



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.

JAWANTH First Name MI KOLLA Last Name 865568970 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 2022 estimated tax
2. Amount of overpayment to be refunded to you REFUND 367
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 68970 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

[] I authorize ERO firm name to enter or generate my PIN 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. 58727861989 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 04162022

DO NOT MAIL



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\$

OR FISCAL YEAR BEGINNING _____ 2021, ENDING _____

865568970

Your Social Security Number

Spouse's Social Security Number

JAWANTH

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.

KOLLA

Your Last Name

Spouse's First Name

MI

Spouse's Last Name

60 UPPER ROCK CIR

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

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

ROCKVILLE
City or Town

MD 20850
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

4 Digit Political Subdivision Code (See Instruction 6)

MONTGOMERY

Maryland Political Subdivision (See Instruction 6)

60 UPPER ROCK CIR

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

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

ROCKVILLE

City

MD
State

20850
ZIP Code + 4

MONTGOMERY
Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 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 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 JAWANTH KOLLA SSN 865568970

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

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.** 74462

1a. Wages, salaries and/or tips **1a.** 75297

1b. Earned income **1b.** _____

1c. Capital Gain or (loss) **1c.** 652

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.** 74462

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.** 74462

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.** 2350

18. Net income (Subtract line 17 from line 16.) **18.** 72112

19. Exemption amount from Exemptions area (See Instruction 10.) **19.** 3200

20. Taxable net income (Subtract line 19 from line 18.) **20.** 68912



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NAME JAWANTH KOLLA SSN 865568970

| | |
|---|---|
| MARYLAND TAX COMPUTATION | 21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) 21. <u>3221</u> |
| | 22. Earned income credit (EIC) (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. |
| | 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. <u>3221</u> | |
| LOCAL TAX COMPUTATION | 28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 0320 or use the Local Tax Worksheet 28. <u>2205</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>2205</u> |
| | 34. Total Maryland and local tax (Add lines 27 and 33.) 34. <u>5426</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>5426</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>5793</u> |
| | 41. 2021 estimated tax payments, amount applied from 2020 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 10 of Form 502CR (Attach Form 502CR. See Instruction 21.) 43. _____ |
| | 44. Total payments and credits (Add lines 40 through 43.) 44. <u>5793</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>367</u> |
| REFUND | 47. Amount of overpayment TO BE APPLIED TO 2022 ESTIMATED TAX. ▶ 47. _____ |
| | 48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND ▶ 48. <u>367</u> |
| AMOUNT DUE | 49. Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, _____ or for late filing _____ or homebuyer withdrawal penalty _____ . . . ▶ 49. _____ |
| | 50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. 50. _____ |



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NAME JAWANTH KOLLA SSN 865568970

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) 021000322

51c. Account Number 483076534567

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

7165973480 _____ _____
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