



# New York State E-File Signature Authorization for Tax Year 2017

## For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): **Do not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: NAVEEN K SINGH

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, NYC-208, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*. Go to our website at [www.tax.ny.gov](http://www.tax.ny.gov) to view this document.

### General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form 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*, NYC-208, *Claim for New York City Enhanced Real Property Tax Credit*, or NYC-210, *Claim for New York City School Tax Credit*.

**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.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

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 2017 Form IT-370 and Tax Year 2018 Form IT-2105*.

### Part A – Tax return information

- |   |                                                                                                                                                                                                    |    |                             |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------|
| 1 | Federal adjusted gross income (from applicable line) .....                                                                                                                                         | 1. | <u>42154.</u>               |
| 2 | Refund.....                                                                                                                                                                                        | 2. | <u>285.</u>                 |
| 3 | Amount you owe .....                                                                                                                                                                               | 3. | <u>                    </u> |
| 4 | Financial institution routing number.....                                                                                                                                                          | 4. | <u>021000021</u>            |
| 5 | Financial institution account number.....                                                                                                                                                          | 5. | <u>259899350</u>            |
| 6 | Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings |    |                             |

### Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2017 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 2017 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 2017 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 five (5) business days prior to the payment date.

Taxpayer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(jointly filed return only)

### Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2017 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 2017 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2017 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 2017 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.

ERO's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: GLOBAL TAXES LLC

Paid preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR



# Resident Income Tax Return

# IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2017, through December 31, 2017, or fiscal year beginning ... 17

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	
NAVEEN		K	SINGH		10121988	107750520	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number	
Mailing address (see instructions, page 13) (number and street or PO box)		Apartment number			New York State county of residence		
132 E MARIE ST					NASSAU		
City, village, or post office		State	ZIP code	Country (if not United States)		School district name	
HICKSVILLE		NY	11801			NASSAU - HICKSVILLE	
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)		Apartment number			School district code number		
					273		
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 widow(er) with dependent child

**B Did you itemize** your deductions on your 2017 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? (see page 14) ..... Yes  No

**D2 Yonkers residents and Yonkers part-year residents only:**

(1) Did you receive a property tax relief credit? (see page 14) ..... Yes  No

(2) Enter the amount ...  .00

**D3** Were you required to report, under P.L. 110-343, Div. C, §801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14) ..... Yes  No

**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2017? (see page 14) .. Yes  No

(2) Enter the number of days spent in NYC in 2017 (any part of a day spent in NYC is considered a day).....

**F NYC residents and NYC part-year residents only** (see page 14):

(1) Number of months **you** lived in NYC in 2017 .....

(2) Number of months **your spouse** lived in NYC in 2017 .....

**G** Enter your **2-character special condition code(s) if applicable** (see page 14) .....

**H Dependent exemption information** (see page 15)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an **X** in the box.



201001173555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number  
107750520

**Federal income and adjustments** (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	44154.00
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 or C-EZ, 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 X in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.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 (see page 15) Identify: .....	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	44154.00
18	Total federal adjustments to income (see page 15) Identify: MOVING EXPENSES .....	18	2000.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	42154.00

**New York additions** (see page 16)

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 (see page 16)	21	.00
22	<b>New York's</b> 529 college savings program distributions (see page 16) .....	22	.00
23	Other (Form IT-225, line 9) .....	23	.00
24	Add lines 19 through 23 .....	24	42154.00

**New York subtractions** (see page 17)

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 (see page 17)	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 (see page 18) .....	29	.00
30	<b>New York's</b> 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	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	42154.00



**Standard deduction or itemized deduction** (see page 20)

34	Enter your <b>standard deduction</b> (table on page 20) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an X 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	34154.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20) .....	36	000.00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	34154.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1  
NAVEEN K SINGH

Your social security number  
107750520

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

<b>38</b> Taxable income (from line 37 on page 2) .....	<b>38</b>	34154 .00
<b>39</b> NYS tax on line 38 amount (see page 21) .....	<b>39</b>	1866 .00
<b>40</b> NYS household credit (page 21, table 1, 2, or 3) .....	<b>40</b>	.00
<b>41</b> Resident credit (see page 22) .....	<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>	.00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>	1866 .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>	1866 .00

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

<b>47</b> NYC resident tax on line 38 amount (see page 22).....	<b>47</b>	.00
<b>48</b> NYC household credit (page 22, table 4, 5, or 6) .....	<b>48</b>	.00
<b>49</b> Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank) .....	<b>49</b>	.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>	.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>	.00
<b>54a</b> MCTMT net earnings base ....	<b>54a</b>	.00
<b>54b</b> MCTMT .....	<b>54b</b>	.00
<b>55</b> Yonkers resident income tax surcharge (see page 25) .....	<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 54b through 57) ..	<b>58</b>	.00
<b>59</b> Sales or use tax (see page 26; do not leave line 59 blank) .....	<b>59</b>	0 .00

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



**Voluntary contributions** (see page 27)

<b>60a</b> Return a Gift to Wildlife .....	<b>60a</b>	.00
<b>60b</b> Missing/Exploited Children Fund .....	<b>60b</b>	.00
<b>60c</b> Breast Cancer Research Fund .....	<b>60c</b>	.00
<b>60d</b> Alzheimer's Fund .....	<b>60d</b>	.00
<b>60e</b> Olympic Fund (\$2 or \$4; see page 27) .....	<b>60e</b>	.00
<b>60f</b> Prostate and Testicular Cancer Research and Education Fund ..	<b>60f</b>	.00
<b>60g</b> 9/11 Memorial .....	<b>60g</b>	.00
<b>60h</b> Volunteer Firefighting & EMS Recruitment Fund .....	<b>60h</b>	.00
<b>60i</b> Teen Health Education .....	<b>60i</b>	.00
<b>60j</b> Veterans Remembrance.....	<b>60j</b>	.00
<b>60k</b> Homeless Veterans .....	<b>60k</b>	.00
<b>60l</b> Mental Illness Anti-Stigma Fund .....	<b>60l</b>	.00
<b>60m</b> Women's Cancers Education and Prevention Fund .....	<b>60m</b>	.00
<b>60n</b> Autism Fund .....	<b>60n</b>	.00
<b>60o</b> Veterans' Homes .....	<b>60o</b>	.00
<b>60</b> Total voluntary contributions (add lines 60a through 60o) .....	<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>	1866 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your social security number  
107750520

62 Enter amount from line 61 ..... **62** 1866 .00

**Payments and refundable credits** (see pages 28 through 31)

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	.00
69a	NYC school tax credit (rate reduction amount) .....	69a	.00
70	NYC earned income credit .....	70	.00
70a	NYC enhanced real property tax credit .....	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18) .....	71	.00
72	Total <b>New York State</b> tax withheld .....	72	2151 .00
73	Total <b>New York City</b> tax withheld .....	73	.00
74	Total <b>Yonkers</b> tax withheld .....	74	.00
75	Total estimated tax payments and amount paid with Form IT-370 .....	75	.00
76	<b>Total payments</b> (add lines 63 through 75) .....	76	2151 .00



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 12).  
**Do not send federal Form W-2 with your return.**

**Your refund, amount you owe, and account information** (see pages 31 through 34)

77	<b>Amount overpaid</b> (if line 76 is more than line 62, subtract line 62 from line 76) .....	77	285 .00
78	Amount of line 77 to be refunded Mark one refund choice: <input checked="" type="checkbox"/> <b>direct deposit</b> to checking or savings account (fill in line 83) - or - <input type="checkbox"/> <b>paper check</b> .....	78	285 .00
79	Amount of line 77 that you want applied to your <b>2018</b> estimated tax (see instructions) .....	79	.00
79a	Amount of line 77 that you want as a NYS 529 account deposit (submit Form IT-195) .....	79a	.00
80	Amount you <b>owe</b> (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an <b>X</b> in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you <b>must</b> 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; see page 32) .....	81	.00
82	Other penalties and interest (see page 32) .....	82	.00
83	Account information for direct deposit or electronic funds withdrawal (see page 33). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an <b>X</b> in this box (see pg. 33) <input type="checkbox"/>		
83a	Account type: <input checked="" type="checkbox"/> Personal checking - or - <input type="checkbox"/> Personal savings - or - <input type="checkbox"/> Business checking - or - <input type="checkbox"/> Business savings		
83b	Routing number 021000021	83c	Account number 259899350
84	Electronic funds withdrawal (see page 33) .....	Date	Amount .00

**Refund?** Direct deposit is the easiest, fastest way to get your refund.  
**See page 32 for payment options.**  
**See page 35 for the proper assembly of your return.**

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

<b>▼ Paid preparer must complete ▼</b> (see instructions)	Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature APPANA RUPA VENKATA SATY	Preparer's printed name APPANA RUPA VENKATA SATY	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC	Preparer's PTIN or SSN P02090332	
Address 2530 PEBBLE CREEK LN CUMMING GA 30041	Employer identification number 301017196	Date 06122018
E-mail: KUMAR@GTAXFILE.COM		

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation RF ENGINEER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ( )
E-mail: NAVEENSINGH417@GMAIL.COM	

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Summary of W-2 Statements

New York State • New York City • Yonkers

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

W-2 Record 1

Box a Employee's social security number for this W-2 Record

107750520

Box b Employer identification number (EIN)

200196493

Box c Employer's information

Employer's name: SOLUTELIA LLC
Employer's address: 9153 EAST VASSAR AVENUE
City: DENVER, State: CO, ZIP code: 80231

Box 1 Wages, tips, other compensation

18750.00

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

10.00

Box 14b Amount

24.00

Box 14c Amount

.00

Box 14d Amount

.00

Description

NY SDI

Description

NY PFL

Description

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.

18750.00

Box 17a NYS income tax withheld

919.00

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

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

W-2 Record 2

Box a Employee's social security number for this W-2 Record

107750520

Box b Employer identification number (EIN)

742940740

Box c Employer's information

Employer's name: K & M SYSTEMS INC
Employer's address: 2168 BALBOA AVE 4
City: SAN DIEGO, State: CA, ZIP code: 92109-4600

Box 1 Wages, tips, other compensation

25404.00

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

2.00

Box 14b Amount

.00

Box 14c Amount

.00

Box 14d Amount

.00

Description

NY SDI

Description

Description

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.

25404.00

Box 17a NYS income tax withheld

1232.00

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

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

102001173555



**Part I – Personal Information**

**Taxpayer:**

First Name . . . . . NAVEEN  
 Middle Initial . . . . . K Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . SINGH  
 Social Security No. . . . . 107-75-0520  
 Occupation . . . . . RF Engineer  
 Date of Birth . . . . . 10-12-1988  
 Age as of 1-1-2018 . . . . . 29  
 Date of Death . . . . . \_\_\_\_\_  
 NY DL Doc ID . . . . . 517  
 Email Address . . . . . Naveensingh417@gmail.com  
 Work phone . . . . . \_\_\_\_\_  
 Extension . . . . . \_\_\_\_\_  
 Home Phone . . . . . \_\_\_\_\_

**Spouse:**

First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . \_\_\_\_\_  
 Social Security No. . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_  
 Age as of 1-1-2018 . . . . . \_\_\_\_\_  
 Date of Death . . . . . \_\_\_\_\_  
 NY DL Doc ID . . . . . \_\_\_\_\_  
 Email Address . . . . . \_\_\_\_\_  
 Work phone . . . . . \_\_\_\_\_  
 Extension . . . . . \_\_\_\_\_

Print phone number on main form . . . . .  Home  Taxpayer work  Spouse work

**Mailing Address**

Street Address . . . . . 132 E MARIE ST Apartment No. . . . . \_\_\_\_\_  
 City . . . . . HICKSVILLE State . . . . . NY ZIP Code . . . . . 11801  
 Foreign code \_\_\_\_\_ Foreign country . . . . . \_\_\_\_\_ Foreign postal code . . . . . \_\_\_\_\_  
 Foreign province/county . . . . . \_\_\_\_\_ Foreign province/county abbreviation . . . . . \_\_\_\_\_

**Permanent Home Address (if different from mailing address above)**

Street Address . . . . . \_\_\_\_\_ Apartment No. . . . . \_\_\_\_\_  
 City . . . . . \_\_\_\_\_ State . . . . . \_\_\_\_\_ ZIP Code . . . . . \_\_\_\_\_  
 (Below should be used by New York nonresidents only)  
 Foreign code \_\_\_\_\_ Foreign country . . . . . \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Foreign province/county . . . . . \_\_\_\_\_ Foreign province/county abbreviation . . . . . \_\_\_\_\_

**New York County and School District Information**

County . . . . . Nassau  
 School District . . . . . NASSAU - HICKSVILLE School District Code . . . . . 273

**Part II – Main Form**

- Full-year resident: Form IT-201, Resident Income Tax Return . . . . . ►
- Part-year resident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return . . . . . ►
- Nonresident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return . . . . . ►

**Taxpayer Spouse**

If **only one spouse** has New York source income, check the box related to that spouse

**New York City and City of Yonkers Residency Information:**

	Taxpayer		Spouse	
	New York City	Yonkers	New York City	Yonkers
Residency Status:				
Full-year resident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year resident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonresident . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year residents dates of residency:				
From: . . . . .	_____	_____	_____	_____
To: . . . . .	_____	_____	_____	_____
If a City of Yonkers nonresident:				
Did the client receive income or withholding from Yonkers sources during their period of nonresidence? . . .		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>		Yes . . . <input type="checkbox"/> No . . . <input type="checkbox"/>

**New York City Residents:**

- Did the taxpayer or spouse maintain living quarters in New York City during 2017?
- If married, did the taxpayer and spouse change New York City resident status at different times during the year? A 'Yes' response will generate separate Forms 360.1 for taxpayer and spouse.

**Part III – Filing Status**

- Single
- Married, filing joint
- Married, filing separate
  - Taxpayer **did not** live with their spouse at any time during the year
  - If both taxpayer and spouse itemized deductions on their federal tax return:
    - The spouse is itemizing deductions on their New York state tax return
    - The spouse is taking the standard deduction on their New York state tax return
- Head of household
- Qualifying widow(er)

**Part IV – Credits**

**New York City Accumulation Distribution Credit:**

Taxpayer. . . \_\_\_\_\_ Spouse . . . . . \_\_\_\_\_

**New York State and New York City Household Credit for Married Filing Separate Taxpayers:**

Number of exemptions claimed on spouse's return . . . . . \_\_\_\_\_

Adjusted gross income (IT-201 or IT-203, line 19) from spouse's return . . . . . \_\_\_\_\_

Total Build America Bond (BAB) interest included on spouse's federal income tax return . . . . . \_\_\_\_\_

**Refundable Credits Paid in Advance:**

**Yes No**

Did you receive a check from the NY Tax Department for the property tax relief credit?  
(do **not** include any STAR credit received here)

If Yes, enter the amount . . . . . ► \_\_\_\_\_

Check received for STAR credit . . . . . ► \_\_\_\_\_

**New York State Public Trust Act (new question at top of forms IT-201-ATT and IT-203-ATT):**

Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? . . . . . **Yes**  **No**

**Note:** Checking "Yes" above makes you **not eligible** for any business tax credits allowed under Tax Law Article 22, Personal Income Tax.

**Part V – New York City Unincorporated Business Tax Return**

Go to separate New York City formset to file NYC-202 or NYC-202S.

**Part VI – Metropolitan Commuter Transportation Mobility Tax Worksheet**

	Taxpayer	Spouse
Starting with 2015 this tax is no longer reported on a separate return, but on the IT-201 or IT-203.		
<b>1</b> Complete MCTM Tax Worksheet . . . . .	<input type="checkbox"/>	<input type="checkbox"/>





Part IX – Direct Deposit or Electronic Funds Withdrawal Information

Yes No
[X] Use direct deposit for any state tax refund
Use electronic funds withdrawal of New York tax payment for the tax return
Use electronic funds withdrawal of New York tax payment for the extension (IT-370)? (EF Only)
Use electronic funds withdrawal of New York tax payment for the amended return? (EF Only)

Bank Information

For direct deposit or electronic funds withdrawal, fill out the information below :
Name of Client's Financial Institution (optional) . . . . CHASE BANK
Account Type . . . . . Checking [X] Savings [ ]
Personal or business account . . . . . Personal [X] Business [ ]
Routing number . . . . . 021000021 Confirm routing number . . . . 021000021
Account number . . . . . 259899350 Confirm account number . . . . 259899350

Electronic funds withdrawal amount due with return information:

Enter settlement date to withdraw the return amount from the account above . . . .
State balance-due amount from this return . . . . .

International ACH Transactions

Yes No
[ ] [X] Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

Enter settlement date to withdraw the extension amount from the account above . . . .
State balance-due amount paid with this extension Form IT-370 . . . . .

Electronic funds withdrawal amount due with amended return information:

Enter settlement date to withdraw the tax due amount from the account above . . . . .
State balance-due amount paid with this amended return . . . . .

Signature authorization Form TR-579-IT is required when paying with electronic funds withdrawal.

Part X – Extension Status

New York State Income Tax Return (IT-201 or IT-203)

Yes No
[ ] [X] Tax return due date extended?
Extended due date . . . .
[ ] File extension electronically?

Filing and acceptance information (Electronic Filing Only):

[ ] Extension accepted?
Extension filing date . . . . .
Extension acceptance date . . . . .

Part XI – Form NYC-1127, Nonresident Employees of the City of New York

Go to separate New York City formset to file NYC-1127

For married filing joint taxpayers, file NYC-1127:

[ ] Separately, considering only the income/adjustments of the New York City employee
[ ] Jointly with spouse, all income/adjustments of both taxpayer and spouse are used to compute overpayment or balance due

Part XII – Other Information for Your Tax Return

Enter the Preparer Code from the Firm/Preparer Info (see Help) . . . . . 1

Self prepared and Non-paid prepared returns to be e-filed must have the following info for the submitter:

Preparer Name . . . . .
Preparer PTIN or SSN . . . . . NYTPRIN . . . . . or NY exclusion code . . . . .
Street Address . . . . . Addr cont
City . . . . . State . . . . . ZIP Code . . . . .
Signature Date . . . . .
Firm Name . . . . . Firm EIN (if applicable) . . . . .

2-digit special condition code number:

[ ] Code A6 Build America Bond Interest – Taxpayer or spouse (if married) included Build America Bond (BAB) interest in your federal adjusted gross income (AGI)
\* Enter total BAB interest included on Form 1040A or Form 1040, line 8a . . . .
\* Enter BAB interest entered above from NY state or local governments . . . .

Part XII – Other Information for Your Tax Return (continued)

2-digit special condition code number (Continued):

- Code C7** **Combat zone** — The taxpayer or spouse (if married) qualify for an extension of time to file and pay the tax due under the combat zone or contingency operation relief provisions
- Code D9** **Deceased taxpayer** — If a joint return is being filed, the tax return qualifies for an automatic 90-day extension to file because either the taxpayer or spouse died within 30 days before the due date of their tax return.
- Code K2** **Combat zone, killed in action (KIA)** — The taxpayer is filing a return on behalf of a member of the armed forces who died while serving in a combat zone
- Code M2** **Military Spouse Income** — The spouse of a servicemember is exempt from New York state tax on compensation earned in New York if domiciled in another state (IT-203 filers only)
- Code E3** **Out of the country** — The taxpayer or spouse (if married) qualify for an automatic two-month extension of time to file a federal return because they are out of the country
- Code E4** **Nonresident aliens** — The taxpayer or spouse (if married) are federal nonresident aliens
- Code E5** **Extension of time to file beyond six months** — The taxpayer or spouse (if married):
  - Qualify for an extension of time to file beyond six months because they are outside the United States and Puerto Rico. Attach a copy of the letter sent to the IRS requesting additional time to file
  - Received a federal extension to qualify for the federal foreign earned income exclusion and/or the foreign housing exclusion or deduction. Attach a copy of the approved Form 2350, *Application for Extension of Time to File U.S. Income Tax Return*
- Code 56** **Ponzi-type fraudulent investment** - Taxpayer or spouse (if married) had a Ponzi-type fraudulent investment reported as a theft loss (itemized deduction) on the federal and New York tax returns using the federal safe harbor rules
- Code P2** **Protective Claim** - Taxpayer or spouse (if married) are claiming a refund on an amended return (IT-201-X or IT-203-X) based on unresolved issues involving the Tax Department
- Code N3** **NOL Carryback**- Taxpayer or spouse (if married) are filing an amended return (IT-201-X or IT-203-X) due to a net operating loss carryback

\_\_\_\_\_ If the taxpayer (or spouse if married) qualified under a special condition for filing their 2017 tax return not listed above, enter your 2-digit special condition code number  
 \_\_\_\_\_ If applicable, also enter the second 2-digit special condition code number

Third Party Designee:

**Yes No**  
  May another person discuss this return with the New York Department of Taxation and Finance?

If Yes, complete the following:

Preparer is the third party designee  
 Designee's phone number . . . . . \_\_\_\_\_  
 Designee's name . . . . . \_\_\_\_\_  
 Designee's email address . . . . . \_\_\_\_\_  
 Personal identification number . . . . . \_\_\_\_\_

New York State Underpayment Penalty:

Allow New York Department of Taxation and Finance to figure the interest and penalty on IT-2105.9  
 The taxpayer qualified for a 90 day extension of time to pay their first 2017 estimated tax payment

Other Penalties and Interest:

Enter any late filing penalty, late payment penalty, or interest (IT-201 or IT-203) . . . . . \_\_\_\_\_

Long-term Residential Care Deduction ( IT-201 and IT-203 Filers):

**Yes No**  
  Was the taxpayer a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?  
  
  Was the spouse a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

- 1 Fees paid during the year that are attributable to the cost of providing long-term care benefits under a continuing care contract . . . . .
- 2 Long-term care insurance deduction age limitation . . . . .

Taxpayer	Spouse
_____	_____
_____	_____

IT-201 or IT-203 Question D3 regarding Nonqualified deferred compensation under P.L. 110-343:

**Yes No**  
  Were you required to report, under P.L. 110-343, Div. C, Section 801(d)(2), any nonqualified deferred compensation on your 2017 federal return?

# Tax Payments Worksheet

**2017**

▶ Keep for your records.

Name NAVEEN K SINGH	Social Security Number 107-75-0520
------------------------	---------------------------------------

## Tax Payments for the Current Year

	Date	Payments		
		State	New York City	Yonkers
1 First Payment . . . . .				
2 Second Payment . . . . .				
3 Third Payment . . . . .				
4 Fourth Payment . . . . .				
<b>Additional Payments</b>				
5 Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
5 a MCTMT Estimates made, from MCTMT Worksheet - Taxpayer . . . . .				5 a _____
5 b MCTMT Estimates made, from MCTMT Worksheet - Spouse . . . . .				5 b _____
6 Overpayment from previous year applied to current year . . . . .				6 _____
6 a MCTMT Overpayment from previous year, from MCTMT Wkst - Taxpayer . . . . .				6 a _____
6 b MCTMT Overpayment from previous year, from MCTMT Wkst - Spouse . . . . .				6 b _____
7 Amount paid with current year extension . . . . .				7 _____
8 <b>Total tax payments</b> . . . . .				8 _____

## New York State Income Tax Withheld for the Current Year

9 State withholding on Forms W-2 . . . . .	9	2,151.
10 State withholding on Forms W-2G . . . . .	10	
11 State withholding on Forms 1099-R . . . . .	11	
12 a State withholding on Forms 1099-MISC . . . . .	12 a	
12 b State withholding on Forms 1099-G . . . . .	12 b	
12 c State withholding on Forms 1099-K . . . . .	12 c	
13 Other state tax withholding . . . . .	13	
14 <b>Total state income tax withheld</b> . . . . .	14	2,151.

## City Income Tax Withheld for the Current Year

15 Total City of New York withholding . . . . .	15	
16 Total Yonkers withholding . . . . .	16	
17 Section 1127 withholding . . . . .	17	

## Section 414(h) and 125 Withholding

18 Public employee 414(h) retirement contributions - subject to New York Tax . . . . .	18	
19 Public employee 414(h) retirement contributions - <b>not</b> subject to New York Tax . . . . .	19	
20 Total City of New York withholding (IRC 125) - subject to New York Tax . . . . .	20	
21 Total City of New York withholding (IRC 125) - <b>not</b> subject to New York Tax . . . . .	21	
22 Date return will be filed and balance paid . . . . .	22	

## Smart Worksheets from your 2017 New York Tax Return

SMART WORKSHEET FOR: E-file Signature Authorization for Forms IT-201, IT-203, IT-214, NYC-208 and NYC-210

I certify that I have a valid New York State E-File Signature Authorization for Tax Year 2017 (Form TR-579-IT), authorizing me to sign and file this return on behalf of the taxpayer(s), I further certify that all information provided on the return is true, correct and complete, to the best of my knowledge and belief, and that I have provided a copy of this return to the taxpayer(s). If financial institution account information has been provided on the return, I certify that the taxpayer(s) has agreed to payment of the amount indicated as due by electronic funds withdrawal, that the taxpayer(s) has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the indicated account, and that the designated financial institution is authorized to debit the entry to the taxpayer's account. By checking the box shown below, I understand and agree that I am electronically signing and filing this return.

I have read the certification above and agree . . . . .