 36)	44	9363.00
45	Subtract line 44 from line 43	45	.00
46	Dependent exemption amount (from line 42)	46	.00
47	New York City taxable income (subtract line 46 from line 45)	47	.00
48	New York City tax on line 47 amount (see instructions)	48	0.00
49	Total New York City household credit and accumulation distribution credit (see instructions)	49	.00
50	Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0)	50	0.00
51	Part-year New York City separate tax on lump-sum distributions (from Form IT-230)	51	.00
52	Part-year New York City resident tax on capital gain portion of lump-sum distributions (from Form IT-230)	52	.00
53	Add lines 50, 51, and 52	53	0.00
54	Credit for part-year New York City unincorporated business tax paid (see instructions)	54	.00
55	Part-year New York City resident tax (subtract line 54 from line 53 and enter tax on Form IT-201, line 50, or Form IT-203, line 51; if line 54 is larger than line 53, enter 0)	55	0.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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Part 5 – Part-year Yonkers resident income tax surcharge (see instructions)

		Full-year NYS resident	Part-year NYS resident
56 Total New York State taxes (Form IT-201, line 46)	56	.00	
57 Empire State child credit (Form IT-201, line 63)	57	.00	
58 NYS child and dependent care credit (Form IT-216, line 14)	58	.00	
59 Earned income credit (Form IT-201, line 65)	59	.00	
60 Noncustodial parent New York State earned income credit (Form IT-201, line 66)	60	.00	
61 Real property tax credit (Form IT-201, line 67)	61	.00	
61a New York City school tax credit (Form IT-201, lines 69 and 69a)	61a	.00	
62 College tuition credit (Form IT-201, line 68)	62	.00	
62a This line intentionally left blank	62a		
63 Amount from Form IT-201-ATT, line 13	63	.00	
64 Add lines 57 through 63	64	.00	
65 Subtract line 64 from line 56 (if line 64 is more than line 56, enter 0 here and on Form IT-201, line 57)	65	.00	
66 Base tax (Form IT-203, line 44)	66		1 844 .00
67 New York State nonrefundable credits (Form IT-203-ATT, line 8)	67		.00
68 Subtract line 67 from line 66 (if line 67 is more than line 66, enter 0) ..	68		1 844 .00
69 Net other New York State taxes (Form IT-203-ATT, line 33)	69		.00
70 Add lines 68 and 69	70		1 844 .00
71 Total of amounts from Form IT-203-ATT, lines 9, 10, and 12	71		.00
71a This line intentionally left blank	71a		
71b New York City school tax credit (Form IT-203, lines 60 and 60a)	71b		73 .00
71c Add lines 71, and 71b	71c		73 .00
72 Subtract line 71c from line 70 (if line 71c is more than line 70, enter 0)	72		1 771 .00
73 Income percentage (see worksheet in the instructions)	73		0 .0000
74 Multiply line 65 by line 73 . This is the net state tax for full-year state residents	74	.00	
75 Multiply line 72 by line 73 . This is the net state tax for part-year state residents	75		0 .00
76 Yonkers resident tax rate	76	.1675	

77 Part-year Yonkers resident income tax surcharge

(Full-year NYS residents: Multiply line 74 by line 76. Part-year NYS residents: Multiply line 75 by line 76.) **77** 0 .00

Enter the line 77 amount on Form IT-201, line 57, or Form IT-203, line 54.

If you received wages or net earnings from self-employment from Yonkers sources during your nonresident period, see Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I.

NO HANDWRITTEN ENTRIES ON THIS FORM

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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

783345469

Box b Employer identification number (EIN)

146013200

Box c Employer's information

Employer's name			
STATE 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

17766.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

17766.00

Box 17a NYS income tax withheld

653.00

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

783345469

Box b Employer identification number (EIN)

273572632

Box c Employer's information

Employer's name			
DFS CORPORATE SERVICES LLC			
Employer's address (number and street)			
2500 LAKE COOK ROAD			
City	State	ZIP code	Country
RIVERWOODS	IL	60015	

Box 1 Wages, tips, other compensation

29651.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

10.00

Code

C

Box 12b Amount

1558.00

Code

D

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

29651.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

IL

Box 16b Other state wages, tips, etc.

29651.00

Box 17b Other state income tax withheld

1468.00

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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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

042895994

Box b Employer identification number (EIN)

52282038

Box c Employer's information

Employer's name SDH EDUCATION WEST LLC			
Employer's address (number and street) P.O. BOX 17033			
City AUGUSTA	State GA	ZIP code 30903	Country

Box 1 Wages, tips, other compensation

8216.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

83.00

Code

D

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

8216.00

Box 17a NYS income tax withheld

268.00

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

Box b Employer identification number (EIN)

Box c Employer's information

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

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

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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