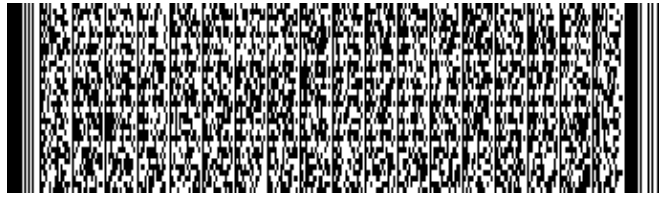




2300411514



Georgia Form **500** (Rev. 06/22/22)
Individual Income Tax Return
Georgia Department of Revenue
2022 (Approved software version)

Page **1**

Fiscal Year
Beginning

STATE MD
ISSUED

Fiscal Year
Ending

YOUR DRIVER'S
LICENSE/STATE ID

MD10272858842

YOUR FIRST NAME
1. JAIMINKUMAR BHAR

MI YOUR SOCIAL SECURITY NUMBER
382-43-2075

LAST NAME (For Name Change See IT-511 Tax Booklet)
SONI

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. 5765 SHOALS PLACE TRAIL

CITY (Please insert a space if the city has multiple names)
3. ATLANTA

STATE ZIP CODE
GA 30349

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 3

Residency Status

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.

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REV 01/03/23 PRO



2300411524

YOUR SOCIAL SECURITY NUMBER
 382-43-2075

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

- 8. Federal adjusted gross income (From Federal Form 1040)..... 8. 31685
 (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
- 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
- 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.
 (See IT-511 Tax Booklet)
 - b. Self: 65 or over? Blind? Total x 1,300=..... 11b.
 - Spouse: 65 or over? Blind?
 - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.
 - a. Federal Itemized Deductions (Schedule A- Form 1040)..... 12a.
 - b. Less adjustments: (See IT-511 Tax Booklet) 12b.
 - c. Georgia Total Itemized Deductions..... 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.



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YOUR SOCIAL SECURITY NUMBER
 382-43-2075

Page 3

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.		
14b. Enter the number from Line 7a. Multiply by \$3,000.....	14b.		
14c. Add Lines 14a. and 14b. Enter total	14c.		
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	13476	
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)....	15b.		
15c. Georgia Taxable Income (Line 15a less Line 15b).....	15c.	13476	
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	602	
17. Low Income Credit	17a.	17b.	17c.
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.		
19. Credits used from IND-CR Summary Worksheet	19.		
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.		
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.		0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.		602

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

(INCOME STATEMENT A)				(INCOME STATEMENT B)				(INCOME STATEMENT C)			
1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:			
X W-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP	
1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP	
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			
814127079											
3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID			
3365417ZJ											
4. GA WAGES / INCOME				4. GA WAGES / INCOME				4. GA WAGES / INCOME			
18104											
5. GA TAX WITHHELD				5. GA TAX WITHHELD				5. GA TAX WITHHELD			
900											

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

This Page (3) is required for processing



YOUR SOCIAL SECURITY NUMBER
 382-43-2075

Page 4

(INCOME STATEMENT D)			(INCOME STATEMENT E)			(INCOME STATEMENT F)		
1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:		
	W-2	G2-A	G2-LP		W-2	G2-A	G2-LP	
	1099	G2-FL	G2-RP		1099	G2-FL	G2-RP	
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)	SSN		2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)	SSN		2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)	SSN	
3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID		
4. GA WAGES / INCOME			4. GA WAGES / INCOME			4. GA WAGES / INCOME		
5. GA TAX WITHHELD			5. GA TAX WITHHELD			5. GA TAX WITHHELD		
23. Georgia Income Tax Withheld on Wages and 1099s	23.		900					
(Enter Tax Withheld Only and include W-2s and/or 1099s)								
24. Other Georgia Income Tax Withheld.....	24.							
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)								
25. Estimated Tax paid for 2022 and Form IT-560	25.							
26. Schedule 2B Refundable Tax Credits.....	26.							
(Cannot be claimed unless filed electronically)								
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.		900					
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....	28.							
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment	29.		298					
30. Amount to be credited to 2023 ESTIMATED TAX	30.		0					
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	31.							
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	32.							
33. Georgia Cancer Research Fund (No gift of less than \$1.00)	33.							
34. Georgia Land Conservation Program (No gift of less than \$1.00).....	34.							
35. Georgia National Guard Foundation (No gift of less than \$1.00)	35.							
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	36.							
37. Saving the Cure Fund (No gift of less than \$1.00).....	37.							
38. Realizing Educational Achievement Can Happen (REACH) Program	38.							
(No gift of less than \$1.00)								



2307411514

YOUR SOCIAL SECURITY NUMBER

382-43-2075

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 32119	1. WAGES, SALARIES, TIPS, etc 14015	1. WAGES, SALARIES, TIPS, etc 18104
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) 2066	4. OTHER INCOME OR (LOSS) 2066	4. OTHER INCOME OR (LOSS) 0
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 34185	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 16081	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 18104
6. TOTAL ADJUSTMENTS FROM FORM 1040 2500	6. TOTAL ADJUSTMENTS FROM FORM 1040 2500	6. TOTAL ADJUSTMENTS FROM FORM 1040 0
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 31685	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 13581	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 18104
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. Enter percentage.....	9. 57.14	% Not to exceed 100%
10a. Itemized or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized (See IT-511 Tax Booklet)	10a.	5400
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total X 1,300=	10b.	
11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c from Form 500 or Form 500X <u>1</u> multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C.....	11a.	2700
11b. Enter the number on Line 7a from Form 500 or Form 500X multiply by \$3,000 ..	11b.	
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b	12.	8100
13. *Multiply Line 12 by Ratio on Line 9 and enter result.....	13.	4628
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X.....	14.	13476



**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.

382432075

Your Social Security Number

If Joint Return, Spouse's Social Security Number

JAIMINKUMAR BHARATBH

Your First Name

MI

SONI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

5765 SHOALS PLACE TRAIL

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

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

ATLANTA

City or Town

GA

State

30349

ZIP Code +4

PAYMENT TYPE

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1. Estimated Payment/Quarterly (502D) Tax Year: **2023**
- 1a. First time filer or change in filing status
- 2. Extension Payment (502E) Tax Year:
- 3. Payment with resident return (502) Tax Year:
- 4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

Amount you are paying by check or money order.

178 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.



**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.

382432075

Your Social Security Number

If Joint Return, Spouse's Social Security Number

JAIMINKUMAR BHARATBH

Your First Name

MI

SONI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

5765 SHOALS PLACE TRAIL

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

ATLANTA

City or Town

GA

State

30349

ZIP Code +4

PAYMENT TYPE

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1. Estimated Payment/Quarterly (502D) Tax Year: **2023**
- 1a. First time filer or change in filing status
- 2. Extension Payment (502E) Tax Year:
- 3. Payment with resident return (502) Tax Year:
- 4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

Amount you are paying by check or money order.

Dollars **178** Cents **00**

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.



**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.

382432075

Your Social Security Number

If Joint Return, Spouse's Social Security Number

JAIMINKUMAR BHARATBH

Your First Name

MI

SONI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

5765 SHOALS PLACE TRAIL

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

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

ATLANTA

City or Town

GA

State

30349

ZIP Code +4

PAYMENT TYPE

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1. Estimated Payment/Quarterly (502D) Tax Year: **2023**
- 1a. First time filer or change in filing status
- 2. Extension Payment (502E) Tax Year:
- 3. Payment with resident return (502) Tax Year:
- 4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

Amount you are paying by check or money order.

178 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.



**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.

382432075

Your Social Security Number

If Joint Return, Spouse's Social Security Number

JAIMINKUMAR BHARATBH

Your First Name

MI

SONI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

5765 SHOALS PLACE TRAIL

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

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

ATLANTA

City or Town

GA

State

30349

ZIP Code +4

PAYMENT TYPE

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1. Estimated Payment/Quarterly (502D) Tax Year: **2023**
- 1a. First time filer or change in filing status
- 2. Extension Payment (502E) Tax Year:
- 3. Payment with resident return (502) Tax Year:
- 4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

Amount you are paying by check or money order.

Dollars **178** Cents **00**

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.



225020013

\$

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

382432075

Your Social Security Number Spouse's Social Security Number

JAIMINKUMAR BHARA

Your First Name MI

SONI

Your Last Name

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

Spouse's First Name MI

Spouse's Last Name

5765 SHOALS PLACE TRAIL

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

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) ATLANTA GA 30349 City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

REQUIRED: Maryland Physical address of taxing area as of December 31, 2022 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

0300 BALTIMORE COUNTY 4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

4519 KENWOOD AVE Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

BALTIMORE MD 21206 BALTIMORE COUNTY City State ZIP Code + 4 Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. [X] Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. [] Married filing joint return or spouse had no income
3. [] Married filing separately, Spouse SSN
4. [] Head of household
5. [] Qualifying widow(er) with dependent child
6. [] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO

Other state of residence:

If you began or ended legal residence in Maryland in 2022 place a P in the box. MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here:



225020113

NAME JAIMINKUMAR BHARATBH SONI

SSN 382432075

EXEMPTIONS

See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you **must attach the Dependents' Information Form 502B** to this form to receive the applicable exemption amount.

A. **Yourself** ▶ **Spouse** Enter number checked See Instruction 10 **A. \$** 3200 .00

B. ▶ 65 or over ▶ 65 or over

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

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

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

MARYLAND HEALTH CARE COVERAGE

See Instruction 3.

Check here ▶ If you do not have health care coverage DOB (mm/dd/yyyy) ▶ _____

Check here ▶ If your spouse does not have health care coverage DOB (mm/dd/yyyy) ▶ _____

Check here ▶ I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address ▶ _____

INCOME

See Instruction 11.

1. Adjusted gross income from your federal return ▶ 1. 31685 .00

1a. Wages, salaries and/or tips ▶ 1a. 32119 .00

1b. Earned **income** ▶ 1b. _____ .00

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

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

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

ADDITIONS TO MARYLAND INCOME

See Instruction 12.

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

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

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

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

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

7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) ▶ 7. 31685 .00

SUBTRACTIONS FROM MARYLAND INCOME

See Instruction 13.

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

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

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

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

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

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

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

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

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

16. Maryland adjusted gross income (Subtract line 15 from line 7.) ▶ 16. 31685 .00

DEDUCTION METHOD

See Instruction 16.

All taxpayers must select one method and check the appropriate box.

STANDARD DEDUCTION METHOD (Enter amount on line 17.)

▶ **ITEMIZED DEDUCTION METHOD** (Complete lines 17a and 17b.)

17a. Total federal itemized deductions (from line 17, federal Schedule A) . ▶ 17a. _____ .00

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

Subtract line 17b from line 17a and enter amount on line 17.

17. Deduction amount (Part-year residents see Instruction 26 (l and m).) ▶ 17. 2400 .00

18. Net income (Subtract line 17 from line 16.) ▶ 18. 29285 .00

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

20. Taxable net income (Subtract line 19 from line 18.) ▶ 20. 26085 .00



225020213

NAME JAIMINKUMAR BHARATBH SONI SSN 382432075

MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) 21. <u>1186</u> .00	<u>1186</u> .00
	22. Earned income credit (EIC) (See Instruction 18.) ▶ 22. _____ .00	_____ .00
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.	
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.	
	23. Poverty level credit (See Instruction 18.) ▶ 23. _____ .00	_____ .00
	24. Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24. <u>602</u> .00	<u>602</u> .00
	25. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR.	
	26. Total credits (Add lines 22 through 25.) 26. <u>602</u> .00	<u>602</u> .00
27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. 27. <u>584</u> .00	<u>584</u> .00	
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 0320 or use the Local Tax Worksheet 28. <u>835</u> .00	<u>835</u> .00
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . 29. _____ .00	_____ .00
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . 30. _____ .00	_____ .00
	31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.) 31. <u>0</u> .00	<u>0</u> .00
	32. Total credits (Add lines 29 through 31.) 32. <u>0</u> .00	<u>0</u> .00
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0. 33. <u>835</u> .00	<u>835</u> .00
CONTRIBUTIONS See Instruction 20.	34. Total Maryland and local tax (Add lines 27 and 33.) 34. <u>1419</u> .00	<u>1419</u> .00
	35. Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35. _____ .00	_____ .00
	36. Contribution to Developmental Disabilities Services and Support Fund ▶ 36. _____ .00	_____ .00
	37. Contribution to Maryland Cancer Fund. ▶ 37. _____ .00	_____ .00
	38. Contribution to Fair Campaign Financing Fund ▶ 38. _____ .00	_____ .00
	39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39. <u>1419</u> .00	<u>1419</u> .00
	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) ▶ 40. <u>849</u> .00	<u>849</u> .00
	41. 2022 estimated tax payments, amount applied from 2021 return, payment made with an extension request, and Form MW506NRS ▶ 41. _____ .00	_____ .00
	42. Refundable earned income credit (from worksheet in Instruction 21) ▶ 42. _____ .00	_____ .00
	43. Refundable income tax credits from Part CC, line 10 of Form 502CR (Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) 43. _____ .00	_____ .00
	44. Total payments and credits (Add lines 40 through 43.) 44. <u>849</u> .00	<u>849</u> .00
	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) ▶ 45. <u>570</u> .00	<u>570</u> .00
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46. _____ .00	_____ .00
REFUND	47. Amount of overpayment TO BE APPLIED TO 2023 ESTIMATED TAX. ▶ 47. _____ .00	_____ .00
	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND ▶ 48. _____ .00	_____ .00
AMOUNT DUE	49. Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, _____ or for late filing _____ or homebuyer withdrawal penalty _____ ▶ 49. _____ .00	_____ .00
	50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. 50. <u>570</u> .00	<u>570</u> .00



225020313

NAME JAIMINKUMAR BHARATBH SONI SSN 382432075

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

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

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

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

51c. Account Number ▶ _____

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

▶ 2244323319 _____ ▶ _____
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here if you authorize your preparer to discuss this return with us. Check here ▶ if you authorize your paid preparer not to file electronically. Check here ▶ if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 24.)

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

Your signature Date

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

VENKATA SAI PAVAN KUMAR DUDIPALLI
Signature of preparer other than taxpayer **(Required by Law)**

Spouse's signature Date

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

E BRUNSWICK NJ 08816
City, State, ZIP Code + 4

6789659522 ▶ P02470833
Telephone number of preparer Preparer's PTIN **(Required by Law)**

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

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

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

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:

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



22502C013

Print Using Blue or Black Ink Only

▶ 382432075 ▶ _____
Your Social Security Number Spouse's Social Security Number

JAIMINKUMAR BHARATBH _____
Your First Name MI

SONI _____
Your Last Name

Spouse's First Name MI

Spouse's Last Name

Read Instructions for Form 502CR. Note: You must complete and submit pages 1 through 4 of this form to receive credit for the items listed.

PART A - TAX CREDITS FOR INCOME TAXES PAID TO OTHER STATES AND LOCALITIES

If you were a part-year resident, do not claim a credit for tax paid on nonresident income you included on line 12 of the Form 502.

If you are claiming a credit for taxes paid to multiple states and/or localities, see instructions.

- | | | | |
|-----|--|-----|------------------|
| 1. | Enter your taxable net income from line 20, Form 502 (or line 10, Form 504). | 1. | <u>26085</u> .00 |
| 2. | Taxable net income in other state. Write on this line only the net income which is taxable in both the other state and Maryland. If you are taxed in the other state on income which is not taxable in Maryland, do not include that amount here. NOTE: When the tax in the other state is a percentage of a tax based on your total income regardless of source, you must apply the same percentage to your taxable income in the other state to determine the income taxable in both states. | 2. | <u>13476</u> .00 |
| 3. | Revised taxable net income (Subtract line 2 from line 1.) If less than zero, enter zero. | 3. | <u>12609</u> .00 |
| 4. | Enter the Maryland tax from line 21, Form 502 (or line 11, Form 504). This is the Maryland tax based on your total income for the year. | 4. | <u>1186</u> .00 |
| 5. | Tax on amount on line 3. Compute the Maryland tax that would be due on the revised taxable net income by using the Maryland Tax Table or Computation Worksheet contained in the instructions for Forms 502 or 504. | 5. | <u>547</u> .00 |
| | Do not include the local income tax | | |
| 6. | Tentative State tax credit (Subtract line 5 from line 4.) If less than zero, enter zero. | 6. | <u>639</u> .00 |
| 7. | Enter the Local tax from line 28, Form 502 (or line 18, Form 504). This is the Local tax based on your total income for the year. | 7. | <u>835</u> .00 |
| 8. | Local tax on amount on line 3. Compute the Local tax that would be due on the revised taxable net income by multiplying line 3 by your Local tax rate .0 <u>320</u> | 8. | <u>403</u> .00 |
| 9. | Tentative Local tax credit (Subtract line 8 from line 7.) If less than zero, enter zero. | 9. | <u>432</u> .00 |
| 10. | Tentative Total tax credit (Add line 6 and line 9.) | 10. | <u>1071</u> .00 |
| 11. | Total state and local tax shown on tax return(s) filed with the state of (Enter 2-letter state code, code must be entered for credit to be allowed) ▶ <u>GA</u> Enter the amount of your 2022 income tax liability (after deducting any credits for personal exemptions) to the other state and locality in the other state (where applicable). Do not enter state or locality tax withheld from your W-2 forms. It is important that a copy of the tax return that was filed with the other state and/or locality be attached to your Maryland return. | 11. | <u>602</u> .00 |
| 12. | Credit for income tax paid to other state and/or locality. Your credit for taxes paid to another state and/or locality is the smaller of the tax actually paid (line 11) or the reduction in Maryland tax resulting from the exclusion of income in the other state and/or locality (line 10). Write the lesser of line 11 or line 10. | 12. | <u>602</u> .00 |

State and Local Credits Allowed

- | | | | |
|-----|--|-------|----------------|
| 13. | State Credit for Income Tax Paid to other state (Lesser of line 6 or line 12). Enter on line 1, Part AA. | ▶ 13. | <u>602</u> .00 |
| 14. | Local Credit for Income Tax Paid to other state (Subtract line 13 from line 12.) Enter on line 1, Part BB | ▶ 14. | <u>0</u> .00 |



22502C113

NAME JAIMINKUMAR BHARATBH SONI SSN 382432075

PART B - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

1. Enter your federal adjusted gross income from line 1 of Form 502 or line 17, column 1 of Form 505 or Form 515. 1. _____ .00
2. Enter your federal Child and Dependent Care Credit from federal Form 2441 2. _____ .00
3. Enter the decimal amount from the chart in the instructions that applies to the amount on line 1 3. _____
4. Multiply line 2 by line 3. Enter here and on Part AA, line 2. 4. _____ .00

PART C - QUALITY TEACHER INCENTIVE CREDIT

Enter the Name of Qualified Employer

- | | Taxpayer A | Taxpayer B |
|--|------------|------------|
| 1. Enter the Maryland public school system or a State or local correctional facility or qualified juvenile facility in which you are employed and teach 1. | _____ | _____ |
| 2. Enter amount of tuition paid to: _____ . 2. _____ .00 | _____ .00 | _____ .00 |
| Name of Institution(s) | | |
| 3. Enter amount of tuition reimbursement 3. | _____ .00 | _____ .00 |
| 4. Subtract line 3 from line 2 4. | _____ .00 | _____ .00 |
| 5. Maximum Credit 5. | 1500 .00 | 1500 .00 |
| 6. Enter the lesser of line 4 or line 5 here. 6. | _____ .00 | _____ .00 |
| 7. Total (Add amounts from line 6, for Taxpayers A and B). Enter here and on Part AA, line 3 7. | _____ .00 | |

PART D - CREDIT FOR AQUACULTURE OYSTER FLOATS

1. Enter the amount paid to purchase an aquaculture oyster float(s) Enter here and on Part AA, line 4. This credit is limited. See Instructions. 1. _____ .00

PART E - LONG-TERM CARE INSURANCE CREDIT: (THIS IS A ONE-TIME CREDIT.)

Answer the questions and see instructions below before completing Columns A through E for each person for whom you paid long-term care insurance premiums.

- Question 1** - Did the insured individual have long-term care insurance prior to July 1, 2000? Yes No
- Question 2** - Is the credit being claimed for the insured individual in this year by any other taxpayer? Yes No
- Question 3** - Has credit been claimed **by anyone** for the insured individual in any other tax year? Yes No
- Question 4** - Is the insured individual for whom the credit is being claimed a nonresident of Maryland? Yes No

If you answered YES to any of the above questions, that insured person does NOT qualify for the credit.

Complete Columns A through D only for insured individuals who qualify for credit. Enter in Column E the lesser of the amount of premium paid for each insured person or:

- \$450 for those insured who are 40 or less, as of 12/31/22
- \$500 for those insured who are over age 40, as of 12/31/22

Add the amounts in Column E and enter the total on line 5 (total) and on Part AA, line 5.

	Column A Name of Qualifying Insured Individual	Age	Column B Social Security No. of Insured	Column C Relationship to Taxpayer	Column D Amount of Premium Paid	Column E Credit Amount	
1.	_____	_____	_____	_____	.00	1. _____ .00	
2.	_____	_____	_____	_____	.00	2. _____ .00	
3.	_____	_____	_____	_____	.00	3. _____ .00	
4.	_____	_____	_____	_____	.00	4. _____ .00	
5.	TOTAL						5. _____ .00

PART F - CREDIT FOR PRESERVATION AND CONSERVATION EASEMENTS

PTE members may not use the Form 502CR to claim this credit.

Taxpayer A

Taxpayer B

- | | | |
|---|-----------|--------------|
| 1. Enter the portion of the total current-year conveyance amount, and any carryover from prior year(s), attributable to each taxpayer 1. | _____ .00 | 1. _____ .00 |
| 2. Enter the amount of any payment received for the easement by each taxpayer during 2022. 2. | _____ .00 | 2. _____ .00 |
| 3. Subtract line 2 from line 1 3. | _____ .00 | 3. _____ .00 |
| 4. Enter the amount from line 21 of Form 502; line 32c of Form 505; line 33 of Form 515; line 13 of Form 504 or \$5,000, whichever is less. See instructions . . . 4. | _____ .00 | 4. _____ .00 |
| 5. Enter the lesser of line 3 or 4 here. (If you itemize deductions, see Instruction 14.) 5. | _____ .00 | 5. _____ .00 |
| 6. Total (Add amounts from line 5 for Taxpayers A and B). Enter here and on Part AA, line 6 6. | _____ .00 | |
| 7. Excess credit carryover. Subtract line 6 from the sum of lines 3A and 3B. 7. | _____ .00 | |



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NAME JAIMINKUMAR BHARATBH SONI SSN 382432075

PART G - VENISON DONATION - FEED THE HUNGRY ORGANIZATIONS TAX CREDIT

1. Enter the amount up to \$50 per deer of qualified expenses to butcher and process an antlerless deer for human consumption. Enter here and on Part AA, line 7. This credit is limited. See Instructions.
Number of antlerless deer donated 1. .00

PART H - COMMUNITY INVESTMENT TAX CREDIT ** must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR. If you have an Excess Carryover on Form 500CR attributable to any credit other than the Community Investment Tax Credit (CITC), you are not eligible to claim the CITC on Form 502CR. You must use Form 500CR. Also, PTE members may not elect to use Form 502CR to claim the CITC.

1. Enter the amount of Excess CITC Carryover from 2021. 1. .00
2. Amount of approved contributions. 2. .00
3. Enter 50% of line 2. 3. .00
4. Enter the amount from line 3 or \$250,000, whichever is less. 4. .00
5. Add line 1 and line 4. Enter the result here and on Part AA, line 8. 5. .00

PART I - ENDOW MARYLAND TAX CREDIT **must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR.

1. Enter the amount of Excess Endow Maryland Tax Credit Carryover from 2021. 1. .00
2. Amount of approved donation to a qualified permanent endowment fund. 2. .00
3. Enter 25% of line 2. 3. .00
4. Enter the amount from line 3 or \$50,000, whichever is less. 4. .00
5. Add line 1 and line 4. Enter the result here and on Part AA, line 9. 5. .00

Note: Line 2 of Part I requires an addition to income. See Instruction 12.

PART J - PRECEPTORS IN AREAS WITH HEALTH CARE WORKFORCE SHORTAGES TAX CREDIT ** must attach required certification

1. Physician Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health (See Instructions for specific requirements.) 1. .00
2. Nurse Practitioner Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health (See Instructions for specific requirements.) 2. .00
3. Physician Assistant Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health (See Instructions for specific requirements.) 3. .00
4. Add line 1, 2, and 3. Enter the result here and on Part AA, line 10. 4. .00

PART K - INDEPENDENT LIVING TAX CREDIT ** must attach required certification

1. Credit (Certified by the Maryland Department of Housing and Community Development) Enter here and on Part AA, line 11. 1. .00

PART L - ENDOWMENTS OF MARYLAND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES TAX CREDIT ** must attach required certification

1. Credit (Certified by the Office of The Comptroller). Enter here and on Part AA line 12. 1. .00

PART M - SENIOR TAX CREDIT

1. Enter the credit claimed here and on Part AA, line 13 (See Instructions) 1. .00

PART AA - INCOME TAX CREDIT SUMMARY

1. Enter the amount from Part A, line 13 (If more than one state, see Instructions.) 1. 602 .00
2. Enter the amount from Part B, line 4. 2. .00
3. Enter the amount from Part C, line 7. 3. .00
4. Enter the amount from Part D, line 1. 4. .00
5. Enter the amount from Part E, line 5. 5. .00
6. Enter the amount from Part F, line 6. 6. .00
7. Enter the amount from Part G, line 1. 7. .00
8. Enter the amount from Part H, line 5. 8. .00
9. Enter the amount from Part I, line 5. 9. .00
10. Enter the amount from Part J, line 4. 10. .00
11. Enter the amount from Part K, line 1. 11. .00
12. Enter the amount from Part L, line 1. 12. .00



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NAME JAIMINKUMAR BHARATBH SONI SSN 382432075

- 13. Enter the amount from Part M, line 1. 13. _____ .00
- 14. Total (Add lines 1 through 13.) Enter this amount on line 24 of Form 502; line 14 of Form 504;
line 34 of Form 505 or line 35 of Form 515 14. 602 .00

PART BB – LOCAL INCOME TAX CREDIT SUMMARY

- 1. Enter the amount from Part A, line 14 (If more than one state, see Instructions.) 1. _____ 0 .00
Enter this amount on line 31 of Form 502; line 19 of Form 504.

PART CC- REFUNDABLE INCOME TAX CREDITS

- 1. Student Loan Debt Relief Tax Credit (See Instructions.). Enter the amount and attach certification. ▶ 1. _____ .00
- 2. Heritage Structure Rehabilitation Tax Credit (See Instructions for Form 502S). Attach certification(s).. . . . ▶ 2. _____ .00
- 3. Refundable Business Income Tax Credit (See Instructions for Form 500CR.) **You must file your return electronically to claim a business income tax credit.**
- 4. IRC Section 1341 Repayment Credit. (See Instructions and Administrative Release 40.) Attach documentation ▶ 4. _____ .00
- 5. Catalytic Revitalization Projects and Historic Revitalization Tax Credit
(See Instructions for required attachments) ▶ 5. _____ .00
- 6. Flow-through Nonresident PTE tax (See Instructions for required attachments.) ▶ 6. _____ .00
- 7. Refundable credit for Child and Dependent Care Expenses. (See Instructions.) ▶ 7. _____ .00
- 8. Refundable credit for Child with disability (See worksheet 21C Instructions). ▶ 8. _____ .00
- 9. PTE Tax paid on members' distributive or pro rata shares of income ▶ 9. _____ .00
- 10. Total. (Add lines 1 through 9.) Enter this amount on line 43 of Form 502, line 46 of Form 505
or line 51 of Form 515. 10. _____ .00



**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.

382432075

Your Social Security Number

If Joint Return, Spouse's Social Security Number

JAIMINKUMAR BHARATBH

Your First Name

MI

SONI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

5765 SHOALS PLACE TRAIL

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

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

ATLANTA

City or Town

GA

State

30349

ZIP Code +4

PAYMENT TYPE

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1. Estimated Payment/Quarterly (502D) Tax Year:
- 1a. First time filer or change in filing status
- 2. Extension Payment (502E) Tax Year:
- 3. Payment with resident return (502) Tax Year: **2022**
- 4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

Amount you are paying by check or money order.

570 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.