



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: SAI NAGA PHANINDRA PAGIDI

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 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.

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. Go to 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 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. 12946.
2 Refund 2. 2.
3 Amount you owe 3.
4 Financial institution routing number 4. 021000322
5 Financial institution account number 5. 483057444663
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



# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

For the year January 1, 2017, through December 31, 2017, or fiscal year beginning ..... and ending ..... **17**

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

Your first name and middle initial SAI NAGA PHANINDRA		Your last name (for a joint return, enter spouse's name on line below) PAGIDI		Your date of birth (mmddyyyy) 05221994	Your social security number 093557297
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 13) (number and street or PO box) 22251 FOUNTAIN LAKES BLVD				Apartment number 255	New York State county of residence NR
City, village, or post office ESTERO		State FL	ZIP code 33928	Country (if not United States)	School district name NR
Taxpayer's permanent home address (see instr., pg. 13) (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) 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 part-year residents only:**

(1) Did you receive a property tax relief credit? (see pg. 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 New York City part-year residents only (see page 14)

(1) Number of months you lived in NY City in 2017 .....

(2) Number of months your spouse lived in NY City in 2017 .....

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

### G New York State part-year residents (see page 15)

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 15)

Did you or your spouse maintain living quarters in NYS in 2017? ..... Yes  No

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



### I Dependent exemption 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.



203001173555

For office use only

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Enter your social security number  
093557297

**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 (Identify: MOVING EXPENSES); Federal adjusted gross income (subtract line 18 from line 17).

**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 (subtract line 30 from line 23).

32 Enter the amount from line 31, **Federal amount** column ..... 32 12946 .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 (table on page 28) or your itemized deduction (from Form IT-203-D); Subtract line 33 from line 32; Dependent exemptions; New York taxable income (subtract line 35 from line 34).

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

<b>37</b> New York taxable income (from line 36 on page 2)	<b>37</b>	4946 .00
<b>38</b> New York State tax on line 37 amount (see page 29)	<b>38</b>	197 .00
<b>39</b> New York State household credit (page 29, table 1, 2, or 3)	<b>39</b>	45 .00
<b>40</b> Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	<b>40</b>	152 .00
<b>41</b> New York State child and dependent care credit (see page 30)	<b>41</b>	.00
<b>42</b> Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	<b>42</b>	152 .00
<b>43</b> New York State earned income credit (see page 30)	<b>43</b>	.00
<b>44</b> Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	<b>44</b>	152 .00
<b>45</b> Income percentage (see page 30)	New York State amount from line 31 <input type="text" value="2596 .00"/> ÷ Federal amount from line 31 <input type="text" value="12946 .00"/> = Round result to 4 decimal places <input type="text" value="0 .2005"/>	
<b>46</b> Allocated New York State tax (multiply line 44 by the decimal on line 45)	<b>46</b>	30 .00
<b>47</b> New York State nonrefundable credits (Form IT-203-ATT, line 8)	<b>47</b>	.00
<b>48</b> Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	<b>48</b>	30 .00
<b>49</b> Net other New York State taxes (Form IT-203-ATT, line 33)	<b>49</b>	.00
<b>50</b> Total New York State taxes (add lines 48 and 49)	<b>50</b>	30 .00

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

<b>51</b> Part-year New York City resident tax (Form IT-360.1)	<b>51</b>	.00	See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
<b>52</b> Part-year resident nonrefundable New York City child and dependent care credit	<b>52</b>	.00	
<b>52a</b> Subtract line 52 from line 51	<b>52a</b>	.00	
<b>52b</b> MCTMT net earnings base	<b>52b</b>	.00	
<b>52c</b> MCTMT	<b>52c</b>	.00	
<b>53</b> Yonkers nonresident earnings tax (Form Y-203)	<b>53</b>	.00	
<b>54</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1)	<b>54</b>	.00	
<b>55</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	<b>55</b>	.00	
<b>56</b> Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	<b>56</b>	0 .00	

**Voluntary contributions** (see page 33)

<b>57a</b> Return a Gift to Wildlife	<b>57a</b>	.00
<b>57b</b> Missing/Exploited Children Fund	<b>57b</b>	.00
<b>57c</b> Breast Cancer Research Fund	<b>57c</b>	.00
<b>57d</b> Alzheimer's Fund	<b>57d</b>	.00
<b>57e</b> Olympic Fund (\$2 or \$4)	<b>57e</b>	.00
<b>57f</b> Prostate and Testicular Cancer Research and Education Fund	<b>57f</b>	.00
<b>57g</b> 9/11 Memorial	<b>57g</b>	.00
<b>57h</b> Volunteer Firefighting & EMS Recruitment Fund	<b>57h</b>	.00
<b>57i</b> Teen Health Education	<b>57i</b>	.00
<b>57j</b> Veterans Remembrance	<b>57j</b>	.00
<b>57k</b> Homeless Veterans	<b>57k</b>	.00
<b>57l</b> Mental Illness Anti-Stigma Fund	<b>57l</b>	.00
<b>57m</b> Women's Cancers Education and Prevention Fund	<b>57m</b>	.00
<b>57n</b> Autism Fund	<b>57n</b>	.00
<b>57o</b> Veterans' Homes	<b>57o</b>	.00
<b>57</b> Total voluntary contributions (add lines 57a through 57o)	<b>57</b>	.00
<b>58</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	<b>58</b>	30 .00



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Enter your social security number
093557297

59 Enter amount from line 58 ..... 59 30.00

Payments and refundable credits (see page 34)

Table with 2 columns: Description and Amount. Rows include Part-year NYC school tax credit, NYC school tax credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments/amount paid with Form IT-370, 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 12). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 36 through 38)

Table with 2 columns: Description and Amount. Rows include Amount overpaid, Amount of line 67 to be refunded, Amount of line 67 that you want applied, Amount of line 67 that you want as a NYS 529 account deposit, Amount you owe, Estimated tax penalty, and Other penalties and interest.

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 37 for payment options.

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 38). 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. 38)

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

73b Routing number 021000322 73c Account number 483057444663

74 Electronic funds withdrawal (see page 38) ..... 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.



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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

093557297

Box b Employer identification number (EIN)

231907755

### Box c Employer's information

Employer's name			
THE WOOD COMPANY			
Employer's address (number and street)			
P.O. BOX 17033			
City	State	ZIP code	Country (if not United States)
AUGUSTA	GA	30903	

Box 1 Wages, tips, other compensation

2596.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

5.00

Code

D

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

8.00

Description

SDI

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

2596.00

Box 17a NYS income tax withheld

32.00

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

093557297

Box b Employer identification number (EIN)

811377709

### Box c Employer's information

Employer's name			
SOLWARE IT TECHNOLOGIES LLC			
Employer's address (number and street)			
10905 IRENE DR			
City	State	ZIP code	Country (if not United States)
MCKINNEY	TX	75070	

Box 1 Wages, tips, other compensation

10800.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001173555

