



211010013

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.

KANNA BHARGAV First Name MI CHEVVA Last Name 424872643 SSN/Taxpayer Identification Number
JEEVITHA Spouse's First Name MI MALATHI KOTESWARA RA Spouse's Last Name 981976664 SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2022 estimated tax
2. Amount of overpayment to be refunded to you REFUND 706
3. Total amount due (Pay in full by April 15, 2022. See instructions.)

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 2021 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN 7 2 6 4 3 Enter five digits. Do not enter all zeros. as my signature on my tax year 2021 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2021 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. The ERO must complete Part III below.

Your signature Date

Spouse's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN 7 6 6 6 4 Enter five digits. Do not enter all zeros. as my signature on my tax year 2021 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2021 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. The ERO must complete Part III below.

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. 5 8 7 2 7 8 6 1 9 8 9 Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2021 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 04122022

DO NOT MAIL



215020013

\$

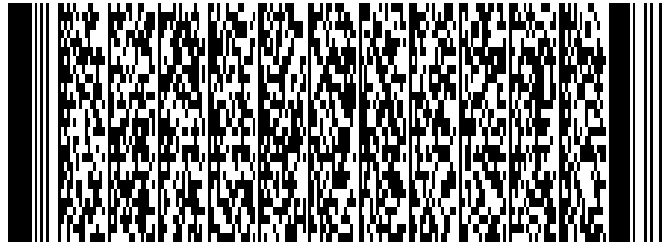
OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2021, ENDING \_\_\_\_\_

424872643 Your Social Security Number
981976664 Spouse's Social Security Number

KANNA BHARGAV Your First Name

MI

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.



CHEVVA Your Last Name

JEEVITHA Spouse's First Name

MI

MALATHI KOTESWARA RA Spouse's Last Name

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

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

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

REQUIRED: Maryland Physical address of taxing area as of December 31, 2021 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)

259 CONGRESSIONAL LANE Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

518 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 2021 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:

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.



215020113

NAME K CHEVVA & J MALATHI KOTESWARA RA SSN 424872643

**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  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.)** . . . . .  **Total Amount. . . . . D. \$** 6400

**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.** 101680

1a. Wages, salaries and/or tips . . . . . **1a.** 101680

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 \$10,000.

**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.)  **5.** \_\_\_\_\_

6. Total additions (Add lines 2 through 5.) . . . . . **6.** \_\_\_\_\_

7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) . . . . . **7.** 101680

**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.) . . . . . **15.** \_\_\_\_\_

16. Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . . **16.** 101680

**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.** 4700

18. Net income (Subtract line 17 from line 16.) . . . . . **18.** 96980

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

20. Taxable net income (Subtract line 19 from line 18.) . . . . . **20.** 90580



215020213

NAME K CHEVVA & J MALATHI KOTESWARA RA SSN 424872643

<b>MARYLAND TAX COMPUTATION</b>	<b>21. Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II) . . . . . 21. <u>4250</u>
	<b>22. Earned income credit (EIC)</b> (See Instruction 18.) . . . . . 22. _____
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.
	<b>23. Poverty level credit</b> (See Instruction 18.) . . . . . 23. _____
	<b>24. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.)</b> 24. _____
	<b>25. Business tax credits</b> . . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>
	<b>26. Total credits</b> (Add lines 22 through 25.) . . . . . 26. _____
<b>27. Maryland tax after credits</b> (Subtract line 26 from line 21.) If less than 0, enter 0. . . . . 27. <u>4250</u>	
<b>LOCAL TAX COMPUTATION</b>	<b>28. Local tax</b> (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0 0320</b> or use the Local Tax Worksheet . . . . . 28. <u>2899</u>
	<b>29. Local earned income credit</b> (from Local Earned Income Credit Worksheet in Instruction 19.) . . 29. _____
	<b>30. Local poverty level credit</b> (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . 30. _____
	<b>31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)</b> . . . . . 31. _____
	<b>32. Total credits</b> (Add lines 29 through 31.) . . . . . 32. _____
	<b>33. Local tax after credits</b> (Subtract line 32 from line 28.) If less than 0, enter 0 . . . . . 33. <u>2899</u>
<b>CONTRIBUTIONS</b> See Instruction 20.	<b>34. Total Maryland and local tax</b> (Add lines 27 and 33.) . . . . . 34. <u>7149</u>
	<b>35. Contribution to Chesapeake Bay and Endangered Species Fund</b> . . . . . 35. _____
	<b>36. Contribution to Developmental Disabilities Services and Support Fund</b> . . . . . 36. _____
	<b>37. Contribution to Maryland Cancer Fund.</b> . . . . . 37. _____
	<b>38. Contribution to Fair Campaign Financing Fund</b> . . . . . 38. _____
	<b>39. Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . 39. <u>7149</u>
	<b>40. Total Maryland and local tax withheld</b> (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) . . . . . 40. <u>7855</u>
	<b>41. 2021 estimated tax payments, amount applied from 2020 return, payment made with an extension request, and Form MW506NRS</b> . . . . . 41. _____
	<b>42. Refundable earned income credit</b> (from worksheet in Instruction 21) . . . . . 42. _____
	<b>43. Refundable income tax credits from Part CC, line 10 of Form 502CR (Attach Form 502CR. See Instruction 21.)</b> . . . . . 43. _____
	<b>44. Total payments and credits</b> (Add lines 40 through 43.) . . . . . 44. <u>7855</u>
	<b>45. Balance due</b> (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . . 45. _____
	<b>46. Overpayment</b> (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . . 46. <u>706</u>
<b>REFUND</b>	<b>47. Amount of overpayment TO BE APPLIED TO 2022 ESTIMATED TAX.</b> . . . . . 47. _____
	<b>48. Amount of overpayment TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . . <b>REFUND</b> 48. <u>706</u>
<b>AMOUNT DUE</b>	<b>49. Check here</b> <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, _____ or for late filing _____ or homebuyer withdrawal penalty _____ . . . 49. _____
	<b>50. TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.</b> . . . . . 50. _____



215020313

NAME K CHEVVA & J MALATHI KOTESWARA RA SSN 424872643

**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)  021200339

**51c.** Account Number  381041134971

**51d.** Name(s) as it appears on the bank account \_\_\_\_\_

8457509236  \_\_\_\_\_  \_\_\_\_\_  
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