E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single  Married filing jointly [ u checked the MFS box, enter the r on is a child but not your dependen	name of									
Your first name	and mi	ddle initial	Last na	me					Your s	ocial secu	rity number	
RAJASHEKAR REDDY A				Δ					506-	506-77-4218		
If joint return, spouse's first name and middle initial				me					Spouse's social security number			
	•	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no.			tion Campaign	
1521 E I					1 -			1332		there if you e if filing io	u, or your pintly, want \$3	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	paces below.	Sta T			code 5229	to go t		d. Checking a	
Foreign country	y name		F	Foreign province/stat	e/coun	ty	For	reign postal cod		ax or refund	d.	
At any time du	ring 20	020, did you receive, sell, send, exc	hange, c	or otherwise acqui	e any	financial in	nterest in	n any virtual	currency	? Yes	s X No	
Standard Deduction	_	eone can claim:  You as a de Spouse itemizes on a separate retu		•			ent					
Age/Blindness	You:	Were born before January 2, 1	956	Are blind S	pouse	: Was	s born b	efore Januar	/ 2, 1956	☐ Is I	blind	
Dependents	s (see	instructions):		(2) Social secui	itv	(3) Relat	ionship	(4) 🗸 if	qualifies f	or (see inst	ructions):	
If more		rst name Last name	number		,	to you		Child tax credi		1	other dependents	
than four												
dependents, see instruction												
and check	5 —											
here ▶ □												
	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	W-2						1	88,026.	
Attach	2a	Tax-exempt interest	2a		b T	axable int	erest		. 2	b		
Sch. B if required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary di	vidends		. 3	b		
	4a	IRA distributions	4a		b T	axable an	nount .		. 4	b		
	5a	Pensions and annuities	5a		b T	axable an	nount .		. 5	b		
Standard	6a	Social security benefits	6a		b T	axable an	nount .		. 6	b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D if	frequired. If not re	quired	, check he	ere .	•		7		
Single or Married filing	8	Other income from Schedule 1, lir	ne 9 .						. 8	3	-7,000.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total ir</b>	come				<b>&gt;</b> 9	9	81,026.	
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22					10a					
widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard deduction. S	ee inst	ructions	10b					
Head of	С	Add lines 10a and 10b. These are	your <b>tot</b>	tal adjustments to	inco	me			▶ 10	Ос		
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjusted gross in	come				▶ 1	1	81,026.	
If you checked	12	Standard deduction or itemized	deduct	ions (from Schedu	le A)				. 1	2	12,400.	
any box under Standard	13	Qualified business income deduct	ion. Atta	ach Form 8995 or I	orm 8	8995-A .			. 1	3		
Deduction, see instructions.	14	Add lines 12 and 13							. 1	4	12,400.	
550 monuotions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or les	s, ente	er -0			. 1	5	68,626.	

Form 1040 (2020	))									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	10,888.
	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	10,888.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	e7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	10,888.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. ▶	24	10,888.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	12,	844.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c	,						25d	12,844.
	26	2020 estimated tax payment							26	
<ul> <li>If you have a qualifying child,</li> </ul>	27	Earned income credit (EIC)				27				
attach Sch. EIC.  If you have	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit				29			1	
combat pay, see instructions.	30	Recovery rebate credit. See		•		30			1	
	31	Amount from Schedule 3, lin				31			1	
	32	Add lines 27 through 31. The	32							
	33	Add lines 27 through 31. These are your <b>total other payments and refundable credits 32</b> Add lines 25d, 26, and 32. These are your <b>total payments</b>								
D. C I	34	If line 33 is more than line 24							34	12,844.
Refund	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here <b>&gt;</b>								1,956.
Direct deposit?	▶b	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here <b>\rightarrow 35a</b> 1,95  Routing number 1 1 1 0 0 0 0 2 5 <b>\rightarrow c</b> Type: <b>X</b> Checking Savings								2,,,,,
See instructions.	▶d	Account number 4 8 8 0 4 9 1 1 2 1 6 0								
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24						_	37	
You Owe	0,			-						
For details on		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.								
how to pay, see instructions.	38	Estimated tax penalty (see in	-			38				
Third Party		you want to allow another								
Designee		structions					Yes. Co	nplete k	oelow.	X No
Ü	De	signee's		Phone			Persor	nal identi	fication	
	na	me ►		no. ►			numbe	er (PIN)	<u> </u>	
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here			piete. Deciaration (			aseu on	ali li li Offitatioi	1		,
	YO	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?				SOFTWARE ENGINEER					inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion		If the	IRS se	nt your spouse an
Keep a copy for your records.	,									ection PIN, enter it here
your records.								,	inst.) 🕨	
		one no. (469)275-220		Email address	RAJASHEKAR1					T
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1   09/1	4/2021 1	0208		Self-employed
Use Only		m's name ► GLOBAL TAX						Phor	ie no. (	678)965-9522
	Fir	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041			Firm	's EIN ▶	
Go to www.irs.go	ov/Forr	m1040 for instructions and the late	st information.		BAA	REV	07/28/21 PRO			Form 1040 (2020)

#### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

RAJASHEKAR REDDY

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

**ARRA** 

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **01** 

Your social security number

506-77-4218

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-7,000.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-7,000.
Par	t II Adjustments to Income	'	
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Attachment Sequence No. **13** 

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social security number

RAJA		ARRA							06-77-42	
Part	Income or Loss	s From Rental Real Estate and Roy	yaltie	s Note	: If you	are in th	e business c	of rent	ing personal	property, use
	Schedule C. See	instructions. If you are an individual, repo	ort far	m rental i	ncome (	or loss f	rom Form 48	<b>335</b> or	n page 2, line	e 40.
A Dic	l you make any payme	nts in 2020 that would require you to	file F	orm(s) 1	099? S	ee insti	ructions .		[	Yes 🛛 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							[	Yes 🗌 No
1a		each property (street, city, state, ZIF								
A	Bhavani nilaya	m,RADHS NAGA HYDERABAD T	ELA	NGANA	IN 5	00086				
В										
C										
1b	Type of Property	2 For each rental real estate prop	erty !	listed			Rental	Per	rsonal Use	QJV
	(from list below)	above, report the number of fair personal use days. Check the	ir rent <b>ດ.IV</b> h	ial and oox only:			Days		Days	
A	1	if you meet the requirements to	o file a	asa il	Α		365		0	
B		qualified joint venture. See inst	ructio	ons.	В					
C					С					
	of Property:									
	le Family Residence	3 Vacation/Short-Term Rental				7 Self-				
	ti-Family Residence		6 Rc	oyalties	_	8 Othe	r (describe			
Incom		Properties:	_		Α		E	3		С
3			3			600.				
4			4							
Expen			_							
5	_		5							
6		nstructions)	7			600				
7 8	•	nance	8			600.				
9			9							
10		essional fees	10							
11			11							
12	_	d to banks, etc. (see instructions)	12							
13			13							
14			14		1.	000.				
15	•		15			000.				
16			16							
17			17		5.	000.				
18		e or depletion	18		- ,					
19	Other (list) ▶	·	19							
20	Total expenses. Add	lines 5 through 19	20		7,	600.				
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If								
		instructions to find out if you must								
	file <b>Form 6198</b>		21		-7,	000.				
22	Deductible rental real	l estate loss after limitation, if any,								
	on Form 8582 (see in	•	22	(	-7,C	000.)	(		)(	)
23a	Total of all amounts re	eported on line 3 for all rental prope	rties			23a		6	00.	
b		eported on line 4 for all royalty prope	erties			23b				
С		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d				
е		eported on line 20 for all properties				23e		7,6		
24	•	e amounts shown on line 21. <b>Do no</b>		•					24	
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losse	s from lir	ne 22. E	nter tota	al losses her	е.	25 (	7,000.)
26		ate and royalty income or (loss).								
		V, and line 40 on page 2 do not								П 000
	Schedule 1 (Form 104	40), line 5. Otherwise, include this ar	noun'	t in the t	otal on	line 41	on page 2		26	-7,000.



#### MARYLAND **FORM EL101**

#### e-File DECLARATION FOR ELECTRONIC FILING



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

RAJASHEKAR REDDY  First Name  Spouse's First Name  Part I Tax Return Information (		ARRA	50677421	
First Name	MI	Last Name	SSN/Taxpayer I	dentification Number
Spouse's First Name	MI	Spouse's Last Name	SSN/Taxpayer I	dentification Number
Part I Tax Return Information (	whole dollars onl	у)		
Amount of overpayment to be appl	ied to 2021 estima	ted tax		
2. Amount of overpayment to be refu	nded to you			43.
3. Total amount due (Pay in full by Ap	oril 15, 2021. See i	nstructions.)	3	
Part II Taxpayer Declaration and	Signature Author	rization		
that I provided to my Electronic Retuagree with the amounts shown on th knowledge and belief, my return is tr statements, be sent to the Maryland F software provider.	e corresponding lirue, correct and co	nes of my 2020 Maryland electromplete. I consent that my retu	ronic income tax return. urn, including accompanyi	To the best of m ng schedules an
Your PIN: check one box only				
X I authorize GLOBAL TAXES L	LC	to enter or genera	ate my PIN 7 4 2 1 8	Enter five digits  Do not enter all
	) firm name		,	zeros.
I will enter my PIN as my signatu entering your own PIN <b>and</b> your i			ne ERO must complete Part	
Your signature			Date	
Spouse's PIN: check one box only  I authorize		to enter or genera	ate my PIN	Enter five digits.  Do not enter all
as my signature on my tax year 2			see, 1	zeros.
I will enter my PIN as my signatu entering your own PIN <b>and</b> your i	re on my tax year 2 return is filed using	2020 electronically filed income the Practitioner PIN method. The	tax return. Check this box ne ERO must complete Part	<b>only</b> if you are III below.
Spouse's signature			Date	
	Practitione	er PIN Method Returns Only		
		· · · · ·		
Part III Certification and Authenti		•		Do not enter
ERO's EFIN/PIN. Enter your six-digit	EFIN followed by y	our five-digit seif-selected PIN.	5 8 / 2 / 8 6 1 9 8	all zeros.
I certify this numeric entry is my PIN, taxpayer(s). I confirm that I am submineryland MeF Handbook for Authorized	itting this return in			
ERO's signature			Date _0914202	:1
		DO NOT	MAIL	

REV 06/04/21 PRO

## MARYLAND FORM **505**

#### **NONRESIDENT INCOME TAX RETURN**



2020

	OR FISCAL YEAR BEGINNING	2020, ENDING								
or Black Ink Only	506774218									
	Social Security Number  Spouse's Social Security Number									
or Bl	RAJASHEKAR REDDY					建化钾 排化 物水	``````````````````````````````````````			
Blue	First Name	MI			<b>MANY</b>					
Print Using	ARRA				dalah Mer	AK LAMBAK KATANDAR	ANTONE CONTROL VIOLET IN			
int (	Last Name									
4										
+	Spouse's First Name						irity card? If not, to ensure you get credi 772-1213 or visit www.ssa.gov.			
HERE with	Spouse's Last Name									
CH F	1521 E ROYAL LANE				_		_			
Place your W-2 wage and tax statements and ATTACH HERE with <b>ONE</b> staple. Do not attach check or money order to Form 505.	Current Mailing Address Line 1 (Street No. and Street	: Name or PO Box)				Maryland County				
	≗ 1332									
	Current Mailing Address Line 2 (Apt No., Suite No., Fl	oor No.)				City, Town or Taxing Name of county and incorpor employed on the last day of t Instruction 6.)	g Area rated city, town or special taxing area in which you were the taxable period if you earned wages in Maryland. (See			
x sta chec	g DALLAS	TX	752	229		2.131.401.01.7				
d ta	် City or Town	State	ZIP Co	de + 4						
je ar ot att	FILING STATUS See Instruction 1 to determine if you are required to file.									
wag	$\in$ <b>CHECK</b> 1. $X$ Single (If you can be claime	ed on another person's tax		4.	Head of	f household				
W-2 e. D	ONE return, use Filing Status 6.)			5.	Qualify	ing widow(er) wit	th dependent child			
our	2. Married filing joint return or			6	-		nter 0 in Exemption Box (A) -			
ce y	3. Married filing separately, Sp				See Ins	struction 8.)				
- Pa	RESIDENCE INFORMATION See Instruction Enter 2-letter state code for your state of									
$\perp$	If PA resident, enter both County	and City, E	Boroual	or Towns	shin					
	Were you a resident of another state for t		_			X Yes	— No			
	Are you or your spouse a member of the		,				No			
	Did you file a Maryland income tax return	·	No	If "Yes,"	was it a	H -				
	Dates you resided in Maryland for 2020. It	none, enter "NONE": <b>FR</b>	<b>ом</b> No			None	(MMDDYYYY).			
	► Check here for Maryland taxes with	neld in error. (See Instruc	ction 4.	)						
	<b>EXEMPTIONS</b> See Instruction 10. Check Information Form 502B to this form in or	appropriate box(es). <b>NO</b> der to receive the applica	TE: If y	ou are cla	aiming de mount.	ependents, you r	must attach the Dependents'			
	A. X Yourself Spouse	Enter number checked			ruction 10	O A. \$	3200			
	<b>B.</b> ▶ 65 or over ▶ 65 or over									
	▶ Blind ▶ Blind	Enter number checked		X \$1,00	0	В. \$				
							·—			
	<b>C.</b> Enter number from line 3 of Dependen	: Form 502B		See Inst	ruction 10	0 <b>C.\$</b>	· —			
	D. Enter Total Exemptions (Add A, B a	nd C.)	1	Total A	mount	D. \$	3200			

#### MARYLAND FORM **505**

## NONRESIDENT INCOME TAX RETURN



205050113

2020 Page 2

SSN 506774218 RAJASHEKAR REDDY ARRA **INCOME AND ADJUSTMENTS INFORMATION** (2) MARYLAND INCOME (1) FEDERAL INCOME (3) NON-MARYLAND (LOSS) (LOSS) INCOME (LOSS) (See Instruction 11.) 88026.\_\_\_ 8000.\_ 80026 4. Taxable refunds, credits or offsets of state and .\_\_\_\_\_.\_\_. 9. Taxable amount of pensions, IRA distributions, **10.** Rents, royalties, partnerships, estates, trusts, etc. -7000 **12.** Unemployment compensation (insurance) . . . . . . . . . **12.** \_ 13. Taxable amount of Social Security and 14. Other income (including lottery or other gambling 81026 **16.** Total adjustments to income from federal return 81026 8000 **17.** Adjusted gross income (Subtract line 16 from line 15.) ▶ **17. ADDITIONS TO INCOME** (See Instruction 12.) 7000 20. Total additions (Add lines 18 and 19 plus amount from line 3 of Form 502LU.) . . . . . . . . . . ▶ 20. \_ 88026 **SUBTRACTIONS FROM INCOME** (See Instruction 13.) 25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.) . . . . 25. DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.) X\_ ▶ 26a. \_\_\_\_ **26. a. STANDARD DEDUCTION METHOD** (Enter amount on line 26a.) ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) **b.** Total federal itemized deductions (from line 17, federal Schedule A)..... ▶ **26b.** c. State and local income taxes (See Instruction 16.). . . . . . . . . ▶ 26c. e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 26e. 1.000000 (from worksheet in Instruction 14). ▶ 26. 2300 85726. 3200 3200 82526. MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING. 169 

### MARYLAND FORM **505**

## NONRESIDENT INCOME TAX RETURN



**2020** Page 3

Name RAJASHEKAR REDDY ARRA SSN	506774218			
<b>34.</b> Other income tax credits for individuals from Part AA	A, line 13 of For	m 502CR (Attach Form	1 502CR.)	34.
<b>35.</b> Business tax credits				
<b>36.</b> Total credits (Add lines 33 through 35.)				<b>36.</b> <sub>.</sub>
37. Maryland tax after credits (Subtract line 36 from line				
38. Contribution to Chesapeake Bay and Endangered Spe	ecies Fund (See	Instruction 21.)	.▶ 38	·_
<b>39.</b> Contribution to Developmental Disabilities Services a				
<b>40.</b> Contribution to Maryland Cancer Fund (See Instruction				
$\textbf{41.} \ \ Contribution to Fair Campaign Financing Fund (See \ I \ \ \text{Campaign Financing Fund (See \ I \ \ \ \text{Campaign Financing Fund (See \ I \ \ \ \text{Campaign Financing Fund (See \ I \ \ \ \ \ \text{Campaign Financing Fund (See \ I \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				
42. Total Maryland income tax and contributions (A $$	dd lines 37 thro	ugh 41.)		
43. Total Maryland tax withheld (Enter total from your )	V-2 and 1099	forms and attach if I	MD tax is withheld.	) <b>▶ 43.</b> 565
$\textbf{44.} \ \ \textbf{2020 estimated tax payments, amount applied from}$	, ,	,		
Form MW506NRS				
45. Nonresident tax paid by pass-through entities (Attac	ch Maryland S	chedule K-1 (510)) .		. ▶ 45
<b>46.</b> Refundable income tax credits from Part CC, line 8 of				
47. Total payments and credits (Add lines 43 through 46				
48. Balance due (If line 42 is more than line 47, subtrac	t line 47 from li	ne 42.)		. ▶ 48
49. Overpayment (If line 42 is less than line 47, subtrac	t line 42 from li	ne 47.)		. <b>▶ 49.</b> 43
<b>50.</b> Amount of overpayment <b>TO BE APPLIED TO 2021</b>	ESTIMATED TA	<b>\X</b>		▶ 50
51. Amount of overpayment TO BE REFUNDED TO YOU	(Subtract line	50 from line 49.) See l	line 54 <b>REFUND</b>	<b>▶ 51.</b> 43
<b>52.</b> Interest charges from Form 502UP o	r for late filing _	(See Ins	truction 23.) Total	. ▶ 52
Check here if you are attaching Form 502	UP.			
53. TOTAL AMOUNT DUE (Add line 48 and line 52.) IF	\$1 OR MORE,	PAY IN FULL WITH 1	THIS RETURN.	
Include Form PV				53
States, place "Y" in this box		land to direct deposit y <b>b.</b> Routing Number (9-		s box ► X and complete the
<b>54c.</b> Account Number ► 488049112160	54	<b>d.</b> Name(s)		
			as it appears or	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 y of perjury, I declare that I have examined this return, inclit is true, correct and complete. If prepared by a person of knowledge.	uding accompan	ying schedules and sta	tements and to the b	est of my knowledge and belief
Your signature	Date	Spouse's signature		Date
► 4692752202		CVAM DRTVA I	RAM SAGAR GUE	מ.ז.ז.את מידכ מידכ
Taxpayer(s) daytime phone number	-		other than taxpayer (Re	
iaxpayer(s) dayunie priorie number		Signature of Freparer	otilei tilali taxpayei (Re	quired by Law)
2530 PEBBLE CREEK LN		GLOBAL TAXES	S LLC	
Street address of Preparer/Firm		Printed name of the Pr	reparer/Firm's name	
CUMMING GA 30041		6789659522		▶ <u>P02082703</u>
City, State, ZIP Code + 4		Telephone number of	Preparer	Preparer's PTIN (Required by law)
			<b>-</b>	
				CODE NUMBERS (3 digits per line)

## NONRESIDENT INCOME TAX RETURN

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

# NONRESIDENT INCOME TAX CALCULATION

ATTACH TO YOUR TAX RETURN



2020

20505N013

O N
Irk
Black
o
Blue

RAJASHEKAR REDDY			ARRA	506774218		
First Na	First Name		Last Name	Social Security Number		
Spouse	s's First Name	MI	Spouse's Last Name	Spouse's Social Security Number		
			5NR Instructions appearing on page 2 of this form. 5NR Instructions appearing in Instruction 18 of the	Form 515 Instructions		
			T ALLOWING CERTAIN MODIFICATIONS	Torin 515 Instructions		
			line 31 (or Form 515, line 32)	82526		
			Worksheet Schedules I or II. Continue to Part II 2	0065		
	T II - CALCULATION OF MAR			<u> </u>		
3.	Enter your federal adjusted gross	income 1	from Form 505			
3a.		•	▶ 3a88026			
	•	•	olus additions from Form 505 (or 515) line 21 4	88026		
	,		nresident from line 22 of Form 505 5			
			rm 505 or Form 515 6a			
	Enter non-Maryland income from					
	or 6a of this form (See instruction	าร.)		80026		
7.	Add lines 5 through 6b plus line 7	of Form	502LU	80026		
8.	Maryland Adjusted Gross Income.	Subtract	: line 7 from line 4	8000		
	If you are using the standard	deductio	on, recalculate the standard			
	deduction based on the incom	e on line	<b>8 and enter on line 8a</b> 8a1550			
9.	Maryland Income Factor. Divide li	ne 8 by I	ine 3. The factor cannot exceed 1.000000 and			
	cannot be less than 0. If line 8 is	0 or less	s, the factor is 0. If line 8 is greater than 0 and			
	line 3 is 0 or less, the factor is 1.	000000.		098734		
10.	Deduction amount.					
	If you are using the standard d	eduction,	multiply the standard			
	deduction on line 8a by line 9 c	of this for	m and enter on line 10a 10a153			
	If you are itemizing your deduc	tions, mu	Iltiply the deduction on			
	Form 505, line 26d, by line 9 or	f this forr	m and enter on line 10b 10b.			
	Form 515 Users, see Instruc	tion 18	in Form 515 Instructions.			
11.	Net income (Subtract line 10a or	10b from	line 8.) 11	·		
12.	Exemption amount. Multiply the t	otal exen	nption amount on Form 505, line 28			
	, , ,					
13.	Maryland Taxable Net Income (Su	ıbtract lir	ne 12 from line 11.)			
			orm	3867		
15.	Maryland Nonresident factor: Divi	de the ar	mount on line 13 on this form by line 1.			
			f 0 or less, the factor is 0	091256_		
16.	Maryland Tax. Multiply line 14 by	line 15.	Enter this amount on Form 505, line 32a			
				353		
17.	Special nonresident tax. Multiply	line 13 of	this form by 0.0225. Enter this amount			
	on Form 505, line 32b. If line 13	is 0 or le	ess, enter 0	<u>169</u>		
	FORM 515 FILERS ONLY.					
			laryland and (2) you are a resident of a local jurisdi			
		_	esidents, then you must file a Form 515 to report an I income tax instead of the Special Nonresident Tax.			
-	-	-	•			
18.			form by the local rate of the Maryland county			
			ed. Enter this amount on Form 515, line 39.			
	If line 13 is 0 or less, enter 0					