



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: VEERA SURAJ ABBURI

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 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. 9016.
2 Refund 2. 463.
3 Amount you owe 3.
4 Financial institution routing number 4. 044000037
5 Financial institution account number 5. 677207586
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 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 VEERA SURAJ		MI	Your last name (for a joint return, enter spouse's name on line below) ABBURI		Your date of birth (mmddyyyy) 04281993	Your social security number 828914100
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) 159 WINTHROP AVENUE					Apartment number	New York State county of residence ALBANY
City, village, or post office ALBANY			State NY	ZIP code 12203	Country (if not United States)	School district name ALBANY
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)					Apartment number	School district code number ..... 005
City, village, or post office			State NY	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy) Spouse's date of death (mmddyyyy)

- 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  
828914100

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

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	9016.00
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 <b>X</b> in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11 ..... <input type="text" value="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) <i>Identify:</i> <input type="text"/>	16	.00
17	Add lines <b>1 through 11</b> and <b>13 through 16</b> .....	17	9016.00
18	Total federal adjustments to income (see page 15) <i>Identify:</i> <input type="text"/>	18	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	9016.00

**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 <b>19</b> through <b>23</b> .....	24	9016.00

**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	9016.00



**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 <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	1016.00
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	1016.00

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Name(s) as shown on page 1  
VEERA SURAJ ABBURI

Your social security number  
828914100

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

<b>38</b> Taxable income (from line 37 on page 2) .....	<b>38</b>	1016 .00
<b>39</b> NYS tax on line 38 amount (see page 21) .....	<b>39</b>	41 .00
<b>40</b> NYS household credit (page 21, table 1, 2, or 3) .....	<b>40</b>	45 .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>	45 .00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>	.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>	.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>	.00

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Your social security number  
828914100

62 Enter amount from line 61 ..... **62** ..... .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	463 .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	463 .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	463 .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	463 .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 044000037	83c	Account number 677207586
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)
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<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 06192018
E-mail: KUMAR@GTAXFILE.COM		

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

See instructions for where to mail your return.



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# Summary of W-2 Statements

# IT-2

New York State • New York City • Yonkers

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

## W-2 Record 1

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

828914100

Box b Employer identification number (EIN)

364839838

### Box c Employer's information

Employer's name			
BI LABS INC			
Employer's address (number and street)			
3108 PLAZA DRIVE			
City	State	ZIP code	Country (if not United States)
WOODBIDGE	NJ	07095	

Box 1 Wages, tips, other compensation

9016.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

5.00

Description

VPDI

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

9016.00

Box 17a NYS income tax withheld

463.00

Other state information:

Box 15b other state

||

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

## Do not detach. W-2 Record 2

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

Box b Employer identification number (EIN)

### Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

||

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001173555

