

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 VASUDEV S CHOUHAN	Social security number 662-48-2205
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	72,555.
2	Total tax	2	7,428.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	11,259.
4	Amount you want refunded to you	4	3,831.
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

8	2	2	0	5
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 as my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- 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.
Enter five digits, but don't enter all zeros
- 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	3	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:

Personal information section including name, social security numbers, and home address.

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.

Income section table with rows 1a through 1z and columns for description and amount.

Table for Attach Sch. B if required, with rows 2a through 6a and columns for description and amount.

Table for Standard Deduction for— with rows 7 through 15 and columns for description and amount.

Table with 2 columns: Description and Amount. Rows 16-24 include Tax and Credits. Total tax is 7,428.

Table with 2 columns: Description and Amount. Rows 25-33 include Payments. Total payments are 11,259.

Table with 2 columns: Description and Amount. Rows 34-36 include Refund. Amount of refund is 3,831.

Table with 2 columns: Description and Amount. Rows 37-38 include Amount You Owe. Total amount owed is 3,831.

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

Sign Here section with signature lines, dates, occupations, and Identity Protection PIN fields.

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

**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
VASUDEV S CHOUHAN

Your social security number
662-48-2205

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	-10,440.
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 ABL 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	-10,440.

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 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 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
VASUDEV S CHOUHAN

Your social security number
662-48-2205

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	1,307.
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount: _____ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	1,307.

(continued on page 2)

Part II Other Payments and Refundable Credits

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

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

Your social security number

VASUDEV S CHOUHAN

662-48-2205

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 farm 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 HARSHIT VIHAR PHASE 2 HOUSE 18, RAIPUR CHATTISHGHAR IN 492099

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	
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) _____

Income:	Properties:		
	A	B	C
3 Rents received	3 634.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 2,651.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,720.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,468.		
15 Supplies	15 2,343.		
16 Taxes	16		
17 Utilities	17 1,892.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 11,074.		
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 -10,440.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (10,440.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 634.		
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 11,074.		
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 (10,440.)		
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 -10,440.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -10,440.

Schedule E (Form 1040) 2022

Education Credits
(American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/Form8863 for instructions and the latest information.

2022
Attachment
Sequence No. **50**

Name(s) shown on return

VASUDEV S CHOUHAN

Your social security number

662-48-2205



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2	
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5	
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	6,535.
11	Enter the smaller of line 10 or \$10,000	11	6,535.
12	Multiply line 11 by 20% (0.20)	12	1,307.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13	90,000.
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14	72,555.
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	17,445.
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16	10,000.
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	1,307.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	1,307.

Name(s) shown on return

VASUDEV S CHOUHAN

Your social security number

662-48-2205



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

<p>20 Student name (as shown on page 1 of your tax return) VASUDEV S CHOUHAN</p>	<p>21 Student social security number (as shown on page 1 of your tax return) 662-48-2205</p>
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22 Educational institution information (see instructions)	
<p>a. Name of first educational institution UNIVERSITY OF THE CUMBERLANDS</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6178 COLLEGE STATION DR WILLIAMSBURG KY 40769</p> <p>(2) Did the student receive Form 1098-T from this institution for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 61-0470593</p>	<p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p>

23 Has the American opportunity credit been claimed for this student for any 4 prior tax years? Yes — **Stop!** Go to line 31 for this student. No — Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. Yes — Go to line 25. No — **Stop!** Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2022? See instructions. Yes — **Stop!** Go to line 31 for this student. No — Go to line 26.

26 Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance? Yes — **Stop!** Go to line 31 for this student. No — Complete lines 27 through 30 for this student.



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	
29 Multiply line 28 by 25% (0.25)	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	6,535.
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DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)

First Name & Middle Initial (if joint or combined return, enter both)	Last Name	B Your Social Security Number
VASUDEV S	CHOUHAN	662-48-2205
Present Home Address		A Spouse's Social Security Number
14222 DALLAS PARKWAY APT # 2081		
City, State and Zip Code		Online Filed Return <input type="checkbox"/>
DALLAS TX 75254		

Part I Tax Return Information	A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		72,555.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		57,392.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		50,679.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		2,657.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		2,956.
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		299.

Part II Declaration of Taxpayer

8a. I consent that my refund be directly deposited as designated on my 2022 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

8b. I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c. I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2022 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2022 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Your Signature	Date	Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	Date
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Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature	Date	SSN/PTIN
GLOBAL TAXES LLC	04-11-23	
Firm's name (or yours if self-employed)		Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N
245 ROONEY CT E BRUNSWICK NJ 08816		882145487
Address, City, State and Zip		EIN
	04-11-23	P02082703
Paid Preparer's Signature	Date	SSN/PTIN
SYAM PRIYA RAM SAGAR GUPTA TALLAM		
Firm's name (or yours if self-employed)		Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N
245 ROONEY CT E BRUNSWICK NJ 08816		843171965
Address, City, State and Zip		EIN

**Form
760PY
Page 1**

**2022
Virginia Part-Year Resident Income Tax Return
Due May 1, 2023**



See instructions before completing line items.

Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

Dates of VA Residence (mm-dd-yyyy)	
You - From	You - To
01-01-2022	05-31-2022
Spouse - From	Spouse - To

YOUR First Name VASUDEV	MI S	Your Last Name CHOUHAN	Check if deceased <input type="checkbox"/>	Suffix	A Your Social Security Number 662-48-2205
SPOUSE'S First Name (filing status 2 or 4)	MI	Spouse's Last Name	Check if deceased <input type="checkbox"/>	Suffix	B Spouse's Social Security Number

Present Home Address (Number and Street, or Rural Route) 14222 DALLAS PARKWAY APT 2081			VA Driver's License Information Customer ID		
City, Town or Post Office DALLAS			You _____ Spouse _____		
State TX	ZIP Code 75254	Locality Code 600	You _____ Spouse _____		
			Issue Date (mm-dd-yyyy)		

Check Applicable Boxes	<input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/>	<input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman	Combined Social Security for You and Spouse reported as taxable income on Federal Return
	<input type="checkbox"/> Dependent on Another's Return	Earned Income Credit Claimed on federal return	
	<input type="checkbox"/> Overseas on Due Date	\$ _____ .00	\$ _____ .00

I/we authorize the sharing of certain information from Form 760PY and Schedule HCI (as described in the instructions) with the Department of Medical Assistance Services (DMAS) and the Department of Social Services (DSS) for purposes of identifying persons who would like to newly enroll in medical assistance.

Filing Status Enter Filing Status Code in box below.

1 = Single (Column A) - Federal head of household? YES

2 = Married, Filing Joint return (Column A)

3 = Married, Filing Separate returns (Column A)

4 = Married, Filing Separately on this combined return (Columns A and B)

If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name _____

Exemptions Enter the number of exemptions being claimed.

	You/ Spouse	Dependents	65 or Over	Blind
A - You Enter the numbers for both You and Spouse if Filing Status 2	1	0		
B - Spouse Filing Status 4 Only				

DATE OF BIRTH

Your Birth Date (mm-dd-yyyy)	0 1 - 1 8 - 1 9 8 9
Spouse's Birth Date (mm-dd-yyyy)	- -

	B Spouse Filing Status 4 ONLY	A You Include Spouse if Filing Status 2
Complete the Schedule of Income first and submit it with your Form 760PY.		
1 FEDERAL ADJUSTED GROSS INCOME from Schedule of Income, Part 1, Line 7, Column 1.....	00	72555 00
2 Additions from Schedule 760PY ADJ, Line 3.....	00	00
3 Add Lines 1 and 2.....	00	72555 00
4a Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A.....		00
4b	00	00
5 Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia.....	00	00
6 State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1.....	00	00
7 Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3.....	00	15163 00
8 Subtractions from Schedule 760PY ADJ, Line 7.....	00	00
9 Add Lines 4a, 4b, 5, 6, 7, and 8.....	00	15163 00
10 Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3.....	00	57392 00
11 Itemized Deductions from Virginia Schedule A paid while a Virginia resident. See Instructions.....	00	00
12 If you do not claim itemized deductions on Line 11, enter standard deduction from Standard Deductions Worksheet in instructions.....	00	6328 00



Your Name VASUDEV S CHOUHAN	Your SSN 662-48-2205
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	B Spouse Filing Status 4 ONLY	A You Include Spouse if Filing Status 2
13 Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions.....	00	385 00
14 Deductions from Schedule 760PY ADJ, Line 9.....	00	00
15 Add Lines 11, 12, 13 and 14.	00	6713 00
16 Virginia Taxable Income. Subtract Line 15 from Line 10.	00	50679 00
17 Tax amount from Tax Table or Tax Rate Schedule.....	00	2657 00
18 Total Tax. Add Line 17, Column A and Line 17, Column B.		2657 00
19a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		2956 00
19b Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		00
20 Combined 2022 Estimated Tax Payments.....		00
21 2021 overpayment credited to 2022 estimated taxes.....		00
22 Extension Payment - Enter amount paid on Form 760IP.....		00
23 Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17...		00
24 Total credit for taxes paid to another state from Schedule OSC.....		00
25 Credits from Schedule CR, Section 5, Line 1A.....		00
26 Total payments and credits. Add Lines 19a through 25.		2956 00
27 If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE.		00
28 If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT.		299 00
29 Amount of overpayment on Line 28 to be CREDITED TO 2023 ESTIMATED INCOME TAX.		00
30 Virginia529 and ABLE Contributions from Schedule VAC, Section I, Line 6.....		00
31 Other Voluntary Contributions from Schedule VAC, Section II, Line 14.....		00
32 Addition to Tax, Penalty and Interest from enclosed Schedule 760PY ADJ, Line 21. See instructions..... Enclose 760C or 760F and check here. <input type="checkbox"/>		00
33 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions..... Check here if no sales and use tax is due..... <input checked="" type="checkbox"/>		00
34 Add Lines 29 through 33.		00
35 If you owe tax on Line 27, add Lines 27 and 34 - OR - If Line 28 is an overpayment and Line 34 is larger than Line 28, enter the difference. Enclose payment or pay at www.tax.virginia.gov AMOUNT YOU OWE ... Check here if paying by credit or debit card - See instructions. <input type="checkbox"/>		00
36 If Line 28 is larger than Line 34, subtract Line 34 from Line 28..... YOUR REFUND.		299 00

If the Direct Deposit section below is not completed, your refund will be issued by check.

DIRECT BANK DEPOSIT
Domestic Accounts Only.
No International Deposits.

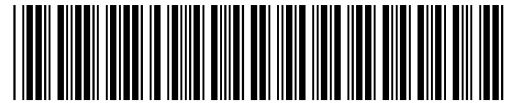
Your Bank Routing Transit Number	Your Bank Account Number	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
1 1 1 9 0 0 6 5 9	3 7 1 2 5 3 7 5 2 5		

I (We) authorize the Department of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.
I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature	Your Phone Number (682) 234-4501	Date
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Date
Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's Phone Number (678) 965-9522	Date 04-11-2023
Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816	Preparer's PTIN P02082703	Vendor Code 1555
	Filing Election Code 7	ID Theft PIN

**2022 VIRGINIA SCHEDULE OF INCOME
Form 760PY**

Page 1



Your Name VASUDEV S CHOUHAN	Your SSN 662-48-2205
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PART 1

Income Distribution

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

SECTION A SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A —		You (Include Spouse if Filing Status 2)						
		Column A1 Federal Return		Column A2 While VA Resident		Column A3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1	82995	.00	57392	.00	25603	.00
2.	Interest and dividends	2		.00		.00		.00
3.	Pension and other income.....	3	-10440	.00	0	.00	-10440	.00
4.	Gross income (add Lines 1, 2 and 3)	4	72555	.00	57392	.00	15163	.00
5.	Adjustments to income: moving expenses	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal adjusted gross income (Line 4 less Lines 5 and 6)*	7	72555	.00	57392	.00	15163	.00
8.	Net fixed date conformity modifications.....	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9	72555	.00	57392	.00	15163	.00

*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete Section B if claiming Filing Status 4 —		Enter Spouse's Income When Filing Status 4 Is Claimed						
		Column B1 Federal Return		Column B2 While VA Resident		Column B3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1		.00		.00		.00
2.	Interest and dividends	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3)	4		.00		.00		.00
5.	Adjustments to income: moving expenses	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal Adjusted gross income (Line 4 less Lines 5 and 6)**	7		.00		.00		.00
8.	Net fixed date conformity modifications.....	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9		.00		.00		.00

**Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B.

Submit completed Schedule of Income with Form 760PY to avoid delays.

2022 VIRGINIA SCHEDULE OF INCOME

Form 760PY

Page 2



Your Name VASUDEV S CHOUHAN	Your SSN 662-48-2205
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PART 2

Prorated Exemptions Worksheet

If claiming Filing Status 4, complete both the "A" and "B" sections of the schedule. For all other filing statuses, complete only the "A" section.

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 13. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 13, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)

X .504 (Ratio Schedule factor for July 1 move to Virginia)

\$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

Prorated Virginia Personal Exemptions

		Column B Spouse	Column A You
1.	Your exemption.....	1	1
2.	Dependents	2	0
3.	Add Lines 1 and 2	3	1
4.	Multiply Line 3 by \$930	4	930
5.	65 or over	5	
6.	Blind	6	
7.	Add Lines 5 and 6	7	
8.	Multiply Line 7 by \$800	8	
9.	Add Lines 4 and 8	9	930
10.	Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions	10	0.414
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 13.....	11	385

PART 3

Moving Information

- 1a. If YOU moved into Virginia in 2022, prior state of residence _____
- 1b. If YOU moved out of Virginia in 2022, state moved to MD
- 2a. If SPOUSE moved into Virginia in 2022, prior state of residence _____
- 2b. If SPOUSE moved out of Virginia in 2022, state moved to _____

2022 Schedule INC/CG

662482205

Report all W-2s, 1099s & VK-1s with VA Withholding



VASUDEV

S CHOUHAN

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
662482205	W	2956.	861800017	30861800017F001	57392.

Total VA Withholding	SSN	VA Withholding
You	662482205	2956.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.



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.

VASUDEV S CHOUHAN 662482205
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. 135 .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 82205 as my signature on my tax year 2022 electronically filed income tax return.

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

Your signature _____ Date _____

Spouse's PIN: check one box only

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

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

Spouse's signature _____ Date _____

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 22249631989

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 04112023

DO NOT MAIL



225020013

\$

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

662482205

Your Social Security Number

Spouse's Social Security Number

VASUDEV

Your First Name

S

MI

CHOUHAN

Your 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.

Spouse's First Name

MI

Spouse's Last Name

14222 DALLAS PARKWAY

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

2081

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

DALLAS

City or Town

TX

State

75254

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.

0300

4 Digit Political Subdivision Code (See Instruction 6)

BALTIMORE COUNTY

Maryland Political Subdivision (See Instruction 6)

512 LAKE VISTA CIRCLE

Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

A

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

COCKEYSVILLE

City

MD

State

21030

ZIP Code + 4

BALTIMORE COUNTY

Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 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 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 06012022 TO 12312022

Other state of residence: VA

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:

P



225020113

NAME VASUDEV S CHOUHAN

SSN 662482205

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 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.) **Total Amount. D. \$** 3200 .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.** 72555 .00

1a. Wages, salaries and/or tips **1a.** 82995 .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.** 72555 .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.** 46952 .00

13. Subtractions from attached Form 502SU **13.** _____ .00

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

15. Total subtractions (Add lines 8 through 14. See instructions.) **15.** 46952 .00

16. Maryland adjusted gross income (Subtract line 15 from line 7.) **16.** 25603 .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.** 847 .00

18. Net income (Subtract line 17 from line 16.) **18.** 24756 .00

19. Exemption amount from Exemptions area (See Instruction 10.) **19.** 1129 .00

20. Taxable net income (Subtract line 19 from line 18.) **20.** 23627 .00



225020213

NAME VASUDEV S CHOUHAN

SSN 662482205

MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	21.	1070	.00
	22. Earned income credit (EIC) (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.			
	23. Poverty level credit (See Instruction 18.)	23.		.00
	24. Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24.	24.		.00
	25. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR.			
	26. Total credits (Add lines 22 through 25.)	26.		.00
27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0.	27.	1070	.00	
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 0320 or use the Local Tax Worksheet	28.	756	.00
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.)	29.		.00
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.)	30.		.00
	31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	31.		.00
	32. Total credits (Add lines 29 through 31.)	32.		.00
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	33.	756	.00
	34. Total Maryland and local tax (Add lines 27 and 33.)	34.	1826	.00
CONTRIBUTIONS See Instruction 20.	35. Contribution to Chesapeake Bay and Endangered Species Fund	35.		.00
	36. Contribution to Developmental Disabilities Services and Support Fund	36.		.00
	37. Contribution to Maryland Cancer Fund.	37.		.00
	38. Contribution to Fair Campaign Financing Fund	38.		.00
39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.)	39.	1826	.00	
	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.)	40.	1961	
	41. 2022 estimated tax payments, amount applied from 2021 return, payment made with an extension request, and Form MW506NRS	41.		
	42. Refundable earned income credit (from worksheet in Instruction 21)	42.		
	43. Refundable income tax credits 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.	43.		
	44. Total payments and credits (Add lines 40 through 43.)	44.	1961	
	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.)	45.		
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)	46.	135	
REFUND	47. Amount of overpayment TO BE APPLIED TO 2023 ESTIMATED TAX.	47.		
	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND	48.	135	
AMOUNT DUE	49. Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, _____ or for late filing _____ or homebuyer withdrawal penalty _____	49.		
	50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.	50.		



225020313

NAME VASUDEV S CHOUHAN SSN 662482205

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) ▶ 111900659

51c. Account Number ▶ 3712537525

51d. Name(s) as it appears on the bank account _____

▶ 6822344501 _____ ▶ _____
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