



201010011

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

LALITHYA CHILLA 051679194
First Name MI Last Name SSN/Taxpayer Identification Number

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 2 335
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 TAX SOLUTIONS to enter or generate my PIN 62575
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

[] I authorize to enter or generate my PIN
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. 98142212345 Do not enter all zeros.

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 THIRUPATHI NAIDU BANDARU Date



205020011

\$

OR FISCAL YEAR BEGINNING _____ 2020, ENDING _____

051679194

Your Social Security Number

Spouse's Social Security Number

LALITHYA

Your First Name

MI

CHILLA

Your 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.

Spouse's First Name

MI

Spouse's Last Name

5901 MONTROSE RD

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

S906

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

ROCKVILLE

City or Town

MD

State

20852

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.

1609

4 Digit Political Subdivision Code (See Instruction 6)

CITY OF ROCKVILLE

Maryland Political Subdivision (See Instruction 6)

5901 MONTROSE RD

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

S906

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

ROCKVILLE

City

MD

State

20852

ZIP Code + 4

MONTGOMERY

Maryland County

Place your W-2, wage and tax statements and ATTACH HERE with one state. Do not attach check or money order to Form 502. Attach check or money order to Form PV.

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 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.)** **Total Amount** **D** \$ 3200



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NAME LALITHYA CHILLA

SSN 051679194

MARYLAND HEALTH CARE COVERAGE

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

1 Adjusted gross income from your federal return. 1 87638
1a Wages, salaries and/or tips. 1a 87938
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 INCOME

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 to Maryland income (Add lines 2 through 5.) 6
7 Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) 7 87638

SUBTRACTIONS FROM INCOME

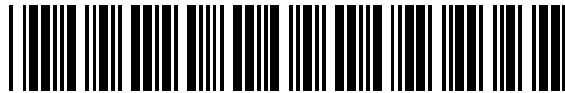
8 Taxable refunds, credits or offsets of state and local income taxes included in line 1. 8
9 Child and dependent care expenses. 9
10a Pension exclusion from worksheet (13A) Yourself [] Spouse [] 10a
10b Pension exclusion from worksheet (13E) Yourself [] Spouse [] 10b
11 Taxable Social Security and RR 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 from Maryland income (Add lines 8 through 14.) 15
16 Maryland adjusted gross income (Subtract line 15 from line 7.) 16 87638

DEDUCTION METHOD

All taxpayers must select one method and check the appropriate box.
[X] 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 2300

MARYLAND TAX COMPUTATION

18 Net income (Subtract line 17 from line 16.) 18 85338
19 Exemption amount from Exemptions area (See Instruction 10.) 19 3200
20 Taxable net income (Subtract line 19 from line 18.) 20 82138
21 Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) 21 3848
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 3848



205020211

NAME LALITHYA CHILLA

SSN 051679194

LOCAL TAX COMPUTATION	28 Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate or use the Local Tax Worksheet <u>0320</u> 28 <u>2628</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>2628</u>
34 Total Maryland and local tax (Add lines 27 and 33.) 34 <u>6476</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>6476</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>6811</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>6811</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>335</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>335</u>
	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 _____
AMOUNT DUE	50 TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. 50 _____



205020311

NAME LALITHYA CHILLA SSN 051679194

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 381041812507

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

2017136362 _____ _____
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.

Lalithya _____ 02/02/2021
Your signature Date

Spouse's signature Date

GLOBAL TAX SOLUTIONS
Printed name of the Preparer / or Firm's name

GLOBAL TAX SOLUTIONS
13039 CINDERELLA LANE
Street address of preparer or Firm's address

THIRUPATHI NAIDU BANDARU
Signature of preparer other than taxpayer (Required by Law)

FRISCO TX 75035
City, State, ZIP Code + 4

7706667471 P01664957
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