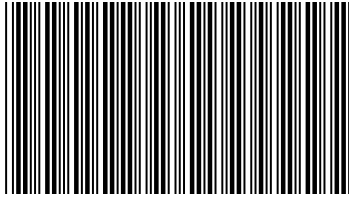


STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

NJ-1040  
2017  
Page 1



040MP01170

For Privacy Act Notification, See Instructions  
For Tax Year Jan. – Dec. 2017 or Other Tax Year  
Beginning \_\_\_\_\_, 20\_\_ Month Ending \_\_\_\_\_, 20\_\_  
On-line Federal Extension Confirmation # \_\_\_\_\_

JALADI HARSHINI

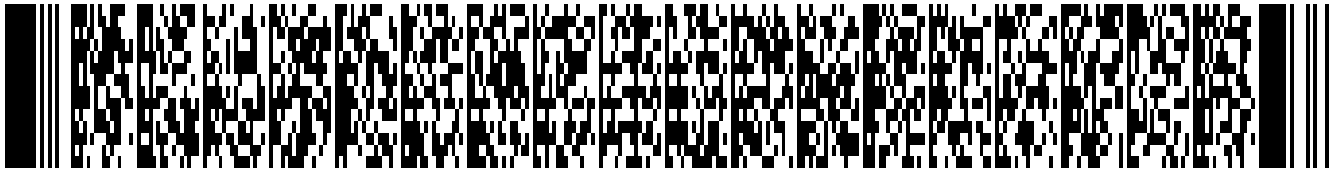
136 OAKLAND AVE APT 4R

JERSEY CITY NJ 07306 1014

1555

737124251

P02090332 301017196



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

If not, use the label for **PO Box 555**. You may also pay by e-check or credit card. See instruction page 11.

> \_\_\_\_\_  
Your Signature Date

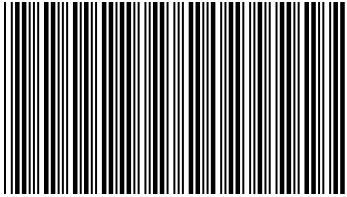
> \_\_\_\_\_  
Spouse/CU Partner's Signature (If filed jointly both must sign)

Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 12)

Paid Preparer's Signature APPANA RUPA VENKATA SATYA SAI MANI K Federal Identification Number P02090332

Firm's Name GLOBAL TAXES LLC Federal Employer Identification Number 30-1017196



040MP02170

JALADI HARSHINI

737124251

1555

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY FROM TO

FILING STATUS

- 1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

X

EXEMPTIONS

- 6. REGULAR
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11)
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)
12C. VETERAN EXEMPTION

1

1

CHECKBOXES FOR EXEMPTIONS

Table with 3 columns: REGULAR, SPOUSE/CU PARTNER, DOMESTIC PARTNER, AGE 65 OR OLDER, YOURSELF, SPOUSE/CU PARTNER, BLIND OR DISABLED, YOURSELF, SPOUSE/CU PARTNER, VETERAN EXEMPTION, YOURSELF, SPOUSE/CU PARTNER

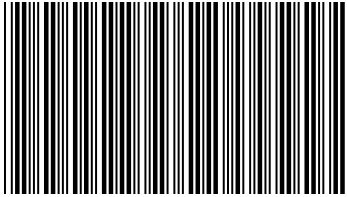
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO
IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO

Main tax schedule table with 36 rows and 3 columns: Description, Line Number, Amount



040MP03170

JALADI HARSHINI

737124251

1555

37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	37A.	2160 .
37B.	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.	
37C.	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)	38.	.
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	77736 .
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	2825 .
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	2825 .
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	32
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	0 .
43.	SHELTERED WORKSHOP TAX CREDIT	43.	.
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	.
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER ZERO	45.	0 .
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	.
46A.	FILL IN IF FORM 2210 IS ENCLOSED	46A.	.
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	0 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	.
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30)	49.	50 .
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN	50.	.
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.	.
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	.
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	.
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52.	.
53.	EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	53.	.
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54.	.
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	50 .
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT	56.	.
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	50 .
58.	YOUR 2018 TAX	58.	.
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	59.	.
60.	NEW JERSEY CHILDREN'S TRUST FUND	60.	.
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	.
62.	NEW JERSEY BREAST CANCER RESEARCH FUND	62.	.
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	.
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64.	.
64C.	DESIGNATION CODE	64C.	.
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	.
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	50 .

**DIRECT DEPOSIT INFORMATION**

dd1.	REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	1
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	C
dd3.	FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4.	ROUTING NUMBER	dd4.	081000032
dd5.	ACCOUNT NUMBER	dd5.	355004253715
dnm.	DO NOT MAIL INDICATOR	dnm.	
pa.	POWER OF ATTORNEY INDICATOR	pa.	
pdr.	PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

**SCHEDULES**

**A & B**

(Form NJ-1040)

**NEW JERSEY GROSS INCOME TAX**

**2017**

<b>Name(s) as shown on Form NJ-1040</b> JALADI, HARSHINI	<b>Your Social Security Number</b> 737-12-4251
---	---

**Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION** If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 40.

**A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS**

1. Income properly taxed by <b>both</b> New Jersey and other jurisdiction during tax year. See instructions page 40. (Indicate jurisdiction name <u>New York</u> ) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2) .....	1.	78,736.		
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040) .....	2.	78,736.		
3. Maximum Allowable Credit Percentage (Divide Line 2 into Line 1)	3.	100%		
<b>IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT, ONLY COMPLETE COLUMN B.</b>		<b>COLUMN A</b>		<b>COLUMN B</b>
4. Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040	4.	77,736.	4.	77,736.
5. Property Tax Enter in Box 5a the amount from Worksheet G and Deduction line 1. See instructions page 34.  Property Tax Deduction. Enter the amount from Worksheet G, line 2. See instructions page 35.	5.	2,160.	5.	- 0 -
6. New Jersey Taxable Income (Line 4 minus Line 5)	6.	75,576.	6.	77,736.
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	2,688.	7.	2,825.
8. Allowable Credit (Line 3 times Line 7)	8.	2,688.	8.	2,825.
9. Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 43.  Credit allowed. (Enter lesser of Line 8 or Box 9a). <b>(The credit may not exceed your New Jersey tax on Line 40).</b>	9.	2,688.	9.	2,825.

- If you are not eligible for a Property Tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 38 or 49, Form NJ-1040.
- If you are eligible for a Property Tax benefit, you must complete Worksheet J on page 43 to determine whether you receive a greater benefit by claiming a Property Tax Deduction or taking the Property Tax Credit.

**Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY** List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1.	a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)
2.	Capital Gains Distributions .....					2.
3.	Other Net Gains .....					3.
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)					4.



New Jersey Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

Last Name . . . . . JALADI
First Name . . . . . HARSHINI
Middle Initial . . . . . Suffix . . . . .
Social Security No. . . . . 737-12-4251
Date of Birth . . . . . 08/20/92
Age as of 12/31/2017 . . . . . 25
Date of Death . . . . .
Daytime Phone . . . . . \*
Home Phone . . . . . \*

Spouse:

Last Name . . . . .
First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Social Security No. . . . .
Date of Birth . . . . .
Age as of 12/31/2017 . . . . .
Date of Death . . . . .
Daytime Phone . . . . . \*

\* Check one of these boxes to designate daytime phone number.

c/o (care of) . . . . .
Street Address . . . . . 136 OAKLAND AVE Apt. No . . . . . 4R
City . . . . . Jersey City State NJ ZIP Code 07306
County/Municipality Code (residents only) . . . . . 1014

- Check this box if taxpayer's name is different on last year's NJ tax return
Check this box if taxpayer's address is different on last year's NJ tax return

Part II - Main Form

- X Form NJ-1040: Resident Tax Return
Form NJ-1040NR: Nonresident Tax Return
Enter state of residency . . . . .
Form NJ-1040: Part-Year Resident Tax Return
Enter dates of New Jersey residency. . . . . From . . . . . To . . . . .
Yes No
Did you receive any income from New Jersey sources during your period of nonresidence?
If Yes, both NJ-1040 and NJ-1040NR will be prepared.
QuickZoom to Allocation Worksheet for Part-Year and Nonresidents . . . . .

Part III - Filing Status

- X Single
Married/Civil Union Couple, filing joint return
Married/Civil Union Partner, filing separate return
Yes No
Did the taxpayer maintain the same residence as the spouse?
If Yes, enter the gross income reported on spouse's/CU partner's NJ-1040, line 28 . . . . .
Head of household
Qualifying widow(er)/Surviving Civil Union Partner

Part IV - Exemptions

Table with 3 columns: You, Spouse/CU Partner, Domestic Partner. Rows include Regular, Age 65 or over, Blind, Disabled, Veteran exemption, and dependent counts.

**Part V – Other Information**

- 1 At least two-thirds of gross income is derived from farming or fishing
  - 2 You do not need forms mailed to you next year
  - 3 Presidential Disaster Relief
  - 4 Death certificate attached for deceased taxpayer
- Yes      No**
- 5 a Do you wish to designate \$1 of your taxes for the Gubernatorial Elections Fund?
  - b If joint return, does your spouse wish to designate \$1?
  - 6 Is the Division of Taxation authorized to discuss this return and enclosures with the paid preparer?

**Part VI – Preparer Code**

1 Paid preparer code . . . 1

**Part VII – Electronic Filing Information**

**New! State e-file disclosure consent:**

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the State of New Jersey, Division of Revenue and Enterprise Services.

- 1 The state return will be filed electronically
- Yes      No**
- 2 Will federal PIN(s) be used? (See Help)
  - 3 Date return was EFiled . . . . . \_\_\_\_\_
  - 4 Date return was accepted by the state. . . . . \_\_\_\_\_
  - 5 Date Form NJ-1040-V or Form NJ-1040-NR-V was given to client . . \_\_\_\_\_

**Electronic PDF Attachments**

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

**Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information**

**Direct Deposit:**

- Yes      No**
- Do you want direct deposit of state tax refund? (EF - All filers; Print filers - residents filers only)

**Electronic Funds Withdrawal:**

- Yes      No**
- Do you want electronic funds withdrawal of state tax payment? (Electronic Filing Only)

**Bank Information:**

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) . . . BANK OF AMERICA

Checking account

Savings account

Routing number . . . . . 081000032

Account number. . . . . 355004253715

Payment date to withdraw from the account above . . . \_\_\_\_\_

State balance-due amount from this return . . . . . \_\_\_\_\_

**International ACH Transactions**

**Yes**   **No**

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

\_\_\_\_\_ Bank name for International ACH Transaction

**Part IX - Extension Status**

**Yes**   **No**

Has the tax return due date been extended for a six month extension?

Is the extension due to a natural disaster declared by the state?

Extended due date . . . \_\_\_\_\_

**QuickZoom** to Form NJ-630: Application for Extension of Time to File . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form NJ-1040 . . . . . ▶

**QuickZoom** to Form NJ-1040NR . . . . . ▶



# Total Wages Worksheet

**2017**

▶ Keep for your records

Name as Shown on Return JALADI, HARSHINI	Social Security No. 737-12-4251
---	------------------------------------

**Important Information**

**Note:** Use this worksheet ONLY if you have multiple state wage entries on Box 16 of a Form W-2 and the sum of those entries exceeds actual wages paid. Since New Jersey requires wages to pull from the Box 16 field, there is the possibility wage income could be overstated if duplicate Box 16 amounts are not excluded by use of this worksheet.

**Note:** Typically, the New Jersey wages should not be excluded, and are usually higher than wages reported to New York (for example).  
see <http://www.state.nj.us/treasury/taxation/pdf/current/njwt.pdf>

**Note:** Multiple Forms W-2 reporting multiple states' wages should be entered on a single Federal Form W-2 in the program.

**Note:** If NJ Family Leave Insurance (FLI) was reported on Form W-2, boxes 15-17, and was entered in the program in boxes 15-17, return to the Form W-2 and remove it from boxes 15-17. Enter the FLI in box 14

See *Tax Help* for more details

A Employer's name	B State name	C Federal wages tips, etc from Form W-2 Box 1	D State wages tips, etc from Form W-2 Box 16	E Check box to exclude duplicate state wages
ny systems inc		78,736.		<input type="checkbox"/>
- State Wages	NY		78,736.	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
Total federal wages from column C . . . . .		78,736.		
Total state wages from column D . . . . .			78,736.	
Less wages excluded from New Jersey return (by checking box in column E). . . . .				
Wages from all sources . . . . .			78,736.	

# Worksheet G Property Tax Deduction/Credit Worksheet

**2017**

▶ Keep for your records

Name(s) JALADI, HARSHINI	Social Security No. 737-12-4251
-----------------------------	------------------------------------

## Worksheet G - Property Tax Deduction/Credit

Complete both columns of this schedule to find out whether the property tax deduction or the property tax credit is better for you. **If you claim a credit for taxes paid to other jurisdictions, complete only Lines 1 and 2 of this schedule. Complete Schedule A and Worksheet J.**

<p><b>1 Property tax.</b> Enter the property tax you paid in 2017 from line 37a of Form NJ-1040. . . . .</p> <p>Senior Freeze (Property tax reimbursement) applicants do not enter the amount from Line 37a. See instructions.</p> <p><b>2 Property tax deduction.</b> Is the amount on line 1 of this worksheet \$10,000 or more (\$5,000 or more if you and your spouse file separate returns but maintained the same principal residence)?</p> <p><input type="checkbox"/> Yes. Enter \$10,000 (\$5,000 if you and your spouse file separate returns but maintained the same principal residence).</p> <p><input checked="" type="checkbox"/> No. Enter the amount from line 1. Also enter this amount on line 4, Column A below. See instructions. . . . .</p>	<b>1</b>	2,160.
<p><b>STOP if you are claiming a credit for taxes paid to other jurisdictions. Complete only lines 1 and 2. Then complete Schedule A and Worksheet J. See instructions.</b></p> <p><b>3</b> Taxable income (copy from line 36 of your NJ-1040) . . . . .</p> <p><b>4</b> Property tax deduction (copy from line 2 of this worksheet) . . . . .</p> <p><b>5</b> Taxable income after property tax deduction (subtract line 4 from line 3) . . . . .</p> <p><b>6</b> Tax you would pay on line 5 amount (From Tax Tables or Tax Rate Schedules) . . . . .</p>	<b>2</b>	2,160.
<p><b>7</b> Now, subtract line 6, column A, from line 6, column B and enter the result here . . . . .</p>	<b>7</b>	-0-

	Column A	Column B																				
<p><b>8 Is the line 7 amount \$50 or more (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence)?</b></p> <p><input type="checkbox"/> Yes. You receive a greater tax benefit by taking the Property Tax Deduction. Make the following entries on Form NJ-1040.</p> <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-right: 20px;"><i>Form NJ-1040</i></td> <td><i>Enter amount from:</i></td> </tr> <tr> <td>Line 38</td> <td>Line 4, Column A</td> </tr> <tr> <td>Line 39</td> <td>Line 5, Column A</td> </tr> <tr> <td>Line 40</td> <td>Line 6, Column A</td> </tr> <tr> <td>Line 49</td> <td>Make no entry</td> </tr> </table> <p><input type="checkbox"/> No. You receive a greater tax benefit from the Property Tax Credit. (<b>Part-year residents</b>, see instructions before answering "No.") Make the following entries on Form NJ-1040.</p> <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-right: 20px;"><i>Form NJ-1040</i></td> <td><i>Enter amount from:</i></td> </tr> <tr> <td>Line 38</td> <td>Make no entry</td> </tr> <tr> <td>Line 39</td> <td>Line 5, Column B</td> </tr> <tr> <td>Line 40</td> <td>Line 6, Column B</td> </tr> <tr> <td>Line 49</td> <td>\$50 (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence ). <b>Part-year residents</b>, see instructions.</td> </tr> </table>	<i>Form NJ-1040</i>	<i>Enter amount from:</i>	Line 38	Line 4, Column A	Line 39	Line 5, Column A	Line 40	Line 6, Column A	Line 49	Make no entry	<i>Form NJ-1040</i>	<i>Enter amount from:</i>	Line 38	Make no entry	Line 39	Line 5, Column B	Line 40	Line 6, Column B	Line 49	\$50 (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence ). <b>Part-year residents</b> , see instructions.		
<i>Form NJ-1040</i>	<i>Enter amount from:</i>																					
Line 38	Line 4, Column A																					
Line 39	Line 5, Column A																					
Line 40	Line 6, Column A																					
Line 49	Make no entry																					
<i>Form NJ-1040</i>	<i>Enter amount from:</i>																					
Line 38	Make no entry																					
Line 39	Line 5, Column B																					
Line 40	Line 6, Column B																					
Line 49	\$50 (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence ). <b>Part-year residents</b> , see instructions.																					

**Worksheet J**  
**Which Property Tax Benefit to Use**

**2017**

▶ Keep for your records

Name JALADI, HARSHINI	Social Security No. 737-12-4251
--------------------------	------------------------------------

	Column A	Column B
<b>1</b> Tax. Enter amounts from line 7, Schedule A, columns A and B here . . . . .	2,688.	2,825.
<b>2</b> Credit for Taxes Paid to Other Jurisdictions. Enter amounts from line 9, Schedule A, Columns A and B. If you completed more than one Schedule A, enter the total of all line 9 amounts (Columns A and B) in the corresponding column. . . . .	2,688.	2,825.
<b>3</b> Balance of tax due. Subtract line 2 from line 1 . . . . .	0.	0.
<b>4</b> Subtract line 3, Column A from line 3, Column B and enter the result here . . . . .		0.

**5 Is the line 4 amount \$50 or more (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence)?**

Yes. You receive a greater tax benefit by taking the Property Tax Deduction. Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 38	Line 5, Column A, Schedule A
Line 39	Line 6, Column A, Schedule A
Line 40	Line 7, Column A, Schedule A
Line 41	Line 2, Column A, Worksheet J
Line 49	Make no entry

No. You receive a greater benefit from the Property Tax Credit. Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 38	Make no entry
Line 39	Line 6, Column B, Schedule A
Line 40	Line 7, Column B, Schedule A
Line 41	Line 2, Column B, Worksheet J
Line 49	\$50 (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence). Part-year residents, see instructions.

## Smart Worksheets from your 2017 New Jersey Tax Return

SMART WORKSHEET FOR: Form NJ-1040: Income Tax Resident Return

**Property Tax Information Smart Worksheet F**

1 Did you live in more than one qualifying New Jersey residence during 2017? . . . . .  Yes  No

2 Did you share ownership of a principal residence during 2017 with anyone other than your spouse? . . . . .  Yes  No

3 Did a principal residence you owned during 2017 consist of multiple units? . . . . .  Yes  No

4 Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit? . . . . .  Yes  No

5 Were you both a homeowner and a tenant during 2017? . . . . .  Yes  No

**If the answer to any of the above questions is Yes, complete Schedule G-1.**  
**QuickZoom** to Schedule G-1 . . . . . \_\_\_\_\_

**A** Total property tax paid in 2017 . . . . . \_\_\_\_\_  
**Part-year residents:** Enter the amount while a resident of New Jersey . . . . . \_\_\_\_\_

**B** Total rent paid in 2017 . . . . . 12,000  
**Part-year residents:** Enter the amount while a resident of New Jersey . . . . . \_\_\_\_\_

**C** If your filing status is **married filing separate return**, did you maintain the same residence as your spouse?  
 Answer this question on NJ Information Wks (if Yes, reduce by 50%). . . . .  Yes  No

**D** You were a New Jersey homeowner on October 1, 2017 and you are eligible and file for a 2017 Homestead Benefit . . . . .  Yes  No

SMART WORKSHEET FOR: Schedule AB: Oth St Tax Crd/Prop Disp Inc

**Other State Income and Tax Smart Worksheet**

*Use column B only if there is an amount in column A.*

Carefully review nonresident state amounts and verify that the amounts are what New Jersey requires to calculate the credit.

	Column A Amount	Column B* Amount if Different
<b>A</b> Income taxed by New Jersey <b>and</b> the other jurisdiction . . .	78,736.	
<b>B</b> Tax paid to other jurisdiction . . . . .	4,201.	

\*Use this column only to modify an entry made by the program in column A.



# Tips for Estimated Tax

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

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## Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

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### Estimated tax amounts

Full SSN or taxpayer ID number 737124251		Enter your <b>2-character special condition code</b> if applicable (see instr.) ..... <input type="text"/>		New York State	146	.00
Taxpayer's first name and middle initial HARSHINI		Taxpayer's last name JALADI		New York City		.00
Mailing address (number and street or PO box; see instructions) 136 OAKLAND AVE		Apartment number 4R		Yonkers		.00
City, village, or post office JERSEY CITY		State NJ	ZIP code 07306	MCTMT		.00
Taxpayer's e-mail address JALADIHARSHINI@GMAIL.COM				<b>Total payment</b>	146	.00

**STOP:** Pay this electronically on our website



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Department of Taxation and Finance

## Estimated Tax Payment Voucher for Individuals

REV 11/13/17 PRO

# IT-2105

New York State • New York City • Yonkers • MCTMT

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### Estimated tax amounts

Full SSN or taxpayer ID number 737124251		Enter your <b>2-character special condition code</b> if applicable (see instr.) ..... <input type="text"/>	
Taxpayer's first name and middle initial HARSHINI		Taxpayer's last name JALADI	
Mailing address (number and street or PO box; see instructions) 136 OAKLAND AVE		Apartment number 4R	
City, village, or post office JERSEY CITY	State NJ	ZIP code 07306	
Taxpayer's e-mail address JALADIHARSHINI@GMAIL.COM			

	Dollars	Cents
New York State	145	00
New York City		00
Yonkers		00
MCTMT		00
<b>Total payment</b>	145	00

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0601183555 737124251 9



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Taxpayer's first name and middle initial HARSHINI		Taxpayer's last name JALADI		New York City		.00
Mailing address (number and street or PO box; see instructions) 136 OAKLAND AVE		Apartment number 4R		Yonkers		.00
City, village, or post office JERSEY CITY		State NJ	ZIP code 07306	MCTMT		.00
Taxpayer's e-mail address JALADIHARSHINI@GMAIL.COM				<b>Total payment</b>	145	.00

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# Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

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### Estimated tax amounts

Full SSN or taxpayer ID number 737124251		Enter your <b>2-character special condition code</b> if applicable (see instr.) ..... <input type="text"/>		New York State	145	.00
Taxpayer's first name and middle initial HARSHINI		Taxpayer's last name JALADI		New York City		.00
Mailing address (number and street or PO box; see instructions) 136 OAKLAND AVE		Apartment number 4R		Yonkers		.00
City, village, or post office JERSEY CITY		State NJ	ZIP code 07306	MCTMT		.00
Taxpayer's e-mail address JALADIHARSHINI@GMAIL.COM				<b>Total payment</b>	145	.00

**STOP:** Pay this electronically on our website





# Instructions for Form IT-201-V

## Payment Voucher for Income Tax Returns

# IT-201-V

(12/17)

**Did you know?** You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit [www.tax.ny.gov](http://www.tax.ny.gov).

### How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

### Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your social security number (SSN), the tax year, and **Income Tax** on it.

### Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address – Enter the city, province, or state all in the **City** box, and the **full** country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

### Mailing address

#### E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX  
PROCESSING CENTER  
PO BOX 4124  
BINGHAMTON NY 13902-4124**

#### Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER  
PO BOX 15555  
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

◀ Cut here ▶

**STOP:** Pay this electronically on our website.

Department of Taxation and Finance

REV 11/13/17 PRO

## Payment Voucher for Income Tax Returns



# IT-201-V

(12/17)

Tax year (yyyy) 2017		Make your check or money order payable in U.S. funds to <b>New York State Income Tax</b> . Be sure to write the last four digits of your SSN, the tax year, and <b>Income Tax</b> on your payment.	
Your first name and middle initial HARSHINI	Your last name (for a joint return, enter spouse's name on line below) JALADI	Your full SSN 737124251	
Spouse's first name and middle initial	Spouse's last name	Spouse's full SSN (only if filing a joint return)	
Mailing address 136 OAKLAND AVE		Apartment number 4R	Country (if not United States)
City, village or post office JERSEY CITY	State NJ	ZIP code 07306	
E-mail: JALADIHARSHINI@GMAIL.COM		Payment amount	

Dollars      Cents  
245 . 00



040001173555

For office use only

0401173555 737124251 9



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: HARSHINI JALADI

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. 76686.
2 Refund 2.
3 Amount you owe 3. 245.
4 Financial institution routing number 4.
5 Financial institution account number 5.
6 Account type: 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 HARSHINI		Your last name (for a joint return, enter spouse's name on line below) JALADI		Your date of birth (mmddyyyy) 08201992	Your social security number 737124251
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) 136 OAKLAND AVE				Apartment number 4R	New York State county of residence NR
City, village, or post office JERSEY CITY		State NJ	ZIP code 07306	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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number  
737124251

**Federal income and adjustments** (see page 17)

**Federal amount**  
Whole dollars only

**New York State amount**  
Whole dollars only

1	Wages, salaries, tips, etc.	1	78736 .00	1	78736 .00
2	Taxable interest income	2	.00	2	.00
3	Ordinary dividends	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) ..	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12	Rental real estate included in line 11 (federal amount) <b>12</b>		.00		
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
15	Taxable amount of social security benefits (also enter on line 26)	15	.00	15	.00
16	Other income (see page 23) Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	78736 .00	17	78736 .00
18	Total federal adjustments to income (see page 23) Identify: MOVING EXPENSES	18	2050 .00	18	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17)	19	76686 .00	19	78736 .00

**New York additions** (see page 25)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21	Public employee 414(h) retirement contributions	21	.00	21	.00
22	Other (Form IT-225, line 9)	22	.00	22	.00
23	Add lines 19 through 22	23	76686 .00	23	78736 .00

**New York subtractions** (see page 26)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 26)	25	.00	25	.00
26	Taxable amount of social security benefits (from line 15)	26	.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
30	Add lines 24 through 29	30	.00	30	.00
31	<b>New York adjusted gross income</b> (subtract line 30 from line 23)	31	76686 .00	31	78736 .00

32 Enter the amount from line 31, **Federal amount** column 76686 .00

**Standard deduction or itemized deduction** (see page 28)

33 Enter your **standard deduction** (table on page 28) or your **itemized deduction** (from Form IT-203-D).  
Mark an X in the appropriate box: ...  **Standard** – or –  **Itemized**

33		33	8000 .00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	68686 .00
35	Dependent exemptions (enter the number of dependents listed in Item I; see page 28)	35	<b>000.00</b>
36	<b>New York taxable income</b> (subtract line 35 from line 34)	36	68686 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1  
HARSHINI JALADI

Enter your social security number  
737124251

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

37	New York taxable income (from line 36 on page 2)	37	68686.00
38	New York State tax on line 37 amount (see page 29)	38	4092.00
39	New York State household credit (page 29, table 1, 2, or 3)	39	.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	4092.00
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	4092.00
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	4092.00
45	Income percentage (see page 30) <input type="text"/> New York State amount from line 31 <input type="text"/> 78736.00 ÷ Federal amount from line 31 <input type="text"/> 76686.00 = Round result to 4 decimal places	45	1.0267
46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	4201.00
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	4201.00
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	4201.00

**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
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

See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

**Voluntary contributions** (see page 33)

57a	Return a Gift to Wildlife	57a	.00
57b	Missing/Exploited Children Fund	57b	.00
57c	Breast Cancer Research Fund	57c	.00
57d	Alzheimer's Fund	57d	.00
57e	Olympic Fund (\$2 or \$4)	57e	.00
57f	Prostate and Testicular Cancer Research and Education Fund	57f	.00
57g	9/11 Memorial	57g	.00
57h	Volunteer Firefighting & EMS Recruitment Fund	57h	.00
57i	Teen Health Education	57i	.00
57j	Veterans Remembrance	57j	.00
57k	Homeless Veterans	57k	.00
57l	Mental Illness Anti-Stigma Fund	57l	.00
57m	Women's Cancers Education and Prevention Fund	57m	.00
57n	Autism Fund	57n	.00
57o	Veterans' Homes	57o	.00
57	Total voluntary contributions (add lines 57a through 57o)	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	4201.00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your social security number
737124251

59 Enter amount from line 58 ..... 59 4201.00

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: Personal checking - or - Personal savings - or - Business checking - or - Business savings

73b Routing number 73c Account number

74 Electronic funds withdrawal (see page 38) ..... Date ..... Amount .....00

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

Paid preparer must complete Preparer's NYTPRIN NYTPRIN excl. code Preparer's signature APPANA RUPA VENKATA SATY 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 301017196 Date 06122018 E-mail: KUMAR@GTAXFILE.COM

Taxpayer(s) must sign here Your signature Your occupation SYSTEMS ENGINEER Spouse's signature and occupation (if joint return) Date Daytime phone number E-mail: JALADIHARSHINI@GMAIL.COM

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



# 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

737124251

Box b Employer identification number (EIN)

474800847

### Box c Employer's information

Employer's name NY SYSTEMS INC			
Employer's address (number and street) 990 IH 10 NORTH STE 240A			
City BEAUMONT	State TX	ZIP code 77702	Country (if not United States)

Box 1 Wages, tips, other compensation  
78736.00

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  
29.00

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.  
78736.00

Box 17a NYS income tax withheld  
3620.00

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 10640.00  
Locality b .00

Box 19 Local income tax withheld  
Locality a 336.00  
Locality b .00

Box 20 Locality name  
NYC

## 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

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

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

NO HANDWRITTEN ENTRIES ON THIS FORM

102001173555



## Record of Estimated Tax Payments

**2018**

*(Record credits and payments in this table. Keep this record; you will not be receiving notices indicating the amount due each quarter.)*

Name as Shown on Return HARSHINI JALADI			Social Security No. 737-12-4251	
A Payment Type	B Payment Date	C Amount	D 2017 Overpayment Credit Applied	E Total Amount Paid and Credited (add C and D)
Voucher		146.		146.
Voucher		145.		145.
Voucher		145.		145.
Voucher		145.		145.
<b>Total</b> . . . . .		581.		581.



**Part I – Personal Information**

**Taxpayer:**

First Name . . . . . HARSHINI  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . JALADI  
 Social Security No. . . . . 737-12-4251  
 Occupation . . . . . Systems Engineer  
 Date of Birth . . . . . 08-20-1992  
 Age as of 1-1-2018 . . . . . 25  
 Date of Death . . . . . \_\_\_\_\_  
 NY DL Doc ID . . . . . \_\_\_\_\_  
 Email Address . . . . . jaladiharshini@gmail.com  
 Work phone . . . . . \_\_\_\_\_  
 Extension . . . . . \_\_\_\_\_  
 Home Phone . . . . . \_\_\_\_\_

**Spouse:**

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

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

**Mailing Address**

Street Address . . . . . 136 OAKLAND AVE Apartment No. . . . . 4R  
 City . . . . . Jersey City State . . . . . NJ ZIP Code . . . . . 07306  
 Foreign code \_\_\_\_\_ Foreign country . . . . . \_\_\_\_\_ Foreign postal code . . . . . \_\_\_\_\_  
 Foreign province/county . . . . . \_\_\_\_\_ Foreign province/county abbreviation . . . . . \_\_\_\_\_

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

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

**New York County and School District Information**

County . . . . . NR  
 School District . . . . . NR School District Code . . . . . \_\_\_\_\_

**Part II – Main Form**

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

**Taxpayer Spouse**

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

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

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

**New York City Residents:**

**Yes No**

Did the taxpayer or spouse maintain living quarters in New York City during 2017?

If married, did the taxpayer and spouse change New York City resident status at different times during the year? A 'Yes' response will generate separate Forms 360.1 for taxpayer and spouse.

Part III – Filing Status

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

Part IV – Credits

New York City Accumulation Distribution Credit:

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

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

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

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

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

Refundable Credits Paid in Advance:

**Yes No**

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

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

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

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

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

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

Part V – New York City Unincorporated Business Tax Return

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

Part VI – Metropolitan Commuter Transportation Mobility Tax Worksheet

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

Part VII – Sales or Use Tax and Voluntary Gifts or Contributions

Sales or Use Tax

1 a If the taxpayer does not owe any sales or use tax with the return, check this box . . . . . [X]
b To calculate tax due on nonbusiness-related items or services costing less than \$1,000 each (excluding shipping and handling) using the sales and use tax chart, check this box . . . . . [ ]
c If manually calculating the sales or use tax due with the return, check this box and enter the amount of sales or use tax due on line 4 below . . . . . [ ]
2 If line 1b is checked and the taxpayer maintained a permanent place of abode in New York State for sales and use tax purposes for only part of the year, enter the number of months they maintained a permanent place of abode in New York State. . . . .
3 Sales tax due based on the sales and use tax chart . . . . .
4 Sales tax due from ST-140, Individual Purchaser's Annual Report of Sales & Use Tax . . . . .
5 Total sales or use tax due (line 2 plus line 3) . . . . . 0.

Part VII – Sales or Use Tax and Voluntary Gifts or Contributions (Continued)

Voluntary Gifts or Contributions

Return a Gift to Wildlife . . . . . Teen Health Education Fund . . . . .
Missing/Exploited Children Fund . . . . . Veterans Remembrance Fund . . . . .
Breast Cancer Research Fund. . . . . Homeless Veterans Fund . . . . .
Alzheimer's Fund . . . . . Mental Illness Anti-Stigma Fund . . . . .
Olympic Fund (\$2 or \$4) . . . . . Women's Cancers Educ Prev Fd . . . . .
Prostate/Testicular Cancer Fund . . . . . Autism Fund . . . . .
9/11 Memorial . . . . . Veterans' Homes . . . . .
Volunteer Firefighting & EMS . . . . .

Part VIII – Electronic Filing Information

[X] File state return electronically
Date return was EFiled . . . . .
Date return was accepted by the state . . . . .
Date Form IT-201-V was given to client. . . . .
W-2 Verification Indicator given by NYS . . . . .

Electronic Filing of Amended Return:

[ ] The amended return will be filed electronically
[ ] Another amended return will be filed electronically
Date amended return was EFiled . . . . .
Date amended return was accepted by the state. . . . .

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename

Electronic Filing of Estimated Payments

[ ] File Form(s) IT-2105 electronically (Complete federal Information Worksheet, Part VI first)

Table with 8 columns: Qtr, Payment Amount, Payment Due Date, Date to Withdraw, Date Signed, Date Transmitted, Date Accepted, Completed

Part IX – Direct Deposit or Electronic Funds Withdrawal Information

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

Bank Information

For direct deposit or electronic funds withdrawal, fill out the information below :
Name of Client's Financial Institution (optional) . . . . . BANK OF AMERICA
Account Type . . . . . Checking [X] Savings [ ]
Personal or business account . . . . . Personal [X] Business [ ]
Routing number . . . . . 081000032 Confirm routing number . . . . . 081000032
Account number . . . . . 355004253715 Confirm account number . . . . . 355004253715

Electronic funds withdrawal amount due with return information:

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

International ACH Transactions

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

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

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

Electronic funds withdrawal amount due with amended return information:

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

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

Part X – Extension Status

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

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

Filing and acceptance information (Electronic Filing Only):

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

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

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

For married filing joint taxpayers, file NYC-1127:

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

Part XII – Other Information for Your Tax Return

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

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

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

2-digit special condition code number:

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

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

2-digit special condition code number (Continued):

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

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

Third Party Designee:

Yes No

May another person discuss this return with the New York Department of Taxation and Finance?

If Yes, complete the following:

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

New York State Underpayment Penalty:

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

Other Penalties and Interest:

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

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

Yes No

Was the taxpayer a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

Was the spouse a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

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

Taxpayer	Spouse
_____	_____
_____	_____

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

Yes No

Were you required to report, under P.L. 110-343, Div. C, Section 801(d)(2), any nonqualified deferred compensation on your 2017 federal return?

# Tax Payments Worksheet

**2017**

▶ Keep for your records.

Name <b>HARSHINI JALADI</b>	Social Security Number <b>737-12-4251</b>
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**Tax Payments for the Current Year**

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

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

<b>9</b> State withholding on Forms W-2 . . . . .	<b>9</b>	3,620.
<b>10</b> State withholding on Forms W-2G . . . . .	<b>10</b>	_____
<b>11</b> State withholding on Forms 1099-R . . . . .	<b>11</b>	_____
<b>12 a</b> State withholding on Forms 1099-MISC . . . . .	<b>12 a</b>	_____
<b>12 b</b> State withholding on Forms 1099-G . . . . .	<b>12 b</b>	_____
<b>12 c</b> State withholding on Forms 1099-K . . . . .	<b>12 c</b>	_____
<b>13</b> Other state tax withholding . . . . .	<b>13</b>	_____
<b>14 Total state income tax withheld</b> . . . . .	<b>14</b>	3,620.

**City Income Tax Withheld for the Current Year**

<b>15</b> Total City of New York withholding . . . . .	<b>15</b>	336.
<b>16</b> Total Yonkers withholding . . . . .	<b>16</b>	_____
<b>17</b> Section 1127 withholding . . . . .	<b>17</b>	_____

**Section 414(h) and 125 Withholding**

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

## Part-Year Resident/Nonresident Allocation Worksheet 2017

▶ Keep for your records

Name(s) as Shown on Return HARSHINI JALADI	Your Social Security No. 737-12-4251
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Check this box if you used Form 203-F to allocate your wages between multiple years.

	Federal Amount	New York State Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from Column C from New York State Sources
<b>Income</b>				
1 Wages, salaries, tips, etc. . . . .	78,736.		78,736.	78,736.
2 Federally taxable interest income . .				
3 Dividends . . . . .				
4 State/local tax refunds . . . . .				
5 Alimony received . . . . .				
6 Business income or loss . . . . .				
7 Capital gain or loss . . . . .				
8 Other gains and losses . . . . .				
9 Taxable IRA distribution . . . . .				
10 Taxable pension and annuities . . . .				
11 Rentals, royalties, p'ship, etc. . . . .				
12 Rental real estate included in ln 11 (federal amount) . . . . .				
13 Farm income or loss . . . . .				
14 Unemployment compensation . . . . .				
15 Taxable social security benefits . . . .				
16 Other income . . . . .				
17 <b>Total income.</b> Add lines 1-11, 13-16	78,736.		78,736.	78,736.
<b>Adjustments to Income</b>				
a Educator expenses . . . . .				
b Certain business expenses . . . . .				
c Health savings account . . . . .				
d Moving expenses . . . . .	2,050.		2,050.	0.
e Self-employment tax deduction . . . .				
f Self-employed SEP, SIMPLE . . . . .				
g Self-employed health insurance . . . .				
h Early withdrawal penalty . . . . .				
i Alimony paid . . . . .				
j IRA deduction . . . . .				
k Student loan interest deduction . . . .				
l Tuition and fees deduction . . . . .				
m Domestic production activities . . . . .				
n Total other adjustments . . . . .				
18 <b>Total adjustments</b> . . . . .	2,050.		2,050.	0.
19 <b>Adjusted gross income</b> . . . . .	76,686.	*	76,686.	78,736.

\* Enter this amount on IT-215, line 23 or IT-216, line 19, if applicable. See tax help for more information





**New York State  
Wages/Self-Employment Income Allocation**

**2017**

▶ Keep for your records

Name as Shown on Return HARSHINI JALADI	Social Security No. 737-12-4251
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**Part I – New York Wage Allocation  
Taxpayer**

Allocate by Formula	Allocate by Percent		New York Wages
		NY SYSTEMS INC	78,736.

**Spouse**

Allocate by Formula	Allocate by Percent		New York Wages

See Tax Help for details.

**Part II – State Self-Employment Income Allocation  
Taxpayer**

Type of Business	State Code	Allocation Percent		State Self-Employment Income

**Spouse**

Type of Business	State Code	Allocation Percent		State Self-Employment Income

See Tax Help for details.

Name as Shown on Return  
HARSHINI JALADI

Social Security No.  
737-12-4251

**Part I 2018 Estimated Tax Amount Options**

**Note: MCTMT estimate information on separate worksheets, payment amounts flow to bottom of this worksheet, paid on form IT-2105**

**1 Select One of Five Ways to Calculate the Required Annual Payment for 2018 Estimates:**

	State	New York City	Yonkers
a 100% (110%) of 2017 taxes . . . . .	<input checked="" type="checkbox"/> 4,201.		
b 100% of tax on 2018 estimated taxable income . . . . .	<input type="checkbox"/> 4,143.	0.	
c 90% of tax on 2018 estimated taxable income . . . . .	<input type="checkbox"/> 3,729.	0.	
d 66-2/3% of tax on 2018 estimated taxable income (farmers and fishermen) . . . . .	<input type="checkbox"/> 2,762.	0.	
e Fixed total amount (not program calculated) . . . . .	<input type="checkbox"/>		

**2 Selected estimated tax amount:**

a 2018 Required Annual Payment based on your choice above. . . . .	4,201.
b Estimated amount of 2018 state income tax withholding . . . . .	3,956.
c <b>Total of estimated tax payments required for 2018</b> (line 2a less line 2b) . . . . .	245.

**3 Select Estimated Tax Payment option:**

- a Calculate estimates if New York State, New York City or Yonkers tax is \$300 or more
- b Calculate estimates if \_\_\_\_\_ (specify amount) or more . . . . .
- c Calculate estimates regardless of amount. . . . .
- d Do **not** calculate estimates . . . . .

**4 Other Options:**

- a Enter the number of vouchers to be prepared (default 4 payments) . . . . . 4

**Part II Overpayment Application Options**

1 Amount of overpayment available . . . . . 0.

**Select Overpayment Application Amount Option:**

- 2 a Apply none (refund entire overpayment) . . . . .
- b Apply all (estimates will not be increased; entire amount will be applied) . . . . .
- c Apply to extent of total estimated tax and refund excess . . . . .
- d Apply to extent of first quarter amount and refund excess . . . . .
- e Apply only to state estimates and refund excess . . . . .
- f Enter amount you want to apply . . . . . ▶
- g Amount applied to 2018 estimated tax . . . . .
- h Overpayment to be refunded (line 1 less line 2g) . . . . . 0.

**Part III Rounding and Printing Options**

**1 Select Rounding Option:**  
 a  Round up to next \$1      b  Round up to next \$10      c  Round up to next \$50       Round up to next \$100

**2 Select Voucher Printing Option:**  
 a  Print (per Part I, lines 3a - c)      b  Print only name, etc.      c  Do not print vouchers

**Part IV Filing Status and Dependent Exemptions for 2018 Calculations**

**A 1** Choose 2018 filing status:  
 Single       Married filing jointly       Qualifying widow(er)  
 Married filing separately       Head of household

**B** Check if dependent of another in 2018. . . . . Yes  No

**C** Enter the number of dependent exemptions in 2018 . . . . . \_\_\_\_\_

**Part V Changes to Income, Deductions, Credits and Withholding for 2018**

Your 2017 income and deductions are entered in the '2017 Actual' column.  
 \*For each line in the '2018 Estimated' column, enter estimated 2018 amount if **different** from 2017; otherwise, the '2017 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2017 Actual	*2018 Estimated
<b>A</b> New York adjusted gross income . . . . .	76,686.	
<b>B</b> Enter either your standard or estimated itemized deduction . . . . .	8,000.	8,000.
<b>C</b> Dependent exemption ( <i>number of dependents times \$1,000</i> ) . . . . .		
<b>D</b> New York City Household Credit/Accum Distribution Credit . . . . .		
<b>E</b> New York City tax on ordinary income portion of lump-sum distribution . . . . .		
<b>F 1</b> New York City Unincorporated Business Tax Credit . . . . .		
<b>2</b> New York City General Corporation Tax Credit . . . . .		
<b>G</b> New York State Household Credit; nonresidents and part-year residents also enter Child and Dependent Care Credit and Earned Income Credit . . . . .	0.	
<b>H Nonresidents and Part-Year residents:</b>		
<b>(1)</b> New York adjusted gross income (Form IT-203, line 45, New York State amount) . . . . .	78,736.	
<b>(2)</b> New York adjusted gross income (Form IT-203, line 45, federal amount) . . . . .	76,686.	
<b>I</b> Nonresident and part-year resident income percentage . . . . .	1.0267	
<b>J</b> Additional taxes — New York State . . . . .		
<b>K</b> Additional taxes — New York City . . . . .		
<b>L</b> Resident credit and other nonrefundable credits — New York State . . . . .		
<b>M</b> Refundable credits — New York State . . . . .		
<b>N</b> Refundable credits — New York City . . . . .		
<b>O</b> Gross wages subject to the Yonkers nonresident tax (Form Y-203) . . . . .		
<b>P</b> Net earnings from self-employment subject to the Yonkers nonresident tax (Form Y-203) . . . . .		
<b>Q</b> Yonkers nonresident earnings tax (Form Y-203) . . . . .		
<b>R</b> New York State income tax withheld . . . . .	3,620.	
<b>S</b> New York City income tax withheld . . . . .	336.	
<b>T</b> Yonkers income tax withheld . . . . .		

**Part VI 2018 Estimated Taxable Income and Tax**

	New York State	City of New York	City of Yonkers
<b>1</b> Estimated New York adjusted gross income expected in 2018 . . . . .	76,686 .		
<b>2</b> Enter either your standard deduction or estimated itemized deduction . . . . .	8,000 .		
<b>3</b> Subtract line 2 from line 1 . . . . .	68,686 .		
<b>4</b> Dependent exemption ( <i>number of dependents times \$1,000</i> ) . . . . .			
<b>5</b> Estimated New York State taxable income (line 3 less line 4) . . . . .	68,686 .		
<b>6</b> New York State tax . . . . .	4,035 .		
<b>7</b> New York City resident tax . . . . .			
<b>8</b> New York City Household Credit and New York City Accumulation Distribution Credit . . . . .			
<b>9</b> Subtract line 8 from line 7 . . . . .		0 .	
<b>10</b> New York City tax on ordinary income portion of lump-sum distribution . . . . .			
<b>11</b> Add lines 9 and 10 . . . . .		0 .	
<b>12</b> New York City Unincorporated Business Tax Credit . . . . .			
<b>12 a</b> New York City General Corporation Tax Credit . . . . .			
<b>12 b</b> Add lines 12 and 12a . . . . .			
<b>13</b> Subtract line 12b from line 11 . . . . .		0 .	
<b>14</b> Enter household credit; nonresidents and part-year residents also enter Child and Dependent Care Credit and Earned Income Credit . . . . .	0 .		
<b>a</b> Nonresident and part-year resident income percentage . . . . .	1.0267		
<b>15</b> Subtract line 14 from line 6 . . . . .	4,143 .		
<b>16</b> Other taxes . . . . .			
<b>17</b> Add lines 15 and 16 ( <i>in New York City column: add lines 13 and 16</i> ) . . . . .	4,143 .	0 .	
<b>18</b> Resident credit and other nonrefundable credits . . . . .			
<b>19</b> Total estimated New York State and New York City tax ( <i>New York State column: line 17 less line 18; City of New York column: enter amount from line 17</i> ) . . . . .	4,143 .	0 .	
<b>20</b> Refundable credits . . . . .			
<b>21</b> New York State/City estimated tax ( <i>line 19 less line 20</i> ) . . . . .	4,143 .	0 .	
<b>22</b> City of Yonkers:			
<b>a</b> Resident tax surcharge ( <i>line 21 times 16.75% (.1675)</i> ) . . . . .			
<b>b</b> Nonresident earnings tax ( <i>Form Y-203</i> ) . . . . .			
<b>c</b> Total ( <i>add lines 22a and 22b</i> ) . . . . .			
<b>23</b> Totals ( <i>New York State column, line 21; New York City column, line 21; City of Yonkers column, line 22c</i> ) . . . . .	4,143 .	0 .	

<b>23 a</b>	Check this box if farmer or fisherman . . . . . <input type="checkbox"/>			
<b>24</b>	Multiply line 23 by 90% (66-2/3% for farmers and fishermen) . . . . .	3,729.	0.	
<b>24 a</b>	100% of line 23 (tax calculated on 2018 estimated taxable income) . . . . .	4,143.	0.	
<b>25</b>	Enter 100% of the tax shown on your 2017 income tax return. (110% of that amount if you are not a farmer or a fisherman and the New York adjusted gross income shown on that return is more than \$150,000; or, if married filing separately for 2018, more than \$75,000) . .	4,201.		
<b>26</b>	2018 required annual payment based on your choice of options . . . . .	4,201.		
<b>27</b>	Estimate of income tax to be withheld . . . . .	3,620.	336.	
<b>28</b>	<b>Total estimated tax payments required for 2018</b> . . . . .	581.		
<b>29</b>	Application of 2017 overpayment. Total . . . . .			

	<b>a</b> Due Date	<b>b</b> Amount to Pay	<b>c</b> 2017 Overpayment Applied	<b>d</b> Total Amount
<b>30 Payment</b>				
<b>New York State</b>				
1st quarter . . . . .	04/17/2018	146.		146.
2nd quarter . . . . .	06/15/2018	145.		145.
3rd quarter . . . . .	09/17/2018	145.		145.
4th quarter . . . . .	01/15/2019	145.		145.
<b>City of New York</b>				
1st quarter . . . . .				
2nd quarter . . . . .				
3rd quarter . . . . .				
4th quarter . . . . .				
<b>City of Yonkers</b>				
1st quarter . . . . .				
2nd quarter . . . . .				
3rd quarter . . . . .				
4th quarter . . . . .				
<b>Totals</b> . . . . .		581.		581.

<b>Voucher amounts:</b>	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
<b>New York State</b> . . . . .	146.	145.	145.	145.
<b>City of New York</b> . . . . .				
<b>City of Yonkers</b> . . . . .				
<b>MCTMT - Taxpayer</b> . . . . .				
<b>MCTMT - Spouse</b> . . . . .				
<b>Voucher Totals:</b> . . . . .	146.	145.	145.	145.

## Smart Worksheets from your 2017 New York Tax Return

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

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

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