

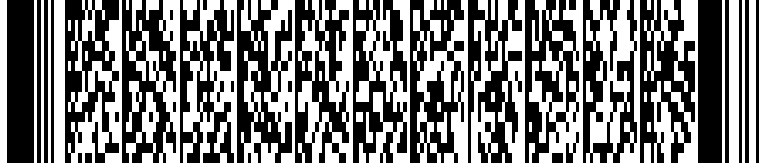


21PTPV013

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

806028117

Your Social Security Number



If Joint Return, Spouse's Social Security Number

VENKATA MANOJ KUMAR

Your First Name

MI

ADAPA

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

1103 RED HARVEST RD

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

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

GAMBRILLS

City or Town

MD

State

21054

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

269 00

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

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



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Dollars Cents

269 00

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



215020013

\$

OR FISCAL YEAR BEGINNING _____ 2021, ENDING _____

806028117

Your Social Security Number _____ Spouse's Social Security Number _____

VENKATA MANOJ KUM

Your First Name _____ MI _____

ADAPA

Your Last Name _____

Spouse's First Name _____ MI _____

Spouse's Last Name _____

1103 RED HARVEST RD

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

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) _____ GAMBRILLS _____ MD 21054 _____
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.

0200 ANNE ARUNDEL
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

1103 RED HARVEST RD
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)

GAMBRILLS MD 21054 ANNE ARUNDEL
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. [X] Married filing separately, Spouse SSN 641571353
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 VENKATA MANOJ KUMAR ADAPA SSN 806028117

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. \$** _____

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. \$** _____ 0

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.** 154000

1a. Wages, salaries and/or tips **1a.** 154000

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.** 154000

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.** 154000

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.** 151650

19. Exemption amount from Exemptions area (See Instruction 10.) **19.** 0

20. Taxable net income (Subtract line 19 from line 18.) **20.** 151650



215020213

NAME VENKATA MANOJ KUMAR ADAPA SSN 806028117

MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) 21. <u>7351</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>7351</u>	
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 0281 or use the Local Tax Worksheet 28. <u>4261</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>4261</u>
	34. Total Maryland and local tax (Add lines 27 and 33.) 34. <u>11612</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>11612</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>11697</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>11697</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>85</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>85</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. _____



215020313

NAME VENKATA MANOJ KUMAR ADAPA SSN 806028117

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) 021200025

51c. Account Number 8366123993

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

9084455569 _____ _____
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



21502B013

806028117

▶ Your Social Security Number

▶ Spouse's Social Security Number

VENKATA MANOJ KUMAR

Your First Name

MI

ADAPA

Your Last Name

Spouse's First Name

MI

Spouse's Last Name



Print Using Blue or Black Ink Only

Summary

- 1. Enter the total number checked below for Regular dependents (4) ▶ 1. _____ 2
- 2. Enter the total number checked below for dependents 65 or over (5) ▶ 2. _____
- 3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) ▶ 3. _____ 2

Dependents (If a dependent listed below is age 65 or over, check both 4 and 5.)

▶ 1.	First Name <u>SAHASRA MANASWINI</u>	MI __	Last Name <u>ADAPA</u>					Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number <u>978978905</u>	Relationship 3. <u>DAUGHTER</u>	Regular 4. <u>X</u>	65 or over 5. <u> </u>	DOB (MM/DD/YYYY) ▶ _____			

▶ 1.	First Name <u>SLOKA</u>	MI __	Last Name <u>ADAPA</u>					Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number <u>861869215</u>	Relationship 3. <u>DAUGHTER</u>	Regular 4. <u>X</u>	65 or over 5. <u> </u>	DOB (MM/DD/YYYY) ▶ _____			

▶ 1.	First Name _____	MI __	Last Name _____					Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number _____	Relationship 3. _____	Regular 4. <u> </u>	65 or over 5. <u> </u>	DOB (MM/DD/YYYY) ▶ _____			

▶ 1.	First Name _____	MI __	Last Name _____					Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number _____	Relationship 3. _____	Regular 4. <u> </u>	65 or over 5. <u> </u>	DOB (MM/DD/YYYY) ▶ _____			

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