

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name RAHUL KARNATI	Social security number 827-25-4953
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income . . . . .	1	67,670.
2	Total tax . . . . .	2	7,657.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	14,438.
4	Amount you want refunded to you . . . . .	4	6,781.
5	Amount you owe . . . . .	5	

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

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

### Taxpayer's PIN: check one box only

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

5	4	9	5	3
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶  Date ▶ 01/25/2023

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

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

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

Form fields for personal information: Your first name and middle initial (RAHUL), Last name (KARNATI), Your social security number (827-25-4953), Spouse's social security number, Home address (4802 ELTON GREEN COURT), City (ARBUTUS), State (MD), ZIP code (21227), Foreign country name, Foreign province/state/county, Foreign postal code, Presidential Election Campaign checkboxes.

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

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

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

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, and Add lines 1a through 1h.

Table for tax calculations with rows 2a through 15, including Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Other income from Schedule 1, Adjustments to income, Subtract line 10 from line 9, Standard deduction or itemized deductions, Qualified business income deduction, Add lines 12 and 13, and Subtract line 14 from line 11.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 7,657.

Table for Payments (lines 25-33). Includes federal income tax withheld (14,438) and total payments (14,438).

Table for Refund (lines 34-36). Shows overpaid amount of 6,781 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount owed and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for preparer and spouse, including occupation and ID Protection PIN fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
RAHUL KARNATI

Your social security number  
827-25-4953

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	-8,385.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		<b>10</b>	-8,385.

For Paperwork Reduction Act Notice, see your tax return instructions.

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .		<b>20</b>
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>
<b>22</b>	Reserved for future use . . . . .		<b>22</b>
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return  
RAHUL KARNATI

Your social security number  
827-25-4953

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** PLOT NO:1 TIRUMALA NAGAR NALGONDA TELANGANA IN 508001

**B**  
**C**

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
<b>A</b> 3		365		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

Income:	Properties:		
	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b> 684.		
<b>4</b> Royalties received . . . . .	<b>4</b>		
<b>Expenses:</b>			
<b>5</b> Advertising . . . . .	<b>5</b>		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b> 1,874.		
<b>8</b> Commissions . . . . .	<b>8</b>		
<b>9</b> Insurance . . . . .	<b>9</b>		
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>		
<b>11</b> Management fees . . . . .	<b>11</b> 1,696.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		
<b>13</b> Other interest . . . . .	<b>13</b>		
<b>14</b> Repairs . . . . .	<b>14</b> 2,463.		
<b>15</b> Supplies . . . . .	<b>15</b> 1,674.		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b> 1,362.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>		
<b>19</b> Other (list) _____	<b>19</b>		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b> 9,069.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b> -8,385.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 8,385. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b> 684.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b> 9,069.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b> ( 8,385. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b> -8,385.		

Mail 760ES Voucher 1 To:

Director of Tax Administration, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

**2023 FORM 760ES - Voucher 1**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 05-01-23

- Check if this is a new address.  
 Check here if this is your first payment for  
this taxable year.

REV 01/23/23 PRO 1555

LOCALITY NO.	FOR OFFICE USE
059	

8272549533 7621555 123056 059

Your Social Security Number (SSN)

827254953

RAHUL KARNATI

Spouses SSN (if filing a joint return)

4802 ELDON GREEN COURT

ARBUTUS

MD 21227

Daytime Phone Number 510-640-3231

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

84.00

Mail 760ES Voucher 2 To:

Director of Tax Administration, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

**2023 FORM 760ES - Voucher 2**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 06-15-23

- Check if this is a new address.  
 Check here if this is your first payment for  
this taxable year.

REV 01/23/23 PRO 1555

LOCALITY NO.	FOR OFFICE USE
059	

8272549533 7621555 123064 059

Your Social Security Number (SSN)

827254953

RAHUL KARNATI

Spouses SSN (if filing a joint return)

4802 ELDON GREEN COURT

ARBUTUS

MD 21227

Daytime Phone Number 510-640-3231

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**84.00**



Mail 760ES Voucher 3 To:

Director of Tax Administration, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

**2023 FORM 760ES - Voucher 3**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 09-15-23

- Check if this is a new address.  
 Check here if this is your first payment for  
this taxable year.

REV 01/23/23 PRO 1555

LOCALITY NO.	FOR OFFICE USE
059	

8272549533 7621555 123099 059

Your Social Security Number (SSN)

827254953

RAHUL KARNATI

Spouses SSN (if filing a joint return)

4802 ELDON GREEN COURT

ARBUTUS

MD 21227

Daytime Phone Number 510-640-3231

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

84.00

Mail 760ES Voucher 4 To:

Director of Tax Administration, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

**2023 FORM 760ES - Voucher 4**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

DUE: 01-16-24

- Check if this is a new address.  
 Check here if this is your first payment for  
this taxable year.

REV 01/23/23 PRO 1555

LOCALITY NO.	FOR OFFICE USE
059	

8272549533 7621555 124011 059

Your Social Security Number (SSN)

827254953

RAHUL KARNATI

Spouses SSN (if filing a joint return)

4802 ELDON GREEN COURT

ARBUTUS

MD 21227

Daytime Phone Number 510-640-3231

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

**Amount of payment**

**84.00**

**DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

<b>First Name &amp; Middle Initial (if joint or combined return, enter both)</b>	<b>Last Name</b>	<b>B Your Social Security Number</b>
RAHUL	KARNATI	827-25-4953
<b>Present Home Address</b>		<b>A Spouse's Social Security Number</b>
4802 ELDON GREEN COURT		
<b>City, State and Zip Code</b>		<b>Online Filed Return</b> <input type="checkbox"/>
ARBUTUS MD 21227		

<b>Part I Tax Return Information</b>	<b>A Spouse</b>	<b>B Yourself</b>
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		67,670.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		67,670.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		9,281.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		334.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		334.
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		

**Part II Declaration of Taxpayer**

8a.  I consent that my refund be directly deposited as designated on my 2022 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

8b.  I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c.  I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2022 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2022 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Your Signature	Date	Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	Date
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**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under 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. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature GLOBAL TAXES LLC	Date 01-26-23	SSN/PTIN
Firm's name (or yours if self-employed) 245 ROONEY CT E BRUNSWICK NJ 08816		Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N   Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N 882145487
Address, City, State and Zip	Date 01-26-23	EIN P02082703
Paid Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date	SSN/PTIN
Firm's name (or yours if self-employed) 245 ROONEY CT E BRUNSWICK NJ 08816		Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N 882145487
Address, City, State and Zip		EIN

— Cut Here —

**Form 760-PMT 2022 Tax Due Return Payment Coupon**

(DOC ID 761

**No Staples Please\***

**To Be Used For Payments On Previously  
Filed 2022 Individual Income Tax Returns Only**

Your Social Security Number

Spouse's Social Security Number

827254953

8272549533 7611555 122009

If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.


If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

Name(s) and Address

RAHUL KARNATI

4802 ELDON GREEN COURT  
ARBUTUS

MD 21227

Amount of  
Payment 

334.00

Daytime Phone Number: 510-640-3231

# 2022 Virginia Nonresident Income Tax Return

Due May 1, 2023



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

First Name RAHUL	MI	Last Name KARNATI	Suffix	Your Social Security Number 827-25-4953	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only)	MI	Last Name	Suffix	Spouse's Social Security Number	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route) 4802 ELDON GREEN COURT			Your Birth Date (mm-dd-yyyy) 10 - 05 - 1997		
City, Town or Post Office ARBUTUS		State MD	ZIP Code 21227	Spouse's Birth Date (mm-dd-yyyy) - -	
State of Residence WA	<b>Important</b> - Name of Virginia City or County in which principal place of business, employment, or income source is located. FAIRFAX COUNTY				Locality Code 059
<input type="checkbox"/> City <b>OR</b> <input checked="" type="checkbox"/> County					

<b>Check Applicable Boxes</b>	<input type="checkbox"/> Amended Return Reason Code	<input type="checkbox"/> Name(s) or Address Different than Shown on 2021 VA Return	<input type="checkbox"/> Overseas on Due Date
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman	EIC Claimed on federal return \$ _____ .00

**Filing Status** Enter Filing Status Code in box below.

- 1 = Single. Federal head of household? YES
- 2 = Married, Filing Joint Return - both must have Virginia income
- 3 = Married, Spouse Has No Income From Any Source
- 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name \_\_\_\_\_

**Exemptions** Add Sections 1 and 2. Enter the sum on Line 12.

You	Spouse if Filing Status 2 or 3	Dependents	<b>Total Section 1</b>	
1			1	X \$930 = 930
You 65 or over	Spouse 65 or over	You Blind	Spouse Blind	<b>Total Section 2</b>
				X \$800 =

1	Adjusted Gross Income from federal return - <i>Not federal taxable income</i> .....	1	67670	00
2	Additions from Schedule 763 ADJ, Line 3. ....	2		00
3	<b>Add Lines 1 and 2</b> .....	3	67670	00
4	Age Deduction (See instructions and the Age Deduction Worksheet) ..... You Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b. ....	4a		00
		4b		00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. ....	5		00
6	State income tax refund or overpayment credit reported as income on your federal return. ....	6		00
7	Subtractions from Schedule 763 ADJ, Line 7.....	7		00
8	<b>Add Lines 4a, 4b, 5, 6, and 7</b> .....	8		00
9	<b>Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3</b> .....	9	67670	00
10	Itemized Deductions from Virginia Schedule A, if applicable. See instructions.....	10		00
11	If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. ....	11	8000	00
12	Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. ....	12	930	00
13	Deductions from Schedule 763 ADJ, Line 9.....	13		00
14	<b>Add Lines 10, 11, 12 and 13</b> .....	14	8930	00
15	Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.....	15	58740	00
16	Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....	16	15.8	%
17	Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).....	17	9281	00
18	Income Tax from Tax Table or Tax Rate Schedule.....	18	334	00
19a	Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.....	19a		00

LTD

\$ \_\_\_\_\_

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XXXXXX



Your Name RAHUL KARNATI	Your SSN 827-25-4953
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19b	Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.	19b		00
20	2022 Estimated Tax Payments.	20		00
21	2021 overpayment credited to 2022 estimated tax.	21		00
22	Extension Payment - submitted using Form 760IP.	22		00
23	Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.	23		00
24	Total credits from Schedule OSC.	24		00
25	Credits from Schedule CR, Section 5, Line 1A.	25		00
26	<b>Total payments and credits. Add Lines 19a through 25.</b>	26		00
27	If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TAX YOU OWE.</b>	27	334	00
28	If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT AMOUNT.</b>	28		00
29	Amount of overpayment on Line 28 to be CREDITED TO 2023 ESTIMATED INCOME TAX.	29		00
30	Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6.	30		00
31	Other Voluntary Contributions from Schedule VAC, Section II, Line 14.	31		00
32	Addition to Tax, Penalty, and Interest from <b>enclosed</b> Schedule 763 ADJ, Line 21. See instructions. Enclose 760C or 760F and check here. <input type="checkbox"/>	32		00
33	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. Check here if no sales and use tax is due. <input checked="" type="checkbox"/>	33		00
34	<b>Add Lines 29 through 33.</b>	34		00
35	If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. <b>AMOUNT YOU OWE.</b> Enclose payment or pay at <a href="http://www.tax.virginia.gov">www.tax.virginia.gov</a> . Check here if paying by credit or debit card - See instructions. <input type="checkbox"/>	35	334	00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be <b>REFUNDED TO YOU.</b>	36		00

If the Direct Deposit section below is not completed, your refund will be issued by check.

<b>DIRECT BANK DEPOSIT</b>	<b>Your Bank Routing Transit Number</b>	<b>Your Bank Account Number</b>	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Domestic Accounts Only No International Deposits				

**Nonresident Allocation Percentage**

		A - All Sources		B - Virginia Sources	
1. Wages, salaries, tips, etc.	1	76055	00	10722	00
2. Interest income	2		00		00
3. Dividends	3		00		00
4. Alimony received	4		00		00
5. Business income or loss	5		00		00
6. Capital gain or loss/capital gain distributions	6		00		00
7. Other gains or losses	7		00		00
8. Taxable pensions, annuities and IRA distributions	8		00		00
9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.	9	-8385	00	0	00
10. Farm income or loss	10		00		00
11. Other income	11		00		00
12. Interest on obligations of other states from Schedule 763 ADJ, Line 1.	12		00		00
13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3.	13		00		00
14. TOTAL - Add Lines 1 through 13 and enter each column total here.	14	67670	00	10722	00
15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16.	15			15.8%	

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

Your Signature		Your Phone Number (510) 640-3231	Date	
Spouse's Signature (If a joint return, <b>both</b> must sign)		Spouse's Phone Number	Preparer's PTIN P02082703	Vendor Code 1555
Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC	Preparer's Phone Number (678) 965-9522	Filing Election Code 7	ID Theft PIN



221010013

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

Print Using Blue or Black Ink Only.

RAHUL First Name MI KARNATI Last Name 827254953 SSN/Taxpayer Identification Number
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2023 estimated tax . . . . . 1. .00
2. Amount of overpayment to be refunded to you . . . . . REFUND 2. 126 .00
3. Total amount due (Pay in full by April 15, 2023. See instructions.) . . . . . 3. .00

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2022 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 54953 as my signature on my tax year 2022 electronically filed income tax return. ERO firm name

Enter five digits. Do not enter all zeros.

[ ] I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[ ] I authorize to enter or generate my PIN as my signature on my tax year 2022 electronically filed income tax return. ERO firm name

Enter five digits. Do not enter all zeros.

[ ] I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 22249661989 Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 01262023

DO NOT MAIL



225050013

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2022, ENDING \_\_\_\_\_

Print Using Blue or Black Ink Only

827254953 Social Security Number Spouse's Social Security Number

RAHUL First Name MI

KARNATI Last Name

Spouse's First Name MI

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.

Spouse's Last Name

4802 ELDON GREEN COURT Current Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland County

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

City, Town or Taxing Area

Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

ARBUTUS MD 21227 City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

FILING STATUS See Instruction 1 to determine if you are required to file.

- CHECK ONE BOX 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's SSN 4. [ ] Head of household 5. [ ] Qualifying widow(er) with dependent child 6. [ ] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. WA

If PA resident, enter both County and City, Borough or Township

Were you a resident of another state for the entire year of 2022? If no, attach explanation. [X] Yes [ ] No

Are you or your spouse a member of the military? [ ] Yes [X] No

Did you file a Maryland income tax return for 2021? [ ] Yes [X] No If "Yes," was it a [ ] Resident or a [ ] Nonresident return?

Dates you resided in Maryland for 2022. If none, enter "NONE": FROM None TO None (MMDDYYYY).

[ ] Check here for Maryland taxes withheld in error. (See Instruction 4.)

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 in order to receive the applicable exemption amount.

A. [X] Yourself [ ] Spouse Enter number checked 1 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.) [1] Total Amount D. \$ 3200.00

Place your W-2 wage and tax statements and ATTACH HERE with ONE staple. Do not attach check or money order to Form 505. Attach check or money order to Form PV.





225050113

Name RAHUL KARNATI SSN 827254953

**INCOME AND ADJUSTMENTS INFORMATION**

(See Instruction 11.)

	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAND INCOME (LOSS)
<b>1.</b> Wages, salaries, tips, etc . . . . . <b>1.</b>	76055 .00	10507 .00	65548 .00
<b>2.</b> Taxable interest income . . . . . <b>2.</b>	.00	.00	.00
<b>3.</b> Dividend income . . . . . <b>3.</b>	.00	.00	.00
<b>4.</b> Taxable refunds, credits or offsets of state and local income taxes . . . . . <b>4.</b>	.00	.00	.00
<b>5.</b> Alimony received . . . . . <b>5.</b>	.00	.00	.00
<b>6.</b> Business income or (loss) . . . . . <b>6.</b>	.00	.00	.00
<b>7.</b> Capital gain or (loss) . . . . . <b>7.</b>	.00	.00	.00
<b>8.</b> Other gains or (losses) (from federal Form 4797) . . . . . <b>8.</b>	.00	.00	.00
<b>9.</b> Taxable amount of pensions, IRA distributions, and annuities. . . . . <b>9.</b>	.00	.00	.00
<b>10.</b> Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.) . . . . . <b>10.</b>	-8385 .00	0 .00	-8385 .00
<b>11.</b> Farm income or (loss) . . . . . <b>11.</b>	.00	.00	.00
<b>12.</b> Unemployment compensation (insurance) . . . . . <b>12.</b>	.00	.00	.00
<b>13.</b> Taxable amount of Social Security and Tier 1 Railroad Retirement benefits . . . . . <b>13.</b>	.00	.00	.00
<b>14.</b> Other income (including lottery or other gambling winnings) . . . . . <b>14.</b>	.00	.00	.00
<b>15.</b> Total income (Add lines 1 through 14.) . . . . . <b>15.</b>	67670 .00	10507 .00	57163 .00
<b>16.</b> Total adjustments to income from federal return (IRA, alimony, etc.) . . . . . <b>16.</b>	.00	.00	.00
<b>17.</b> Adjusted gross income (Subtract line 16 from line 15.) ▶ <b>17.</b>	67670 .00	10507 .00	57163 .00

**ADDITIONS TO INCOME** (See Instruction 12.)

<b>18.</b> Non-Maryland loss and adjustments. . . . . <b>18.</b>		8385 .00
<b>19.</b> Other (Enter code letter(s) from Instruction 12.) . . . . . ▶ <b>19.</b>		.00
<b>20.</b> Total additions (Add lines 18 and 19. See instructions.) . . . . . ▶ <b>20.</b>		8385 .00
<b>21.</b> Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.) . . . . . <b>21.</b>		76055 .00

**SUBTRACTIONS FROM INCOME** (See Instruction 13.)

<b>22.</b> Taxable Military Income of Nonresident . . . . . ▶ <b>22.</b>		.00
<b>23.</b> Other (Enter code letter(s) from Instruction 13.) . . . . . ▶ <b>23.</b>		.00
<b>24.</b> Total subtractions (Add lines 22 and 23. See instructions.) . . . . . ▶ <b>24.</b>		.00
<b>25.</b> Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.) . . . . . <b>25.</b>		76055 .00

**DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)**

<b>26. a. STANDARD DEDUCTION METHOD</b> (Enter amount on line 26a.) ▶ <input checked="" type="checkbox"/> <b>26a.</b>	2400 .00
<b>ITEMIZED DEDUCTION METHOD</b> (Complete lines 26b, c and d.) ▶ <input type="checkbox"/>	
<b>b.</b> Total federal itemized deductions (from line 17, federal Schedule A) . . . . . ▶ <b>26b.</b>	.00
<b>c.</b> State and local <b>income</b> taxes (See Instruction 16.) . . . . . ▶ <b>26c.</b>	.00
<b>d.</b> Net itemized deductions (Subtract line 26c from line 26b.) . . . . . <b>26d.</b>	.00
<b>e.</b> Deduction amount (Multiply lines 26a or 26d by the AGI factor.) <b>26e.</b> 1.000000 (from worksheet in Instruction 14). ▶ <b>26.</b>	2400 .00
<b>27.</b> Net income (Subtract line 26 from line 25.) . . . . . <b>27.</b>	73655 .00
<b>28.</b> Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 . . . . . <b>28.</b>	3200 .00
<b>29.</b> Enter your AGI factor (from worksheet in Instruction 14) . . . . . <b>29.</b>	1.000000
<b>30.</b> Maryland exemption allowance (Multiply line 28 by line 29.) . . . . . <b>30.</b>	3200 .00
<b>31.</b> Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR. . . . . <b>31.</b>	70455 .00

**MARYLAND TAX COMPUTATION – COMPLETE FORM 505NR BEFORE CONTINUING.**

<b>32. a. Maryland tax</b> from line 16 of Form 505NR (Attach Form 505NR.) . . . . . <b>32a.</b>	456 .00
<b>b.</b> Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.) . . . . . <b>32b.</b>	220 .00
<b>c.</b> Total Maryland tax (Add lines 32a and 32b.) . . . . . <b>32c.</b>	676 .00
<b>33.</b> Poverty level credit from worksheet in Instruction 20. . . . . ▶ <b>33.</b>	.00



225050213

Name RAHUL KARNATI SSN 827254953

Table with 2 columns: Line number and Amount. Rows include 34-53 with various tax credits, contributions, and payments. Total amount due is 802.

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 this refund will go to an account outside of the United States.
Check here if you authorize the State of Maryland to issue your refund by direct deposit.

54a. Type of account: [X] Checking [ ] Savings
54b. Routing Number (9-digits) 055003201
54c. Account Number 5837945103
54d. Name(s) as it appears on the bank account

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 25). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date Spouse's signature Date
5106403231 Taxpayer(s) daytime phone number
245 ROONEY CT Street address of Preparer/Firm
E BRUNSWICK NJ 08816 City, State, ZIP Code + 4
SYAM PRIYA RAM SAGAR GUPTA TALLAM Signature of Preparer other than taxpayer (Required by Law)
GLOBAL TAXES LLC Printed name of the Preparer/Firm's name
6789659522 Telephone number of Preparer
P02082703 Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)



**For returns filed without payments, mail your completed return to:**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

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

**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 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:**

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



**MARYLAND FORM 505NR**

**NONRESIDENT INCOME TAX CALCULATION**  
ATTACH TO YOUR TAX RETURN



22505N013

**2022**

Print Using Blue or Black Ink Only

RAHUL KARNATI 827254953  
 First Name MI Last Name Social Security Number  
 \_\_\_\_\_  
 Spouse's First Name MI Spouse's Last Name Spouse's Social Security Number

**If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form.  
 If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.**

**PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS**

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) . . . . . 1. 70455 .00  
 2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. . . . . 2. 3294 .00

**PART II - CALCULATION OF MARYLAND TAX**

3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1) . . . . . 3. 67670 .00  
 3a. Earned Income (See instructions.) . . . . . ▶ 3a. 76055 .00  
 4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. . . . . 4. 76055 .00  
 5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. . . . . 5. \_\_\_\_\_ .00  
 6a. Enter your subtractions from line 23 of Form 505 or Form 515 . . . . . 6a. \_\_\_\_\_ .00  
 6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.) . . . . . ▶ 6b. 65548 .00  
 7. Add lines 5 through 6b. . . . . 7. 65548 .00  
 8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. . . . . 8. 10507 .00

**If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a . .8a. 1600 .00**

9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000. . . . . 9. .155268  
 10. Deduction amount.  
 If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a . .10a. 248 .00  
 If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b. . .10b. \_\_\_\_\_ .00

**Form 515 Users, see Instruction 18 in Form 515 Instructions.**

11. Net income (Subtract line 10a or 10b from line 8.) . . . . . 11. 10259 .00  
 12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. . . . . 12. 497 .00  
 13. Maryland Taxable Net Income (Subtract line 12 from line 11.) . . . . . 13. 9762 .00  
 14. Enter the tax amount from line 2 of this form. . . . . 14. 3294 .00  
 15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. . . . . 15. .138557  
 16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33). . . . . 16. 456 .00  
 17. Special nonresident tax. Multiply line 13 of this form by 0.0225. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0. . . . . 17. 220 .00

**FOR FORM 515 FILERS ONLY.**

**If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.**

18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39. If line 13 is 0 or less, enter 0 . . . . . 18. \_\_\_\_\_ .00