

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Rakesh		Last name Kukatla		Your social security number 255-97-6687	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 7 Elm St				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Binghamton			State NY		ZIP code 139052308
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1957 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <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"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1		
	2a	Tax-exempt interest	2a	b Taxable interest	2b	1,050.
	3a	Qualified dividends	3a	b Ordinary dividends	3b	
Standard Deduction for— <ul style="list-style-type: none">• Single or Married filing separately, \$12,550• Married filing jointly or Qualifying widow(er), \$25,100• Head of household, \$18,800• If you checked any box under Standard Deduction, see instructions.	4a	IRA distributions	4a	b Taxable amount	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	
	6a	Social security benefits	6a	b Taxable amount	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7		
	8	Other income from Schedule 1, line 10		8		
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	1,050.	
	10	Adjustments to income from Schedule 1, line 26		10		
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶		11	1,050.	
	12a	Standard deduction or itemized deductions (from Schedule A)		12a	12,550.	
	b	Charitable contributions if you take the standard deduction (see instructions)		12b		
	c	Add lines 12a and 12b	12c	12,550.		
	13	Qualified business income deduction from Form 8995 or Form 8995-A		13		
	14	Add lines 12c and 13		14	12,550.	
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	0.	

Form **1040** (2021)



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2021, through December 31, 2021, or fiscal year beginning ... **21**

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your Social Security number
RAKESH		KUKATLA	10311972	255976687
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions, page 12) (number and street or PO Box)			Apartment number	New York State county of residence
7 ELM ST				BROOME
City, village, or post office		State	ZIP code	Country
BINGHAMTON		NY	13905-2308	
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route)			Apartment number	School district code number
				053
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)
		NY		
		Decedent information	Spouse's date of death (mmddyyyy)	

A Filing status

(mark an X in one box):

- ① ☒ Single
- ② ☐ Married filing joint return (enter spouse's Social Security number above)
- ③ ☐ Married filing separate return (enter spouse's Social Security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er)

B Did you itemize your deductions on your 2021 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 13) Yes ☐ No ☒

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2021 federal return? (see page 13) Yes ☐ No ☒

E (1) Did you or your spouse **maintain living quarters in NYC** during 2021? (see page 13) .. Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2021 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 13):

(1) Number of months **you** lived in NYC in 2021

(2) Number of months **your spouse** lived in NYC in 2021

G Enter your **2-character special condition code(s)** if applicable (see page 13)

H Dependent information (see page 14)

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box. ☐

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Your Social Security number
255976687

Federal income and adjustments (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc.	1	.00
2	Taxable interest income	2	1050.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box .. <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income (see page 14) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	1050.00
18	Total federal adjustments to income (see page 14) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	1050.00
19a	Recomputed federal adjusted gross income (see page 14, Line 19a worksheet)	19a	1050.00

New York additions (see page 15)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	21	.00
22	New York's 529 college savings program distributions (see page 15)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19a through 23	24	1050.00

New York subtractions (see page 16)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 16)	26	.00
27	Taxable amount of Social Security benefits (from line 15) ...	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 17)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	1050.00

Standard deduction or itemized deduction (see page 19)

34	Enter your standard deduction (table on page 19) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 19)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	.00

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Name(s) as shown on page 1
RAKESH KUKATLA

Your Social Security number
255976687

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	.00
39	NYS tax on line 38 amount (see page 20)	39	0 .00
40	NYS household credit (page 20, table 1, 2, or 3)	40	75 .00
41	Resident credit (see page 21)	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	42	.00
43	Add lines 40, 41, and 42	43	75 .00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	Total New York State taxes (add lines 44 and 45)	46	.00

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

47	NYC taxable income (see page 21)	47	.00
47a	NYC resident tax on line 47 amount (see page 21)	47a	.00
48	NYC household credit (page 21)	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	.00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a	MCTMT net earnings base	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge (see page 24)	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	58	.00
59	Sales or use tax (see page 25; do not leave line 59 blank)	59	0 .00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	.00

See instructions on pages 21 through 24 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



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Your Social Security number

255976687

62 Enter amount from line 61 62 .00**Payments and refundable credits** (see pages 26 through 29)

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	.00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments (add lines 63 through 75)	76	.00



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 11).

Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 30 through 32)

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 30)	77	.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	.00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	.00

Mark one refund choice: ☐ direct deposit to checking or savings account (fill in line 83) - or - ☐ paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 31 for payment options.

79 Amount of line 77 that you want applied to your 2022 estimated tax (see instructions)

79 .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an **X** in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.

80 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31)

81 .00

82 Other penalties and interest (see page 31)

82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 32).

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. 32) ☐

83a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 83c Account number

84 Electronic funds withdrawal (see page 32) Date Amount .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	Email:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature SELF-PREPARED		Preparer's printed name	
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN	
Address		Employer identification number	
Email:		Date	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation CONSULTANT	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (607) 258 6055
Email: RAKESHBINGK@GMAIL.COMR	

See instructions for where to mail your return.

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