# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Social security number   Social security num	Submis	ssion Identification Number (SID)		·		
Source same   Source same   Source same   Source same   Source same   Source same   Searce same	Taxpaye	's name	Social secur	ity numb	per	
Part II 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	RANA	DHEER ERRABELLY	811-43	-205	3	
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	Spouse's	name	Spouse's so	cial secu	urity numbe	er
Enter whole dollars only on lines 1 through 5.  Note: Form 104-OSS files use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income  2 Total tax  2 3, 715.5  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099  3 3, 6, 532.4  4 Amount you want refunded to you  5 Amount you own trefunded to you  5 Amount you own the funded to you  6 Amount you want refunded to you  7 Amount you want refunded to you  8 Amount you own the funded to you  9 Amount you own the funded to you  9 Amount you own the funded to you  10 Amount you want refunded to receive funded in the sar well as you want to receive funded in the you want to receive funded in the you want to receive funded in the yo	ANVI	THA MARENANI	983-92	2-755	0	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 6, 532. 2 Amount you want refunded to you 4 4 2, 817. 5 Amount you want refunded to you 5 Total you want refunded to you 1 Advanced to perly. 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 I have an examined a copy of 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 achieved eclare that I have an 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 achieved eclare that I have an 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 achieved interest of care expendent or expendent in dictated in the preparation software for sending the interest or expendent of the IRS (a) an achieved interest of care and a ACH electronic funds withorized (interest of the IRS) (a) an achieved in expendent originated institutions introlled to the IRS) and a subhorization is to remain in full force and effect until I notify the U.S. Trassury Financial Institutions involved in the processing of the electronic payment or the payment in the IRS and achieved the IRS and a subhorization is to remain in full force and effect the IRS and a subhorization is to remain in full fo	Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you a	are au	thorizing	.)
Adjusted gross income  Adjusted gross income tax withheld from Form(s) W-2 and Form(s) 1099  Amount you want refunded to you  Adjusted gross in your you want refunded to you  Amount you want refunded to you  Amount you want refunded to you  Amount you want refunded to you  Adjusted gross in your your your your your your refunding the gross and your your refurm (original or amended) I am now authorizing and the farginated FIRO) to send my refund it applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) enty to the financial institution account iniciated in the tax preparation software for or any debug in gleden and your processing the remotor or preparation and your preparation and your your want or applyment of setimated tax, and the financial institution indicated in the tax preparation software for or generate my electronic indicated in the tax preparation software for 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 or the income tax return (original or amended) I am now authorizing and, if applicable, my life you are ent	Enter v		-		_	
2 33,715.  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 36,532.  4 Amount you want refunded to you . 4 2, 2317.  5 Amount you want refunded to you . 4 2, 2317.  5 Amount you owe . 5 I Araxpeyer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjuny, Ideclare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of your delay in processing the return or return (complete. I further declare that the amounts in Part I above are mounts from the income tax return (original or amended) I am now authorizing, and to the best of the sensing the return or return, 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 institutions on for reliancial form to the IRS and an ACH electronic funds withdrawal (direct debit) entry to the financial institutions on 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 that say repeation is ontower for payment of my teteral taxes owed on this return and/or a payment of estimated tax, and the financial institutions to debit the entry to this account. This action is the processing of the electronic payment of the transmission and the payment is the payment (settlement) date. I also authorize the Inancial institutions involved in the processing of the electronic payment of the transmission and 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	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
Amount you want refunded to you  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  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 to receive room the IRS (a) an acknowledgement of recopit 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 return, if applicable, I authorize the U.S. Treasing and its adesgrated financial or any delay in processing the return or refund, and (c) the date of any return, if applicable, is almortized to its oremain in full force and effect until I notify the U.S. Treasing Financial Agent to terminate the authorization is to remain in full force and effect until I notify the U.S. Treasing Financial Agent to terminate the authorization to the terminate that authorization is to remain in full force and effect until I notify the U.S. Treasing Financial Agent to terminate the authorization. To revoke (cancell a payment, I must contact the U.S. Treasing Financial Agent to terminate the authorization. To revoke (cancell a payment of estimated tax, and the financial institution to debit the entry to this account. This transpare's PIN: check one box only will represent identification number (PIN) below is my signature on the income tax return (original institutions invoked in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquires and resolve issues related to the payment, I further acknowledge that the present i	1	Adjusted gross income		1	217	7,852.
Amount you want refunded to you  5 Amount you owe  Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjun; 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 bellef, it is true, correct, and complete. I further declare that the amounts in Part I above the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and bellef, it is true, correct, and complete. I further declare that the amounts in Part I above and the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my return to the IRS and to receive from the IRS (a) an acknowledgement of received for reason for rejection, 6) 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 Friancial Friancial Agent at a such and the internation is to designate of the transmission, 6) 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 Friancial Agent at a such and the financial Agent to terminate the authorization, 6) the responsibility of the III and I a	2			2	33	3,715.
S Amount you owe				3	36	5,532.
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I authorize GLOBAL TAXES LLC ERO firm name 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 GLOBAL TAXES LLC to enter or generate my PIN 2 7 5 5 0 as my Enter five digits, but 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.  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.	return (control to send for any Agent to payment authorize payment business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmismy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectled in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutio ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment cancel information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I and intermined in the payment (PIN) below is my signature for the income tax return (original or amended) I and the payment is the payment (PIN) below is my signature for the income tax return (original or amended) I and the payment is the payment in the payment in the payment is the payment in the payment in the payment in the payment in the payment is the payment in the payment	tter, or electriction of the factor of the f	ronic references and its contact and its conta	turn original ssion, (b) to designate operation so to this according to the following period of the total state of the total st	ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of the that the
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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 ▶		signature on the income tax return (original or amended) I am now authorizing.	u.	on t ente	all Zeros	
Spouse's PIN: check one box only    Authorize   GLOBAL TAXES   LLC		if you are entering your own PIN and your return is filed using the Practitioner PIN method				
Spouse's signature   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	Your si	gnature ▶ Date ▶				
Spouse's signature   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	Snous	o'a DINi abaak ana bay anti				
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.  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 ▶	• —	I authorize GLOBAL TAXES LLC to enter or generate resignature 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method.	Er do ow authoriz	nter five on't ente ing. Ch	digits, but er all zeros neck this	box <b>only</b>
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.  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 ▶	Spouse					
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<u>`</u>	authoriz	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi	tting this ret	urn in a	accordance	
<u>`</u>	FDO:-	olemature N				
	ERU S	Signature ► Date ►  ERO Must Retain This Form — See Instructions				

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022
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OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (N	ЛFS)	Head of	household (HOH)		lifying surv use (QSS)	iving
one box.		u checked the MFS box, enter the na		our spouse. If you c	hecke	ed the HOH or	QSS box, enter t		, ,	e qualifying
	pers	on is a child but not your dependent	:							
Your first name	and mi	ddle initial	Last nai	me				Your so	cial securit	y number
RANADHEI	ER		ERRA	BELLY					43-2053	
If joint return, s	pouse's	s first name and middle initial	Last na	me				Spouse'	s social sec	curity number
ANVITHA			MARE					983-9	92-7550	)
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.			on Campaign
		ORCHARD BLVD					24		nere if you,	or your tly, want \$3
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s <sub>l</sub>	paces below.	Stat	е	ZIP code			Checking a
GAITHERS		3			MD		20878	<b>-</b>	ow will not	
Foreign country	y name		F	Foreign province/state/	county	y	Foreign postal code	your tax	or refund.	
									You	Spouse
Digital		ny time during 2022, did you: (a) reco					-		Yes	⊠ No
Assets		ange, gift, or otherwise dispose of a eone can claim: You as a de		<u></u>			asset)? (See Ilisti	uctions.)	1es	
Standard Deduction		Spouse itemizes on a separate retur		•		а перепает				
		_					landa an Inna an	0.4050		
	_	Were born before January 2, 1	958 _	T -	ouse:		n before January (4) Check the b		ls bli	
Dependent		instructions): irst name Last name		(2) Social security number	´	(3) Relationsh to you	Child tax			ner dependents
If more than four	(1)	Last name					Ornid tax	roun	<u> </u>	
dependents,										┽──
see instruction	s ——									┽──
and check here	1									┽──
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .				. 1a	2.2	20,621.
Income	b	Household employee wages not re	,	,				. 1b		
Attach Form(s)	С	Tip income not reported on line 1a						. 1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep						. 1d		
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26				. 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 29				. 1f		
If you did not	g	Wages from Form 8919, line 6 .						. 1g		
get a Form	h	Other earned income (see instructi	ons) .					. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		li				
instructions.	Z	Add lines 1a through 1h						. 1z	22	20,621.
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> Ta	axable interes	t	. 2b		44.
if required.	3a	Qualified dividends	3a	182.	<b>b</b> O	rdinary divide	nds	. 3b		187.
	4a	IRA distributions	4a		<b>b</b> Ta	axable amoun	t	. 4b		
Standard	5a	Pensions and annuities	5a		<b>b</b> Ta	axable amoun	t	. 5b		
Deduction for— Single or	6a	Social security benefits	6a		<b>b</b> Ta	axable amoun	t	. 6b		
Married filing	С	If you elect to use the lump-sum e	lection r	nethod, check here	(see i	nstructions)				
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	uired,	check here		□ <u>7</u>	-	-3 <b>,</b> 000.
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin						. 8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total inc</b>	ome			. 9	21	.7 <b>,</b> 852.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, l	ine 26				. 10		
						7,852.				
household, \$19,400	12	Standard deduction or itemized						. 12		25 <b>,</b> 900.
If you checked any box under	13	Qualified business income deducti						. 13	_	0.
Standard	14	Add lines 12 and 13						. 14		25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our <b>t</b> a	axable incom	ie	. 15	1 19	91,952.

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	33,723.
Credits	17	Amount from Schedule 2, lir	-					17	
3134113	18	Add lines 16 and 17					[	18	33,723.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	8.
	21	Add lines 19 and 20					[	21	8.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	33,715.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				[	24	33,715.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				<b>25a</b> 36	,239.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c	293.		
	d	Add lines 25a through 25c						25d	36 <b>,</b> 532.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	36,532.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>	[	34	2,817.
riciana	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆 📗	35a	2,817.
Direct deposit?	b	Routing number 1 1 1				Checking S	Savings		
See instructions.	d	Account number 5 8 6	0 3 7 0	1 3 2 9	9 6				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another structions	•		rn with the IRS?		mplete be	elow.	⊠ No
_		signee's		Phone			nal identific	ation	
		ne		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com							
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SECURITY E	NGINEER	(see in		IIV, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupation		If the I	RS ser	nt your spouse an
Keep a copy for		, ,	J					•	ection PIN, enter it here
your records.					HOME MAKER	<u> </u>	(see in	st.)	
		one no. (346) 803-194		Email address	RANADHEER.C	COM@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/12/2023	P02082		Self-employed
Use Only	Fin	m's name GLOBAL TA					Phone	no. (	678) 965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/02/23 PRO			Form 1040 (2022)

# SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

# **Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR RANADHEER ERRABELLY & ANVITHA MARENANI

Your social security number 811-43-2053

Par	Nonrelundable Credits			
1	Foreign tax credit. Attach Form 1116 if required			8.
2	Credit for child and dependent care expenses from Form 2441 Form 2441			
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
1	Amount on Form 8978, line 14. See instructions	6I		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z $$ . $$ .		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-line 20	•	, 8	8.

(continued on page 2)

Schedule 3 (Form 1040) 2022 Page **2** 

Par	Other Payments and Refundable Credits			·
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through		14	
1 <del>4</del> 15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-		14	
10	line 31		15	

#### **SCHEDULE D** (Form 1040)

# **Capital Gains and Losses**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

	tment of the Treasury al Revenue Service	Go to <i>www.irs.gov/ScheduleD</i> to Use Form 8949 to list your tran					,	Attachment Sequence No. <b>12</b>
	(s) shown on return NADHEER ERRABI	ELLY & ANVITHA MARENANI						ecurity number
		nvestment(s) in a qualified opportunity 49 and see its instructions for additiona				No oss.		
Pa	rt I Short-Teri	m Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Les	ss (se	e ins	tructions)
lines	below.	to figure the amounts to enter on the to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gai	(g) djustmen n or loss s) 8949, l	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	e dollars.		(sales price)	(Or Other basis)		2, columi		with column (g)
1a	1099-B for which be which you have However, if you ch	term transactions reported on Form pasis was reported to the IRS and for no adjustments (see instructions). cose to report all these transactions the this line blank and go to line 1b.						
1b		ctions reported on Form(s) 8949 with	609.	1,639.				-1,030.
2		ctions reported on Form(s) 8949 with						
3		ctions reported on Form(s) 8949 with						
4		m Form 6252 and short-term gain or (l	oss) from Forms 4	684, 6781, and 88	324		4	
5		gain or (loss) from partnerships,			rusts 	from	5	
6	. ,	loss carryover. Enter the amount, if an	y, from line 8 of y		-		6	(
7		pital gain or (loss). Combine lines 1a or losses, go to Part II below. Otherwise					7	-1,030.
Par	t II Long-Terr	n Capital Gains and Losses—Ger	nerally Assets H	Held More Than	One	Year	(see i	instructions)
lines This	below. form may be easier	to figure the amounts to enter on the to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gai	(g) Ijustmen n or loss s) 8949, F	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
wnoi	e dollars.				line :	2, columi	າ (g)	with column (g)
8a	1099-B for which be which you have However, if you ch	term transactions reported on Form pasis was reported to the IRS and for no adjustments (see instructions), cose to report all these transactions to this line blank and go to line 8b.						
8b		ctions reported on Form(s) 8949 with	1,838.	4,250.				-2,412.
9		ctions reported on Form(s) 8949 with						
10		ctions reported on Form(s) 8949 with						
11	Gain from Form 47	797, Part I; long-term gain from Forms				(loss)	11	
12		or (loss) from partnerships, S corporat				K-1	12	
		utions. See the instructions					13	
14	Long-term capital I	oss carryover. Enter the amount, if any	, from line 13 of y	our <b>Capital Loss</b>	Carry	over		

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

-2,412.

14

15

Schedule D (Form 1040) 2022 Page 2

### Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -3,442.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

# **Sales and Other Dispositions of Capital Assets**

Social security number or taxpayer identification number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

RANADHEER ERRABELLY & A	ANVITHA M	IARENANI		811-43	-2053		
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	tion as Form	er you receive 1099-B. Either	d any Form(s) 10s will show whether	99-B or substitute er your basis (usua	statement(s	) from your broke ) was reported to	r. A substitute the IRS by your
Part I Short-Term. Trans				eld 1 year or le	ss are ger	nerally short-te	rm (see
instructions). For lo <b>Note:</b> You may agg reported to the IRS Schedule D, line 1a	regate all s and for wh	hort-term tr ich no adjus	ansactions rep stments or coc	les are required	d. Enter th	e totals directly	y on
You must check Box A, B, or C I complete a separate Form 8949, p for one or more of the boxes, com	page 1, for ea oplete as mar	ach applicabl ny forms with	e box. If you ha	ve more short-te checked as you r	rm transact need.	tions than will fit	on this page
<ul><li>(A) Short-term transactions</li><li>(B) Short-term transactions</li><li>(C) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas	•		•	<del>2</del> )
1 (a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	609.	1,639.			-1,030.
2 Totals. Add the amounts in columns negative amounts). Enter each total							

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

609.

-1,030.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).

1,639.

Form 8949 (2022) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side RANADHEER ERRABELLY & ANVITHA MARENANI

Social security number or taxpayer identification number 811-43-2053

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

<ul><li>✗ (D) Long-term transactions</li><li>☐ (E) Long-term transactions</li><li>☐ (F) Long-term transactions</li></ul>	reported on l	Form(s) 1099	-B showing bas				e)
(a) Description of property	(b) Date acquired	(c) Date sold or		(e) Cost or other basis See the Note below			(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	1,838.	4,250.			-2,412.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above	al here and incl	lude on your					

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked) .

-2,412.

1,838.

4,250.

# Form **8995**

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2022

Attachment Sequence No. **55** 

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

RANADHEER ERRABELLY & ANVITHA MARENANI

Your taxpayer identification number 811-43-2053

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 ( )		
4 5	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-Qualified business income component. Multiply line 4 by 20% (0.20)	4	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b> 2.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 2.		
9			9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 an	1	10	0.
11	Taxable income before qualified business income deduction (see instructions)	<b>11</b> 191,952.		
12	Net capital gain (see instructions)	<b>12</b> 182.		
13	Subtract line 12 from line 11. If zero or less, enter -0	13 191,770.		
14	Income limitation. Multiply line 13 by 20% (0.20) $\cdot$		14	38 <b>,</b> 354.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also			
	the applicable line of your return (see instructions)		15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	( 0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0		17	( 0.)

# 8959 Form

Department of the Treasury Internal Revenue Service

# **Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions.

Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. 71

Name(s) shown on return

RANADHEER ERRABELLY & ANVITHA MARENANI

Your social security number

811-43-2053

Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000 5 250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	0.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to		
	Part II	7	0.
Part	Additional Medicare Tax on Self-Employment Income		
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000 <b>9</b>		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and		
	go to Part III	13	
Part			
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)		
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).		
	Enter here and go to Part IV	17	
Part I	V Total Additional Medicare Tax		
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR		
	or 1040-SS filers, see instructions), and go to Part V	18	0.
Part			
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		
	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax	60	
	withholding on Medicare wages	22	293.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box		
	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with		
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or	0.4	222
	1040-SS filers, see instructions)	24	293.

BAA

#### PERSONAL TAX PAYMENT VOUCHER FOR FORM 502/505, ESTIMATED TAX AND EXTENSIONS



22PTPV013

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

All432053 Your Social Security Number	
983927550  If Joint Return, Spouse's Social Security Number	
RANADHEER Your First Name	MI
ERRABELLY Your Last name	
ANVITHA  If Joint Return, Spouse's First Name	MARENANI MI Spouse's Last Name
BD1 QUINCE ORCHARD BLVD Current Mailing Address - Line 1 (Street No. and Street No.	ame or PO Box)
24 Current Mailing Address - Line 2 (Apt. No., Suite No., Floo	r No.)
GAITHERSBURG City or Town	MD 20878 State ZIP Code +4
PAYMENT TYPE Check ONLY one box (1,2,3, or 4) for type checked, also check box 1a., if first time is status has changed.	
1. X Estimated Payment/Quarterly (50.	2D) Tax Year: 2023

## PAYMENT AMOUNT

Amount you are paying by check or money order.

240 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 ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.

1a.

Tax Year:

Tax Year:

First time filer or change in filing status

Payment with nonresident return (505) Tax Year:

Extension Payment (502E)

#### PERSONAL TAX PAYMENT VOUCHER FOR FORM 502/505, ESTIMATED TAX AND EXTENSIONS



22PTPV013

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

All432053 Your Social Security Number					
983927550  If Joint Return, Spouse's Social Security Number					
RANADHEER Your First Name	MI				
ERRABELLY Your Last name					
ANVITHA  If Joint Return, Spouse's First Name	MARENANI MI Spouse's Last Name				
BOL QUINCE ORCHARD BLVD  Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)					
24 Current Mailing Address - Line 2 (Apt. No., Suite No., Floo	r No.)				
GAITHERSBURG City or Town	MD 20878 State 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.  PAY					
1. X Estimated Payment/Quarterly (50.	2D) Tax Year: 2023				

## PAYMENT AMOUNT

Amount you are paying by check or money order.

240 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 ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.

1a.

Tax Year:

Tax Year:

First time filer or change in filing status

Payment with nonresident return (505) Tax Year:

Extension Payment (502E)

#### PERSONAL TAX PAYMENT VOUCHER FOR FORM 502/505, ESTIMATED TAX AND EXTENSIONS



22PTPV013

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

All432053 Your Social Security Number					
983927550  If Joint Return, Spouse's Social Security Number					
RANADHEER Your First Name	MI				
ERRABELLY Your Last name					
ANVITHA  If Joint Return, Spouse's First Name	MARENANI MI Spouse's Last Name				
BOL QUINCE ORCHARD BLVD  Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)					
24 Current Mailing Address - Line 2 (Apt. No., Suite No., Floo	r No.)				
GAITHERSBURG City or Town	MD 20878 State 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.  PAY					
1. X Estimated Payment/Quarterly (50.	2D) Tax Year: 2023				

## PAYMENT AMOUNT

Amount you are paying by check or money order.

240 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 ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.

1a.

Tax Year:

Tax Year:

First time filer or change in filing status

Payment with nonresident return (505) Tax Year:

Extension Payment (502E)

#### PERSONAL TAX PAYMENT VOUCHER FOR FORM 502/505, ESTIMATED TAX AND EXTENSIONS



22PTPV013

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

All432053 Your Social Security Number					
983927550  If Joint Return, Spouse's Social Security Number					
RANADHEER Your First Name	MI				
ERRABELLY Your Last name					
ANVITHA  If Joint Return, Spouse's First Name	MARENANI MI Spouse's Last Name				
BOL QUINCE ORCHARD BLVD  Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)					
24 Current Mailing Address - Line 2 (Apt. No., Suite No., Floo	r No.)				
GAITHERSBURG City or Town	MD 20878 State 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.  PAY					
1. X Estimated Payment/Quarterly (50.	2D) Tax Year: 2023				

## PAYMENT AMOUNT

Amount you are paying by check or money order.

240 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 ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.

1a.

Tax Year:

Tax Year:

First time filer or change in filing status

Payment with nonresident return (505) Tax Year:

Extension Payment (502E)



#### e-File DECLARATION FOR ELECTRONIC FILING



Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

RANADHEER First Name  ANVITHA Spouse's First Name  Part I Tax Return Information				
RANADHEER		ERRABELLY	811432053	
First Name	MI	Last Name	SSN/Taxpayer Identification I	Number
ANVITHA		MARENANI	983927550	
Spouse's First Name	MI	Spouse's Last Name	SSN/Taxpayer Identification I	Number
Part I Tax Return Information	(whole dollars onl	(y)		
1. Amount of overpayment to be ap	oplied to 2023 estima	ted tax	1.	0
2. Amount of overpayment to be re	funded to you		<b>REFUND</b> 275	<u>56</u> .0
3. Total amount due (Pay in full by	April 15, 2023. See i	nstructions.)	3.	01
Part II Taxpayer Declaration a				
knowledge and belief, my return is	true, correct and co	implete. I consent that my re	tronic income tax return. To the bes turn, including accompanying schedu Return Originator or by my electronio	iles an
Your PIN: check one box only			[Fatas 6a	- 41 - 14 -
X I authorize GLOBAL TAXES	LLC	to enter or gene	rate my PIN 3 2 0 5 3 Enter five Do not e	enter all
as my signature on my tax yea		filed income tax return.	2010	75.
			tax return. Check this box <b>only</b> if you the ERO must complete Part III below.	
Your signature			Date	
Spouse's PIN: check one box onl	у			
X I authorize GLOBAL TAXES	LLC ERO firm name	to enter or gene	rate my PIN 2 7 5 5 0 Enter five Do not e	enter all
as my signature on my tax yea	r 2022 electronically	filed income tax return.		
I will enter my PIN as my signa entering your own PIN <b>and</b> you	ture on my tax year in return is filed using	2022 electronically filed income the Practitioner PIN method. T	tax return. Check this box <b>only</b> if you he ERO must complete Part III below.	ı are
Spouse's signature			Date	
	Practitione	er PIN Method Returns Only		
Part III Certification and Auther		•	Do no	ot enter
ERO's EFIN/PIN. Enter your six-di	git EFIN followed by y	our nve-aigit seir-seiectea PIN		zeros.
	mitting this return in		ronically filed income tax return for the ents of the Practitioner PIN method and	
ERO's signature			Date 03122023	
			r Mail	

REV 03/03/23 PRO

#### **RESIDENT INCOME TAX RETURN**



2022

Place your W-2 wage and tax statements and ATTACH HERE

OR FISCAL YEAR B	EGINNING	2022, E	NDING		=	
011420052	0000	0.7550				
811432053 Your Social Security N		027550				
•	umper Spouse	s Social Security Number				
<u> </u>						
Your First Name ERRABELLY Our Last Name ANVITHA	MI					
ERRABELLY						
Your Last Name		Does your name match name on your social sec				
ANVITHA		card? If not, to ensure y				
Spouse's First Name	MI	exemptions, contact SS				
<u>≅</u> MARENANI		1-800-772-1213 or visit <b>www.ssa.gov</b> .				
Spouse's Last Name		01 VISIC WWW.SSAI.gov.				
MARENANI Spouse's Last Name 801 QUINCE	ORCHARD BLV	'D				
		and Street Name or PO Bo	ox)			
24			GAITHER	RSBURG	MD	20878
-	ss Line 2 (Apt No., S	Suite No., Floor No.)	City or Town	1020110	State	ZIP Code + 4
_	( )	,,	,			
Foreign Country Name				Foreign	n Province/State/County	,
,	-			i orcigi	ii i i ovince/State/County	
Foreign Postal Code						
Foreign Postal Code						
0						
er to						
REQUIRED:	1aryland Physic	al address of taxing are	ea as of Dec	ember 31, 2022	or last day of the	taxable year for fiscal year
taxpayers. <b>Se</b>	e Instruction 6	5. Part-year residents	s see Instr	uction 26.		
taxpayers. Set 1600 4 Digit Political Stay 801 QUINO Maryland Physical 24 Maryland Physical 24 Maryland Physical Maryland Physical 24		MONTG	SOMERY			
4 Digit Political Su	ıbdivision Code (See			ision (See Instruction	n 6)	
801 OUTNO	E ORCHARD I	RI.VD				
Maryland Physical		eet No. and Street Name) (No	PO Box)			
24	7.00.000 2.110 2 (00.10	(italia	. 0 20%)			
Maryland Physical	Address Line 2 (Ant	No., Suite No., Floor No.) (No	— PO Boy)			
10		No., Suite No., Floor No.) (No		00070		
GAITHERSE City	SURG		<u>MD_</u>	20878	MONTGOMER	<u>Y</u>
应 City			State	ZIP Code + 4	Maryland County	
_FILING	1. Sing	gle (If you can be claim	ed on anoth	ner person's tax	return, use Filing S	Status 6.)
STATUS						
CHECK ONE	<b>2.</b> X Mar	ried filing joint return o	r spouse ha	d no income		
BOX ►			·			
See Instruction	<b>3.</b> Mar	ried filing separately, S	nouse SSN	•		
1 if you are	<b>31</b>	rica ming separatery, s	pouse ssiv			
required to file.	4   1100	d of household				
	<b>4.</b> L. Hea	a or nousenoia				
	<b>5.</b>	lifying widow(er) with o	dependent c	hild		
	<b>6.</b> Dep	endent taxpayer (Enter	r 0 in Exemp	otion Box (A) -	See Instruction 7.)	j.
			·			
PART-YEAR	Dates of Mai	yland Residence (MM	1 DD YYYY	) FROM	то	
RESIDENT		residence:	· · · ·	,		
See Instruction		or ended legal residence	o in Manulan	nd in 2022 place	a <b>D</b> in the hey	
26.						
		f you or your spouse ha		yıana military if	ncome, prace an <b>M</b>	iii tile box
	Enter Military	Income amount here	::			

#### **RESIDENT INCOME TAX RETURN**



**2022**Page 2

See Instruction 3.  Check here    I authorize the Comptroller of Maryland to share information from this tax return with Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no health care coverage.  E-mail address    1. Adjusted gross income from your federal return.	.00 .00 0 .00
you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.  C. Enter number from line 3 of Dependent Form 502B	.00  0 .00  th the no-cost or low-cost
must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount  MARYLAND HEALTH CARE COVERAGE See Instruction 3.  Check here  If your spouse does not have health care coverage  If your spouse does not have health care coverage  Check here  If your spouse does not have health care coverage  DOB (mm/dd/yyyy)   Check here  DOB (m	.00  0 .00  th the no-cost or low-cost
Information Form 502B to this form to receive the applicable exemption amount  Check here   If you do not have health care coverage  Check here   If your spouse does not have health care coverage  Check here   If your spouse does not have health care coverage  Check here   If your spouse does not have health care coverage  Check here   If your spouse does not have health care coverage  Check here   If your spouse does not have health care coverage  Check here   If your spouse does not have health care coverage  Check here   If your spouse does not have health care coverage  Check here   If your spouse does not have health care coverage  Check here   If your spouse does not have health care coverage  Check here   If your spouse does not have health care coverage  Check here   If your spouse does not have health care coverage  Check here   If your spouse does not have health care coverage  Check here   If your spouse does not have health care coverage  Check here   If your spouse does not have health care coverage  DOB (mm/dd/yyyy)    Check here   If your spouse does not have health care coverage  Check here   If your spouse does not have health care coverage  DOB (mm/dd/yyyy)    If your spouse does not have health care coverage  Total AmountD. \$   If you do not have health care coverage  DOB (mm/dd/yyyy)    If you spouse does not have health care coverage  Total AmountD. \$   If you do not have health care coverage  DOB (mm/dd/yyyy)    If you spouse does not have health care coverage  DOB (mm/dd/yyyy)    If you spouse does not have health care coverage  DOB (mm/dd/yyyy)    If you spouse does not have health care coverage  DOB (mm/dd/yyyy)    If you spouse does not have health care coverage  DOB (mm/dd/yyyy)    If you spouse does not have health care coverage  DOB (mm/dd/yyyy)    If you spouse does not have health care coverage  DOB (mm/dd/yyyy)    If you spouse does not have health care coverage  DOB (mm/dd/yyyy)    If you spouse does not have health care coverage  DOB (mm/dd/yyyy)    If you spouse does no	th the no-cost or low-cost
MARYLAND HEALTH CARE COVERAGE See Instruction 3.  In authorize the Comptroller of Maryland to share information from this tax return with Maryland Health care coverage.  E-mail address  In Adjusted gross income from your federal return.  In Adjusted gross income from your fede	th the no-cost or low-cost
MARYLAND HEALTH CARE COVERAGE  See Instruction 3.  Check here   If your spouse does not have health care coverage DOB (mm/dd/yyyy)   I authorize the Comptroller of Maryland to share information from this tax return with Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no health care coverage.  E-mail address   1. Adjusted gross income from your federal return.  1. Capital Gain or (loss).  1. Adjusted gross income from your federal return.  1. Adj	th the no-cost or low-cost
Coverage  See Instruction 3.  Check here  If your spouse does not have health care coverage    If your spouse does not heave health care coverage    If your spouse does not heave health care coverage    If your spouse does not heave health care coverage    If your spouse does not heave health care coverage    If your spouse does not heave health care coverage    If your spouse health care coverage    If your spouse heave health care coverage    If your spouse heal	th the no-cost or low-cost
I authorize the Comptroller of Maryland to share information from this tax return with Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for nehealth care coverage.  E-mail address ▶  1. Adjusted gross income from your federal return	no-cost or low-cost
1. Adjusted gross income from your federal return	217852 .00
INCOME       1a. Wages, salaries and/or tips.       ▶ 1a. 220621 .00         See Instruction 11. 1b. Earned income.       ▶ 1b00         1c. Capital Gain or (loss).       ▶ 1c3000 .00         1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.)       ▶ 1d00         1e. Place a "Y" in this box if the amount of your investment income is more than \$10,300 . ▶         2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ≥ 2.	217852 .00
See Instruction 11.  1b. Earned income	_
1c. Capital Gain or (loss)	7
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 .       ▶         2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶       2.	7
<ul> <li>1e. Place a "Y" in this box if the amount of your investment income is more than \$10,300 .</li> <li>▶</li> <li>2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ≥ 2.</li> </ul>	7
2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2.	
2. Tax-exempt interest on state and local obligations (bolids) other than Maryland	.00
ADDITIONS  3. State retirement pickup	
TO MARYLAND INCOME  4. Lump sum distributions (from worksheet in Instruction 12.)	00
INCOME See Instruction 12.)  5. Other additions (Enter code letter(s) from Instruction 12.)  5. Other additions (Enter code letter(s) from Instruction 12.)	.00
See Instruction 12.  6. Total additions (Add lines 2 through 5. See instructions.)	.00
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	
8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 ▶ 8.	.00
Child and dependent core symptoms	.00
FROM  10a. Pension exclusion from worksheet (13A) Yourself ▶ Spouse ▶ ▶ 10a.	.00
MARYLAND  10b. Pension exclusion from worksheet (13E) Yourself ▶ Spouse ▶ ▶ 10b.	.00
INCOME  11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11.	.00
See Instruction 13. 12. Income received during period of nonresidence (See Instruction 26.) ▶ 12.	.00
<b>13.</b> Subtractions from attached Form 502SU ▶	
<b>14.</b> Two-income subtraction from worksheet in Instruction 13 ▶ 14.	0.0
<b>15.</b> Total subtractions (Add lines 8 through 14. See instructions.) ▶ 15.	
<b>16.</b> Maryland adjusted gross income (Subtract line 15 from line 7.)	017050 00
All taxpayers must select one method and check the appropriate box.	
DEDUCTION METHOD  X STANDARD DEDUCTION METHOD (Enter amount on line 17.) ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)	
	.00
17b. State and local income taxes (See Instruction 14.) ▶ 17b.	.00
Subtract line 17b from line 17a and enter amount on line 17.	
<b>17.</b> Deduction amount (Part-year residents see Instruction 26 (I and m).) ▶ 17.	4850 .00
<b>18.</b> Net income (Subtract line 17 from line 16.)	213002 .00
19. Exemption amount from Exemptions area (See Instruction 10.)	0 .00
20. Taxable net income (Subtract line 19 from line 18.)	213002 .00

#### **RESIDENT INCOME TAX RETURN**



2022 Page 3

10318	Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) 21.	21
	Earned income credit (EIC) (See Instruction 18.) ≥ 22	
		LAND 22.
	Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.	UTATION
	Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.	
	Poverty level credit (See Instruction 18.) ≥ 23	23.
	Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24.	24.
edits on Form 500	Business tax credits You must file this form electronically to claim business tax cre	25.
	Total credits (Add lines 22 through 25.)	26.
10318	Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0	27.
	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	
6816	your local tax rate .0 0320 or use the Local Tax Worksheet	TAX
	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29	UTATION 29.
	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.	30.
	Local tax credit from Part BB, line 1 of Form 502CR ( <b>Attach Form 502CR.</b> )	31.
	Total credits (Add lines 29 through 31.)	32.
6816	<b>Local tax</b> after credits (Subtract line 32 from line 28.) If less than 0, enter 0	33.
17134	Total Maryland and local tax (Add lines 27 and 33,)	34.
00	Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35	35.
00	Contribution to Developmental Disabilities Services and Support Fund ▶ 36	180110N2 36'
00	Contribution to Maryland Cancer Fund ▶ 37	uction 20. <b>37.</b>
00	Contribution to Fair Campaign Financing Fund ▶ 38	38.
17134	<b>Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . 39.	39.
	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms	40.
17890	and attach if MD tax is withheld.)	
	2022 estimated tax payments, amount applied from 2021 return, payment made	41.
	with an extension request, and <b>Form MW506NRS</b> ▶ 41	
	Refundable earned income credit (from worksheet in Instruction 21) ▶ 42	42.
	Refundable income tax credits from Part CC, line 10 of Form 502CR	43.
	(Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) 43.	
17890	Total payments and credits (Add lines 40 through 43.)	44.
	Balance due (If line 39 is more than line 44, subtract line 44 from line 39.	45.
	See Instruction 22.)	
756	Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46.	46.
	Amount of overpayment TO BE APPLIED TO 2023 ESTIMATED TAX ▶ 47.	47.
	Amount of overpayment TO BE REFUNDED TO YOU	48.
756	(Subtract line 47 from line 46.) See line 51	D
	Check here if you are attaching Form 502UP. Enter interest charges from line 18,	49.
	or for late filing or homebuyer withdrawal penalty ▶ 49	
	TOTAL AMOUNT DUE (Add lines 45 and 49.)	NT DUE 50.
	IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV 50.	NI DUE

#### **RESIDENT INCOME TAX RETURN**



2022 Page 4

NAME RANADHEER ERRABELLY & ANVITHA MARENANI 811432053

<b>DIRECT DEPOSIT OF REFUND</b> (See Instruction 22.) <b>Verify that</b> are requesting direct deposit of your refund, complete the following		
,	<b>3</b> • • • • • • • • • • • • • • • • • • •	
X Check here if you authorize the State of Maryland to issu	ue your refund by direct deposit.	
Check here if this refund will go to an account outside of	the United States.	
<b>51a.</b> Type of account: ► X Checking Savings <b>51b</b>	. Routing Number (9-digits)   13	11000025
<b>51c.</b> Account Number ► 586037013296		
<b>51d.</b> Name(s) as it appears on the bank account		
3468031941		
Daytime telephone no. Home telephone no.	CODE NUM	BERS (3 digits per line)
Daytime telephone no. nome telephone no.	CODE NOMI	beks (3 digits per lille)
Check here 🔲 if you authorize your preparer to discuss this retu	ırn with us. Check here ► if you authori:	ze your paid preparer
not to file electronically. Check here $ ightharpoonup$ if you agree to receive	vour 1099G Income Tax Refund statement	electronically (See
Instruction 24.)	. Your 10330 Income Tax Nerana Statement	cicci omcan, (occ
,	turn including accompanying schodules and	statements and to
Under penalties of perjury, I declare that I have examined this ret the best of my knowledge and belief it is true, correct and comple		
based on all information of which the preparer has any knowledge		yer, the accidiation is
Your signature Date	Spouse's signature	Date
GLOBAL TAXES LLC	245 ROONEY CT	
Printed name of the Preparer / or Firm's name	Street address of preparer or Firm's address	
CVAM DDIVA DAM CACAD CUDDA DAIIAM	E DDINGWICK NT 00016	
SYAM PRIYA RAM SAGAR GUPTA TALLAM Signature of preparer other than taxpayer (Required by Law)	E BRUNSWICK NJ 08816 City, State, ZIP Code + 4	
Signature of property outer than taxpayor (negative by East)	, State, 21. code : 4	
	6789659522 ► P0208270	3
	Telephone number of preparer Preparer's PTIN	(Required by Law)
	To make an online payment, scan the	a OP code below an
For returns filed without payments, mail your	follow instructions	c Av cone neigh all

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 d