

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name SURESH KARIKI	Social security number 118-55-0637
Spouse's name MANI MRUDULA MULLAPUDI	Spouse's social security number 851-23-3868

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	101,500.
2 Total tax	2	8,664.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	15,198.
4 Amount you want refunded to you	4	6,534.
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	0	6	3	7
---	---	---	---	---

 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 GLOBAL TAXES LLC to enter or generate my PIN

3	3	8	6	8
---	---	---	---	---

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status [] Single [X] 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 (SURESH), Last name (KARIKI), Your social security number (118-55-0637), Spouse's social security number (851-23-3868), Home address (1342 LAKESHORE CIRCLE), City (SAN JOSE), State (CA), ZIP code (95131).

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, etc.

Table for Tax-exempt interest (2a), Qualified dividends (3a), IRA distributions (4a), Pensions and annuities (5a), Social security benefits (6a).

Table for Taxable interest (2b), Ordinary dividends (3b), Taxable amount (4b, 5b, 6b), Capital gain or loss (7), Other income (8), Total income (9), Adjustments (10), Adjusted gross income (11), Standard deduction (12), Business income deduction (13), Taxable income (15).

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	8,664.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,664.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,664.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	8,664.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	15,198.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	15,198.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	15,198.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,534.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,534.
	b	Routing number 1 2 1 0 0 0 3 5 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 3 2 5 1 7 1 3 6 4 2 8 2		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____
Phone no. (573) 382-6353	Email address KARIKISURESH@GMAIL.COM		

Paid Preparer Use Only

Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI	Date 03/26/2023	PTIN P02470833	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
				Firm's EIN 88-2145487



22PTPV013

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

118550637

Your Social Security Number

851233868

If Joint Return, Spouse's Social Security Number

SURESH

Your First Name

MI

KARIKI

Your Last name

MANI MRUDULA

If Joint Return, Spouse's First Name

MULLAPUDI

MI Spouse's Last Name

1342 LAKESHORE CIRCLE

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

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

SAN JOSE

City or Town

CA

State

95131

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 **230** 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



22PTPV013

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

118550637

Your Social Security Number

851233868

If Joint Return, Spouse's Social Security Number

SURESH

Your First Name

MI

KARIKI

Your Last name

MANI MRUDULA

If Joint Return, Spouse's First Name

MULLAPUDI

MI Spouse's Last Name

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SAN JOSE

City or Town

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Amount you are paying by check or money order.

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118550637

Your Social Security Number

851233868

If Joint Return, Spouse's Social Security Number

SURESH

Your First Name

MI

KARIKI

Your Last name

MANI MRUDULA

If Joint Return, Spouse's First Name

MULLAPUDI

MI Spouse's Last Name

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

PAYMENT AMOUNT

Amount you are paying by check or money order.

Dollars **230** Cents **00**

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Annapolis, MD 21401-8888



22PTPV013

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

118550637

Your Social Security Number

851233868

If Joint Return, Spouse's Social Security Number

SURESH

Your First Name

MI

KARIKI

Your Last name

MANI MRUDULA

If Joint Return, Spouse's First Name

MULLAPUDI

Spouse's Last Name

1342 LAKESHORE CIRCLE

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

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

SAN JOSE

City or Town

CA

State

95131

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 **230** 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



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.

SURESH First Name, KARIKI Last Name, 118550637 SSN/Taxpayer Identification Number, MANI MRUDULA Spouse's First Name, MULLAPUDI Spouse's Last Name, 851233868 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. .00
3. Total amount due (Pay in full by April 15, 2023. See instructions.) 3. 691 .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 50637 as my signature on my tax year 2022 electronically filed income tax return.

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

Your signature _____ Date _____

Spouse's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 33868 as my signature on my tax year 2022 electronically filed income tax return.

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

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

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 03262023

DO NOT MAIL



225050013

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

Print Using Blue or Black Ink Only

118550637 Social Security Number 851233868 Spouse's Social Security Number

SURESH First Name MI

KARIKI Last Name

MANI MRUDULA 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.

MULLAPUDI Spouse's Last Name

1342 LAKESHORE CIRCLE 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.)

SAN JOSE City or Town CA State 95131 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. Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. X 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. CA

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 X Spouse Enter number checked 2 See Instruction 10 A. \$ 6400.00

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.) 2 Total Amount D. \$ 6400.00

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 SURESH KARIKI & MANI MRUDULA MULLAPUDI SSN 118550637

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 11.)

	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAND INCOME (LOSS)
1. Wages, salaries, tips, etc 1.	101500.00	37000.00	64500.00
2. Taxable interest income 2.	.00	.00	.00
3. Dividend income 3.	.00	.00	.00
4. Taxable refunds, credits or offsets of state and local income taxes 4.	.00	.00	.00
5. Alimony received 5.	.00	.00	.00
6. Business income or (loss) 6.	.00	.00	.00
7. Capital gain or (loss) 7.	.00	.00	.00
8. Other gains or (losses) (from federal Form 4797) 8.	.00	.00	.00
9. Taxable amount of pensions, IRA distributions, and annuities. 9.	.00	.00	.00
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.) 10.	.00	.00	.00
11. Farm income or (loss) 11.	.00	.00	.00
12. Unemployment compensation (insurance) 12.	.00	.00	.00
13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits 13.	.00	.00	.00
14. Other income (including lottery or other gambling winnings) 14.	.00	.00	.00
15. Total income (Add lines 1 through 14.) 15.	101500.00	37000.00	64500.00
16. Total adjustments to income from federal return (IRA, alimony, etc.) 16.	.00	.00	.00
17. Adjusted gross income (Subtract line 16 from line 15.) ▶ 17.	101500.00	37000.00	64500.00

ADDITIONS TO INCOME (See Instruction 12.)

18. Non-Maryland loss and adjustments. 18.	.00	.00	.00
19. Other (Enter code letter(s) from Instruction 12.) ▶ 19.	.00	.00	.00
20. Total additions (Add lines 18 and 19. See instructions.) ▶ 20.	.00	.00	.00
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.) 21.	101500.00	.00	.00

SUBTRACTIONS FROM INCOME (See Instruction 13.)

22. Taxable Military Income of Nonresident ▶ 22.	.00	.00	.00
23. Other (Enter code letter(s) from Instruction 13.) ▶ 23.	.00	.00	.00
24. Total subtractions (Add lines 22 and 23. See instructions.) ▶ 24.	.00	.00	.00
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.) 25.	101500.00	.00	.00

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

26. a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.) ▶ <input checked="" type="checkbox"/> 26a.	4850.00		
ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) ▶ <input type="checkbox"/>			
b. Total federal itemized deductions (from line 17, federal Schedule A) ▶ 26b.	.00		
c. State and local income taxes (See Instruction 16.) ▶ 26c.	.00		
d. Net itemized deductions (Subtract line 26c from line 26b.) 26d.	.00		
e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 26e. 1.000000 (from worksheet in Instruction 14). ▶ 26.	4850.00		
27. Net income (Subtract line 26 from line 25.) 27.	96650.00		
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 28.	6400.00		
29. Enter your AGI factor (from worksheet in Instruction 14) 29.	1.000000		
30. Maryland exemption allowance (Multiply line 28 by line 29.) 30.	6400.00		
31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR. 31.	90250.00		

MARYLAND TAX COMPUTATION – COMPLETE FORM 505NR BEFORE CONTINUING.

32. a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.) 32a.	1543.00		
b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.) 32b.	740.00		
c. Total Maryland tax (Add lines 32a and 32b.) 32c.	2283.00		
33. Poverty level credit from worksheet in Instruction 20. ▶ 33.	.00		



225050213

Name SURESH KARIKI & MANI MRUDULA MULLAPUDI SSN 118550637

Table with 3 columns: Line number, Description, and Amount. Includes lines 34-53 for tax credits, contributions, and total amount due.

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.

Form section for direct deposit with checkboxes for account type (Checking/Savings), routing number, and account number.

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.

Signature and identification section for taxpayer and preparer, including phone numbers and PTIN.

CODE NUMBERS (3 digits per line)



**MARYLAND
FORM
505**

**NONRESIDENT INCOME
TAX RETURN**



225050313

2022
Page 4

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

SURESH _____ MI _____ KARIKI _____ 118550637 _____
 First Name Last Name Social Security Number
 MANI MRUDULA _____ MI _____ MULLAPUDI _____ 851233868 _____
 Spouse's First Name 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. 90250 .00
 2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. 2. 4234 .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. 101500 .00
 3a. Earned Income (See instructions.) ▶ 3a. 101500 .00
 4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. 4. 101500 .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. 64500 .00
 7. Add lines 5 through 6b. 7. 64500 .00
 8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. 8. 37000 .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. 4850 .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. 364532
 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. 1768 .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. 35232 .00
 12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. 12. 2333 .00
 13. Maryland Taxable Net Income (Subtract line 12 from line 11.) 13. 32899 .00
 14. Enter the tax amount from line 2 of this form. 14. 4234 .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. 364532
 16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33) 16. 1543 .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. 740 .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



22PTPV013

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

118550637

Your Social Security Number

851233868

If Joint Return, Spouse's Social Security Number

SURESH

Your First Name

MI

KARIKI

Your Last name

MANI MRUDULA

If Joint Return, Spouse's First Name

MULLAPUDI

Spouse's Last Name

1342 LAKESHORE CIRCLE

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

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

SAN JOSE

City or Town

CA

State

95131

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:
- 4. Payment with nonresident return (505) Tax Year: 2022

PAYMENT AMOUNT

Amount you are paying by check or money order.

Dollars 691 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.

TAXABLE YEAR

FORM

2022

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values include SURESH KARIKI, MANI MRUDULA MULLAPUDI, 118-55-0637, and 851-23-3868.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: California adjusted gross income (AGI) 101500. Line 2: Amount You Owe. Line 3: Refund or No Amount Due 2790.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- Checkboxes for PIN authorization. Option 1: I authorize GLOBAL TAXES LLC to enter my PIN 50637 as my signature on my 2022 e-filed California individual income tax return. Option 2: I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature Date

Spouse's/RDP's PIN: check one box only

- Checkboxes for PIN authorization. Option 1: I authorize GLOBAL TAXES LLC to enter my PIN 33868 as my signature on my 2022 e-filed California individual income tax return. Option 2: I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Table with 11 cells containing digits: 2, 2, 2, 4, 9, 6, 6, 1, 9, 8, 9

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2022 California individual income tax return 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 FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers.

ERO's signature Date 03/26/2023

2022 California Resident Income Tax Return

540

APE

DO NOT ATTACH FEDERAL RETURN

118-55-0637 KARI 851-23-3868
SURESH KARIKI
MANIMRUDULA MULLAPUDI

22

1342 LAKESHORE CIRCLE
SAN JOSE CA 95131

08-07-1989 11-19-1993

Principal Residence

Enter your county at time of filing (see instructions)

SANTA CLARA

If your address above is the same as your principal/physical residence address at the time of filing, check this box X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here

1 Single 4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly. See instr. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

See instructions.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. ● 6

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ● 7 2 X \$140 = ● \$ 280

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. ● 8 X \$140 = ● \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. ● 9 X \$140 = ● \$

Your name: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ● 10 X \$433 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

12	State wages from your federal Form(s) W-2, box 16 ● 12	<input type="text" value="101500"/>	<input type="text" value="00"/>
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13	<input type="text" value="101500"/>	<input type="text" value="00"/>
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14	<input type="text"/>	<input type="text" value="00"/>
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15	<input type="text" value="101500"/>	<input type="text" value="00"/>
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16	<input type="text"/>	<input type="text" value="00"/>
17	California adjusted gross income. Combine line 15 and line 16 ● 17	<input type="text" value="101500"/>	<input type="text" value="00"/>
18	Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$5,202 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,404 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions ● 18	<input type="text" value="10404"/>	<input type="text" value="00"/>
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- ● 19	<input type="text" value="91096"/>	<input type="text" value="00"/>

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ● 31	<input type="text" value="2795"/>	<input type="text" value="00"/>
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$229,908, see instructions. ● 32	<input type="text" value="280"/>	<input type="text" value="00"/>
33	Subtract line 32 from line 31. If less than zero, enter -0- ● 33	<input type="text" value="2515"/>	<input type="text" value="00"/>
34	Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A. . . ● 34	<input type="text"/>	<input type="text" value="00"/>
35	Add line 33 and line 34. ● 35	<input type="text" value="2515"/>	<input type="text" value="00"/>

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40	<input type="text"/>	<input type="text" value="00"/>
43	Enter credit name <input type="text" value="OTHER STATE"/> code ● <input type="text" value="187"/> and amount. . . ● 43	<input type="text" value="917"/>	<input type="text" value="00"/>
44	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 44	<input type="text"/>	<input type="text" value="00"/>

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Your name: Your SSN or ITIN:

Special Credits	45	To claim more than two credits. See instructions. Attach Schedule P (540).	<input type="radio"/>	45	<input type="text"/>	<input type="text" value="00"/>
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46	<input type="text"/>	<input type="text" value="00"/>
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	<input type="text" value="917"/>	<input type="text" value="00"/>
	48	Subtract line 47 from line 35. If less than zero, enter -0-	<input checked="" type="radio"/>	48	<input type="text" value="1598"/>	<input type="text" value="00"/>

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	<input type="radio"/>	61	<input type="text"/>	<input type="text" value="00"/>
	62	Mental Health Services Tax. See instructions	<input type="radio"/>	62	<input type="text"/>	<input type="text" value="00"/>
	63	Other taxes and credit recapture. See instructions	<input type="radio"/>	63	<input type="text"/>	<input type="text" value="00"/>
	64	Add line 48, line 61, line 62, and line 63. This is your total tax.	<input type="radio"/>	64	<input type="text" value="1598"/>	<input type="text" value="00"/>

Payments	71	California income tax withheld. See instructions	<input type="radio"/>	71	<input type="text" value="4388"/>	<input type="text" value="00"/>
	72	2022 California estimated tax and other payments. See instructions	<input type="radio"/>	72	<input type="text"/>	<input type="text" value="00"/>
	73	Withholding (Form 592-B and/or Form 593). See instructions	<input type="radio"/>	73	<input type="text"/>	<input type="text" value="00"/>
	74	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	74	<input type="text"/>	<input type="text" value="00"/>
	75	Earned Income Tax Credit (EITC). See instructions	<input type="radio"/>	75	<input type="text"/>	<input type="text" value="00"/>
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76	<input type="text"/>	<input type="text" value="00"/>
	77	Foster Youth Tax Credit (FYTC). See instructions	<input type="radio"/>	77	<input type="text"/>	<input type="text" value="00"/>
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	<input type="text" value="4388"/>	<input type="text" value="00"/>

Use Tax	91	Use Tax. Do not leave blank. See instructions.	<input type="radio"/>	91	<input type="text" value="0"/>	<input type="text" value="00"/>
	If line 91 is zero, check if: <input checked="" type="radio"/> <input type="checkbox"/> No use tax is owed. <input type="radio"/> <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.					

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.	<input type="radio"/>	<input checked="" type="checkbox"/>		
	If you did not check the box, see instructions.					
	92	Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/>	92	<input type="text"/>	<input type="text" value="00"/>

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	<input type="text" value="4388"/>	<input type="text" value="00"/>
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94	<input type="text"/>	<input type="text" value="00"/>
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	<input checked="" type="radio"/>	95	<input type="text" value="4388"/>	<input type="text" value="00"/>
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	<input checked="" type="radio"/>	96	<input type="text"/>	<input type="text" value="00"/>
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	<input checked="" type="radio"/>	97	<input type="text" value="2790"/>	<input type="text" value="00"/>

Your name: Your SSN or ITIN:

Overpaid Tax/Tax Due	98	Amount of line 97 you want applied to your 2023 estimated tax	●	98	<input type="text" value="0"/>	.00
	99	Overpaid tax available this year. Subtract line 98 from line 97	●	99	<input type="text" value="2790"/>	.00
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	●	100	<input type="text"/>	.00

		Code	Amount		
Contributions	California Seniors Special Fund. See instructions	●	400	<input type="text"/>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	●	401	<input type="text"/>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	●	403	<input type="text"/>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	●	405	<input type="text"/>	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	●	406	<input type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	●	407	<input type="text"/>	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	●	408	<input type="text"/>	.00
	California Sea Otter Voluntary Tax Contribution Fund	●	410	<input type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund	●	413	<input type="text"/>	.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	●	422	<input type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase	●	423	<input type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	●	424	<input type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	●	425	<input type="text"/>	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	●	431	<input type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	●	438	<input type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	●	439	<input type="text"/>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund	●	440	<input type="text"/>	.00
	Suicide Prevention Voluntary Tax Contribution Fund	●	444	<input type="text"/>	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	●	445	<input type="text"/>	.00	
California Community and Neighborhood Tree Voluntary Tax Contribution Fund	●	446	<input type="text"/>	.00	
110	Add amounts in code 400 through code 446. This is your total contribution	●	110	<input type="text"/>	.00

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 .00
 Pay Online – Go to **ftb.ca.gov/pay** for more information.

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Your name: Your SSN or ITIN:

Interest and Penalties

112 Interest, late return penalties, and late payment penalties 112 .00

113 Underpayment of estimated tax.

Check the box: FTB 5805 attached FTB 5805F attached 113 .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**..... 115 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking Savings ● Account number ● 116 Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking Savings ● Account number ● 117 Direct deposit amount .00

Voter Info. For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address. Enter only one email address.

Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Joint tax return? See instructions.

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No

Print Third Party Designee's Name Telephone Number

2022 California Adjustments – Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return: **S KARIKI & M MULLAPUDI** SSN or ITIN: **118550637**

Part I Income Adjustment Schedule		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
Section A – Income from federal Form 1040 or 1040-SR				
1 a	Total amount from federal Form(s) W-2, box 1. See instructions	<input checked="" type="radio"/> 101500	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b	Household employee wages not reported on federal Form(s) W-2	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c	Tip income not reported on line 1a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
d	Medicaid waiver payments not reported on federal Form(s) W-2. See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
e	Taxable dependent care benefits from federal Form 2441, line 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
f	Employer-provided adoption benefits from federal Form 8839, line 29	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g	Wages from federal Form 8919, line 6.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h	Other earned income. See instructions	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>	<input checked="" type="radio"/>
i	Nontaxable combat pay election. See instructions			<input checked="" type="radio"/>
z	Add line 1a through line 1i.	<input checked="" type="radio"/> 101500	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2	Taxable interest. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3	Ordinary dividends. See instructions. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4	IRA distributions. See instructions. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	Pensions and annuities. See instructions. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Social security benefits. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
7	Capital gain or (loss). See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Section B – Additional Income from federal Schedule 1 (Form 1040)				
1	Taxable refunds, credits, or offsets of state and local income taxes	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
2 a	Alimony received. See instructions.	<input checked="" type="radio"/>		<input checked="" type="radio"/>
3	Business income or (loss). See instructions.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4	Other gains or (losses)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Farm income or (loss)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	Unemployment compensation	<input checked="" type="radio"/>	<input checked="" type="radio"/>	

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:			
a Federal net operating loss 8a	<input type="radio"/> ()		<input type="radio"/>
b Gambling 8b	<input type="radio"/>	<input type="radio"/>	
c Cancellation of debt 8c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Foreign earned income exclusion from federal Form 2555 8d	<input type="radio"/> ()		<input type="radio"/>
e Income from federal Form 8853 8e	<input type="radio"/>		<input type="radio"/>
f Income from federal Form 8889 8f	<input type="radio"/>	<input type="radio"/>	
g Alaska Permanent Fund dividends 8g	<input type="radio"/>		
h Jury duty pay 8h	<input type="radio"/>		
i Prizes and awards 8i	<input type="radio"/>		
j Activity not engaged in for profit income 8j	<input type="radio"/>		
k Stock options 8k	<input type="radio"/>		<input type="radio"/>
l 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 . . 8l	<input type="radio"/>		
m Olympic and Paralympic medals and USOC prize money 8m	<input type="radio"/>		
n IRC Section 951(a) inclusion 8n	<input type="radio"/>	<input type="radio"/>	
o IRC Section 951A(a) inclusion 8o	<input type="radio"/>	<input type="radio"/>	
p IRC Section 461(l) excess business loss adjustment 8p	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q Taxable distributions from an ABLÉ account . . 8q	<input type="radio"/>		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	<input type="radio"/>		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d. . 8s	<input type="radio"/> ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	<input type="radio"/>		
u Wages earned while incarcerated. 8u	<input type="radio"/>		
z Other income. List type and amount. <input type="radio"/> _____ 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z. 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1 Disaster loss deduction from form FTB 3805V.. 9b1		<input type="radio"/>	
b2 NOL deduction from form FTB 3805V 9b2		<input type="radio"/>	
b3 NOL from form FTB 3805Z, 3807, or 3809 . . 9b3		<input type="radio"/>	
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	<input type="radio"/> 101500	<input type="radio"/>	<input type="radio"/>

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11	<input type="radio"/>	<input type="radio"/>	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction 13	<input type="radio"/>	<input type="radio"/>	
14 Moving expenses. Attach form FTB 3913. See instructions 14	<input type="radio"/>		<input type="radio"/>
15 Deductible part of self-employment tax. See instructions. 15	<input type="radio"/>	<input type="radio"/>	
16 Self-employed SEP, SIMPLE, and qualified plans. . 16	<input type="radio"/>		
17 Self-employed health insurance deduction. See instructions. 17	<input type="radio"/>	<input type="radio"/>	
18 Penalty on early withdrawal of savings 18	<input type="radio"/>		
19 a Alimony paid. 19a	<input type="radio"/>		<input type="radio"/>
b Recipient's: SSN <input type="radio"/> _____			
Last Name <input type="radio"/> _____			
20 IRA deduction 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Student loan interest deduction 21	<input type="radio"/>		<input type="radio"/>
22 Reserved for future use 22			
23 Archer MSA deduction. 23	<input type="radio"/>		

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Section C – Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24	Other adjustments:			
a	Jury duty pay 24a	<input checked="" type="radio"/>		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
d	Reforestation amortization and expenses. 24d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
e	Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	<input checked="" type="radio"/>		
f	Contributions to IRC Section 501(c)(18)(D) pension plans 24f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g	Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input checked="" type="radio"/>		
i	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. 24i	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
j	Housing deduction from federal Form 2555 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
k	Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input checked="" type="radio"/>		
z	Other adjustments. List type and amount.			
	<input checked="" type="radio"/> _____ 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25	Total other adjustments. Add line 24a through line 24z 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27	Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	<input checked="" type="radio"/>	101500 <input checked="" type="radio"/>	<input checked="" type="radio"/>

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Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses <input checked="" type="radio"/> _____ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> <u>101500</u> 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> <u>7613</u> 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 <input checked="" type="radio"/>			<input checked="" type="radio"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes. .5a <input checked="" type="radio"/> <u>5980</u> <input checked="" type="radio"/> <u>5980</u>	<u>5980</u>	<u>5980</u>	
b State and local real estate taxes5b <input checked="" type="radio"/>			
c State and local personal property taxes5c <input checked="" type="radio"/>			
d Add line 5a through line 5c.5d <input checked="" type="radio"/> <u>5980</u>	<u>5980</u>		
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C5e <input checked="" type="radio"/> <u>5980</u> <input checked="" type="radio"/> <u>5980</u> <input checked="" type="radio"/> <u>0</u>	<u>5980</u>	<u>5980</u>	<u>0</u>
6 Other taxes. List type <input checked="" type="radio"/> _____ 6 <input checked="" type="radio"/>			<input checked="" type="radio"/>
7 Add line 5e and line 6. 7 <input checked="" type="radio"/> <u>5980</u> <input checked="" type="radio"/> <u>5980</u> <input checked="" type="radio"/> <u>0</u>	<u>5980</u>	<u>5980</u>	<u>0</u>
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 10988a <input checked="" type="radio"/>			<input checked="" type="radio"/>
b Home mortgage interest not reported to you on federal Form 10988b <input checked="" type="radio"/>			<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098. .8c <input checked="" type="radio"/>			<input checked="" type="radio"/>
d Reserved for future use8d			
e Add line 8a through line 8c.8e <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest. 9 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9. 10 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

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Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check. 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Other than by cash or check. 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Carryover from prior year. 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Add line 11 through line 13 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Other Itemized Deductions			
16 Other—from list in federal instructions. 16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. 17	<input checked="" type="radio"/> 5980	<input checked="" type="radio"/> 5980	<input checked="" type="radio"/> 0
18 Total. Combine line 17 column A less column B plus column C	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 18 0
Job Expenses and Certain Miscellaneous Deductions			
19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 19
20 Tax preparation fees	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 20
21 Other expenses: investment, safe deposit box, etc. List type.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 21 0
22 Add line 19 through line 21	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 22 0
23 Enter amount from federal Form 1040 or 1040-SR, line 11	<input checked="" type="radio"/> 101500	<input checked="" type="radio"/>	<input checked="" type="radio"/>
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 24 2030
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 25 0
26 Total Itemized Deductions. Add line 18 and line 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 26 0
27 Other adjustments. See instructions. Specify.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 27
28 Combine line 26 and line 27.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 28 0
29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?			
Single or married/RDP filing separately			\$229,908
Head of household			\$344,867
Married/RDP filing jointly or qualifying surviving spouse/RDP.			\$459,821
No. Transfer the amount on line 28 to line 29.			
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 29 0
30 Enter the larger of the amount on line 29 or your standard deduction listed below:			
Single or married/RDP filing separately. See instructions			\$5,202
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP			\$10,404
Transfer the amount on line 30 to Form 540, line 18.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 30 10404

2022 Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on your California tax return S KARIKI & M MULLAPUDI	SSN, ITIN, or FEIN 118550637
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Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> WAGES, SALARIES, TIPS	<input checked="" type="radio"/> 37000	<input checked="" type="radio"/> 37000
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 37000	<input checked="" type="radio"/> 37000

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2 California tax liability. See instructions	<input checked="" type="radio"/> 2	2515	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	37000	00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	101500	00
5 Divide line 3 by line 4. Do not enter more than 1.0000.	<input checked="" type="radio"/> 5	0.3645	
6 Multiply line 2 by line 5.	<input checked="" type="radio"/> 6	917	00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> MD See instructions	<input checked="" type="radio"/> 7	2283	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	37000	00
9 Adjusted gross income taxable by other state. See instructions.	<input checked="" type="radio"/> 9	37000	00
10 Divide line 8 by line 9. Do not enter more than 1.0000.	<input checked="" type="radio"/> 10	1.0000	
11 Multiply line 7 by line 10.	<input checked="" type="radio"/> 11	2283	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions	<input checked="" type="radio"/> 12	917	00

REV 03/18/23 PRO



225050013

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

Print Using Blue or Black Ink Only

118550637 Social Security Number 851233868 Spouse's Social Security Number

SURESH First Name MI

KARIKI Last Name

MANI MRUDULA 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.

MULLAPUDI Spouse's Last Name

1342 LAKESHORE CIRCLE 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.)

SAN JOSE City or Town CA State 95131 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. Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. [X] 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. CA

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 [X] Spouse Enter number checked 2 See Instruction 10 A. \$ 6400.00

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.) [2] Total Amount D. \$ 6400.00

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 SURESH KARIKI & MANI MRUDULA MULLAPUDI SSN 118550637

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 11.)

	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAND INCOME (LOSS)
1. Wages, salaries, tips, etc 1.	101500.00	37000.00	64500.00
2. Taxable interest income 2.	.00	.00	.00
3. Dividend income 3.	.00	.00	.00
4. Taxable refunds, credits or offsets of state and local income taxes 4.	.00	.00	.00
5. Alimony received 5.	.00	.00	.00
6. Business income or (loss) 6.	.00	.00	.00
7. Capital gain or (loss) 7.	.00	.00	.00
8. Other gains or (losses) (from federal Form 4797) 8.	.00	.00	.00
9. Taxable amount of pensions, IRA distributions, and annuities. 9.	.00	.00	.00
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.) 10.	.00	.00	.00
11. Farm income or (loss) 11.	.00	.00	.00
12. Unemployment compensation (insurance) 12.	.00	.00	.00
13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits 13.	.00	.00	.00
14. Other income (including lottery or other gambling winnings) 14.	.00	.00	.00
15. Total income (Add lines 1 through 14.) 15.	101500.00	37000.00	64500.00
16. Total adjustments to income from federal return (IRA, alimony, etc.) 16.	.00	.00	.00
17. Adjusted gross income (Subtract line 16 from line 15.) ▶ 17.	101500.00	37000.00	64500.00

ADDITIONS TO INCOME (See Instruction 12.)

18. Non-Maryland loss and adjustments. 18.	.00	.00	.00
19. Other (Enter code letter(s) from Instruction 12.) ▶ 19.	.00	.00	.00
20. Total additions (Add lines 18 and 19. See instructions.) ▶ 20.	.00	.00	.00
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.) 21.	101500.00	.00	.00

SUBTRACTIONS FROM INCOME (See Instruction 13.)

22. Taxable Military Income of Nonresident ▶ 22.	.00	.00	.00
23. Other (Enter code letter(s) from Instruction 13.) ▶ 23.	.00	.00	.00
24. Total subtractions (Add lines 22 and 23. See instructions.) ▶ 24.	.00	.00	.00
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.) 25.	101500.00	.00	.00

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

26. a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.) ▶ <input checked="" type="checkbox"/> 26a.	4850.00		
ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) ▶ <input type="checkbox"/>			
b. Total federal itemized deductions (from line 17, federal Schedule A) ▶ 26b.	.00		
c. State and local income taxes (See Instruction 16.) ▶ 26c.	.00		
d. Net itemized deductions (Subtract line 26c from line 26b.) 26d.	.00		
e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 26e. 1.000000 (from worksheet in Instruction 14). ▶ 26.	4850.00		
27. Net income (Subtract line 26 from line 25.) 27.	96650.00		
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 28.	6400.00		
29. Enter your AGI factor (from worksheet in Instruction 14) 29.	1.000000		
30. Maryland exemption allowance (Multiply line 28 by line 29.) 30.	6400.00		
31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR. 31.	90250.00		

MARYLAND TAX COMPUTATION – COMPLETE FORM 505NR BEFORE CONTINUING.

32. a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.) 32a.	1543.00		
b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.) 32b.	740.00		
c. Total Maryland tax (Add lines 32a and 32b.) 32c.	2283.00		
33. Poverty level credit from worksheet in Instruction 20. ▶ 33.	.00		



225050213

Name SURESH KARIKI & MANI MRUDULA MULLAPUDI SSN 118550637

Table with 3 columns: Line number, Description, and Amount. Includes lines 34-53 for tax credits, contributions, and total amount due.

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.

Form section for direct deposit with checkboxes for account type (Checking/Savings), routing number, and account number.

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).

Signature and identification section for taxpayer and preparer, including fields for signature, date, phone number, and PTIN.

CODE NUMBERS (3 digits per line)



225050313

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

SURESH _____ MI _____ KARIKI _____ 118550637 _____
 First Name Last Name Social Security Number
 MANI MRUDULA _____ MI _____ MULLAPUDI _____ 851233868 _____
 Spouse's First Name 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. 90250 .00
 2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. 2. 4234 .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. 101500 .00
 3a. Earned Income (See instructions.) ▶ 3a. 101500 .00
 4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. 4. 101500 .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. 64500 .00
 7. Add lines 5 through 6b. 7. 64500 .00
 8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. 8. 37000 .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. 4850 .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. 364532
 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. 1768 .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. 35232 .00
 12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. 12. 2333 .00
 13. Maryland Taxable Net Income (Subtract line 12 from line 11.) 13. 32899 .00
 14. Enter the tax amount from line 2 of this form. 14. 4234 .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. 364532
 16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33) 16. 1543 .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. 740 .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