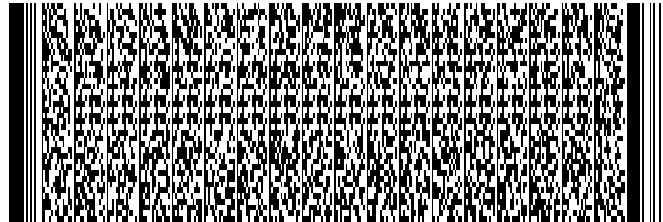




1900411519



Georgia Form **500** (Rev. 08/17/18)

Individual Income Tax Return

Georgia Department of Revenue

2018 (Approved software version)

Page 1

Fiscal Year
Beginning

Fiscal Year
Ending

YOUR DRIVER'S LICENSE/STATE ID

STATE ISSUED

YOUR FIRST NAME
1. VAISHNAVI KRISHN

MI YOUR SOCIAL SECURITY NUMBER
221-33-4981

LAST NAME (For Name Change See IT-511 Tax Booklet)
GUDA

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. 2651 ASHLEIGH LANE

CITY (Please insert a space if the city has multiple names)
3. ALPHARETTA

STATE ZIP CODE
GA 30004

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 1

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



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YOUR SOCIAL SECURITY NUMBER
 221-33-4981

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI. Last Name
 Social Security Number Relationship to You

First Name, MI. Last Name
 Social Security Number Relationship to You

First Name, MI. Last Name
 Social Security Number Relationship to You

First Name, MI. Last Name
 Social Security Number Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

- 8. Federal adjusted gross income (From Federal Form 1040)..... 8. 9233
 (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
- 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
- 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10. 9233
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a. 4600
 (See IT-511 Tax Booklet)
 - b. Self: 65 or over? Blind? Total x 1,300=..... 11b.
 - Spouse: 65 or over? Blind?
 - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c. 4600
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.
 - a. Federal Itemized Deductions (Schedule A-Form 1040) 12a.
 - b. Less adjustments: (See IT-511 Tax Booklet) 12b.
 - c. Georgia Total Itemized Deductions..... 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13. 4633



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YOUR SOCIAL SECURITY NUMBER
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14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b. Enter the number from Line 7a. Multiply by \$3,000.....	14b.	
14c. Add Lines 14a. and 14b. Enter total.....	14c.	2700
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	15.	1933
16. Tax (Use Tax Table in the IT-511 Tax Booklet).....	16.	32
17. Low Income Credit 17a. 1 17b. 14	17c.	14
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	1
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	15
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	17

INCOME STATEMENT DETAILS Only enter income on which Georgia Tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
 813621391

3. EMPLOYER/PAYER STATE WITHHOLDING ID
 3253949ZB

4. GA WAGES / INCOME
 6321

5. GA TAX WITHHELD
 323

(INCOME STATEMENT B)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

(INCOME STATEMENT C)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

REV 02/25/19 PRO

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



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YOUR SOCIAL SECURITY NUMBER
 221-33-4981

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID** 3. **EMPLOYER/PAYER STATE WITHHOLDING ID** 3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME** 4. **GA WAGES / INCOME** 4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD** 5. **GA TAX WITHHELD** 5. **GA TAX WITHHELD**

23. Georgia Income Tax Withheld on Wages and 1099s	23.	323
(Enter Tax Withheld Only and include W-2s and/or 1099s)		
24. Other Georgia Income Tax Withheld	24.	
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)		
25. Estimated Tax paid for 2018 and Form IT-560	25.	
26. Total prepayment credits (Add Lines 23, 24 and 25).....	26.	323
27. If Line 22 exceeds Line 26, subtract Line 26 from Line 22 and enter balance due.....	27.	
28. If Line 26 exceeds Line 22, subtract Line 22 from Line 26 and enter overpayment	28.	306
29. Amount to be credited to 2019 ESTIMATED TAX	29.	0
30. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	30.	
31. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	31.	
32. Georgia Cancer Research Fund (No gift of less than \$1.00)	32.	
33. Georgia Land Conservation Program (No gift of less than \$1.00).....	33.	
34. Georgia National Guard Foundation (No gift of less than \$1.00)	34.	
35. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	35.	
36. Saving the Cure Fund (No gift of less than \$1.00).....	36.	
37. Realizing Educational Achievement Can Happen (REACH) Program	37.	
(No gift of less than \$1.00)		
38. Public Safety Memorial Grant (No gift of less than \$1.00).....	38.	

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2018



1900411559

YOUR SOCIAL SECURITY NUMBER
221-33-4981

Page 5

39. Form 500 UET (Estimated tax penalty) 500 UET exception attached 39.
40. (If you owe) Add Lines 27, 30 thru 39
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. 40.

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28
THIS IS YOUR REFUND..... 41. 306

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

41a. Direct Deposit (U.S. Accounts Only)

Type: Checking
Savings
Routing Number 021000021
Account Number 875230059

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Date

Date

Taxpayer's Phone Number

I authorize DOR to discuss this return with the named preparer.

845-630-9655

By providing my email address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's Email Address

Preparer's Phone Number

REV 02/25/19 PRO

Signature of Preparer

Name of Preparer Other Than Taxpayer
APPANA RUPA VENKATA SATYA

Preparer's FEIN

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN
P02090332

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Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2018, through December 31, 2018, or fiscal year beginning and ending **18**

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

Your first name and middle initial VAISHNAVI KRISHNA		Your last name (for a joint return, enter spouse's name on line below) GUDA		Your date of birth (mmddyyyy) 04021994	Your social security number 221334981
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 14) (number and street or PO box) 2651 ASHLEIGH LANE				Apartment number	New York State county of residence NR
City, village, or post office ALPHARETTA		State GA	ZIP code 30004	Country (if not United States)	School district name NR
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country (if not United States)		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 widow(er)

B Did you itemize your deductions on your 2018 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 15) Yes No

D2 Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see pg. 15) Yes No

(2) Enter the amount00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) Yes No

E New York City part-year residents only (see page 15)

(1) Number of months you lived in NY City in 2018

(2) Number of months your spouse lived in NY City in 2018

F Enter your 2-character special condition code(s) if applicable (see page 15)

G New York State part-year residents (see page 16)

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an X in one box):

1) Lived in NYS

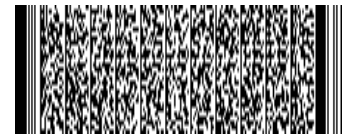
2) Lived outside NYS; received income from NYS sources during nonresident period

3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2018? Yes No

(if Yes, complete Form IT-203-B)



I Dependent information (see page 16)

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.



203001183555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
221334981

Federal income and adjustments (see page 17)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 1-19 include items like Wages, salaries, tips, etc.; Taxable interest income; Ordinary dividends; Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or loss; Capital gain or loss; Other gains or losses; Taxable amount of IRA distributions; Taxable amount of pensions/annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Rental real estate included in line 11; Farm income or loss; Unemployment compensation; Taxable amount of social security benefits; Other income; Add lines 1 through 11 and 13 through 16; Total federal adjustments to income; Federal adjusted gross income.

New York additions (see page 25)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 20-23 include items like Interest income on state and local bonds and obligations; Public employee 414(h) retirement contributions; Other; Add lines 19 through 22.

New York subtractions (see page 26)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 24-31 include items like Taxable refunds, credits, or offsets of state and local income taxes; Pensions of NYS and local governments and the federal government; Taxable amount of social security benefits; Interest income on U.S. government bonds; Pension and annuity income exclusion; Other; Add lines 24 through 29; New York adjusted gross income.

32 Enter the amount from line 31, **Federal amount** column 32 9233 .00

Standard deduction or itemized deduction (see page 28)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 33-36 include items like Enter your standard deduction or your itemized deduction; Subtract line 33 from line 32; Dependent exemptions; New York taxable income.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Tax computation, credits, and other taxes

37 New York taxable income (from line 36 on page 2)	37	1233.00						
38 New York State tax on line 37 amount (see page 29)	38	49.00						
39 New York State household credit (page 29, table 1, 2, or 3)	39	45.00						
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	4.00						
41 New York State child and dependent care credit (see page 30)	41	.00						
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	4.00						
43 New York State earned income credit (see page 30)	43	.00						
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	4.00						
45 Income percentage (see page 30)	<table border="1"> <tr> <td>New York State amount from line 31</td> <td>Federal amount from line 31</td> <td>Round result to 4 decimal places</td> </tr> <tr> <td>2912.00</td> <td>9233.00</td> <td>0.3154</td> </tr> </table>		New York State amount from line 31	Federal amount from line 31	Round result to 4 decimal places	2912.00	9233.00	0.3154
New York State amount from line 31	Federal amount from line 31	Round result to 4 decimal places						
2912.00	9233.00	0.3154						
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	1.00						
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00						
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	1.00						
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00						
50 Total New York State taxes (add lines 48 and 49)	50	1.00						

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 on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from line 51	52a	.00	
52b MCTMT net earnings base	52b	.00	
52c MCTMT	52c	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00	
56 Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	56	0.00	

Voluntary contributions (see page 33)

57a Return a Gift to Wildlife	57a	.00	57o Veterans' Homes	57o	.00
57b Missing/Exploited Children	57b	.00	57p Love Your Library Fund	57p	.00
57c Breast Cancer Research	57c	.00	57q Lupus Fund	57q	.00
57d Alzheimer's Fund	57d	.00	57r Military Family Fund	57r	.00
57e Olympic Fund (\$2 or \$4)	57e	.00	57s CUNY Fund	57s	.00
57f Prostate Cancer	57f	.00			
57g 9/11 Memorial	57g	.00			
57h Volunteer Firefighting	57h	.00			
57i Teen Health Education	57i	.00			
57j Veterans Remembrance	57j	.00			
57k Homeless Veterans	57k	.00			
57l Mental Illness Anti-Stigma	57l	.00			
57m Women's Cancers Fund	57m	.00			
57n Autism Fund	57n	.00			



57 Total voluntary contributions (add lines 57a through 57s)	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	1.00



Enter your social security number
221334981

59 Enter amount from line 58 59 1.00

Payments and refundable credits (see page 34)

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 (see page 13). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 37 through 39)

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: [X] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 38 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2019 tax, amount owed, estimated tax penalty, and other penalties and interest.

See page 41 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 39). 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 (see pg. 39) []

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 021000021 73c Account number 875230059

74 Electronic funds withdrawal (see page 39) Date [] Amount [] .00

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

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name APPANA RUPA VENKATA SATY, Firm's name GLOBAL TAXES LLC, Preparer's PTIN or SSN P02090332, Address 2530 PEBBLE CREEK LN CUMMING GA 30041, Employer identification number, Date, E-mail:

Taxpayer(s) must sign here Your signature, Your occupation BUSINESS ANALYST, Spouse's signature and occupation (if joint return), Date, Daytime phone number (845)630 9655, E-mail: VAISHNAVI.KRISHNA94@GMAIL.COM

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 VAISHNAVI KRISHNA GUDA BUSINESS ANALYST	Your social security number 221334981
--	--

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.

1a Total days (see instructions)	1a	
Nonworking days included in line 1a:		
1b Saturdays and Sundays (not worked)	1b	
1c Holidays (not worked)	1c	
1d Sick leave	1d	
1e Vacation	1e	
1f Other nonworking days	1f	
1g Total nonworking days (add lines 1b through 1f)	1g	
1h Total days worked in year at this job (subtract line 1g from line 1a)	1h	
1i Total days included in line 1h worked outside New York State	1i	
1j Enter number of days worked at home included in line 1i amount	1j	
1k Subtract line 1j from line 1i	1k	
1l Days worked in New York State (subtract line 1k from line 1h)	1l	
1m Enter number of days from line 1h above	1m	
1n Divide line 1l by line 1m; round the result to the fourth decimal place	1n	
1o Wages, salaries, tips, etc. (to be allocated)	1o	.00
1p New York State allocated wage and salary income (multiply line 1n by line 1o)	1p	.00

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 by a nonresident

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.**

A – Street address	B – City, village, or post office	C	D – ZIP code	E
0		NY		<input type="checkbox"/>
		NY		<input type="checkbox"/>
		NY		<input type="checkbox"/>
		NY		<input type="checkbox"/>

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
221334981

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





New York State E-File Signature Authorization for Tax Year 2018
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: VAISHNAVI KRISHNA GUDA

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.

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, NYC-208, Claim for New York City Enhanced Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit.

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

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. Visit our website at www.tax.ny.gov to view this document.

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.

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 2018 Form IT-370 and Tax Year 2019 Form IT-2105.

Part A - Tax return information

1 Federal adjusted gross income (from applicable line) 1. 9233.
2 Refund 2. 36.
3 Amount you owe 3.
4 Financial institution routing number 4. 021000021
5 Financial institution account number 5. 875230059
6 Account type: [X] Personal checking [] Personal savings [] Business checking [] Business savings

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

Under penalty of perjury, I declare that I have examined the information on my 2018 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 2018 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 2018 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature: Date:
Spouse's signature: 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 2018 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 2018 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2018 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 2018 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 MANIKUMAR



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2018, through December 31, 2018, or fiscal year beginning and ending **18**

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

Your first name and middle initial VAISHNAVI KRISHNA		Your last name (for a joint return, enter spouse's name on line below) GUDA		Your date of birth (mmddyyyy) 04021994	Your social security number 221334981
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 14) (number and street or PO box) 2651 ASHLEIGH LANE				Apartment number	New York State county of residence NR
City, village, or post office ALPHARETTA		State GA	ZIP code 30004	Country (if not United States)	School district name NR
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.	City, village, or post office
State		ZIP code	Country (if not United States)		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 widow(er)

B Did you itemize your deductions on your 2018 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 15) Yes No

D2 Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see pg. 15) Yes No

(2) Enter the amount

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) Yes No

E New York City part-year residents only (see page 15)

(1) Number of months you lived in NY City in 2018

(2) Number of months your spouse lived in NY City in 2018

F Enter your 2-character special condition code(s) if applicable (see page 15)

G New York State part-year residents (see page 16)

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an X in one box):

1) Lived in NYS

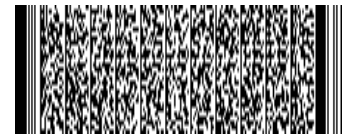
2) Lived outside NYS; received income from NYS sources during nonresident period

3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2018? Yes No

(if Yes, complete Form IT-203-B)



I Dependent information (see page 16)

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.



203001183555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
221334981

Federal income and adjustments (see page 17)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 1-19 include items like Wages, salaries, tips, etc. and Federal adjusted gross income.

New York additions (see page 25)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 20-23 include items like Interest income on state and local bonds and obligations.

New York subtractions (see page 26)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 24-31 include items like Taxable refunds, credits, or offsets of state and local income taxes.

32 Enter the amount from line 31, **Federal amount** column 32 9233 .00

Standard deduction or itemized deduction (see page 28)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 33-36 include items like Standard deduction or itemized deduction and New York taxable income.

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Tax computation, credits, and other taxes

37 New York taxable income (from line 36 on page 2).....	37	1233 .00
38 New York State tax on line 37 amount (see page 29)	38	49 .00
39 New York State household credit (page 29, table 1, 2, or 3).....	39	45 .00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank).....	40	4 .00
41 New York State child and dependent care credit (see page 30)	41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank).....	42	4 .00
43 New York State earned income credit (see page 30)	43	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) **44** 4 .00

45 Income percentage (see page 30) New York State amount from line 31 2912 .00 ÷ Federal amount from line 31 9233 .00 = **45** Round result to 4 decimal places 0.3154

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	1 .00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	1 .00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50 Total New York State taxes (add lines 48 and 49)	50	1 .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 on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from line 51	52a	.00	
52b MCTMT net earnings base	52b	.00	
52c MCTMT	52c	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00	
56 Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	56	0 .00	

Voluntary contributions (see page 33)

57a Return a Gift to Wildlife	57a	.00	57o Veterans' Homes	57o	.00
57b Missing/Exploited Children	57b	.00	57p Love Your Library Fund	57p	.00
57c Breast Cancer Research	57c	.00	57q Lupus Fund	57q	.00
57d Alzheimer's Fund	57d	.00	57r Military Family Fund	57r	.00
57e Olympic Fund (\$2 or \$4)	57e	.00	57s CUNY Fund	57s	.00
57f Prostate Cancer	57f	.00			
57g 9/11 Memorial	57g	.00			
57h Volunteer Firefighting	57h	.00			
57i Teen Health Education	57i	.00			
57j Veterans Remembrance	57j	.00			
57k Homeless Veterans	57k	.00			
57l Mental Illness Anti-Stigma	57l	.00			
57m Women's Cancers Fund	57m	.00			
57n Autism Fund	57n	.00			



57 Total voluntary contributions (add lines 57a through 57s)	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	1 .00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
221334981

59 Enter amount from line 58 59 1.00

Payments and refundable credits (see page 34)

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 (see page 13). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 37 through 39)

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: [X] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 38 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2019 tax, amount owed, estimated tax penalty, and other penalties and interest.

See page 41 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 39). 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 (see pg. 39) []

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 021000021 73c Account number 875230059

74 Electronic funds withdrawal (see page 39) Date [] Amount [] .00

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

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, E-mail:

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, E-mail:

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

Name(s) and occupation(s) as shown on Form IT-203: VAISHNAVI KRISHNA GUDA BUSINESS ANALYST
Your social security number: 221334981

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.

1a Total days (see instructions)
1b Saturdays and Sundays (not worked)
1c Holidays (not worked)
1d Sick leave
1e Vacation
1f Other nonworking days
1g Total nonworking days (add lines 1b through 1f)
1h Total days worked in year at this job (subtract line 1g from line 1a)
1i Total days included in line 1h worked outside New York State
1j Enter number of days worked at home included in line 1i amount
1k Subtract line 1j from line 1i
1l Days worked in New York State (subtract line 1k from line 1h)
1m Enter number of days from line 1h above
1n Divide line 1l by line 1m; round the result to the fourth decimal place
1o Wages, salaries, tips, etc. (to be allocated)
1p New York State allocated wage and salary income (multiply line 1n by line 1o)

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 by a nonresident

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: 0, NY, NY, NY, NY.

Enter the number of days spent in New York State in this tax year 0 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
221334981

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





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.

W-2 Record 1

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

221334981

Box b Employer identification number (EIN)

813621391

Box c Employer's information

Employer's name			
BSASPEC INC			
Employer's address (number and street)			
2088 US HIGHWAY 130 STE SUITE 111			
City	State	ZIP code	Country (if not United States)
MONMOUTH JUNCTION	NJ	08852	

Box 1 Wages, tips, other compensation

6321.00

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

.00

Box 14b Amount

.00

Box 14c Amount

.00

Box 14d Amount

.00

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

GA

Box 16b Other state wages, tips, etc.
6321.00

Box 17b Other state income tax withheld
323.00

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

W-2 Record 2

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

221334981

Box b Employer identification number (EIN)

141442493

Box c Employer's information

Employer's name			
MARIST COLLEGE			
Employer's address (number and street)			
3399 NORTH ROAD			
City	State	ZIP code	Country (if not United States)
POUGHKEEPSIE	NY	12601	

Box 1 Wages, tips, other compensation

2912.00

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

.00

Box 14b Amount

.00

Box 14c Amount

.00

Box 14d Amount

.00

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.

2912.00

Box 17a NYS income tax withheld

37.00

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

102001183555

