

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 SADHANA	Last name HANUMANDLA	Your social security number *****6313
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. 201 SE JAYHAWK BLVD		Apt. no. 208	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 checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. BENTONVILLE	State AR	ZIP code 72712	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire 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, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	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"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	12,257.	
Attach Sch. B if required.	2a Tax-exempt interest	2a	b Taxable interest	2b	
	3a Qualified dividends	3a	b Ordinary dividends	3b	
	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			7	
	8 Other income from Schedule 1, line 9			8	
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9	12,257.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:				
	a From Schedule 1, line 22	10a			
	b Charitable contributions if you take the standard deduction. See instructions	10b			
	c Add lines 10a and 10b. These are your total adjustments to income		10c		
	11 Subtract line 10c from line 9. This is your adjusted gross income		11	12,257.	
	12 Standard deduction or itemized deductions (from Schedule A)		12	12,400.	
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		13		
	14 Add lines 12 and 13		14	12,400.	
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	0.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	0.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	1,071.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	1,071.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	1,071.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,071.																				
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,071.																				
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want applied to your 2021 estimated tax	36																					

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ▶ Yes. Complete below. No

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

Sign Here

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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶										
<i>[Signature]</i>		SOFTWARE ENGINEER	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
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.) ▶										
<i>[Signature]</i>			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Phone no.	Email address												

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/03/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name ▶	Firm's address ▶			Phone no. (678) 965-9522
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041			Firm's EIN ▶ 30-1017196



205050013

OR FISCAL YEAR BEGINNING _____ 2020, ENDING _____

Print Using Blue or Black Ink Only

*****6313 Social Security Number Spouse's Social Security Number

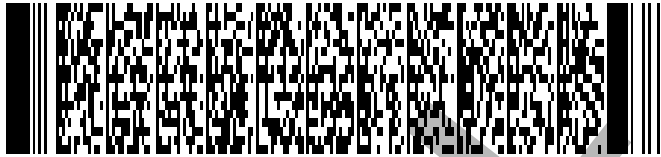
SADHANA First Name MI

HANUMANDLA Last Name

Spouse's First Name MI

Spouse's Last Name

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.



201 SE JAYHAWK BLVD Current Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland County

208 Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

City, Town or Taxing Area Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

BENTONVILLE AR 72712 City or Town State ZIP Code + 4

FILING STATUS See Instruction 1 to determine if you are required to file.

- CHECK ONE BOX 1. [X] Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. [] Married filing joint return or spouse had no income 3. [] Married filing separately, Spouse's SSN 4. [] Head of household 5. [] Qualifying widow(er) with dependent child 6. [] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. TX If PA resident, enter both County and City, Borough or Township Were you a resident of another state for the entire year of 2020? If no, attach explanation. Yes [] No [X] Are you or your spouse a member of the military? Yes [] No [X] Did you file a Maryland income tax return for 2019? Yes [] No [X] If "Yes," was it a Resident or a Nonresident return? Resident [] Nonresident [] Dates you resided in Maryland for 2020. If none, enter "NONE": FROM None TO None (MMDDYYYY). Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

- A. [X] Yourself [] Spouse Enter number checked 1 See Instruction 10 A. \$ 3200 B. [] 65 or over [] 65 or over [] Blind [] Blind Enter number checked [] X \$1,000 B. \$ C. Enter number from line 3 of Dependent Form 502B [] See Instruction 10 C. \$ D. Enter Total Exemptions (Add A, B and C.) [1] Total Amount D. \$ 3200

Place your W-2 wage and tax statements and ATTACH HERE with ONE stapler. Do not attach check or money order to Form 505. Attach check or money order to Form PV.



205050113

Name SADHANA HANUMANDLA SSN *****6313

INCOME AND ADJUSTMENTS INFORMATION

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 1-17.

ADDITIONS TO INCOME (See Instruction 12.)

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 18-21.

SUBTRACTIONS FROM INCOME (See Instruction 13.)

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 22-25.

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 26-31.

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 32-33.



205050213

Name SADHANA HANUMANDLA SSN *****6313

34. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) 34.
35. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR
36. Total credits (Add lines 33 through 35.) 36.
37. Maryland tax after credits (Subtract line 36 from line 32c.) If less than 0, enter 0. 37. 0
38. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21.) 38.
39. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 21.) 39.
40. Contribution to Maryland Cancer Fund (See Instruction 21.) 40.
41. Contribution to Fair Campaign Financing Fund (See Instruction 21.) 41.
42. Total Maryland income tax and contributions (Add lines 37 through 41.) 42. 0
43. Total Maryland tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) 43. 16
44. 2020 estimated tax payments, amount applied from 2019 return, payments made with an extension request and Form MW506NRS 44.
45. Nonresident tax paid by pass-through entities (Attach Maryland Schedule K-1 (510)) 45.
46. Refundable income tax credits from Part CC, line 8 of Form 502CR (Attach Form 502CR. See Instruction 22.) 46.
47. Total payments and credits (Add lines 43 through 46.) 47. 16
48. Balance due (If line 42 is more than line 47, subtract line 47 from line 42.) 48.
49. Overpayment (If line 42 is less than line 47, subtract line 42 from line 47.) 49. 16
50. Amount of overpayment TO BE APPLIED TO 2021 ESTIMATED TAX. 50.
51. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 50 from line 49.) See line 54 REFUND 51. 16
52. Interest charges from Form 502UP or for late filing (See Instruction 23.) Total 52.
Check here if you are attaching Form 502UP.
53. TOTAL AMOUNT DUE (Add line 48 and line 52.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN.
Include Form PV. 53.

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, use Form 588. To comply with banking and NACHA (National Automated Clearing House Association) rules, if this refund will go to an account outside of the United States, place "Y" in this box or if you authorize the State of Maryland to direct deposit your refund check this box and complete the following information clearly and legibly.

54a. Type of account: Checking Savings
54b. Routing Number (9-digits)
54c. Account Number
54d. Name(s) as it appears on the bank account

Check here if you authorize your preparer to discuss this return with us. Check here if you authorize your paid preparer not to file electronically. Check here if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25). Under penalties of perjury, I declare that I have examined this 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 taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date Spouse's signature Date
8324205987 Taxpayer(s) daytime phone number
SYAM PRIYA RAM SAGAR GUPTA TALLAM Signature of Preparer other than taxpayer (Required by Law)
2530 PEBBLE CREEK LN Street address of Preparer/Firm
GLOBAL TAXES LLC Printed name of the Preparer/Firm's name
CUMMING GA 30041 City, State, ZIP Code + 4
6789659522 Telephone number of Preparer
P02082703 Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)

For returns filed without payments, mail your completed return to:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888

DO NOT MAIL

