



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2022
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2022.

Your first name and initial SARANSH GROVER	Last name	Your Social Security number 103851486
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
Present street address (and apartment number) 2401 CALVERT ST NW APT NO 301		
City/Town/Post Office WASHINGTON	State DC	Zip 20008
Filing status: <input checked="" type="radio"/> Single <input type="radio"/> Married filing jointly <input type="radio"/> Married filing separately <input type="radio"/> Head of household		

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	12080
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	494
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	530
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57)	5	36
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	6	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2022 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature	Date
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Part 3. Declaration and Signature of Electronic Return Originator (ERO)

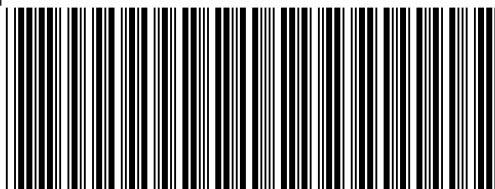
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN		<input type="radio"/> Fill in if self-employed
	04122023	882145487		
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	<input type="radio"/> Fill in if also paid preparer
GLOBAL TAXES LLC 245 ROONEY CT	E BRUNSWICK	NJ	08816	

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and 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. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN		<input type="radio"/> Fill in if self-employed
P02082703	04122023	843171965		
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT	E BRUNSWICK	NJ	08816	



2022 Form 1-NR/PY

MA22006011555

Massachusetts Nonresident/Part-Year Resident
Income Tax Return

For the year January 1–December 31, 2022 or other taxable

Year beginning

Ending

SARANSH

GROVER

103851486

2401 CALVERT ST NW

WASHINGTON

DC 20008
301

Fill in if: Amended return Other jurisdiction change Enter date of change
Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

\$1 You	\$1 Spouse	TOTAL
You	Spouse	
You	Spouse	
You	Spouse	
You	Spouse	

Check one: Nonresident Filing as both nonresident and part-year resident

Part-year resident

Nonresident composite

a. Total federal income 41289

b. Federal adjusted gross income 41289

1. Filing status (select one only): Single

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From To

3. Total days as Massachusetts resident ÷ 365 = 3

Fill in if noncustodial parent
Fill in if filing Schedule TDS
Fill in if filing Schedule FCI
Fill in if reporting crypto currency

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

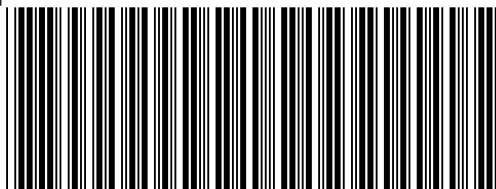
Date

Spouse's signature

Date

929-326-2309

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2022 Form 1-NR/PY, pg. 2

MA22006021555

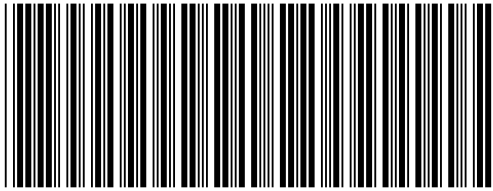
Massachusetts Nonresident/

Part-Year Resident Income Tax Return

103851486

4. Exemptions:			
a. Personal exemptions		4a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		$\times \$1,000 =$ 4b	
c. Age 65 or over before 2023	You + Spouse =	$\times \$700 =$ 4c	
d. Blindness	You + Spouse =	$\times \$2,200 =$ 4d	
e. Medical/dental		4e	
f. Adoption		4f	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400
5. Wages, salaries, tips		5	12080
6. Taxable pensions and annuities		6	
7. Mass. bank interest: a.	- b. exemption	= 7	
8. Business/profession income/loss a.	+ b. Farming income/loss	= 8	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	
10a. Unemployment		10a	
10b. Mass. lottery winnings		10b	
11. Other income		11	
12. TOTAL 5.0% INCOME		12	12080
13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis:	working days	miles	sales
	other:		
Working days (or other basis) outside Massachusetts		13a	
Working days (or other basis) inside Massachusetts		13b	
Total working days		13c	
Nonworking days (holidays, weekends, etc.)		13d	
Massachusetts ratio		13e	
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2		13f	
Massachusetts income		13g	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2022 Form 1-NR/PY, pg. 3

MA22006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

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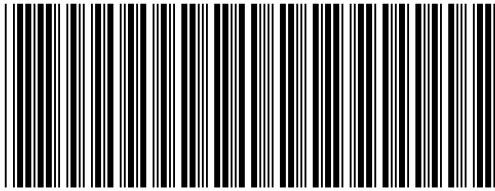
103851486

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.0% income	14a	12080
b. Interest income	14b	
c. Total capital gain income	14c	
d. Total income this return	14d	12080
e. Non-Massachusetts source income. Not less than "0"	14e	29209
f. Total income	14f	41289
g. Deduction and exemption ratio	14g	0.2926
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	924
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	
16. Reserved for future use	16	
17. Reserved for future use	17	

18. Rental deduction. a.	18	
Nonresidents, fill in if during 2022 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future		
19. Other deductions from Schedule Y, line 19	19	
20. Total deductions. Add lines 15 through 19	20	924
21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	21	11156
22. Exemption amount. a. 4400	22	1287
23. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"	23	9869
24. INTEREST AND DIVIDEND INCOME	24	
25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24	25	9869
26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	494

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

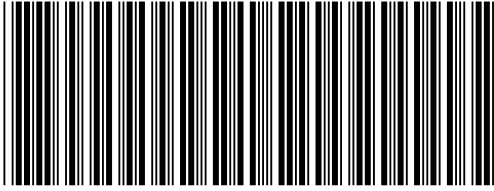


2022 Form 1-NR/PY, pg. 4

MA22006041555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
103851486

27.	12% INCOME. Not less than "0." a.		x .12 =27	
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS			28
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28			
29.	Credit recapture amount (from Credit Recapture Schedule)			29
30.	Additional tax on installment sale			30
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32			
32.	TOTAL INCOME TAX. Add lines 26 through 30.			32
				494
33.	Limited Income Credit			33
34.	Income tax due to another state or jurisdiction			34
35.	Other credits (from Credit Manager Schedule)			35
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"			36
				494
37.	Voluntary Contributions			
	a. Endangered Wildlife Conservation			37a
	b. Organ Transplant Fund			37b
	c. Massachusetts Public Health HIV and Hepatitis Fund			37c
	d. Massachusetts U.S. Olympic Fund			37d
	e. Massachusetts Military Family Relief Fund			37e
	f. Homeless Animal Prevention and Care			37f
	Total. Add lines 37a through 37f			37
38.	Use tax due on Internet, mail order and other out-of-state purchases			38
39.	Health care penalty a. You + b. Spouse			39
40.	Amended return only. Overpayment from original return			40
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40			41
				494
42.	a. Massachusetts income tax withheld from Form(s) W-2	42a	530	
	b. Massachusetts income tax withheld from Form(s) 1099	42b		
	c. Massachusetts income tax withheld from other forms	42c		
	Total. Add lines 42a through 42c			42
				530

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2022 Form 1-NR/PY, pg. 5

MA22006051555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

103851486

43.	2021 overpayment applied to your 2022 estimated tax	43	
44.	2022 Massachusetts estimated tax payments	44	
45.	Payments made with extension	45	
46.	Amended return only. Payments made with original return. Not less than "0"	46	
47.	Earned Income Credit. a. Number of qualifying children b. Amount from U.S. return x .30 = c. Part-year residents, multiply line 47c by line 3	47	
	Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception		
48.	Senior Circuit Breaker Credit	48	
49.	Child under age 13, or disabled dependent/spouse credit	49	
50.	Dependent member(s) of household under age 12, or dependent(s) age 65 or over (not you or your spouse) as of December 31, 2022 credit. Not more than two. a. x \$180 = b. Part-year residents multiply line 50b by line 3	= 50	
51.	Other Refundable Credits	51	
52.	Total Refundable Credits. Add lines 47 through 51	52	
53.	Excess Paid Family Leave Withholding	53	
54.	TOTAL. Add lines 42 through 46 and lines 52 and 53	54	530
55.	Overpayment. Subtract line 41 from line 54	55	36
56.	Amount of overpayment you want applied to your 2023 estimated tax	56	
57.	Refund. Subtract line 56 from line 55. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204	57	36

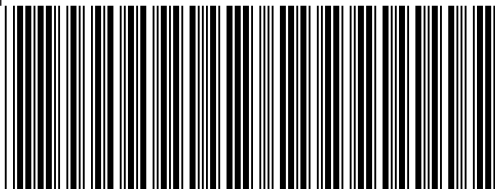
Direct deposit of refund. Type of account checking
 savings

RTN # 021000089 account # 6793656866

58.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204	58	
	Interest Penalty M-2210 amt.		EX enclose Form M-2210

May the Department of Revenue discuss this return with the preparer shown here?	Yes	
I do not want preparer to file my return electronically	(this may delay your refund)	Paid preparer's
Print paid preparer's name	Date Check if self-employed	SSN/PTIN
SYAM PRIYA RAM SAGAR GUPTA TALLAM	04122023	P02082703
Paid preparer's signature	Paid preparer's phone	Paid preparer's EIN
	678-965-9522	84-3171965

SYAM PRIYA RAM SAGAR **BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**



2022 Schedule INC

MA22INC011555

SARANSH

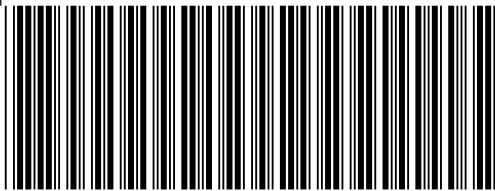
GROVER

103851486

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
824123746	530	12080	924		W2

TOTALS	530	12080	924		
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2022 Schedule NTS-L-NRPY

MA22021011555

No Tax Status and Limited Income Credit

103851486

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	12080
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	12080
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	29209
8. Total income. Combine lines 3 through 7	8	41289
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	41289
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	

2022 D-40E SUB
District of Columbia Individual Income Tax Declaration for Electronic Filing

IRS Declaration Control Number (DCN) - - -

Your First name and initial SARANSH Last name GROVER Taxpayer Identification Number (TIN) 103851486

Spouse's/Registered domestic partner's First name and initial Last name Spouse's TIN

Present Home Address (number, street and suite/apartment number if applicable) 2401 CALVERT ST NW, APT. 301 Federal Filing Status 1

City, Town, and State WASHINGTON DC Zip Code + 4 20008 District of Columbia Filing Status 1

PART I - TAX RETURN INFORMATION

PLEASE ENTER WHOLE DOLLAR AMOUNTS

- 1. DC Adjusted Gross Income, Form D-40, Line 16 5899.00
2. Total Tax, Form D-40, Line 26 708.00
3. DC Income Tax Withheld, Form D-40, Line 31 315.00
4. Total Amount Due, Form D-40, Line 42 393.00
5. Net Refund, Form D-40, Line 43 .00

PART II - REFUND METHOD

Direct Deposit

ReliaCard

Paper Check

For Direct Deposit or Direct Debit enter the following information:

6. Routing Number* XXXXXXXXXX *Routing Number must be nine digits and the first two must be 01 through 12 or 21 through 32.

7. Account Number XXXXXXXXXXXXXXXXXXXX

8. Type of Account Checking Savings

PART III - DECLARATION OF TAXPAYER

Under penalties of perjury, I/we declare that I/we have examined a copy of my/our electronic individual income tax return and accompanying schedules and statements for the 2022 tax year, and to the best of my knowledge and belief, it is true, correct and complete.

Your Signature Date Spouse's Signature Date

PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the individual income tax return and that the entries on D40-E are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return.

ERO's Signature 041223 Date 882145487 TIN

SYAM PRIYA RAM SAGAR G 041223 Date 843171965 TIN

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.

2022 D-40P SUB Payment Voucher for Individual Income Tax

Instructions

Use the D-40P Payment Voucher to make any payment due on your **D-40** return.

Do not use the voucher to make estimated tax payments.

Enter your name(s), taxpayer identification number (TIN) and address exactly as shown on your return. If you are filing a joint return, or filing separately on the same return, enter the name and TIN shown first on your return, then enter the name and TIN shown second on your return.

Enter the amount of your payment. Whole dollars only. Do not enter cents.

Make check or money order (US dollars) payable to DC Treasurer.

Make sure your name and address appear on your payment (check or money order).

Enter your TIN, tax period and D-40 on your payment.

To avoid penalties and interest, pay in full by **April 18, 2023**

Staple your payment to the D-40P voucher; Do not attach your payment to your D-40 return.

Mail the D-40P with, but not attached to your D-40 tax return to:

Office of Tax and Revenue
PO Box 96169
Washington, DC 20090-6169

Dishonored Payments

Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

Detach at perforation before mailing

2022 D-40P SUB Payment Voucher for Individual Income Tax



22040PS11555

Amount of payment 393.00

**To avoid penalties and interest,
your payment must be postmarked no later than April 18, 2023**

Your first name M.I. Last name
SARANSH GROVER

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1555

Spouse's/registered domestic partner's first name M.I. Last name

Your taxpayer identification number (TIN) Spouse's/registered domestic partner's TIN
103851486

Taxpayer daytime telephonenumber
9293262309

Home address (number, street and suite/apartment number if applicable)
2401 CALVERT ST NW , APT. 301

City
WASHINGTON

State
DC

Zipcode + 4
20008

2022 D-40 SUB Individual Income Tax Return



220404S11555

SOFTWARE DEVELOPER USE ONLY VENDOR ID #1555

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Mark if: Filing an Amended return. See instructions.

Your telephone number 9293262309

Mark if Deceased

Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY) 103851486 11171999

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)

Your first name SARANSH M.I. Last name GROVER

Spouse's/registered domestic partner's first name M.I. Last name



Home address(number, street and suite/apartment number (if applicable)) 2401 CALVERT ST NW, APT. 301

City WASHINGTON State DC Zip Code + 4 20008

Email Address CONTACT@SARANSHGROVER.COM

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Filing Status

1 Mark only one: X Single, Married filing jointly, Married filing separately, Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for Lines 5-43. See instructions.

Registered domestic partners filing jointly or filing separately on the same return. Enter combined amounts for Lines 5-43. See instructions.

Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

Qualifying widow(er) with dependent child Enter qualifying dependent and/or non-dependent information on Schedule S.

2 Mark if you are: X Part-year resident in DC from 07012022 to 12312022 See instructions. (MMDDYYYY) (MMDDYYYY)

3 Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? Yes No X If no, or if claiming an exemption, complete Schedule HSR (see instructions).

Complete your federal return first – Enter your dependents' information on DC Schedule S

Income Information

Round centsto nearest dollar. If amount is zero, leave line if blank; minus, enter amount and fill in oval.

Table with 4 columns: Description, Mark if loss, Code, Amount. Rows include Wages, salaries, unemployment compensation and/or tips, Business income or loss, Capital gain or loss, Rental real estate, royalties, partnerships, etc.

Computation of DC Gross and Adjusted Gross Income

4 Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Mark if loss 4 41289.00

Enter your last name GROVER
Enter your TIN 103851486



220404S21555

Additions to DC Income

5	Franchise tax deducted on federal forms, <i>see instructions.</i>	5	.00
6	Other additions from DC Schedule I, Calculation A, Line 9.	6	.00
7	Add Lines 4, 5 and 6.	Mark if loss 7	41289.00

Subtractions from DC Income

8	Part year residents, enter income received during period of nonresidence, <i>see instructions.</i>	8	35390.00
9	Taxable refunds, credits or offsets of state and local income tax.	9	.00
10	Taxable amount of social security and tier 1 railroad retirement.	10	.00
11	Income reported and taxed this year on a DC franchise or fiduciary return.	11	.00
12	DC and federal government survivor benefits, <i>see instructions.</i>	12	.00
13	Unemployment Insurance Benefits, <i>see instructions.</i>	13	.00
14	Other subtractions from DC Schedule I, Calculation B, Line 16.	14	.00
15	Total subtractions from DC income, Lines 8-14.	15	35390.00
16	DC adjusted gross income, Line 7 minus Line 15.	Mark if loss 16	5899.00

17 Deduction type. *Take the same type as you took on your federal return. Fill in which type* Standard or Itemized
See instructions for amount to enter on Line 17.

18	DC deduction amount.	18	6528.00
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19	DC taxable income. Subtract Line 18 from Line 16.	Mark if loss <input checked="" type="checkbox"/> 19	629.00
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20	Tax. <i>If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.</i>	20	0.00
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Fill in if filing separately on same return. *Complete Calculation J on Schedule S.*

21	Credit for child and dependent care expenses .00 <input checked="" type="checkbox"/> .32	21	.00
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From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441

22	Non-refundable credits from DC Schedule U, Part 1a, Line 7. <i>Attach Schedule U.</i>	22	.00
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23	Total non-refundable credits. <i>Add Line 21 and Line 22.</i>	23	.00
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24	Subtract Line 23 from Line 20. <i>If less than zero, enter zero.</i>	24	0.00
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25	DC Health Care Shared Responsibility. <i>See instructions. If fully covered or fully exempt, enter zero.</i>	25	708.00
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26	Total tax and DC Health Care Shared Responsibility. <i>Add Line 24 and Line 25.</i>	26	708.00
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27 DC Earned Income Tax Credit

27a	Enter the number of qualified EITC children.	27b	Enter earned income amount	27b	.00
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27c	For filers with qualifying children. Enter federal EIC .00 <input checked="" type="checkbox"/> .70 Enter result >	27d	.00
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27e	For filers without qualifying children. <i>See instructions for special calculations.</i> Enter result >	27e	.00
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28	Property Tax Credit. <i>From your DC Schedule H; attach a copy.</i>	28	.00
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Enter your last name

GROVER

Enter your TIN

103851486



220404S31555

29	Refundable credits from DC Schedule U, Part 1b, Line 3. <i>Attach Schedule U.</i>	29	.00
30	Total refundable credits. <i>Add Line 27d or 27e through Line 29</i>	30	.00
31	DC income tax withheld <i>shown on Forms W-2 and 1099. Attach these forms.</i>	31	315.00
32	2022 estimated income tax payments and amount applied from 2021 return.	32	.00
33	Tax paid with FR-127 Extension of Time to File.	33	.00
34	If this is an amended 2022 return, enter payments made with original 2022 D-40 return.	34	.00
35	If this is an amended 2022 return, enter refunds requested with original 2022 D-40 return.	35	.00
36	Total payments and refundable credits. <i>Add Line 30 through Line 34. (Do not include Line 35).</i>	36	315.00
37	Tax Due. <i>Subtract Line 36 from Line 26</i>	37	393.00
38	Amount Overpaid. <i>Subtract Line 26 from Line 36.</i>	38	.00
39	Amount to be applied to your 2023 estimated tax.	39	.00
40	Underpayment Interest. Fill in the oval and attach form D-2210.	40	.00
41	Contribution amount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)	41	.00
42	Total Amount Due. Add Lines 37, 40 and 41.	42	393.00
43	Net Refund. <i>Subtract total of Lines 39, 40 and 41 from Line 38.</i>	43	.00
	Will this refund go to an account outside the U.S. ? Yes No <i>See instructions.</i>		
44	Fill in _____ if either spouse is claiming injured spouse allocation. You must attach Form DC-8379.		

Refund Options: For information on the tax refund card and Program limitations, see instructions or visit our website MyTax.DC.gov

Mark **one** refund choice: Direct deposit or Reliacard (See instructions) or Paper check
Direct deposit. *To have your refund deposited to your* **Checking** or **Savings** *account, fill in and enter bank routing and account numbers. See instructions.*

Routing Number XXXXXXXXXX Account Number XXXXXXXXXXXXXXXXXXXX

Fill in _____ if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).

Third party designee *To authorize another person to discuss this return with OTR, mark here _____ and enter the name and phone number of that person*

Designee's Name _____

Phone number _____

Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

Your signature _____

Date _____

Preparer's signature

SYAM PRIYA RAM SAGAR

Date

04122023

Spouse's/registered domestic partner's signature if filing jointly or separately on same return _____

Date _____

Preparer's Tax Identification Number (PTIN)

P02082703

PTIN telephone number

6789659522

* Pursuant to the "Earned Income Tax Credit as Basic Income Amendment Act of 2021", for tax year 2022, eligible EITC taxpayers with qualified children may have a portion of their EITC paid in 11 monthly payments. If you are a taxpayer receiving monthly EITC payments, OTR will calculate the distribution of your net refund amount for you and your initial lump sum payment received will differ from the Line 43 Net Refund amount. OTR shall send a notice to every individual whose refund, or any portion thereof, will be paid in monthly refund payments pursuant to the Act.

Eligible DC EITC part-year taxpayers with qualifying children, eligible DC EITC taxpayers without a qualifying child, and Schedule N DC Non-Custodial Parent EITC claimants will NOT have a portion of their EITC paid in monthly payments. They will receive their DC EITC refunds in one lump sum payment.

If you have selected the ReliaCard as your refund choice and are eligible to receive monthly EITC refund payments, please retain your U.S. Bank ReliaCard. Monthly payments will be reloaded onto the initial card that you received containing your initial lump sum refund payment.

All DC EITC credits are immediately subject to the offset provisions of DC Code § 47-4431.

2022 SCHEDULE S PAGE 2

Last name and TIN GROVER

103851486



220400S41555

Calculation G-1 Computation of Standard Deduction Calculation G-1 must be completed and submitted with the return except for dependent filers
 *If you were born before January 2, 1958, you are considered to be age 65 at the end of 2022

a	Basic standard deduction amount. See instructions.	a	12950.00
b	Enter 1 if you are age 65 or over*	b	
c	Enter 1 if you are blind.	c	
d	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over*	d	
e	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind.	e	
f	Total number of additions to standard deductions. Add Lines b through e.	f	
g	Additional standard deduction amount. Multiply 1,400 (1,750 if single or head of household) by number on Line f. See instructions.	g	0.00
h	Total standard deduction. Add Lines a and g, enter here and on D-40, Line 18.	h	12950.00
i	Total number of dependents.	i	

Calculation J Tax computation for married or registered domestic partners filing separately on the same DC return.

Enter separate amounts in each column. Do not combine amounts until Line i.

		You	Your spouse/registered domestic partner
a Federal adjusted gross income	Mark if minus	a .00	.00
<i>If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.</i>			
b Total additions to federal adjusted gross income		b .00	.00
<i>Enter each person's portion of additions entered on D-40, Lines 5 and 6.</i>			
c Add Lines a and b.	Mark if minus	c .00	.00
d Total subtractions from federal adjusted gross income		d .00	.00
<i>Enter each person's portion of subtractions entered on D-40, Line 15.</i>			
e DC adjusted gross income	Mark if minus	e .00	.00
<i>Subtract Line d from Line c.</i>			
f Deduction amount.		f .00	.00
<i>Enter each person's portion of the amount entered on D-40, Line 18 (You may allocate this amount as you wish.)</i>			
g Taxable income.	Mark if minus	g .00	.00
<i>Subtract Line f from Line e.</i>			
h Tax.		h .00	.00
<i>If Line g is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I in instructions.</i>			
i		i .00	Total tax

List TINs associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 11.

a	b	c
d	e	f
g	h	i

2022 Schedule HSR SUB DC Health Care Shared Responsibility



220405S11555

VENDOR ID# 1555

Unless Instructed otherwise- if you fill any part of this schedule, attach it to your D-40

Personal information

Your daytime telephone number 9293262309

Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY) 103851486 11171999

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)

Your first name M.I. Last name SARANSH GROVER

Spouse's/registered domestic partner's first name M.I. Last name

Mailing address (number, street and suite/apartment number if applicable)

2401 CALVERT ST NW, APT. 301

City State Zip Code +4 WASHINGTON DC 20008

PART I Do you have qualifying health coverage?

1 Did you and, if applicable, all members of your health care shared responsibility family, have qualifying health coverage for every month in 2022?

Yes. STOP. You do not owe a health care shared responsibility payment and do not need to complete a Schedule HSR.

X No. If you answered No, complete Part II. (Enter zero on Line 25 of your D-40)

PART II Do you have an exemption?

2 Can someone else claim you as a dependent on their federal income tax return for 2022?

Yes. Proceed to Part IV. See instructions.

X No.

3 Was your federal adjusted gross income below the applicable filing threshold for your filing status for 2022? See instructions.

Yes. Proceed to Part IV. See instructions.

X No.

4 Was your federal adjusted gross income, reported on your D-40, Line 4 for 2022, equal to or less than 30,169.80?

Yes. Proceed to Part IV. See instructions.

X No.

If you answered Yes to any of questions 2 - 4, enter zero on Line 25 of your D-40. If not, continue by answering questions 5 - 6.

5 Do you affirm under the penalties of perjury that you or any member of your health care shared responsibility family lacked qualifying health coverage in 2022 on the basis of a sincerely held religious belief during the entire taxable year?

Yes. You must complete Part III before completing Part IV.

X No.

6 Are you claiming an exemption (other than a sincerely held religious belief) for at least one month for 2022 for yourself or any member of your health care shared responsibility family?

Yes. You must complete Part III before completing Part IV.

X No.

After answering questions 5 - 6, complete Part IV to determine the amount to enter on Line 25 of your D-40. If you answered yes to question 5 or 6, you must also complete Part III.



220405S21555

Enter your lastname GROVER

Enter your taxpayer identification number (TIN) 103851486

PART III What coverage exemptions are you claiming for members of your shared responsibility family and for how many months? See instructions for exemption type(s).

Name of Individual	Taxpayer Identification Number (TIN)	Exemption Type	Number of Exempt Months Claimed
7 First name and M.I. Last name			
8 First name and M.I. Last name			
9 First name and M.I. Last name			
10 First name and M.I. Last name			
11 First name and M.I. Last name			
12 First name and M.I. Last name			

PART IV Complete the applicable worksheets before completing Part IV.

Round cents to nearest dollar. If amount is zero, leave line blank.

13	Enter flat dollar amount (see Worksheet A-1, Line 5 or Worksheet A-2, Line 7).....	13	700.00
14	Enter the percentage income amount (see Worksheet B-1, Line 4 or Worksheet B-2, Line 14).....	14	708.00
15	Enter the larger of Line 13 or Line 14 (If Lines 13 and 14 are the same, enter that number.).....	15	708.00
16	Enter the District Average Bronze Plan Premium (see Worksheet C-1, Line 2 or Worksheet C-2, Line 2).....	16	3450.00
17	Enter the smaller of Line 15 or Line 16 here and on D-40, Line 25.....	17	708.00



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\$

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

103851486

Your Social Security Number

Spouse's Social Security Number

SARANSH

Your First Name

MI

GROVER

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

2401 CALVERT ST NW

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

301

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

WASHINGTON

City or Town

DC

State

20008

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.

1700

4 Digit Political Subdivision Code (See Instruction 6)

PRINCE GEORGE 'S

Maryland Political Subdivision (See Instruction 6)

CENTRAL PAYROLL BUREAU

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)

ANNAPOLIS

City

MD

State

21404 2396

ZIP Code + 4

PRINCE GEORGE 'S

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 01012022 TO 06302022

Other state of residence: DC

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:

P



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NAME SARANSH GROVER

SSN 103851486

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. 41289 .00

1a. Wages, salaries and/or tips ▶ 1a. 41289 .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. 41289 .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. 17979 .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. 17979 .00

16. Maryland adjusted gross income (Subtract line 15 from line 7.) ▶ 16. 23310 .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. 1355 .00

18. Net income (Subtract line 17 from line 16.) ▶ 18. 21955 .00

19. Exemption amount from Exemptions area (See Instruction 10.) ▶ 19. 1807 .00

20. Taxable net income (Subtract line 19 from line 18.) ▶ 20. 20148 .00



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NAME SARANSH GROVER

SSN 103851486

MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) 21. _____ 903 .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.
	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. _____ 903 .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. _____ 645 .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. _____ 645 .00
34. Total Maryland and local tax (Add lines 27 and 33.) 34. _____ 1548 .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. _____ 1548 .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. _____ 1700 .00
	41. 2022 estimated tax payments, amount applied from 2021 return, payment made with an extension request, and Form MW506NRS ▶ 41. _____ .00
	42. Refundable earned income credit (from worksheet in Instruction 21) ▶ 42. _____ .00
	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. _____ .00
	44. Total payments and credits (Add lines 40 through 43.) 44. _____ 1700 .00
	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) ▶ 45. _____ .00
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46. _____ 152 .00
REFUND	47. Amount of overpayment TO BE APPLIED TO 2023 ESTIMATED TAX. ▶ 47. _____ .00
	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND ▶ 48. _____ 152 .00
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. _____ .00
	50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. 50. _____ .00



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NAME SARANSH GROVER SSN 103851486

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) ▶ 021000089

51c. Account Number ▶ 6793656866

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

▶ 9293262309 _____
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

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

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