

Filing Status [] Single [X] 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

Personal information section including: Your first name and middle initial (NADAMUNI JAI SURYA), Last name (POKALA), Your social security number (834-91-5406), Spouse's social security number (975-98-1001), Home address (257 CONGRESSIONAL LN), City (ROCKVILLE), State (MD), ZIP code (20852).

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main income and deduction table with columns for various income types (Wages, Tax-exempt interest, Dividends, etc.) and adjustments, leading to Total income (78,662) and Taxable income (53,862).

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

| | | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| 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 | 6,070. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 6,070. |
| 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 | 6,070. |
| 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 | 6,070. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 9,946. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 9,946. |
| 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 | 600. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 600. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 10,546. |

• 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 | 4,476. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,476. |
| b | Routing number 075000019 | c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number 292237317 | | |
| 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 | |
| 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 DATA ANALYST | 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 HOME MAKER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (630) 538-0337 Email address POKALAJAISURYA@GMAIL.COM

Paid Preparer Use Only

| | | | | |
|------------------------------------------------------|-----------------------------------------------------------|--------------------|-----------------------------|-----------------------------------------------------|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 09/10/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | Phone no. (678) 965-9522 | Firm's EIN 30-1017196 |

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

► **For use by individuals who are not U.S. citizens or permanent residents.**
 ► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

Application type (check one box):
 Apply for a new ITIN
 Renew an existing ITIN

Before you begin:

• **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a Nonresident alien required to get an ITIN to claim tax treaty benefit
- b Nonresident alien filing a U.S. federal tax return
- c U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d Dependent of U.S. citizen/resident alien } If **d**, enter relationship to U.S. citizen/resident alien (see instructions) ► _____
- e Spouse of U.S. citizen/resident alien } If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ► _____
 NADAMUNI JAI SURYA POKALA 834-91-5406
- f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g Dependent/spouse of a nonresident alien holding a U.S. visa
- h Other (see instructions) ► _____

Additional information for **a** and **f**: Enter treaty country ► _____ and treaty article number ► _____

| | | | |
|-------------------------------------------------------------------------|-----------------------------------|-------------|--------------------------------|
| Name (see instructions) Name at birth if different . . . ► | 1a First name SOUNDARYA | Middle name | Last name ARCHAKAM PEDINTTI |
| | 1b First name | Middle name | Last name |

| | |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Applicant's Mailing Address | 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 257 CONGRESSIONAL LN Apt 201 |
| | City or town, state or province, and country. Include ZIP code or postal code where appropriate. ROCKVILLE MD USA 20852 |

| | |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Foreign (non-U.S.) Address (see instructions) | 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. |
| | City or town, state or province, and country. Include postal code where appropriate. |

| | | | | |
|--------------------------|---------------------------------------------------------------|---------------------------|---------------------------------------|--------------------------------------------------------------------------------------|
| Birth Information | 4 Date of birth (month / day / year) 06 / 09 / 1994 | Country of birth INDIA | City and state or province (optional) | 5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
|--------------------------|---------------------------------------------------------------|---------------------------|---------------------------------------|--------------------------------------------------------------------------------------|

| | | | | |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Other Information | 6a Country(ies) of citizenship INDIA | 6b Foreign tax I.D. number (if any) | 6c Type of U.S. visa (if any), number, and expiration date H4 P4098755 08 / 31 / 2022 | |
| | 6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ | | | Date of entry into the United States (MM/DD/YYYY): 10 / 16 / 2020 |
| | 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). | | | |
| | 6f Enter ITIN and/or IRSN ► ITIN _____ IRSN _____ and name under which it was issued ► | | First name | Middle name |

Sign Here
 Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

| | | | |
|-------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Keep a copy for your records. | Signature of applicant (if delegate, see instructions) | Date (month / day / year) | Phone number |
| | Name of delegate, if applicable (type or print) | Delegate's relationship to applicant <input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney | |

| | | | | |
|------------------------------------|--------------------------------|---------------------------|-------|------|
| Acceptance Agent's Use ONLY | Signature | Date (month / day / year) | Phone | Fax |
| | Name and title (type or print) | Name of company | EIN | PTIN |



201010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

NADAMUNI JAI SURYA POKALA 834915406
First Name MI Last Name SSN/Taxpayer Identification Number
SOUNDARYA ARCHAKAM PEDINTTI 975981001
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2021 estimated tax 1.
2. Amount of overpayment to be refunded to you REFUND 2. 503
3. Total amount due (Pay in full by April 15, 2021. See instructions.) 3.

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2020 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 15406 as my signature on my tax year 2020 electronically filed income tax return.

[] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 81001 as my signature on my tax year 2020 electronically filed income tax return.

[] I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 58727861989

I certify this numeric entry is my PIN, which is my signature for the tax year 2020 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 09102021

DO NOT MAIL



205020013

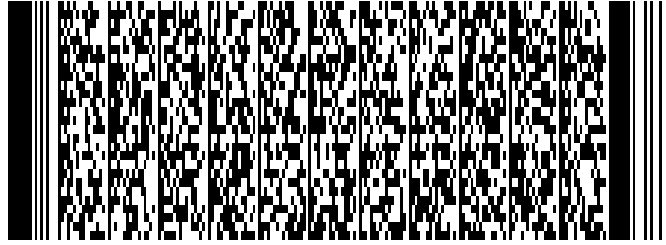
\$

OR FISCAL YEAR BEGINNING _____ 2020, ENDING _____

834915406 Your Social Security Number
975981001 Spouse's Social Security Number

NADAMUNI JAI SURY Your First Name
POKALA Your Last Name
SOUNDARYA Spouse's First Name
ARCHAKAM PEDINTTI 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.



257 CONGRESSIONAL LN Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

201 ROCKVILLE MD 20852
Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town State ZIP Code + 4

REQUIRED: Maryland Physical address of taxing area as of December 31, 2020 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

1600 MONTGOMERY
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)
257 CONGRESSIONAL LN Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)
201 Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)
ROCKVILLE MD 20852 MONTGOMERY
City State ZIP Code + 4 Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. 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 SSN
4. Head of household
5. Qualifying widow(er) with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO

Other state of residence:

If you began or ended legal residence in Maryland in 2020 place a P in the box.
MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here:

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 to receive the applicable exemption amount.

A. Yourself Spouse Enter number checked 2 See Instruction 10 A. \$ 6400
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.) 2 Total Amount D. \$ 6400

Print Using Blue or Black Ink Only
Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.



205020113

NAME N POKALA & S ARCHAKAM PEDINTTI SSN 834915406

**MARYLAND
HEALTH CARE
COVERAGE**

See Instruction 3.

Check here If you do not have health care coverage DOB (mm/dd/yyyy) ▶ _____

Check here If your spouse does not have health care coverage DOB (mm/dd/yyyy) ▶ _____

Check here I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address ▶ _____

INCOME

See Instruction 11.

1. Adjusted gross income from your federal return ▶ 1. 78662

1a. Wages, salaries and/or tips ▶ 1a. 78662

1b. Earned income ▶ 1b. _____

1c. Capital Gain or (loss) ▶ 1c. _____

1d. Taxable Pensions, IRAs, Annuities (**Attach Form 502R.**) ▶ 1d. _____

1e. Place a "Y" in this box if the amount of your investment income is more than \$3,650. ▶

**ADDITIONS
TO MARYLAND
INCOME**

See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2. _____

3. State retirement pickup. ▶ 3. _____

4. Lump sum distributions (from worksheet in Instruction 12.) ▶ 4. _____

5. Other additions (Enter code letter(s) from Instruction 12.) ▶ _____

6. Total additions (Add lines 2 through 5 plus line 3 of Form 502LU.) ▶ 6. _____

7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) ▶ 7. 78662

**SUBTRACTIONS
FROM
MARYLAND
INCOME**

See Instruction 13.

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 ▶ 8. _____

9. Child and dependent care expenses ▶ 9. _____

10a. Pension exclusion from worksheet (13A) Yourself ▶ Spouse ▶ ▶ 10a. _____

10b. Pension exclusion from worksheet (13E) Yourself ▶ Spouse ▶ ▶ 10b. _____

11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11. _____

12. Income received during period of nonresidence (See Instruction 26.) ▶ 12. _____

13. Subtractions from attached Form 502SU ▶ 13. _____

14. Two-income subtraction from worksheet in Instruction 13. ▶ 14. _____

15. Total subtractions (Add lines 8 through 14 plus line 7 of Form 502LU.) ▶ 15. 0

16. Maryland adjusted gross income (Subtract line 15 from line 7.) ▶ 16. 78662

**DEDUCTION
METHOD**

See Instruction 16.

All taxpayers must select one method and check the appropriate box.

▶ **STANDARD DEDUCTION METHOD** (Enter amount on line 17.)

▶ **ITEMIZED DEDUCTION METHOD** (Complete lines 17a and 17b.)

17a. Total federal itemized deductions (from line 17, federal Schedule A) ▶ 17a. _____

17b. State and local income taxes (See Instruction 14.) ▶ 17b. _____

Subtract line 17b from line 17a and enter amount on line 17.

17. Deduction amount (Part-year residents see Instruction 26 (l and m).) ▶ 17. 4650

**MARYLAND
TAX
COMPUTATION**

18. Net income (Subtract line 17 from line 16.) ▶ 18. 74012

19. Exemption amount from Exemptions area (See Instruction 10.) ▶ 19. 6400

20. Taxable net income (Subtract line 19 from line 18.) ▶ 20. 67612

21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) ▶ 21. 3160

22. Earned income credit (EIC)(See Instruction 18.) ▶ 22. _____

Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.

23. Poverty level credit (See Instruction 18.) ▶ 23. _____

24. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (**Attach Form 502CR.**) ▶ 24. _____

25. Business tax credits **You must file this form electronically to claim business tax credits on Form 500CR.**

26. Total credits (Add lines 22 through 25.) ▶ 26. _____

27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. ▶ 27. 3160



205020213

NAME N POKALA & S ARCHAKAM PEDINTTI SSN 834915406

| | |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOCAL TAX COMPUTATION | 28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 0320 or use the Local Tax Worksheet 28. <u>2164</u> |
| | 29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . . 29. _____ |
| | 30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . 30. _____ |
| | 31. Local tax credit from Part BB, line 1 of Form 502CR. (Attach Form 502CR.) 31. _____ |
| | 32. Total credits (Add lines 29 through 31.) 32. _____ |
| | 33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0 33. <u>2164</u> |
| | 34. Total Maryland and local tax (Add lines 27 and 33.) 34. <u>5324</u> |
| CONTRIBUTIONS See Instruction 20. | 35. Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35. _____ |
| | 36. Contribution to Developmental Disabilities Services and Support Fund ▶ 36. _____ |
| | 37. Contribution to Maryland Cancer Fund. ▶ 37. _____ |
| | 38. Contribution to Fair Campaign Financing Fund ▶ 38. _____ |
| | 39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39. <u>5324</u> |
| | 40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) ▶ 40. <u>5827</u> |
| | 41. 2020 estimated tax payments, amount applied from 2019 return, payment made with an extension request, and Form MW506NRS ▶ 41. _____ |
| | 42. Refundable earned income credit (from worksheet in Instruction 21) ▶ 42. _____ |
| | 43. Refundable income tax credits from Part CC, line 8 of Form 502CR (Attach Form 502CR. See Instruction 21.) 43. _____ |
| | 44. Total payments and credits (Add lines 40 through 43.) 44. <u>5827</u> |
| | 45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) ▶ 45. _____ |
| | 46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46. <u>503</u> |
| REFUND | 47. Amount of overpayment TO BE APPLIED TO 2021 ESTIMATED TAX. ▶ 47. _____ |
| | 48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND ▶ 48. <u>503</u> |
| AMOUNT DUE | 49. Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18 of Form 502UP _____ or for late filing _____ ▶ 49. _____ |
| | 50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. 50. _____ |



205020313

NAME N POKALA & S ARCHAKAM PEDINTTI SSN 834915406

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.

51a. Type of account: Checking Savings **51b.** Routing Number (9-digits) 075000019

51c. Account Number 292237317

51d. Name(s) as it appears on the bank account _____

6305380337 _____ _____
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

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 24.)

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

GLOBAL TAXES LLC
Printed name of the Preparer / or Firm's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Signature of preparer other than taxpayer **(Required by Law)**

Spouse's signature Date

2530 PEBBLE CREEK LN
Street address of preparer or Firm's address

CUMMING GA 30041
City, State, ZIP Code + 4

6789659522 P02082703
Telephone number of preparer Preparer's PTIN **(Required by Law)**

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 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:

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