



21PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

194065188

Your Social Security Number



If Joint Return, Spouse's Social Security Number

RAJLAXMI

Your First Name

MI

BIYANI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

3313, WILLOW CRESCENT DR

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

22

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

FAIRFAX

City or Town

VA

State

22030

ZIP Code +4

PAYMENT TYPE

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1. Estimated Payment/Quarterly (502D) Tax Year: 2022
- 1a. First time filer or change in filing status
- 2. Extension Payment (502E) Tax Year:
- 3. Payment with resident return (502) Tax Year:
- 4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

Amount you are paying by check or money order. Make your check or money order payable to "Comptroller of Maryland"

Dollars Cents

267 00

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

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



21PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

194065188

Your Social Security Number



If Joint Return, Spouse's Social Security Number

RAJLAXMI

Your First Name

MI

BIYANI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

3313, WILLOW CRESCENT DR

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

22

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

FAIRFAX

City or Town

VA

State

22030

ZIP Code +4

PAYMENT TYPE

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1. Estimated Payment/Quarterly (502D) Tax Year: 2022
- 1a. First time filer or change in filing status
- 2. Extension Payment (502E) Tax Year:
- 3. Payment with resident return (502) Tax Year:
- 4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

Amount you are paying by check or money order. Make your check or money order payable to "Comptroller of Maryland"

Dollars Cents

267 00

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

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



21PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

194065188

Your Social Security Number



If Joint Return, Spouse's Social Security Number

RAJLAXMI

Your First Name

MI

BIYANI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

3313, WILLOW CRESCENT DR

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

22

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

FAIRFAX

City or Town

VA

State

22030

ZIP Code +4

PAYMENT TYPE

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1. Estimated Payment/Quarterly (502D) Tax Year: 2022
- 1a. First time filer or change in filing status
- 2. Extension Payment (502E) Tax Year:
- 3. Payment with resident return (502) Tax Year:
- 4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

Amount you are paying by check or money order. Make your check or money order payable to "Comptroller of Maryland"

Dollars Cents

267 00

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

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



21PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

194065188

Your Social Security Number



If Joint Return, Spouse's Social Security Number

RAJLAXMI

Your First Name

MI

BIYANI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

3313, WILLOW CRESCENT DR

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

22

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

FAIRFAX

City or Town

VA

State

22030

ZIP Code +4

PAYMENT TYPE

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1. Estimated Payment/Quarterly (502D) Tax Year: 2022
- 1a. First time filer or change in filing status
- 2. Extension Payment (502E) Tax Year:
- 3. Payment with resident return (502) Tax Year:
- 4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

Amount you are paying by check or money order. Make your check or money order payable to "Comptroller of Maryland"

Dollars Cents

267 00

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

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



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.

RAJLAXMI First Name BIYANI Last Name 194065188 SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2022 estimated tax 1.
2. Amount of overpayment to be refunded to you REFUND 2.
3. Total amount due (Pay in full by April 15, 2022. See instructions.) 3. 924

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 6 5 1 8 8 Enter five digits. Do not enter all zeros.

[] 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.

Your signature Date

Spouse's PIN: check one box only

[] I authorize ERO firm name to enter or generate my PIN Enter five digits. Do not enter all zeros.

[] 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.

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 04192022

DO NOT MAIL



215050013

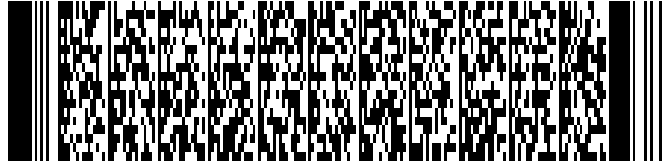
OR FISCAL YEAR BEGINNING _____ 2021, ENDING _____

Print Using Blue or Black Ink Only

194065188 Social Security Number Spouse's Social Security Number

RAJLAXMI First Name MI

BIYANI Last Name



Spouse's 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.

Spouse's Last Name

3313, WILLOW CRESCENT DR Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Maryland County

22 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.)

FAIRFAX VA 22030 City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

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. VA

If PA resident, enter both County _____ and City, Borough or Township _____

Were you a resident of another state for the entire year of 2021? If no, attach explanation. [X] Yes [] No

Are you or your spouse a member of the military? [] Yes [X] No

Did you file a Maryland income tax return for 2020? [] Yes [X] No If "Yes," was it a [] Resident or a [] Nonresident return?

Dates you resided in Maryland for 2021. 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



215050113

Name RAJLAXMI BIYANI SSN 194065188

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 include wages, interest, dividends, and other income items.

ADDITIONS TO INCOME

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 18-21 include non-Maryland loss and adjustments.

SUBTRACTIONS FROM INCOME

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 22-25 include military income and other subtractions.

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 include standard deduction, itemized deductions, and net income.

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 include Maryland tax and poverty level credit.



215050213

Name RAJLAXMI BIYANI SSN 194065188

Table with 2 columns: Line number and Amount. Rows include 34-53 with various tax credits, payments, and amounts due.

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 _____
5712242555 Taxpayer(s) daytime phone number
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



MARYLAND FORM 505NR

NONRESIDENT INCOME TAX CALCULATION ATTACH TO YOUR TAX RETURN



21505N013

2021

Print Using Blue or Black Ink Only

RAJLAXMI First Name

BIYANI Last Name

194065188 Social Security Number

Spouse's First Name

Spouse's Last Name

Spouse's Social Security Number

If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form. If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.

PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS

- 1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) 31511
2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. 1445

PART II - CALCULATION OF MARYLAND TAX

- 3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1) 34561
3a. Earned Income (See instructions.) 24813
4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. 37061
5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505.
6a. Enter your subtractions from line 23 of Form 505 or Form 515
6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.) 12248
7. Add lines 5 through 6b. 12248
8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. 24813

If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a .8a. 2350

- 9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000. 717948
10. Deduction amount.
If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a .10a. 1687
If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b .10b.

Form 515 Users, see Instruction 18 in Form 515 Instructions.

- 11. Net income (Subtract line 10a or 10b from line 8.) 23126
12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. 2297
13. Maryland Taxable Net Income (Subtract line 12 from line 11.) 20829
14. Enter the tax amount from line 2 of this form. 1445
15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. 661007
16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33). 955
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 less, enter 0. 469

FOR FORM 515 FILERS ONLY.

If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.

- 18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39. If line 13 is 0 or less, enter 0.



21PTPV013

Print Using Blue or Black Ink Only. Use only one PV per payment type.

194065188

Your Social Security Number



If Joint Return, Spouse's Social Security Number

RAJLAXMI

Your First Name

MI

BIYANI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

3313, WILLOW CRESCENT DR

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

22

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

FAIRFAX

City or Town

VA

State

22030

ZIP Code +4

PAYMENT TYPE

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1. Estimated Payment/Quarterly (502D) Tax Year:
- 1a. First time filer or change in filing status
- 2. Extension Payment (502E) Tax Year:
- 3. Payment with resident return (502) Tax Year:
- 4. Payment with nonresident return (505) Tax Year: 2021

PAYMENT AMOUNT

Amount you are paying by check or money order. Make your check or money order payable to "Comptroller of Maryland"

Dollars Cents

924 00

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

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.

Mail 760ES Voucher 1 To:

Commissioner of the Revenue, Room 224, City Hall, 10455 Armstrong St.,
Fairfax, VA 22030

– Cut Here –

2022 FORM 760ES - Voucher 1

Doc ID 762

VIRGINIA ESTIMATED INCOME TAX
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 05-02-22

- Check if this is a new address.
 Check here if this is your first payment for
this taxable year.

REV 03/22/22 PRO 1555

LOCALITY NO.	FOR OFFICE USE
600	

1940651881 7621555 122051 600

Your Social Security Number (SSN)

194065188

RAJLAXMI BIYANI

Spouses SSN (if filing a joint return)

3313, WILLOW CRESCENT DR APT # 22

FAIRFAX

VA 22030

Daytime Phone Number 571-224-2555

Mail your voucher and payment to the Virginia Department of
Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see
pages 7-8 and use the address listed for the city or county
where you intend to file.

If you file with the Department, make your check payable to
the Department of Taxation. If you file locally, make your check
payable to your local Treasurer.

Amount of payment

101.00

Mail 760ES Voucher 2 To:

Treasurer, City of Fairfax, Room 234, City Hall, 10455 Armstrong St.,
Fairfax, VA 22030

– Cut Here –

2022 FORM 760ES - Voucher 2

Doc ID 762

VIRGINIA ESTIMATED INCOME TAX
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 06-15-22

- Check if this is a new address.
 Check here if this is your first payment for
this taxable year.

REV 03/22/22 PRO 1555

LOCALITY NO.	FOR OFFICE USE
600	

1940651881 7621555 122068 600

Your Social Security Number (SSN)

194065188

RAJLAXMI BIYANI

Spouses SSN (if filing a joint return)

3313, WILLOW CRESCENT DR APT # 22

FAIRFAX

VA 22030

Daytime Phone Number 571-224-2555

Mail your voucher and payment to the Virginia Department of
Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see
pages 7-8 and use the address listed for the city or county
where you intend to file.

If you file with the Department, make your check payable to
the Department of Taxation. If you file locally, make your check
payable to your local Treasurer.

Amount of payment

101.00

Mail 760ES Voucher 3 To:

Treasurer, City of Fairfax, Room 234, City Hall, 10455 Armstrong St.,
Fairfax, VA 22030

– Cut Here –

2022 FORM 760ES - Voucher 3

Doc ID 762

VIRGINIA ESTIMATED INCOME TAX
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 09-15-22

- Check if this is a new address.
 Check here if this is your first payment for
this taxable year.

REV 03/22/22 PRO 1555

LOCALITY NO.	FOR OFFICE USE
600	

1940651881 7621555 122092 600

Your Social Security Number (SSN)

194065188

RAJLAXMI BIYANI

Spouses SSN (if filing a joint return)

3313, WILLOW CRESCENT DR APT # 22

FAIRFAX

VA 22030

Daytime Phone Number 571-224-2555

Mail your voucher and payment to the Virginia Department of
Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see
pages 7-8 and use the address listed for the city or county
where you intend to file.

If you file with the Department, make your check payable to
the Department of Taxation. If you file locally, make your check
payable to your local Treasurer.

Amount of payment

101.00

Mail 760ES Voucher 4 To:

Treasurer, City of Fairfax, Room 234, City Hall, 10455 Armstrong St.,
Fairfax, VA 22030

– Cut Here –

2022 FORM 760ES - Voucher 4

Doc ID 762

VIRGINIA ESTIMATED INCOME TAX
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 01-17-23

- Check if this is a new address.
 Check here if this is your first payment for
this taxable year.

REV 03/22/22 PRO 1555

LOCALITY NO.	FOR OFFICE USE
600	

1940651881 7621555 123013 600

Your Social Security Number (SSN)

194065188

RAJLAXMI BIYANI

Spouses SSN (if filing a joint return)

3313, WILLOW CRESCENT DR APT # 22

FAIRFAX

VA 22030

Daytime Phone Number 571-224-2555

Mail your voucher and payment to the Virginia Department of
Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see
pages 7-8 and use the address listed for the city or county
where you intend to file.

If you file with the Department, make your check payable to
the Department of Taxation. If you file locally, make your check
payable to your local Treasurer.

Amount of payment

101.00

- Cut Here -

Form 760-PMT 2021 Payment Coupon
(DOC ID 761) **Please do not staple**
To Be Used For Payments On Previously
Filed 2021 Individual Income Tax Returns Only

Your Social Security Number
194065188

Spouse's Social Security Number

1940651881 7611555 121002

If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.

If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

Name(s) and Address

RAJLAXMI BIYANI

3313, WILLOW CRESCENT DR APT # 22
FAIRFAX VA 22030

Amount of
Payment ▶

404.00

Daytime Phone Number: 571-224-2555



RAJLAXMI BIYANI
3313, WILLOW CRESCENT DR APT 22
FAIRFAX VA 22030

SSN - You BIYA 194065188 Vendor ID 1555 XXXXX

SSN - Spouse

Fed Adj Gross Income (FAGI)	1.	34561.	Withholding (VA) - You	19A.	
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	34561.	Estimated Payments	20.	
Age Deduction - You	4A.		2020 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	1014.
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	1014.
Total VA Adj Gross Income (VAGI)	9.	34561.	Tax You Owe	27.	404.
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	
Standard Deduction	11.	4500.	Overpayment Credited to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	5430.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	29131.	Sales and Use Tax	33.	
Amount of Tax	16.	1418.	Amount You Owe		404.
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card	N	
VAGI - Spouse	17A.		Your Refund		
Net Amount of Tax	18.	1418.	Bank Routing #		
			Bank Account #		





Filing Status, Age & License Information

Additional Filing Information



Filing Status 1
 Federal Head of Household
 DOB - You 07031993
 VA Driver's License ID - You E66009450
 VA Driver's License - Iss. Date - You 02042022
 Spouse Name (Filing Status 3 Only)
 DOB - Spouse
 VA Driver's License ID - Spouse
 VA Driver's License - Iss. Date - Spouse

Locality 600
 Uninsured & Authorize DMAS
 Name or Filing Status Change
 Address Change
 VA Return Not Filed Last Year
 Dependent on Another's Return
 Farmer / Fisherman / Merchant Seaman
 Amended
 Reason Code
 Overseas on Due Date

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You
 Spouse 65 & Over - Spouse
 Dependents Blind - You
 Total (A) 1 Blind - Spouse
 Total (B)

Federal EIC & Amount
 Deceased Indicator
 No Sales & Use Tax Due Indicator X
 Obtain Electronic 1099G
 ID Theft PIN

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date _____ Phone - You 5712242555
 Signature - Spouse _____ Date _____ Phone - Spouse
 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 041922 Phone - Preparer 6789659522
 The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P02082703



File by May 1, 2022
 Include Page 1, Page 2 and all supporting 760CG documents.

GLOBAL TAXES LLC
 2530 PEBBLE CREEK LN
 CUMMING GA 30041



2021 Schedule OSC/CG

Enclose other state tax returns when filing



194065188

Credit Computation State 1

If Claiming border state

1. Filing Status - other state's return	1	6. Other State Abbreviation	MD
2. Person Claiming the Credit	1	7. Virginia Income Tax	1418.
3. Qualifying Taxable Income - other state	20829.	8. Income percentage	71.5
4. Virginia Taxable Income	29131.	9. Virginia Ratio of Income Tax	1014.
5. Qualifying Tax Liability - other state	1424.	10. Credit Allowed	1014.

Credit Computation State 2

11. Filing Status - other state's return	16. Other State Abbreviation
12. Person Claiming the Credit	17. Virginia Income Tax
13. Qualifying Taxable Income - other state	18. Income percentage
14. Virginia Taxable Income	19. Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20. Credit Allowed

Credit Computation State 3

21. Filing Status - other state's return	26. Other State Abbreviation	
22. Person Claiming the Credit	27. Virginia Income Tax	
23. Qualifying Taxable Income - other state	28. Income percentage	
24. Virginia Taxable Income	29. Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state	30. Credit Allowed	
	31. Total Credit Claimed	1014.

Enclose other state tax returns when filing your Virginia tax return.

**DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your Name	B Your Social Security Number	
RAJLAXMI BIYANI	194-06-5188	
Spouse's Name	A Spouse's Social Security Number	
Part I Tax Return Information	A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		34561.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		34561.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		29131.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		1418.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		404.
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		

Part II Declaration of Taxpayer and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Taxpayer's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN

6	5	1	8	8
---	---	---	---	---

 as my signature on my 2021 e-filed Virginia individual income tax return.

Do not enter all zeros

GLOBAL TAXES LLC

ERO Firm Name

I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature _____ Date _____

Spouse's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN

--	--	--	--	--

 as my signature on my 2021 e-filed Virginia individual income tax return.

Do not enter all zeros

ERO Firm Name

I will enter my e-File PIN as my signature on my 2021 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's Signature _____ Date _____

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 that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2021 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2021). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature _____ Date 04-19-22



215050013

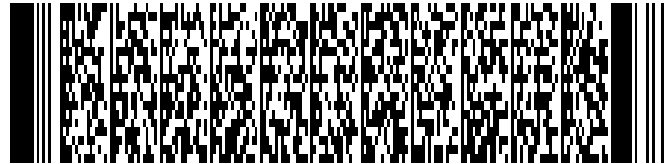
OR FISCAL YEAR BEGINNING _____ 2021, ENDING _____

Print Using Blue or Black Ink Only

194065188 Social Security Number Spouse's Social Security Number

RAJLAXMI First Name MI

BIYANI Last Name



Spouse's 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.

Spouse's Last Name

3313, WILLOW CRESCENT DR Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Maryland County

22 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.)

FAIRFAX VA 22030 City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

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. VA
If PA resident, enter both County and City, Borough or Township
Were you a resident of another state for the entire year of 2021? If no, attach explanation. [X] Yes [] No
Are you or your spouse a member of the military? [] Yes [X] No
Did you file a Maryland income tax return for 2020? [] Yes [X] No If "Yes," was it a [] Resident or a [] Nonresident return?
Dates you resided in Maryland for 2021. 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



215050113

Name RAJLAXMI BIYANI SSN 194065188

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.



215050213

Name RAJLAXMI BIYANI SSN 194065188

Table with 2 columns: Line number and Amount. Includes lines 34-53 with various tax credits, payments, and the total amount due of 924.

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 _____
Taxpayer(s) daytime phone number 5712242555
Signature of Preparer other than taxpayer (Required by Law) SYAM PRIYA RAM SAGAR GUPTA TALLAM
Street address of Preparer/Firm 2530 PEBBLE CREEK LN
Printed name of the Preparer/Firm's name GLOBAL TAXES LLC
City, State, ZIP Code + 4 CUMMING GA 30041
Telephone number of Preparer 6789659522
Preparer's PTIN (Required by law) P02082703

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



**MARYLAND
FORM
505NR**

**NONRESIDENT
INCOME TAX
CALCULATION**
ATTACH TO YOUR TAX RETURN



21505N013

2021

Print Using
Blue or Black Ink Only

RAJLAXMI First Name MI BIYANI Last Name 194065188 Social Security Number
Spouse's First Name MI Spouse's Last Name Spouse's Social Security Number

**If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form.
If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.**

PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) 1. 31511
2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. 2. 1445

PART II - CALCULATION OF MARYLAND TAX

3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1) 3. 34561
3a. Earned Income (See instructions.) ▶ 3a. 24813
4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. 4. 37061
5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. 5. _____
6a. Enter your subtractions from line 23 of Form 505 or Form 515 6a. _____
6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.) ▶ 6b. 12248
7. Add lines 5 through 6b. 7. 12248
8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. 8. 24813

If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a

8a. 2350
9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000. 9. 717948
10. Deduction amount.
If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a 10a. 1687
If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b. 10b. _____

Form 515 Users, see Instruction 18 in Form 515 Instructions.

11. Net income (Subtract line 10a or 10b from line 8.) 11. 23126
12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. 12. 2297
13. Maryland Taxable Net Income (Subtract line 12 from line 11.) 13. 20829
14. Enter the tax amount from line 2 of this form. 14. 1445
15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. 15. 661007
16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33) 16. 955
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 less, enter 0. 17. 469

FOR FORM 515 FILERS ONLY.

If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.

18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39. If line 13 is 0 or less, enter 0 18. _____