

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 SYAM PRASAD KURAMSETTI	Social security number 088-04-6687
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	90,277.
2	Total tax	2	12,629.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	15,013.
4	Amount you want refunded to you	4	2,384.
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

4	6	6	8	7
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Form fields for personal information: Your first name and middle initial (SYAM PRASAD), Last name (KURAMSETTI), Your social security number (088-04-6687), Spouse's social security number, Home address (30852 CENTENNIAL DR, NOVI, MI, 48377), and Presidential Election Campaign options.

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

Main income table with rows 1a through 15, including Total amount from Form(s) W-2, Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Other income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction, Qualified business income deduction, and Taxable income.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 12,629.

Table for Payments (lines 25-33). Includes federal income tax withheld (15,013) and total payments (15,013).

Table for Refund (lines 34-36). Shows overpaid amount of 2,384 and amount applied to 2023 estimated tax.

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

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

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

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

No

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SYAM PRASAD KURAMSETTI

Your social security number
088-04-6687

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-10,100.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
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		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLÉ account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-10,100.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

SYAM PRASAD KURAMSETTI

Your social security number

088-04-6687

Part I Income or Loss From Rental Real Estate and Royalties

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

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

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

A	IN
B	
C	

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

Type of Property:

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

		Properties:		
		A	B	C
Income:				
3	Rents received	3	600.	
4	Royalties received	4		
Expenses:				
5	Advertising	5		
6	Auto and travel (see instructions)	6		
7	Cleaning and maintenance	7	1,000.	
8	Commissions	8		
9	Insurance	9		
10	Legal and other professional fees	10		
11	Management fees	11	800.	
12	Mortgage interest paid to banks, etc. (see instructions)	12		
13	Other interest	13		
14	Repairs	14	3,180.	
15	Supplies	15	2,220.	
16	Taxes	16		
17	Utilities	17	3,500.	
18	Depreciation expense or depletion	18		
19	Other (list) _____	19		
20	Total expenses. Add lines 5 through 19	20	10,700.	
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-10,100.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(10,100.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a	600.	
b	Total of all amounts reported on line 4 for all royalty properties	23b		
c	Total of all amounts reported on line 12 for all properties	23c		
d	Total of all amounts reported on line 18 for all properties	23d		
e	Total of all amounts reported on line 20 for all properties	23e	10,700.	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24		
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(10,100.)	
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		-10,100.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2022
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
088-04-6687

SYAM PRASAD KURAMSETTI

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3 3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6 3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions	7 0.
8	Add lines 6 and 7	8 3,650.
9	Employer contributions made to your HSAs for 2022	9 1,514.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 1,514.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 2,136.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

Passive Activity Loss Limitations

See separate instructions.
 Attach to Form 1040, 1040-SR, or 1041.
 Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return: **SYAM PRASAD KURAMSETTI** Identifying number: **088-04-6687**

Part I 2022 Passive Activity Loss
Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	0.		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(10,100.)		
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c	1d			-10,100.

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a			
b Activities with net loss (enter the amount from Part V, column (b))	2b	()		
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()		
d Combine lines 2a, 2b, and 2c	2d			
3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3			-10,100.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.
 • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	10,100.
5 Enter \$150,000. If married filing separately, see instructions	5	150,000.
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	100,377.
7 Subtract line 6 from line 5	7	49,623.
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	24,812.
9 Enter the smaller of line 4 or line 8	9	10,100.

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11 Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	10,100.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
	0.	10,100.			10,100.
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	10,100.			

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
	E Ln 22	10,100.	1.00000000	10,100.	0.
Total		10,100.	1.00	10,100.	0.

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				

2022 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 18, 2023. Type or print in blue or black ink.

1. Filer's First Name SYAM PRASAD	M.I.	Last Name KURAMSETTI	2. Filer's Full Social Security No. (Example: 123-45-6789) 088 — 04 — 6687
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —
Home Address (Number, Street, or P.O. Box) 30852 CENTENNIAL DR			4. School District Code (5 digits – see page 60) 63100
City or Town NOVI	State MI	ZIP Code 48377	

5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. <table style="margin-left: 20px;"> <tr> <td>a.</td> <td><input type="checkbox"/></td> <td>Filer</td> </tr> <tr> <td>b.</td> <td><input type="checkbox"/></td> <td>Spouse</td> </tr> </table>	a.	<input type="checkbox"/>	Filer	b.	<input type="checkbox"/>	Spouse	6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.
a.	<input type="checkbox"/>	Filer					
b.	<input type="checkbox"/>	Spouse					

7. 2022 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 200px; margin-left: 20px;"></div>	8. 2022 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * * If you check box "b" or "c," you must complete and include Schedule NR.
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9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions).....	9a.	1	x	\$5,000	9a.	5000	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	9b.		x	\$2,900	9b.		00
c. Number of qualified disabled veterans.....	9c.		x	\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.		x	\$5,000	9d.		00
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>			9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.				9f.	5000	00

10. Adjusted Gross Income from your U.S. Form 1040 (see instructions).....	10.	90277	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.		00
12. Total. Add lines 10 and 11.....	12.	90277	00
13. Subtractions from Schedule 1, line 30. Include Schedule 1	13.		00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.	90277	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.	5000	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.	85277	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.	3624	00

NON-REFUNDABLE CREDITS

		AMOUNT		CREDIT		
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	1293	00	18b.	748	00
19. Michigan Historic Preservation Tax Credit (see instructions).....	19a.		00	19b.		00
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0".....	20.			20.	2876	00

Filer's Full Social Security Number

088 — 04 — 6687

21. Enter amount of Income Tax from line 20.....	21.	2876	00
22. Voluntary Contributions from Form 4642, line 6. Include Form 4642	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	2876	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.	27a.		00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....	29.		00
30. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	30.	3422	00
31. Estimated tax, extension payments and 2021 credit forward.....	31.		00
32. 2022 AMENDED RETURNS ONLY. Taxpayers completing an original 2022 return should skip to line 33. Amended returns must include Schedule AMD (see instructions) .			
32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.			
32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.			
32c.			00
33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c	33.	3422	00

REFUND OR TAX DUE

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.	34.		
Include interest <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/>			
YOU OWE			
35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33	35.	546	00
36. Credit Forward. Amount of line 35 to be credited to your 2023 estimated tax for your 2023 tax return ...	36.		00
37. Subtract line 36 from line 35.....	37.	546	00

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.	a. Routing Transit Number	b. Account Number	c. Type of Account	
	081000032	355004518379	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2021, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2022 (MM-DD-YYYY)		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Filer	— —	Spouse	— —
Preparer's PTIN, FEIN or SSN P02082703		Preparer's Name (print or type) SYAM PRIYA RAM SAGAR GUPTA TA	
Filer's Signature		Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TA	
Spouse's Signature		Preparer's Business Name, Address and Telephone Number GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 678-965-9522	
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.			

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**
Pay amount on line 34 (see instructions). Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

2022 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name SYAM PRASAD	M.I.	Last Name KURAMSETTI	2. Filer's Full Social Security No. (Example: 123-45-6789) 088 — 04 — 6687
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		61-1462969	ZF NORTH AMERICA	80524	00	3422	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	3422 00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

A		B	C	D	E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld		
					00	00	
					00	00	
					00	00	
					00	00	
					00	00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. SUBTOTAL. Enter total of Table 2, column E.						5.	00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 30.....						6.	3422 00

Name as Shown on Return <u>SYAM PRASAD KURAMSETTI</u>	Social Security Number <u>088-04-6687</u>
--	--

- **QuickZoom** to another copy of this worksheet ➔
- **Part-year residents:** You can claim this credit only when your income from another state was earned while you were a Michigan resident.
- Jurisdiction code ▶ MD
Jurisdiction name Maryland

1	Income earned in another state or locality subject to Michigan tax	1	<u>18,621.</u>
2	Enter the amount from Form MI-1040, line 14.	2	<u>90,277.</u>
3	Divide line 1 by line 2	3	<u>0.2063</u>
4	Enter the amount from Form MI-1040, line 17.	4	<u>3,624.</u>
5	Multiply line 4 by line 3	5	<u>748.</u>
6	Enter the amount of tax imposed by another state or locality	6	<u>1,293.</u>
7	Credit. Enter line 6 or the smaller of line 5 or line 6	7	<u>748.</u>



22PTPV013

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

088046687

Your Social Security Number

If Joint Return, Spouse's Social Security Number

SYAM PRASAD

Your First Name

MI

KURAMSETTI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

30852 CENTENNIAL DR

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

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

NOVI

City or Town

MI

State

48377

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.

129 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



22PTPV013

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088046687

Your Social Security Number

If Joint Return, Spouse's Social Security Number

SYAM PRASAD

Your First Name

MI

KURAMSETTI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

30852 CENTENNIAL DR

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1a. First time filer or change in filing status
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Amount you are paying by check or money order.

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Dollars Cents

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Annapolis, MD 21401-8888



22PTPV013

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088046687

Your Social Security Number

If Joint Return, Spouse's Social Security Number

SYAM PRASAD

Your First Name

MI

KURAMSETTI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

30852 CENTENNIAL DR

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

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NOVI

City or Town

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PAYMENT TYPE

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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.

129 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



22PTPV013

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

088046687

Your Social Security Number

If Joint Return, Spouse's Social Security Number

SYAM PRASAD

Your First Name

MI

KURAMSETTI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

30852 CENTENNIAL DR

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

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

NOVI

City or Town

MI

State

48377

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.

129 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



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.

SYAM PRASAD KURAMSETTI 088046687
First Name MI Last Name SSN/Taxpayer Identification Number
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2023 estimated tax 1. 00
2. Amount of overpayment to be refunded to you REFUND 2. 00
3. Total amount due (Pay in full by April 15, 2023. See instructions.) 3. 387 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 46687 as my signature on my tax year 2022 electronically filed income tax return. ERO firm name

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

Your signature Date

Spouse's PIN: check one box only

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

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

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

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

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

ERO's signature Date 02152023

DO NOT MAIL



225050013

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

Print Using Blue or Black Ink Only

088046687 Social Security Number Spouse's Social Security Number

SYAM PRASAD First Name MI

KURAMSETTI Last Name

Spouse's First Name MI

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

Spouse's Last Name

30852 CENTENNIAL DR 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.)

NOVI MI 48377 City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

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

- CHECK ONE BOX 1. [X] Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. [] Married filing joint return or spouse had no income 3. [] Married filing separately, Spouse's SSN 4. [] Head of household 5. [] Qualifying widow(er) with dependent child 6. [] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. MI If PA resident, enter both County and City, Borough or Township Were you a resident of another state for the entire year of 2022? If no, attach explanation. [X] Yes [] No Are you or your spouse a member of the military? [] Yes [X] No Did you file a Maryland income tax return for 2021? [] Yes [X] No If "Yes," was it a [] Resident or a [] Nonresident return? Dates you resided in Maryland for 2022. If none, enter "NONE": FROM None TO None (MMDDYYYY). [] Check here for Maryland taxes withheld in error. (See Instruction 4.)

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

- A. [X] Yourself [] Spouse Enter number checked 1 See Instruction 10 A. \$ 3200.00 B. [] 65 or over [] 65 or over [] Blind [] Blind Enter number checked [] X \$1,000 B. \$.00 C. Enter number from line 3 of Dependent Form 502B [] See Instruction 10 C. \$.00 D. Enter Total Exemptions (Add A, B and C.) [1] Total Amount D. \$ 3200.00

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



225050113

Name SYAM PRASAD KURAMSETTI SSN 088046687

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.	100377.00	19853.00	80524.00
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.	-10100.00	0.00	-10100.00
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.	90277.00	19853.00	70424.00
16. Total adjustments to income from federal return (IRA, alimony, etc.) 16.	0.00	.00	0.00
17. Adjusted gross income (Subtract line 16 from line 15.) ▶ 17.	90277.00	19853.00	70424.00

ADDITIONS TO INCOME (See Instruction 12.)

18. Non-Maryland loss and adjustments. 18.			10100.00
19. Other (Enter code letter(s) from Instruction 12.) ▶ 19.			.00
20. Total additions (Add lines 18 and 19. See instructions.) ▶ 20.			10100.00
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.) 21.			100377.00

SUBTRACTIONS FROM INCOME (See Instruction 13.)

22. Taxable Military Income of Nonresident ▶ 22.			.00
23. Other (Enter code letter(s) from Instruction 13.) ▶ 23.			.00
24. Total subtractions (Add lines 22 and 23. See instructions.) ▶ 24.			.00
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.) 25.			100377.00

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.	2400.00		
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.			2400.00
27. Net income (Subtract line 26 from line 25.) 27.			97977.00
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 28.			3200.00
29. Enter your AGI factor (from worksheet in Instruction 14) 29.			1.000000
30. Maryland exemption allowance (Multiply line 28 by line 29.) 30.			3200.00
31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR. 31.			94777.00

MARYLAND TAX COMPUTATION – COMPLETE FORM 505NR BEFORE CONTINUING.

32. a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.) 32a.			874.00
b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.) 32b.			419.00
c. Total Maryland tax (Add lines 32a and 32b.) 32c.			1293.00
33. Poverty level credit from worksheet in Instruction 20. ▶ 33.			.00



225050213

Name SYAM PRASAD KURAMSETTI SSN 088046687

Table with 2 columns: Line number and Amount. Rows include 34. Other income tax credits, 35. Business tax credits, 36. Total credits, 37. Maryland tax after credits, 38. Contribution to Chesapeake Bay and Endangered Species Fund, 39. Contribution to Developmental Disabilities Services and Support Fund, 40. Contribution to Maryland Cancer Fund, 41. Contribution to Fair Campaign Financing Fund, 42. Total Maryland income tax and contributions, 43. Total Maryland tax withheld, 44. 2022 estimated tax payments, 45. Nonresident tax paid by pass-through entities, 46. Refundable income tax credits, 47. Total payments and credits, 48. Balance due, 49. Overpayment, 50. Amount of overpayment TO BE APPLIED TO 2023 ESTIMATED TAX, 51. Amount of overpayment TO BE REFUNDED TO YOU, 52. Interest charges, 53. 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.

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

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

Check here if you authorize your preparer to discuss this return with us. Check here if you authorize your paid preparer not to file electronically. Check here if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

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

CODE NUMBERS (3 digits per line)



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





22PTPV013

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

088046687

Your Social Security Number

If Joint Return, Spouse's Social Security Number

SYAM PRASAD

Your First Name

MI

KURAMSETTI

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

30852 CENTENNIAL DR

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

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

NOVI

City or Town

MI

State

48377

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 387 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.