

Department of Taxation and Finance

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: MAHENDER BABU CHEVVA

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.

Dart A - Tay return information

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.

Fait A - Tax return information	
1 Federal adjusted gross income (from applicable line)	1. <u>31400</u> .
2 Refund	2 . 647.
3 Amount you owe	
4. Financial institution routing number	121000358
4 Financial institution routing number	
5 Financial institution account number	
6 Account type: ☐ Personal savings ☐ Business checking ☐	□ Business savings
Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-2	03 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 ele	· · · · · · · · · · · · · · · · · · ·
accompanying schedules, attachments, and statements, and certify that my electronic return is true, co	
send my 2017 New York State electronic return to New York State through the Internal Revenue Service	
software to prepare and transmit my form electronically, I consent to the disclosure to New York State of	
tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to	
the ERO's submission of my personal income tax return to the IRS, together with this authorization, will	
any authorized payment transaction. If I am paying my New York State personal income taxes due by e	
holder has authorized the New York State Tax Department and its designated financial agents to initiate	
institution account indicated on my 2017 electronic return, and authorized the financial institution to with	
does not support International ACH Transactions (IAT), I attest the source for these funds is within the U	
revoke this authorization for payment only by contacting the Tax Department no later than five (5) busin	less days prior to the payment date.
Taxpayer's signature:	Date:
Spouse's signature:	Date:
(jointly filed return only)	
(Januarya. 1-a.a ay)	

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.

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	

REV 11/21/17 PRO

IT-203

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Nonresident and Part-Year Resident **Income Tax Return** New York State • New York City • Yonkers • MCTMT

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

an halo agreedath	4 a. = 41= 1 4	Hana Family IT 61	-	•	and e	nding		
For help completing your re Your first name and middle initial				Vour data of high /mag-1-	hanad V	our social sec	irity number	
MAHENDER BABU				Your date of birth (mmda 0707198			0859355	
Spouse's first name and middle initial	CHEVVA Spouse's last name			Spouse's date of birth (mr	_		security number	er er
apasso o mor namo ana midalo ilitta	Space o lact name			Spoude of date of birth (IIII)		- 2000 0 000ld	230any nambe	
Mailing address (see instructions, page	L ge 13) (number and street or F	PO box)		Apartment number	er N	lew York State	county of resid	ence
1229 MEADOW CREEK DI	R			D	1	NR		
City, village, or post office	State	ZIP code	Country (if no	ot United States)	S	School district r	name	
IRVING	TX	75038			1	NR		
Taxpayer's permanent home addres	SS (see instr., pg. 13) (no. and str	reet or rural route)	Apartment no.	City, village, or po	ost office		district	
State ZIP code C	ountry (if not United States)			Decedent information	Taxpayer's		number Spouse's date	of death
X in one box): 3 Married (enter box) 4 Head of	pendent on another unt located in a s only: x relief credit? (see pg. 14) .00 under P.L. 110-343, Div. (deferred compensation	nbers above) g person) dent child (es No X (es No X	(1 (2 F E G) (1 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2	lew York City part- 1) Number of month- 2) Number of month- in NY City in 2017 Inter your 2-charact ode(s) if applicable lew York State part inter the date you m r out of NYS (mmddy on the last day of the 1) Lived in NYS 1) Lived outside NYS NYS sources duri 1) Lived outside NYS NYS sources duri 2) Lived outside NYS NYS sources duri 3) Lived outside NYS NYS sources duri 4) Lived outside NYS NYS sources duri 5) Lived outside NYS NYS sources duri 6) Lived Form I	s you live s your sp '	d in NY City ouse lived Il condition (a 15) idents (see p (mark an X in sident period d no income sident period d no income sident period s (see page 15) in	in 2017 [$\overline{}$
Dependent exemption inf	ormation (see page 16	5)						
First name and middle initial	Last name	Relation	onship	Social securi	ty number	Dat	e of birth (mma	ldyyyy)
former than O day	an Win that h							
f more than 6 dependents, mark a	an X in the box.							
203001173555		For office use o	nly					

REV 11/21/17 PRO

Federal amount

540859355

(r	(see page 17)		Whole dollars only		Whole dollars only
1	Wages, salaries, tips, etc.	1	33400.00	1	33400.00
	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
	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	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	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	1			
	in line 11 (federal amount) 12 .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	33400.00	17	33400.00
18	Total federal adjustments to income (see page 23)				
	Identify: MOVING EXPENSES	18	2000.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	31400.00	19	33400.00
	(see page 25) Interest income on state and local bonds and obligations	20	20	20	00
24	(but not those of New York State or its localities)	20 21	.00	20	.00
		-	.00	21	.00
	Other (Form IT-225, line 9)	22	.00 31400.00	22	33400.00
23	Add lines 19 through 22	23	31400.00	23	33400.00
	ew York subtractions (see page 26) 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.
	Interest income on U.S. government bonds	27	.00	27	.00
	Pension and annuity income exclusion	28	.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
	Add lines 24 through 29	30	.00	30	.00
	New York adjusted gross income (subtract line 30 from line 23)	31	31400.00	31	33400.00
	,		1		
32	Enter the amount from line 31, <i>Federal amount</i> column			32	31400.00
$\overline{}$	tandard deduction or itemized deduction (see page 28				
33	Enter your standard deduction (table on page 28) or your i	temi	zed deduction (from Form IT-203-	·D).	
	Mark an X in the appropriate box:			33	8000.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, lea			34	23400.00





35 Dependent exemptions (enter the number of dependents listed in Item I; see page 28).....

36 New York taxable income (subtract line 35 from line 34)

35

36

000.00

23400.00

New York State amount

Name(s) as shown on page 1	-	illei youl social	security number		11-203 (2017) Page 3 014
MAHENDER BABU CHEVVA		54	0859355		REV 11/21/17 PRO
Tax computation, credits, and other taxes					
37 New York taxable income (from line 36 on page 2)				37	23400.00
38 New York State tax on line 37 amount (see page 29)				38	1173.00
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, le				40	1173.00
41 New York State child and dependent care credit (see page				41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, le				42	1173.00
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	ne 42, lea	ve blank)		44	1173.00
45 Income New York State amount from line 31	Fe	deral amount	from line 31		Round result to 4 decimal places
percentage (see page 30) 33400.00 ÷			31400.00	45	1.0637
46 Allocated New York State tax (multiply line 44 by the decimal		,		46	1248.00
47 New York State nonrefundable credits (Form IT-203-ATT, lin	e 8)			47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, le	eave blan	k)		48	1248.00
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	1248.00
New York City and Yonkers taxes, credits, and surcharge 51 Part-year New York City resident tax (Form IT-360.1)		ИСТМТ	.00]	See instructions on pages 30
52 Part-year resident nonrefundable New York City				1	and 31 to compute New York
child and dependent care credit			.00	1	City and Yonkers taxes, credits, and surcharges, and
52a Subtract line 52 from 51	. 52a		.00		MCTMT.
52b MCTMT net	_				
earnings base 52b .0				1	
52c MCTMT			.00		
53 Yonkers nonresident earnings tax (Form Y-203)	. 53		.00	J	
54 Part-year Yonkers resident income tax surcharge				1	
(Form IT-360.1)			.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 le	eave line	• 56 blank.)		56	0.00
Voluntary contributions (see page 33)		•			
57a Return a Gift to Wildlife		57a	.00]	
57b Missing/Exploited Children Fund			.00		
57c Breast Cancer Research Fund			.00		
57d Alzheimer's Fund			.00		
57e Olympic Fund (\$2 or \$4)			.00		III WAX GATEGA WAX KAT WAXAAA KA
57f Prostate and Testicular Cancer Research and Educ			.00	1	
57g 9/11 Memorial			.00	1	REBUTTER TO THE PROPERTY OF THE PARTY OF
57h Volunteer Firefighting & EMS Recruitment Fund			.00	1	MAY ARZENE PREPACTO DEN BANCETA FRER CO
57i Teen Health Education			.00	1	
57j Veterans Remembrance			.00	1	
57k Homeless Veterans			.00	1	
57I Mental Illness Anti-Stigma Fund			.00	1	
57m Women's Cancers Education and Prevention Fund			.00	1	
57n Autism Fund			.00	1	
570 Veterans' Homes			.00	1	
57 Total voluntary contributions (add lines 57a through 57o)				57	.00
58 Total New York State, New York City, Yonkers, and sal					100
and voluntary contributions (add lines 50, 55, 56, and 5				58	1248.00
	-				



59

59 Enter amount from line 58

Pay	yments and refundable credits (see page 34)						
60	Part-year NYC school tax credit (fixed amount) (also complete E on front)	60			.00		If applicable, complete Form(s) IT-2 and/or IT-1099-R
60a	NYC school tax credit (rate reduction amount)	60a			.00		and submit them with your
61	Other refundable credits (Form IT-203-ATT, line 17)	61			.00		return (see page 12).
62	Total New York State tax withheld	62			1679.00		Do not send federal
63	Total New York City tax withheld	63			216.00		Form W-2 with your return.
64	Total Yonkers tax withheld	64			.00		·
65	Total estimated tax payments/amount paid with Form IT-370	65			.00		
66	Total payments and refundable credits (add lines 60 thro	ough 6	5)			66	1895.00
Yo	ur refund, amount you owe, and account information	(see	pages 36 th	rough	38)		
67	Amount overpaid (if line 66 is more than line 59, subtract lin	ne 59 fi	rom line 66)			67	647.00
68	Amount of line 67 to be refunded direct deposit to	o che	cking or	. —	paper		645
	Mark one refund choice: X savings account	t (fill in	line 73) - or	- Ш	check	68	647 .00
69	Amount of line 67 that you want applied						
	to your 2018 estimated tax (see instructions)	69			.00		Refund? Direct deposit is the
69a	Amount of line 67 that you want as a NYS 529		I				easiest, fastest way to get your refund.
	account deposit (submit Form IT-195)	69a			.00		
70	Amount you owe (if line 66 is less than line 59, subtract line 6	•	line 59). To	nav by			See page 37 for payment
. •	funds withdrawal, mark an X in the box and fill in						options.
	or money order you must complete Form IT-201-V and					70	.00
71	Estimated tax penalty (include this amount on line 70,	a	it with your i	otarri			100
′ '	or reduce the overpayment on line 67; see page 37)	71			.00		See page 40 for the proper
72	Other penalties and interest (see page 37)				.00		assembly of your return.
12	Other penalties and interest (see page 37)	. 12			•00		
73	Account information for direct deposit or electronic funds	withd	rawal (see na	281			
13	•			- ,	ida tha II C	morl	can V in this boy (see no. 20)
	If the funds for your payment (or refund) would come from	(or go	to) an accou	ini ouis	ide the U.S.,	marr	(an X in this box (see pg. 38)
	73a Account type: X Personal checking - or - Per	rsonal	savings - or		Business ch	eckir	ng - or - Business savings
			ournigo or		_		
	73b Routing number 121000358 73	c Acc	count number		3:	250	61398766
74	Electronic funds withdrawal (see page 38)	. Date			Amoun	t	.00
	, , ,						
	Third-party Print designee's name		Desig	nee's ph	none number		Personal identification
des	signee? (see instr.)		()			number (PIN)
Yes	s No X E-mail:						
((see instructions)	IYTPRII xcl. cod			▼ Taxpa	yer(s	s) must sign here ▼
	parer's signature PANA RUPA VENKATA SATY Preparer's printed name APPANA RUPA VEN	NKAT	A SATY	Your sig	gnature		
Firm	's name (or yours, if self-employed) Preparer's P	TIN or 9			cupation WARE ENG:	INE:	ER
Addr	ress Employer ide	entificati	on number				pation (if joint return)
25	עו איניטטי ינו וטטינט ואו איניטטי ינו וטטינע ואו	0171 ate	196	Date			Daytime phone number
CU	MMING GA 30041	061	92018	Dale			()

See instructions for where to mail your return.

E-mail: CHEVVA.RULES@GMAIL.COM



E-mail: KUMAR@GTAXFILE.COM



1248.00

Department of Taxation and Finance

Summary of W-2 Statements New York State • New York City • Yonkers

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

W-2 Record 1		Employer's information oyer's name		•					
Box a Employee's social security numb	SP.	an magnyor out ag tha							
or this W-2 Record		Employer's address (number and street)							
540859355		09 BLENDED TREE		DRIV	 E				
Box b Employer identification number (E				State	ZIP code	Country (if n	ot United States)		
371795098	LE	ANDER		TX	78641				
ox 1 Wages, tips, other compensation	Box 12a	Amount	Code	Box	• 14a Amount		Description		
33400.00		.00				18.00	NY SDI		
ox 8 Allocated tips	Box 12b		Code	Box	c 14b Amount	10.00	Description		
.00	DOX 125	.00			t 1-15 / tillodit	32.00	NY PFL		
ox 10 Dependent care benefits	Box 12c		Code	Box	c 14c Amount	32.00	Description		
.00		.00			t 140 / tillount	.00	Becomption		
ox 11 Nonqualified plans	Box 12d		Code	Box	c 14d Amount	.00	Description		
.00	DOX 120	.00			t 14d / tillodit	.00	Description		
.00		.00				.00			
ox 13 Statutory employee Re	tirement plan	Third-party sick pay Box 16a NYS wages, tips,		Box 1	17a NYS income tax wit	nheld	Corrected (W-2c)		
Y State information: Box 15a	NIY		3400.00	1		79.00			
NY State	14 1	Box 16b Other state wage			17b Other state income ta				
ther state information: Box 15b		carer state wage	.00	1	Caror state moonle ta	.00			
other stat	e		.00			•00			
YC and Yonkers B	ox 18 Local	wages, tips, etc.	Bo	x 19 Loca	I income tax withheld		Box 20 Locality name		
formation (see instr.):		7400	ocality a		216.00	Locality a			
Locality b			ocality b		.00	1			
V-2 Record 2 ox a Employee's social security numb r this W-2 Record	er	oyer's name oyer's address (number and str	reet)						
THIS W Z INCCORD		byer 3 dddress (namber and sir	ccij						
ox b Employer identification number (E	IN) City			State	ZIP code	Country (if n	ot United States)		
				- 10.10					
Dx 1 Wages, tips, other compensation		Amount	Code	Box	t 14a Amount		Description		
.00	DOX 120	.00			t I-ta / tilloditt	.00	Decemption		
ox 8 Allocated tips	Box 12b		Code	Box	c 14b Amount	.00	Description		
.00	DOX 125	.00			TAD AMOUNT	.00	Description		
ox 10 Dependent care benefits	Box 12c		Code	Box	14c Amount	.00	Description		
.00	237 120	.00			o / unount	.00	2 ddonption		
ox 11 Nonqualified plans	Box 12d		Code	Roy	c 14d Amount	.00	Description		
.00	50x 120	.00	I	502	TTU / MITOURIE	.00	Dooription		
.00		.00		L		.00			
ox 13 Statutory employee Re	tirement plan			Pov	17a NVS income toy wit	ahold	Corrected (W-2c)		
Y State information: Box 15a	NIV	Box 16a NYS wages, tips,		1 -	17a NYS income tax wit				
NY State	NY	Roy 16h Other state wass	.00		17h Other state income to	.00			
ther state information: Box 15b other stat	е	Box 16b Other state wage	s, tips, etc. .00	1 -	17b Other state income ta	x withheld ₌00			
YC and Yonkers B formation (see instr.):	ox 18 Local	wages, tips, etc.	Во	x 19 Loca	I income tax withheld	7	Box 20 Locality name		
Locality a		.00 Lo	ocality a		.00.	Locality a			
		00			OC	. 1			



