

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 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. 56 Whitney Ave				Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Binghamton NY 13901-2520				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	
Foreign country name		Foreign province/state/county		Foreign postal code	
				If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>	

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, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	1,907.
2a Tax-exempt interest	2a	2b Taxable interest. Attach Sch. B if required	2b
3a Qualified dividends	3a	b Ordinary dividends. Attach Sch. B if required	3b
4a IRA distributions	4a	b Taxable amount	4b
c Pensions and annuities	4c	d Taxable amount	4d
5a Social security benefits	5a	b Taxable amount	5b
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			6
7a Other income from Schedule 1, line 9			7a
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶			7b 1,907.
8a Adjustments to income from Schedule 1, line 22			8a
b Subtract line 8a from line 7b. This is your adjusted gross income ▶			8b 1,907.
9 Standard deduction or itemized deductions (from Schedule A)	9 12,200.		
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a Add lines 9 and 10			11a 12,200.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			11b 0.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	0 .
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	0 .
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	0 .
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0 .
16	Add lines 14 and 15. This is your total tax	16	0 .
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	147 .
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	147 .
19	Add lines 17 and 18e. These are your total payments	19	147 .
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	147 .
	21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	147 .
Direct deposit? See instructions.	b Routing number 0 3 1 1 7 6 1 1 0 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 3 6 0 6 9 4 8 3 1 0 4		
	22 Amount of line 20 you want applied to your 2020 estimated tax	22	
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
	24 Estimated tax penalty (see instructions)	24	

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶

Sign Here

Joint return?
See instructions.
Keep a copy for
your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation Consultant	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ Self-Prepared	Phone no.			
Firm's address ▶	Firm's EIN ▶			

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA

REV 03/16/20 Intuit.cq.cfp.sp

Form **1040** (2019)

**Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

IT-201For the full year January 1, 2019, through December 31, 2019, or fiscal year beginning ... **19**

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 14) (number and street or PO box)					Apartment number		New York State county of residence	
56 WHITNEY AVE							BROOME	
City, village, or post office			State	ZIP code	Country (if not United States)		School district name	
BINGHAMTON			NY	13901-2520			BINGHAMTON	
Taxpayer's permanent home address (see instructions, page 14) (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)		Spouse's date of death (mmddyyyy)	
			NY		Decedent information			

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 2019 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 15) Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 15) Yes ☐ No ☐
- (2) Enter the amount00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2019 federal return? (see page 15) Yes ☐ No ☒**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2019? (see page 15) .. Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2019 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 15):

- (1) Number of months **you** lived in NYC in 2019
- (2) Number of months **your spouse** lived in NYC in 2019

G Enter your **2-character special condition code(s)** if applicable (see page 15) **H Dependent information** (see page 16)

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 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	1907.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, 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 16) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	1907.00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	1907.00

New York additions (see page 17)

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 17)	21	.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	1907.00

New York subtractions (see page 18)

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 18)	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 19)	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	1907.00

Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) 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 21)	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 22)	39	0 .00
40	NYS household credit (page 22, table 1, 2, or 3)	40	75 .00
41	Resident credit (see page 23)	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 instructions)	47	.00
47a	NYC resident tax on line 47 amount (see page 23)	47a	.00
48	NYC household credit (page 23)	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 26)	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 27; 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 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



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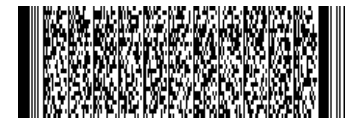


Your Social Security number

255976687

62 Enter amount from line 61 **62**00**Payments and refundable credits** (see pages 28 through 31)

63 Empire State child credit	63	.00
64 NYS/NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	44 .00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	73 .00
68 College tuition credit	68	.00
69 NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a NYC school tax credit (rate reduction amount)	69a	.00
70 NYC earned income credit	70	.00
70a NYC enhanced real property tax credit	70a	.00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72 Total 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	117 .00



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 13).

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

Your refund, amount you owe, and account information (see pages 32 through 34)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	117 .00
78 Amount of line 77 available for refund (subtract line 79 from line 77)	78	117 .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	117 .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 33 for payment options.

79 Amount of line 77 that you want applied to your 2020 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.

8000

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33) **81**00

See page 36 for the proper assembly of your return.

82 Other penalties and interest (see page 33) **82**00

83 Account information for direct deposit or electronic funds withdrawal (see page 34).

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. 34) ☐

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

83b Routing number 031176110

83c Account number 36069483104

84 Electronic funds withdrawal (see page 34) Date Amount00

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 signature SELF-PREPARED	Preparer's printed name
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN
Address	Employer identification number
	Date
Email:	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation CONSULTANT	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (607) 216 8232
Email: RAKESHBING@GMAIL.COM	

See instructions for where to mail your return.

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Claim for Real Property Tax Credit

For Homeowners and Renters

Tax Law – Article 22, Section 606(e)

IT-214**Step 1 – Enter identifying information**

Your first name	MI	Your last name (for a joint claim, 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
Current mailing address (number and street or PO box)			Apartment number	New York State county of residence
56 WHITNEY AVE				BROOME
City, village, or post office		State	ZIP code	Country (if not United States)
BINGHAMTON		NY	13901-2520	
Street address of New York residence that qualifies you for this credit, if different from above			Apartment number	You must enter date(s) of birth and Social Security number(s) above.
SAME				
City, village, or rural route		State	ZIP code	
		NY		

Step 2 – Determine eligibility (For lines 1 through 6, mark an **X** in the appropriate box.)

- 1 Were you a New York State resident for all of 2019? **1** Yes ☒ No ☐
- 2 Did you occupy the same residence for at least six months during 2019? **2** Yes ☒ No ☐
If you marked an **X** in the **No** box on line 1 or 2, **stop**; you do not qualify for this credit.
- 3 Did you own real property with a current market value of more than \$85,000 during 2019? **3** Yes ☐ No ☒
- 4 Can you be claimed as a dependent on another taxpayer's 2019 federal return? **4** Yes ☐ No ☒
- 5 Did you reside in public housing, or other residence completely exempted from real property taxes in 2019? (see instr.) **5** Yes ☐ No ☒
If you marked an **X** in the **Yes** box on line 3, 4, or 5, **stop**; you do not qualify for this credit.
- 6 Did you live in a nursing home during 2019? (If you mark an **X** in the Yes box, see instructions.) **6** Yes ☐ No ☒

7 Complete below for the qualifying household member 65 or older (see instructions).

A – First name	Last name	B – Social Security number	C – Date of birth (mmddyyyy)

8 Complete below for all household members not included on line 7 (submit additional sheets if needed; see instructions).

A – First name	Last name	B – Social Security number	C – Date of birth (mmddyyyy)
RAKESH	KUKATLA	255976687	10311972



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Step 3 – Determine household gross income

Enter the total of all amounts, even if not taxable, that you, your spouse (if married), and all other household members received during 2019.

9	Federal adjusted gross income If any household members do not have to file a federal return, see instructions	9	1907 .00
10	New York State additions to federal adjusted gross income	10	.00
11	Social Security payments not included on line 9	11	.00
12	Supplemental Security Income (SSI) payments	12	.00
13	Pensions and annuities (including railroad retirement benefits) not included on lines 9 through 12	13	.00
14	Cash public assistance and relief	14	.00
15	Other income	15	.00
16	Household gross income (add lines 9 through 15; see instructions) If line 16 is more than \$18,000, stop ; you do not qualify for this credit.	16	1907 .00
17	Enter rate from Table 1 (see instructions)	17	.035
18	Multiply line 16 by line 17	18	67 .00

Step 4 – Compute real property tax

Renters only	19	Enter the total amount of rent you and all members of your household paid during 2019. (Do not include any subsidized part of your rental charge.)	19	2400 .00
	20	Adjusted rent – If line 19 includes charges for: Enter on line 20 heat, gas, electricity, furnishings, and board..... 50% (.5) of line 19 heat, gas, electricity, and furnishings..... 75% (.75) of line 19 heat, gas, and electricity 80% (.8) of line 19 heat or heat and gas 85% (.85) of line 19 none of the above 100% of line 19.....	20	2400 .00
	21	Average monthly adjusted rent (divide line 20 by the number of months you paid rent) If line 21 is more than \$450, stop ; you do not qualify for this credit.	21	400 .00
	22	Multiply line 20 by 25% (.25); enter here and on line 28	22	600 .00
	Homeowners only	23	Real property taxes paid during 2019 (see instructions)	23
	24	Special assessments	24	.00
	25	Add lines 23 and 24	25	.00
	26	Exemption for homeowners 65 and over (optional - see instructions)	26	.00
	27	Add lines 25 and 26; enter here and on line 28	27	.00

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Step 5 – Compute credit amount

28 Renters: Enter amount from line 22. Homeowners: Enter amount from line 27 (see instructions)	28	600 .00
If line 28 is zero or less, stop ; no credit is allowed.		
29 Enter amount from line 18	29	67 .00
If line 29 is equal to or more than line 28, stop ; you do not qualify for this credit.		
30 Subtract line 29 from line 28	30	533 .00
31 Multiply line 30 by 50% (.5) (However, if you entered an amount on line 26, multiply line 30 by 25% (.25).)	31	267 .00
32 Credit limit (see instructions; enter amount from chart)	32	73 .00
33 Enter the amount from line 32 or 31, whichever is less. This is the credit for your household. (If more than one member of your household is filing Form IT-214, see instructions.)	33	73 .00

- If you are **filing this claim with your New York State income tax return**:
Enter the line 33 amount on Form IT-201, line 67.
- If you are **not filing this claim with a New York State income tax return** (see instructions):
Mark one refund choice: ☐ direct deposit (fill in line 34) - or - ☐ paper check

Step 6 – Enter account information for direct deposit (see instructions)If the funds for your refund would go to an account outside the U.S., mark an **X** in this box (see instructions) ☐**34 Direct deposit** (see instructions): Complete the following to have your refund deposited directly to your bank account.**34a** Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings**34b** Routing number**34c** Account number

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	
		Date	
Email:			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation CONSULTANT	
Spouse's signature and occupation (if joint claim)	
Date	Daytime phone number (607) 216 8232
Email: RAKESHBING@GMAIL.COM	

- If you **are filing** a NYS income tax return, submit this form with your return.

- If you **are not filing** a NYS income tax return, mail this form to:

NYS TAX PROCESSING, PO BOX 15192, ALBANY NY 12212-5192.

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Claim for Earned Income Credit

New York State • New York City
Tax Law - Section 606(d)

IT-215

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return	Your Social Security number
RAKESH KUKATLA	255976687

- 1 Did you claim the federal earned income credit? If **No, stop; you do not qualify for these credits.** **1** Yes ☒ No ☐
- 2 Is your investment income (see instructions) greater than \$3,600? If **Yes, stop; you do not qualify for these credits.** **2** Yes ☐ No ☒
- 3 Have you already filed your New York State income tax return? If **Yes**, you must file an amended NYS return..... **3** Yes ☐ No ☒
- 4 Did you claim qualifying children on your **federal** Schedule EIC? If **No**, continue with line 5.
If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC. **4** Yes ☐ No ☒
If you claimed more than three, see instructions.

	First name	MI	Last name	Suffix	Relationship
1st Child					
	No. of months lived with you	Full-time student* <input type="checkbox"/>	Person with disability* <input type="checkbox"/>	Social Security number	Date of birth (mmddyyyy)
2nd Child					
	No. of months lived with you	Full-time student* <input type="checkbox"/>	Person with disability* <input type="checkbox"/>	Social Security number	Date of birth (mmddyyyy)
3rd Child					
	No. of months lived with you	Full-time student* <input type="checkbox"/>	Person with disability* <input type="checkbox"/>	Social Security number	Date of birth (mmddyyyy)

* Mark an **X** in these boxes **only** if you checked **Yes** in the same box on your federal Schedule EIC (box 4a or 4b).

- 5 Is the IRS figuring your **federal** earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident). The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the **New York City earned income credit Worksheet C** on page 3 of Form IT-215-I. Part-year New York City residents must also complete line 28 on page 2 **5** Yes ☐ No ☒
Whole dollars only
- 6 Wages, salaries, tips, etc., from **Worksheet A** line 3, in the instructions **6** 1907.00
- 7 Earned income adjustments (see instructions) **7** .00
- 8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3) ... **8** .00
Employer identification number (see instructions)...
- 9 Enter your federal adjusted gross income
(from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column) **9** 1907.00
- 10 Amount of federal EIC claimed (from federal Form 1040, line 18a) **10** 147.00
- 11 New York State earned income credit (NYS EIC) rate 30% (.30) **11** .30
- 12 Tentative NYS EIC (multiply line 10 by line 11; see instructions) **12** 44.00

Complete **Worksheet B** on page 2 before continuing.

- 13 Enter the amount from **Worksheet B**, line 5, on page 2 **13** .00
- 14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) .. **14** 75.00
- 15 Enter the smaller of line 13 or line 14 **15** .00
- 16 Allowable New York State earned income credit (subtract line 15 from line 12; see instructions) **16** 44.00
- 17 If your New York State filing status is ③, **Married filing separate return**, complete line 17. The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below. **17** .00
Federal adjusted gross income (from federal Form 1040, line 8b)00

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Part-year New York State resident earned income credit

Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.

18	Enter your New York State earned income credit (from line 16 or line 17)	18		.00
19	Enter the amount from Form IT-203, line 42	19		.00
<p>– If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income credit.</p> <p>– If line 19 is less than line 18, continue on line 20 below.</p>				
20	Excess New York State earned income credit (subtract line 19 from line 18)	20		.00
21	Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.)	21		.00
<p>– If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue with this computation. Enter the amount from line 20 above on Form IT-203-ATT, line 32.</p> <p>– If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below.</p>				
22	Subtract line 21 from line 20. This is your remaining excess New York State earned income credit.	22		.00
23	Enter the amount from line 19, Column D, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet (see instructions)	23		.00
24	Enter the amount from line 19, Column A, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet	24		.00
25	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000) (see instr.)	25		
26	Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. This is the refundable portion of your part-year New York State resident earned income credit.	26		.00

New York City earned income credit (full-year and part-year New York City residents)

27	From Worksheet C, New York City earned income credit , on page 3 of Form IT-215-I, <i>Instructions for Form IT-215</i> . Enter here and on Form IT-201, line 70 , or Form IT-203-ATT, line 11	27		.00
Part-year New York City residents must also complete line 28 below.				
28	Part-year New York City adjusted gross income Enter the amounts from Worksheet C, lines 6 and 7	28A		.00
		28B		.00

Worksheet B

1	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	1		.00
2	Resident credit (see instructions)	2		.00
3	Accumulation distribution credit (see instructions)	3		.00
4	Add lines 2 and 3	4		.00
5	Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form.	5		.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

255976687

Box b Employer identification number (EIN)

520971471

Box c Employer's information**Employer's name**

CORPORATION FOR NATIONAL AND COMMUN

Employer's address (number and street)

250 E STREET SW SUITE 300

City

WASHINGTON

State

DC

ZIP code

20525

Country (if not United States)**Box 1** Wages, tips, other compensation

1907.00

Box 8 Allocated tips

0.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

| |

Box 12b Amount

.00

Code

| |

Box 12c Amount

.00

Code

| |

Box 12d Amount

.00

Code

| |

Box 14a Amount

.00

Description**Box 14b** Amount

.00

Description**Box 14c** Amount

.00

Description**Box 14d** Amount

.00

Description**Box 13** Statutory employee ☐Retirement plan ☐Third-party sick pay ☐Corrected (W-2c) ☐**NY State information:****Box 15a**

NY State

N Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:**Box 15b**

other state

| |

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers
information (see instr.):**Box 18** Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record**Box b** Employer identification number (EIN)**Box c** Employer's information**Employer's name****Employer's address (number and street)****City****State****ZIP code****Country (if not United States)****Box 1** Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

| |

Box 12b Amount

.00

Code

| |

Box 12c Amount

.00

Code

| |

Box 12d Amount

.00

Code

| |

Box 14a Amount

.00

Description**Box 14b** Amount

.00

Description**Box 14c** Amount

.00

Description**Box 14d** Amount

.00

Description**Box 13** Statutory employee ☐Retirement plan ☐Third-party sick pay ☐Corrected (W-2c) ☐**NY State information:****Box 15a**

NY State

N Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:**Box 15b**

other state

| |

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers
information (see instr.):**Box 18** Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

102001191555



NO HANDWRITTEN ENTRIES ON THIS FORM