



22PTPV013

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

317293301

Your Social Security Number

007971446

If Joint Return, Spouse's Social Security Number

NARESH

Your First Name

R

MI

PUTTA

Your Last name

SUSHMA

If Joint Return, Spouse's First Name

THATIKONDA

Spouse's Last Name

11651 EMERALD GREEN 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.)

CLARKSBURG

City or Town

MD

State

20871

ZIP Code +4

**PAYMENT TYPE**

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

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

**PAYMENT AMOUNT**

Amount you are paying by check or money order.

Dollars 1108 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.



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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.

NARESH R PUTTA 317293301
First Name MI Last Name SSN/Taxpayer Identification Number
SUSHMA MI THATIKONDA 007971446
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. 2401 . 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. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return, including accompanying schedules and statements, be sent to the Maryland Revenue Administration Division by my Electronic Return Originator or by my electronic return software provider.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 93301
ERO firm name 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 71446
ERO firm name 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. 51895231989
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 04052023

DO NOT MAIL



225020013

\$

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

317293301 Your Social Security Number 007971446 Spouse's Social Security Number

NARESH Your First Name R MI

PUTTA Your Last Name

SUSHMA Spouse's First Name MI

THATIKONDA 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.

11651 EMERALD GREEN DR Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

CLARKSBURG MD 20871 Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

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

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

11651 EMERALD GREEN DR Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

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

CLARKSBURG MD 20871 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 NARESH R PUTTA & SUSHMA THATIKONDA SSN 317293301

**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. \$** \_\_\_\_\_ .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 . . . . .  2 See Instruction 10 **C. \$** \_\_\_\_\_ .00

**D. Enter Total Exemptions (Add A, B and C.)** . . . . .  4 **Total Amount. . . . . D. \$** \_\_\_\_\_ 0 .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.** 255677 .00

**1a.** Wages, salaries and/or tips . . . . . **1a.** 255677 .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.** 255677 .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.** 254477 .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.** 249627 .00

**19.** Exemption amount from Exemptions area (See Instruction 10.) . . . . . **19.** 0 .00

**20.** Taxable net income (Subtract line 19 from line 18.) . . . . . **20.** 249627 .00



225020213

NAME NARESH R PUTTA & SUSHMA THATIKONDA SSN 317293301

<b>MARYLAND TAX COMPUTATION</b>	<b>21. Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II) . . . . .	21.	12302	.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 from Part AA, line 14 of Form 502CR (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.	12302	.00	
<b>LOCAL TAX 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.	7988	.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 from Part BB, line 1 of Form 502CR (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.	7988	.00
	<b>34. Total Maryland and local tax</b> (Add lines 27 and 33.) . . . . .	34.	20290	.00
<b>CONTRIBUTIONS</b> 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.	20290	.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.	17889	
	<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 from Part CC, line 10 of Form 502CR</b> (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.	17889	
	<b>45. Balance due</b> (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . .	45.	2401	
	<b>46. Overpayment</b> (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . .	46.		
<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.		
	<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>AMOUNT DUE</b>	<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.	2401	





225020313

NAME NARESH R PUTTA & SUSHMA THATIKONDA SSN 317293301

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

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

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

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

**51c.** Account Number ▶ \_\_\_\_\_

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

▶ 8127644012 \_\_\_\_\_ ▶ \_\_\_\_\_  
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:**

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**Summary**

1. Enter the total number checked below for Regular dependents (4) . . . . . **1.** 2
2. Enter the total number checked below for dependents 65 or over (5) . . . . . **2.** \_\_\_\_\_
3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) . . . . . **3.** 2

**Dependents** (If a dependent listed below is age 65 or over, check both 4 and 5.)

1.	ADHRIT	R	PUTTA	Check here <input type="checkbox"/>	if this dependent does not have health care coverage
2.	077931501	3. SON	4. <input checked="" type="checkbox"/>	5. <input type="checkbox"/>	DOB (MM/DD/YYYY) _____

1.	SHRIJAY	R	PUTTA	Check here <input type="checkbox"/>	if this dependent does not have health care coverage
2.	193886843	3. SON	4. <input checked="" type="checkbox"/>	5. <input type="checkbox"/>	DOB (MM/DD/YYYY) _____

1.	_____	_____	_____	Check here <input type="checkbox"/>	if this dependent does not have health care coverage
2.	_____	3. _____	4. <input type="checkbox"/>	5. <input type="checkbox"/>	DOB (MM/DD/YYYY) _____

1.	_____	_____	_____	Check here <input type="checkbox"/>	if this dependent does not have health care coverage
2.	_____	3. _____	4. <input type="checkbox"/>	5. <input type="checkbox"/>	DOB (MM/DD/YYYY) _____

1.	_____	_____	_____	Check here <input type="checkbox"/>	if this dependent does not have health care coverage
2.	_____	3. _____	4. <input type="checkbox"/>	5. <input type="checkbox"/>	DOB (MM/DD/YYYY) _____

1.	_____	_____	_____	Check here <input type="checkbox"/>	if this dependent does not have health care coverage
2.	_____	3. _____	4. <input type="checkbox"/>	5. <input type="checkbox"/>	DOB (MM/DD/YYYY) _____



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Dollars Cents

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PO Box 8888  
Annapolis, MD 21401-8888

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