

# IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

|                                   |  |
|-----------------------------------|--|
| Taxpayer's name<br>SWATI SONAM    | Social security number<br>115-11-4734          |
| Spouse's name<br>PRATEEK AGGARWAL | Spouse's social security number<br>897-51-3204 |

## 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 | 43,218. |
| 2 | Total tax   | 2 | 1,204.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 5,900.  |
| 4 | Amount you want refunded to you                               | 4 | 4,696.  |
| 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 4 | 7 | 3 | 4 |
|---|---|---|---|---|

 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 3 | 2 | 0 | 4 |
|---|---|---|---|---|

 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:

Personal information section including name (SWATI SONAM), social security numbers (115-11-4734, 897-51-3204), and home address (19208 CIRCLE GATE DR, GERMANTOWN, MD, 20874).

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... [ ] 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, and (4) Child tax credit/Credit for other dependents.

Main income table with rows 1a through 15, including Total amount from Form(s) W-2, Taxable interest, Dividends, IRA distributions, Pensions, Social security benefits, Capital gain, Other income, Total income, Adjustments, Adjusted gross income, Standard deduction, and Taxable income.

Table with 2 columns: Line number and Amount. Rows 16-24 include Tax and Credits. Total tax is 1,204.

Table with 2 columns: Line number and Amount. Rows 25-33 include Payments. Total payments are 5,900.

Table with 2 columns: Line number and Amount. Rows 34-36 include Refund. Amount of refund is 4,696.

Table with 2 columns: Line number and Amount. Rows 37-38 include Amount You Owe. Total amount owed is 37.

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 date fields.

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

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SWATI SONAM & PRATEEK AGGARWAL

Your social security number  
115-11-4734

**Part I Nonrefundable Credits**

|          |  |           |      |
|----------|--|-----------|------|
| <b>1</b> | Foreign tax credit. Attach Form 1116 if required . . . . .                                       | <b>1</b>  |      |
| <b>2</b> | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . . | <b>2</b>  |      |
| <b>3</b> | Education credits from Form 8863, line 19 . . . . .  | <b>3</b>  |      |
| <b>4</b> | Retirement savings contributions credit. Attach Form 8880 . . . . .                              | <b>4</b>  | 529. |
| <b>5</b> | Residential energy credits. Attach Form 5695 . . . . .   | <b>5</b>  |      |
| <b>6</b> | Other nonrefundable credits:   |           |      |
| <b>a</b> | General business credit. Attach Form 3800 . . . . .  | <b>6a</b> |      |
| <b>b</b> | Credit for prior year minimum tax. Attach Form 8801 . . . . .                                    | <b>6b</b> |      |
| <b>c</b> | Adoption credit. Attach Form 8839 . . . . .  | <b>6c</b> |      |
| <b>d</b> | Credit for the elderly or disabled. Attach Schedule R . . . . .                                  | <b>6d</b> |      |
| <b>e</b> | Alternative motor vehicle credit. Attach Form 8910 . . . . .                                     | <b>6e</b> |      |
| <b>f</b> | Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .                               | <b>6f</b> |      |
| <b>g</b> | Mortgage interest credit. Attach Form 8396 . . . . .   | <b>6g</b> |      |
| <b>h</b> | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                     | <b>6h</b> |      |
| <b>i</b> | Qualified electric vehicle credit. Attach Form 8834 . . . . .                                    | <b>6i</b> |      |
| <b>j</b> | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                   | <b>6j</b> |      |
| <b>k</b> | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .                                | <b>6k</b> |      |
| <b>l</b> | Amount on Form 8978, line 14. See instructions . . . . .   | <b>6l</b> |      |
| <b>z</b> | Other nonrefundable credits. List type and amount: _____<br>_____                                | <b>6z</b> |      |
| <b>7</b> | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                             | <b>7</b>  |      |
| <b>8</b> | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 529. |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

|           |   |            |           |  |
|-----------|---|------------|-----------|--|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .  |            | <b>9</b>  |  |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .   |            | <b>10</b> |  |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .   |            | <b>11</b> |  |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .   |            | <b>12</b> |  |
| <b>13</b> | Other payments or refundable credits:   |            |           |  |
| <b>a</b>  | Form 2439 . . . . .   | <b>13a</b> |           |  |
| <b>b</b>  | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 . . . . .                             | <b>13b</b> |           |  |
| <b>c</b>  | Reserved for future use . . . . .   | <b>13c</b> |           |  |
| <b>d</b>  | Credit for repayment of amounts included in income from earlier years . . . . .   | <b>13d</b> |           |  |
| <b>e</b>  | Reserved for future use . . . . .   | <b>13e</b> |           |  |
| <b>f</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .   | <b>13f</b> |           |  |
| <b>g</b>  | Reserved for future use . . . . .   | <b>13g</b> |           |  |
| <b>h</b>  | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 . . . . . | <b>13h</b> |           |  |
| <b>z</b>  | Other payments or refundable credits. List type and amount:<br><br>_____  | <b>13z</b> |           |  |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .   |            | <b>14</b> |  |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .  |            | <b>15</b> |  |

**Credit for Qualified Retirement Savings Contributions**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8880](http://www.irs.gov/Form8880) for the latest information.

**2022**  
Attachment  
Sequence No. **54**

Name(s) shown on return

Your social security number

SWATI SONAM & PRATEEK AGGARWAL

115-11-4734



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$68,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2005; (b) is claimed as a dependent on someone else's 2022 tax return; or (c) was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2022. **Do not** include rollover contributions . . . . .
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2022 (see instructions) . . . . .
- Add lines 1 and 2 . . . . .
- Certain distributions received **after** 2019 and **before** the due date (including extensions) of your 2022 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception . . . . .
- Subtract line 4 from line 3. If zero or less, enter -0- . . . . .
- In each column, enter the **smaller** of line 5 or \$2,000 . . . . .
- Add the amounts on line 6. If zero, **stop**; you can't take this credit . . . . .
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11\* . . . . .
- Enter the applicable decimal amount from the table below.

|          | (a) You | (b) Your spouse |
|----------|---------|-----------------|
| <b>1</b> |         |                 |
| <b>2</b> | 1,380.  | 1,263.          |
| <b>3</b> | 1,380.  | 1,263.          |
| <b>4</b> |         |                 |
| <b>5</b> | 1,380.  | 1,263.          |
| <b>6</b> | 1,380.  | 1,263.          |
| <b>7</b> |         | 2,643.          |
| <b>8</b> | 43,218. |                 |

| If line 8 is—    |               | And your filing status is— |                   |   |
|------------------|---------------|----------------------------|-------------------|---|
| Over—            | But not over— | Married filing jointly     | Head of household | Single, Married filing separately, or Qualifying surviving spouse |
| Enter on line 9— |               |                            |                   |   |
| ---              | \$20,500      | 0.5                        | 0.5               | 0.5   |
| \$20,500         | \$22,000      | 0.5                        | 0.5               | 0.2   |
| \$22,000         | \$30,750      | 0.5                        | 0.5               | 0.1   |
| \$30,750         | \$33,000      | 0.5                        | 0.2               | 0.1   |
| \$33,000         | \$34,000      | 0.5                        | 0.1               | 0.1   |
| \$34,000         | \$41,000      | 0.5                        | 0.1               | 0.0   |
| \$41,000         | \$44,000      | 0.2                        | 0.1               | 0.0   |
| \$44,000         | \$51,000      | 0.1                        | 0.1               | 0.0   |
| \$51,000         | \$68,000      | 0.1                        | 0.0               | 0.0   |
| \$68,000         | ---           | 0.0                        | 0.0               | 0.0   |

**Note:** If line 9 is zero, **stop**; you can't take this credit.

|           |   |           |        |
|-----------|---|-----------|--------|
| <b>10</b> | Multiply line 7 by line 9 . . . . .   | <b>10</b> | 529.   |
| <b>11</b> | Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .   | <b>11</b> | 1,733. |
| <b>12</b> | <b>Credit for qualified retirement savings contributions.</b> Enter the <b>smaller</b> of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4 . . . . . | <b>12</b> | 529.   |

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.



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.

SWATI First Name MI SONAM Last Name 115114734 SSN/Taxpayer Identification Number
PRATEEK Spouse's First Name MI AGGARWAL Spouse's Last Name 897513204 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. 946 .00
3. Total amount due (Pay in full by April 15, 2023. See instructions.) . . . . . 3. .00

Part II Taxpayer Declaration and Signature Authorization

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

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 14734 as my signature on my tax year 2022 electronically filed income tax return. Enter five digits. Do not enter all zeros.

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

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

Spouse's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 13204 as my signature on my tax year 2022 electronically filed income tax return. Enter five digits. Do not enter all zeros.

[ ] I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. 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. 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 022023

DO NOT MAIL



225020013

\$

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

115114734 Your Social Security Number 897513204 Spouse's Social Security Number

SWATI Your First Name MI

SONAM Your Last Name

PRATEEK Spouse's First Name MI

AGGARWAL Spouse's Last Name

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

19208 CIRCLE GATE DR Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

202 GERMANTOWN MD 20874 Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town State ZIP Code + 4

Foreign Country Name Foreign Postal Code Foreign Province/State/County

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

1600 MONTGOMERY 4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

19208 CIRCLE GATE DR Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

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

GERMANTOWN MD 20874 MONTGOMERY City State ZIP Code + 4 Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

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

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO

Other state of residence:

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

Enter Military Income amount here:





225020113

NAME SWATI SONAM & PRATEEK AGGARWAL SSN 115114734

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

**A.**  Yourself  Spouse . . . . . Enter number checked 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.)** . . . . .  **Total Amount. . . . . D. \$** 6400 .00

**MARYLAND HEALTH CARE COVERAGE**  
See Instruction 3.

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

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

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

E-mail address

**INCOME**  
See Instruction 11.

**1.** Adjusted gross income from your federal return . . . . . **1.** 43218 .00

**1a.** Wages, salaries and/or tips . . . . . **1a.** 43218 .00

**1b.** Earned income . . . . . **1b.** \_\_\_\_\_ .00

**1c.** Capital Gain or (loss) . . . . . **1c.** \_\_\_\_\_ .00

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

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

**ADDITIONS TO MARYLAND INCOME**  
See Instruction 12.

**2.** Tax-exempt interest on state and local obligations (bonds) other than Maryland . . . . . **2.** \_\_\_\_\_ .00

**3.** State retirement pickup. . . . . **3.** \_\_\_\_\_ .00

**4.** Lump sum distributions (from worksheet in Instruction 12.) . . . . . **4.** \_\_\_\_\_ .00

**5.** Other additions (Enter code letter(s) from Instruction 12.)  **5.** \_\_\_\_\_ .00

**6.** Total additions (Add lines 2 through 5. See instructions.) . . . . . **6.** \_\_\_\_\_ .00

**7.** Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) . . . . . **7.** 43218 .00

**SUBTRACTIONS FROM MARYLAND INCOME**  
See Instruction 13.

**8.** Taxable refunds, credits or offsets of state and local income taxes included in line 1 . . . . . **8.** \_\_\_\_\_ .00

**9.** Child and dependent care expenses . . . . . **9.** \_\_\_\_\_ .00

**10a.** Pension exclusion from worksheet (13A) . . . . . **Yourself**  **Spouse**  **10a.** \_\_\_\_\_ .00

**10b.** Pension exclusion from worksheet (13E) . . . . . **Yourself**  **Spouse**  **10b.** \_\_\_\_\_ .00

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

**12.** Income received during period of nonresidence (See Instruction 26.) . . . . . **12.** \_\_\_\_\_ .00

**13.** Subtractions from attached Form 502SU . . . . . **13.** \_\_\_\_\_ .00

**14.** Two-income subtraction from worksheet in Instruction 13. . . . . **14.** 1200 .00

**15.** Total subtractions (Add lines 8 through 14. See instructions.) . . . . . **15.** 1200 .00

**16.** Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . . **16.** 42018 .00

**DEDUCTION METHOD**  
See Instruction 16.

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

**STANDARD DEDUCTION METHOD** (Enter amount on line 17.)

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

**17a.** Total federal itemized deductions (from line 17, federal Schedule A) **17a.** \_\_\_\_\_ .00

**17b.** State and local income taxes (See Instruction 14.) **17b.** \_\_\_\_\_ .00

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

**17.** Deduction amount (Part-year residents see Instruction 26 (l and m).) . . . . . **17.** 4850 .00

**18.** Net income (Subtract line 17 from line 16.) . . . . . **18.** 37168 .00

**19.** Exemption amount from Exemptions area (See Instruction 10.) . . . . . **19.** 6400 .00

**20.** Taxable net income (Subtract line 19 from line 18.) . . . . . **20.** 30768 .00



225020213

NAME SWATI SONAM & PRATEEK AGGARWAL SSN 115114734

|   |   |      |      |     |
|---|---|------|------|-----|
| <b>MARYLAND<br/>TAX<br/>COMPUTATION</b>   | <b>21. Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II) . . . . .   | 21.  | 1409 | .00 |
|   | <b>22. Earned income credit (EIC)</b> (See Instruction 18.) . . . . .   | 22.  |      | .00 |
|   | <input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.                                   |      |      |     |
|   | <input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.  |      |      |     |
|   | <b>23. Poverty level credit</b> (See Instruction 18.) . . . . .   | 23.  |      | .00 |
|   | <b>24. Other income tax credits for individuals</b> from Part AA, line 14 of Form 502CR ( <b>Attach Form 502CR.</b> )   | 24.  |      | .00 |
|   | <b>25. Business tax credits</b> . . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>  |      |      |     |
|   | <b>26. Total credits</b> (Add lines 22 through 25.) . . . . .   | 26.  |      | .00 |
| <b>27. Maryland tax after credits</b> (Subtract line 26 from line 21.) If less than 0, enter 0. . . . .       | 27.   | 1409 | .00  |     |
| <b>LOCAL TAX<br/>COMPUTATION</b>  | <b>28. Local tax</b> (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0 0320</b> or use the Local Tax Worksheet . . . . .                    | 28.  | 985  | .00 |
|   | <b>29. Local earned income credit</b> (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . .  | 29.  |      | .00 |
|   | <b>30. Local poverty level credit</b> (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . .  | 30.  |      | .00 |
|   | <b>31. Local tax credit</b> from Part BB, line 1 of Form 502CR ( <b>Attach Form 502CR.</b> ) . . . . .  | 31.  |      | .00 |
|   | <b>32. Total credits</b> (Add lines 29 through 31.) . . . . .   | 32.  |      | .00 |
|   | <b>33. Local tax after credits</b> (Subtract line 32 from line 28.) If less than 0, enter 0. . . . .  | 33.  | 985  | .00 |
|   | <b>34. Total Maryland and local tax</b> (Add lines 27 and 33.) . . . . .  | 34.  | 2394 | .00 |
| <b>CONTRIBUTIONS</b><br>See Instruction 20.   | <b>35. Contribution to Chesapeake Bay and Endangered Species Fund</b> . . . . .   | 35.  |      | .00 |
|   | <b>36. Contribution to Developmental Disabilities Services and Support Fund</b> . . . . .   | 36.  |      | .00 |
|   | <b>37. Contribution to Maryland Cancer Fund.</b> . . . . .  | 37.  |      | .00 |
|   | <b>38. Contribution to Fair Campaign Financing Fund</b> . . . . .   | 38.  |      | .00 |
| <b>39. Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . . . . . | 39.   | 2394 | .00  |     |
|   | <b>40. Total Maryland and local tax withheld</b> (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) . . . . .   | 40.  | 3340 |     |
|   | <b>41. 2022 estimated tax payments, amount applied from 2021 return, payment made with an extension request, and Form MW506NRS</b> . . . . .  | 41.  |      |     |
|   | <b>42. Refundable earned income credit</b> (from worksheet in Instruction 21) . . . . .   | 42.  |      |     |
|   | <b>43. Refundable income tax credits</b> from Part CC, line 10 of Form 502CR (Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.)                  | 43.  |      |     |
|   | <b>44. Total payments and credits</b> (Add lines 40 through 43.) . . . . .  | 44.  | 3340 |     |
|   | <b>45. Balance due</b> (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . .  | 45.  |      |     |
|   | <b>46. Overpayment</b> (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . .  | 46.  | 946  |     |
| <b>REFUND</b>   | <b>47. Amount of overpayment TO BE APPLIED TO 2023 ESTIMATED TAX.</b> . . . . .   | 47.  |      |     |
|   | <b>48. Amount of overpayment TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . . <b>REFUND</b>   | 48.  | 946  |     |
| <b>AMOUNT DUE</b>   | <b>49. Check here</b> <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, _____ or for late filing _____ or homebuyer withdrawal penalty _____ | 49.  |      |     |
|   | <b>50. TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.</b> . . . . .  | 50.  |      |     |



225020313

NAME SWATI SONAM & PRATEEK AGGARWAL SSN 115114734

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

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

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

**51a.** Type of account: ▶  Checking  Savings **51b.** Routing Number (9-digits) ▶ 054001725

**51c.** Account Number ▶ 4408039504

**51d.** Name(s) as it appears on the bank account \_\_\_\_\_

▶ 2024925658 \_\_\_\_\_ ▶ \_\_\_\_\_  
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

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

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

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

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

SYAM PRIYA RAM SAGAR GUPTA TALLAM  
Signature of preparer other than taxpayer **(Required by Law)**

\_\_\_\_\_  
Spouse's signature Date

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

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

6789659522 ▶ P02082703  
Telephone number of preparer Preparer's PTIN **(Required by Law)**

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

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

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

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

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