



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.

SHOURYA S First Name MI CHOUHAN Last Name 814687766 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. 672 .00
3. Total amount due (Pay in full by April 15, 2023. See instructions.) . . . . . 3. .00

Part II Taxpayer Declaration and Signature Authorization

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

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN 8 7 7 6 6 Enter five digits. Do not enter all zeros. 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. The ERO must complete Part III below.

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

Spouse's PIN: check one box only

[ ] I authorize \_\_\_\_\_ ERO firm name to enter or generate my PIN \_\_\_\_\_ Enter five digits. Do not enter all zeros. 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. The ERO must complete Part III below.

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. 2 2 2 4 9 6 6 1 9 8 9 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 03092023

DO NOT MAIL



225050013

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

Print Using Blue or Black Ink Only

814687766 Social Security Number Spouse's Social Security Number

SHOURYA S First Name MI

CHOUHAN 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

85 COLLARD STREET 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.)

JERSEY CITY NJ 07306 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. NJ

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

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

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

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

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

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

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

A. [X] Yourself [ ] Spouse Enter number checked 1 See Instruction 10 A. \$ 3200.00

B. [ ] 65 or over [ ] 65 or over

[ ] Blind [ ] Blind Enter number checked [ ] X \$1,000 B. \$ .00

C. Enter number from line 3 of Dependent Form 502B [ ] See Instruction 10 C. \$ .00

D. Enter Total Exemptions (Add A, B and C.) [1] Total Amount D. \$ 3200.00

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



225050113

Name SHOURYA S CHOUHAN SSN 814687766

INCOME AND ADJUSTMENTS INFORMATION

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows include Wages, salaries, tips, etc. (9204.00), Taxable interest income, Dividend income, Taxable refunds, credits or offsets of state and local income taxes, Alimony received, Business income or (loss), Capital gain or (loss), Other gains or (losses) (from federal Form 4797), Taxable amount of pensions, IRA distributions, and annuities, Rents, royalties, partnerships, estates, trusts, etc., Farm income or (loss), Unemployment compensation (insurance), Taxable amount of Social Security and Tier 1 Railroad Retirement benefits, Other income (including lottery or other gambling winnings), Total income (Add lines 1 through 14.) (9204.00), Total adjustments to income from federal return (IRA, alimony, etc.), Adjusted gross income (Subtract line 16 from line 15.) (9204.00).

ADDITIONS TO INCOME (See Instruction 12.)

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows include Non-Maryland loss and adjustments, Other (Enter code letter(s) from Instruction 12.), Total additions (Add lines 18 and 19. See instructions.), Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.) (9204.00).

SUBTRACTIONS FROM INCOME (See Instruction 13.)

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows include Taxable Military Income of Nonresident, Other (Enter code letter(s) from Instruction 13.), Total subtractions (Add lines 22 and 23. See instructions.), Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.) (9204.00).

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

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows include 26. a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.) (checkbox), ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) (checkbox), b. Total federal itemized deductions (from line 17, federal Schedule A), c. State and local income taxes (See Instruction 16.), d. Net itemized deductions (Subtract line 26c from line 26b.), e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) (from worksheet in Instruction 14.), 27. Net income (Subtract line 26 from line 25.) (9204.00), 28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 (3200.00), 29. Enter your AGI factor (from worksheet in Instruction 14) (1.000000), 30. Maryland exemption allowance (Multiply line 28 by line 29.) (3200.00), 31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR. (6004.00).

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows include 32. a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.) (0.00), b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.) (0.00), c. Total Maryland tax (Add lines 32a and 32b.) (0.00), 33. Poverty level credit from worksheet in Instruction 20.



225050213

Name SHOURYA S CHOUHAN SSN 814687766

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: [X] Checking [ ] Savings 54b. Routing Number (9-digits) 021202337
54c. Account Number 759067215 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
5512214236 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)



**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

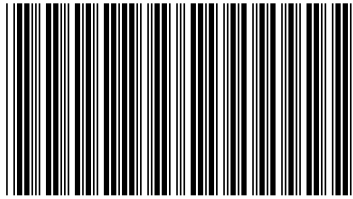


2022 NJ-1040  
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040  
2022  
Page 1



040MP01220

Your Social Security Number (required)  
814687766

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)  
CHOUHAN SHOURYA S

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50)  
1212

Home Address (Number and Street, including apartment number)  
85 COLLARD STREET

City, Town, Post Office State ZIP Code  
JERSEY CITY NJ 07306

Driver's License Number (Voluntary) (See instructions)  
C36277098212961

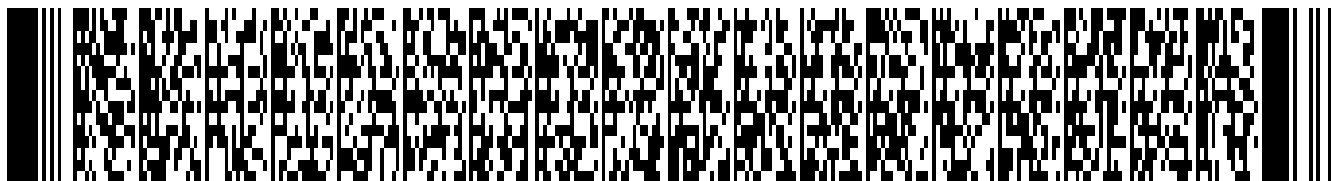
- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes	No

**Direct Deposit Information**

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	4
dd2. Account type (C for checking, S for savings)	dd2.	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4. Routing number	dd4.	
dd5. Account number	dd5.	





Name(s) as shown on Form NJ-1040  
CHOUHAN SHOURYA S

Your Social Security Number  
814687766

1555

Part-year residents, provide months/days you were a New Jersey resident during 2022:  
From: To:

Fiscal year filers only:  
Enter month of your year end 2 0 2 3

**Filing Status**  
Fill in only one.

- 1.  Single
- 2.  Married/CU Couple, filing joint return
- 3.  Married/CU Partner, filing separate return
- 4.  Head of Household Enter spouse's/CU partner's SSN
- 5.  Qualifying Widow(er)/Surviving CU Partner  
Indicate the year of your spouse's/CU partner's death: 2020 2021

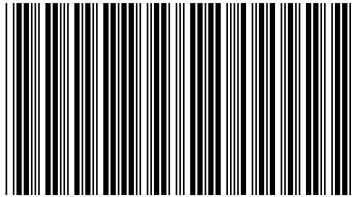
**Exemptions**

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1957 or earlier)	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
9. Veteran	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$6,000 =	_____
10. Qualified Dependent Children	<input type="checkbox"/>					x \$1,500 =	_____
11. Other Dependents	<input type="checkbox"/>					x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)	<input type="checkbox"/>					x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	<u>1000</u> .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____			
b.	_____			
c.	_____			
d.	_____			



040MP03220

Name(s) as shown on Form NJ-1040  
CHOUHAN SHOURYA S

Your Social Security Number  
814687766

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15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	9204 .	
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.	
17. Dividends	17.	.	
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.	
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	.	
20a. Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	.	
20b. Excludable pension, annuity, and IRA distributions/withdrawals	20b.	.	
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.	
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.	
24. Net gambling winnings (See instructions)	24.	.	
25. Alimony and separate maintenance payments received	25.	.	
26. Other (Enclose documents) (See instructions)	26.	.	
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	9204 .	
28a. Pension/Retirement Exclusion (See instructions)	28a.	.	
28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	.	
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	.	
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	9204 .	
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	.	
31. Medical Expenses (See Worksheet F and instructions)	31.	.	
32. Alimony and separate maintenance payments (See instructions)	32.	.	
33. Qualified Conservation Contribution	33.	.	
34. Health Enterprise Zone Deduction	34.	.	
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	.	
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	
37a. NJBEST Deduction	37a.	.	
37b. NJCLASS Deduction	37b.	.	
37c. NJ Higher Ed. Tuition Deduction	37c.	.	
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	.	
39. Taxable Income (Subtract line 38 from line 29)	39.	.	
40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	.	
40b. Indicate your residency status during 2022 (fill in only one)			
	Homeowner	Tenant	Both
41. Property Tax Deduction (From Worksheet H) (See instructions)	41.	.	
42. New Jersey Taxable Income (Subtract line 41 from line 39)	42.	.	
43. Tax on amount on line 42 (Tax Table page 52)	43.	.	
44. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	.	
Enter Code			
45. Balance of Tax (Subtract line 44 from line 43)	45.	.	
46. Sheltered Workshop Tax Credit	46.	.	
47. Gold Star Family Counseling Credit (See instructions)	47.	.	
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	.	
49. Total Credits (Add lines 46 through 48)	49.	.	
50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	.	
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0 .	
52. Interest on Underpayment of Estimated Tax	52.	.	
Fill in if Form NJ-2210 is enclosed			
53. Shared Responsibility Payment (See instructions)	53.	0 .	
	<b>REQUIRED</b> Enclose Schedule HCC and fill in		



