

DO NOT MAIL

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/18/2023**

2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	707.
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REV 03/09/23 PRO 1555

723-40-4233
TULASI GALI

22414 BRIGHT SKY DR
CLARKSBURG MD 20871

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

723404233 UB GALI 30 0 202312 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2023**

2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	707.
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REV 03/09/23 PRO 1555

723-40-4233
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723404233 UB GALI 30 0 202312 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2023**

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	707.
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REV 03/09/23 PRO 1555

723-40-4233
TULASI GALI

22414 BRIGHT SKY DR
CLARKSBURG MD 20871

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

723404233 UB GALI 30 0 202312 430

DO NOT MAIL

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/16/2024**

2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	707.
--	------

REV 03/09/23 PRO 1555

723-40-4233
TULASI GALI

22414 BRIGHT SKY DR
CLARKSBURG MD 20871

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

723404233 UB GALI 30 0 202312 430

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name TULASI GALI	Social security number 723-40-4233
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	95,910.
2 Total tax	2	13,872.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	12,434.
4 Amount you want refunded to you	4	
5 Amount you owe	5	1,440.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

0	4	2	3	3
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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—continue below

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.

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above 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 **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

IF you live in...	THEN use this address to send in your payment...
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2022

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	1,440.
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REV 03/09/23 PRO 1555

TULASI GALI
22414 BRIGHT SKY DR
CLARKSBURG MD 20871

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

723404233 UB GALI 30 0 202212 610

Filing Status [] Single [] Married filing jointly [X] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: SURENDRA BABU MANYAM

Your first name and middle initial: TULASI
Last name: GALI
Your social security number: 723-40-4233
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number: 185-84-7165
Home address (number and street). If you have a P.O. box, see instructions. 22414 BRIGHT SKY DR
City, town, or post office. If you have a foreign address, also complete spaces below. CLARKSBURG
State: MD
ZIP code: 20871
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes rows for dependents and checkboxes for more than four dependents.

Income section table with columns 1a-1z and 1a-1z. Rows include: 1a Total amount from Form(s) W-2, box 1 (see instructions) 95,910.; 1b Household employee wages not reported on Form(s) W-2; 1c Tip income not reported on line 1a (see instructions); 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions); 1e Taxable dependent care benefits from Form 2441, line 26; 1f Employer-provided adoption benefits from Form 8839, line 29; 1g Wages from Form 8919, line 6; 1h Other earned income (see instructions) 0.; 1i Nontaxable combat pay election (see instructions); 1z Add lines 1a through 1h 95,910.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include: 2a Tax-exempt interest; 2b Taxable interest; 3a Qualified dividends; 3b Ordinary dividends; 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount; 6a Social security benefits; 6b Taxable amount.

Table with columns 7-15. Rows include: 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here; 8 Other income from Schedule 1, line 10; 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 95,910.; 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income 95,910.; 12 Standard deduction or itemized deductions (from Schedule A) 12,950.; 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12 and 13 12,950.; 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 82,960.



22PTPV013

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

723404233

Your Social Security Number

If Joint Return, Spouse's Social Security Number

TULASI

Your First Name

MI

GALI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

22414 BRIGHT SKY DR

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

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

CLARKSBURG

City or Town

MD

State

20871

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: 2023
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.

171 00
Dollars Cents

Make your check or money order payable to
"Comptroller of Maryland" and mail to:

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



22PTPV013

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

723404233

Your Social Security Number

If Joint Return, Spouse's Social Security Number

TULASI

Your First Name

MI

GALI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

22414 BRIGHT SKY DR

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CLARKSBURG

City or Town

MD

State

20871

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: 2023
- 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:

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Amount you are paying by check or money order.

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Dollars Cents

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723404233

Your Social Security Number

If Joint Return, Spouse's Social Security Number

TULASI

Your First Name

MI

GALI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

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CLARKSBURG

City or Town

MD

State

20871

ZIP Code +4

PAYMENT TYPE

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- 1. Estimated Payment/Quarterly (502D) Tax Year: 2023
- 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:

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Amount you are paying by check or money order.

171 00
Dollars Cents

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

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



22PTPV013

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

723404233

Your Social Security Number

If Joint Return, Spouse's Social Security Number

TULASI

Your First Name

MI

GALI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

22414 BRIGHT SKY DR

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

CLARKSBURG

City or Town

MD

State

20871

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: 2023
- 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.

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Dollars Cents

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



221010013

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.

TULASI First Name MI GALI Last Name 723404233 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 2023 estimated tax 1. 00
2. Amount of overpayment to be refunded to you REFUND 2. 31 00
3. Total amount due (Pay in full by April 15, 2023. See instructions.) 3. 00

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 2022 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 04233 Enter five digits. Do not enter all zeros. as my signature on my tax year 2022 electronically filed income tax return.

[] I will enter my PIN as my signature on my tax year 2022 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 2022 electronically filed income tax return.

[] I will enter my PIN as my signature on my tax year 2022 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. 22249661989 Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2022 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 03182023

DO NOT MAIL



225020013

\$

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

723404233

Your Social Security Number

Spouse's Social Security Number

TULASI

Your First Name

MI

GALI

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

22414 BRIGHT SKY DR

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

CLARKSBURG

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

City or Town

MD

20871

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, 2022 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)

22414 BRIGHT SKY DR

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)

CLARKSBURG

City

MD

State

20871

ZIP Code + 4

MONTGOMERY

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 185847165
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 2022 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:



225020113

NAME TULASI GALI

SSN 723404233

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 .00

B. 65 or over ▶ 65 or over

▶ Blind ▶ Blind Enter number checked X \$1,000 **B. \$** _____ .00

C. Enter number from line 3 of Dependent Form 502B ▶ See Instruction 10 **C. \$** _____ .00

D. Enter Total Exemptions (Add A, B and C.) ▶ **Total Amount. D. \$** 3200 .00

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. 95910 .00

1a. Wages, salaries and/or tips ▶ 1a. 95910 .00

1b. Earned income ▶ 1b. _____ .00

1c. Capital Gain or (loss) ▶ 1c. _____ .00

1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ▶ 1d. _____ .00

1e. Place a "Y" in this box if the amount of your investment income is more than \$10,300 ▶

ADDITIONS TO MARYLAND INCOME

See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2. _____ .00

3. State retirement pickup. ▶ 3. _____ .00

4. Lump sum distributions (from worksheet in Instruction 12.) ▶ 4. _____ .00

5. Other additions (Enter code letter(s) from Instruction 12.) ▶ _____ .00

6. Total additions (Add lines 2 through 5. See instructions.) ▶ 6. _____ .00

7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) ▶ 7. 95910 .00

SUBTRACTIONS FROM MARYLAND INCOME

See Instruction 13.

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 ▶ 8. _____ .00

9. Child and dependent care expenses ▶ 9. _____ .00

10a. Pension exclusion from worksheet (13A) **Yourself** ▶ **Spouse** ▶ ▶ 10a. _____ .00

10b. Pension exclusion from worksheet (13E) **Yourself** ▶ **Spouse** ▶ ▶ 10b. _____ .00

11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11. _____ .00

12. Income received during period of nonresidence (See Instruction 26.) ▶ 12. _____ .00

13. Subtractions from attached Form 502SU ▶ _____ .00

14. Two-income subtraction from worksheet in Instruction 13. ▶ 14. _____ .00

15. Total subtractions (Add lines 8 through 14. See instructions.) ▶ 15. _____ .00

16. Maryland adjusted gross income (Subtract line 15 from line 7.) ▶ 16. 95910 .00

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. _____ .00

17b. State and local income taxes (See Instruction 14.) ▶ 17b. _____ .00

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. 2400 .00

18. Net income (Subtract line 17 from line 16.) ▶ 18. 93510 .00

19. Exemption amount from Exemptions area (See Instruction 10.) ▶ 19. 3200 .00

20. Taxable net income (Subtract line 19 from line 18.) ▶ 20. 90310 .00



225020213

NAME TULASI GALI

SSN 723404233

MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	21.	4238	.00
	22. Earned income credit (EIC) (See Instruction 18.)	22.		.00
	<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.		.00
	24. Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.)	24.		.00
	25. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR.	25.		.00
26. Total credits (Add lines 22 through 25.)	26.		.00	
27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0.	27.	4238	.00	
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.	2890	.00
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.)	29.		.00
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.)	30.		.00
	31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	31.		.00
	32. Total credits (Add lines 29 through 31.)	32.		.00
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0.	33.	2890	.00
34. Total Maryland and local tax (Add lines 27 and 33.)	34.	7128	.00	
CONTRIBUTIONS See Instruction 20.	35. Contribution to Chesapeake Bay and Endangered Species Fund	35.		.00
	36. Contribution to Developmental Disabilities Services and Support Fund	36.		.00
	37. Contribution to Maryland Cancer Fund.	37.		.00
	38. Contribution to Fair Campaign Financing Fund	38.		.00
39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.)	39.	7128	.00	
	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.)	40.	7159	
	41. 2022 estimated tax payments , amount applied from 2021 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 and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.)	43.		
	44. Total payments and credits (Add lines 40 through 43.)	44.	7159	
	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.	31	
REFUND	47. Amount of overpayment TO BE APPLIED TO 2023 ESTIMATED TAX.	47.		
	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND	48.	31	
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.		



225020313

NAME TULASI GALI SSN 723404233

DIRECT DEPOSIT OF REFUND (See Instruction 22.) **Verify that all account information is correct and clearly legible.** If you are requesting direct deposit of your refund, complete the following. **For Splitting Direct Deposit**, use Form 588.

▶ Check here if you authorize the State of Maryland to issue your refund by direct deposit.

▶ Check here if this refund will go to an account outside of the United States.

51a. Type of account: ▶ Checking Savings **51b.** Routing Number (9-digits) ▶ _____

51c. Account Number ▶ _____

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

▶ 2407515817 _____ CODE NUMBERS (3 digits per line)
Daytime telephone no. Home telephone no.

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 Spouse's signature Date

GLOBAL TAXES LLC
Printed name of the Preparer / or Firm's name

245 ROONEY CT
Street address of preparer or Firm's address

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Signature of preparer other than taxpayer (Required by Law)

E BRUNSWICK NJ 08816
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:

To make an online payment, scan the QR code below and follow instructions.

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