Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

			_		
Subm	ission Identification Number (SID)				
Taxpay	er's name	Social securit	ty numbe	er	
PRE	ETHAM MANGARAJU	588-24	-8723		
Spouse	's name	Spouse's soc	ial secu	rity number	
SOU	JANYA RAVICHETTU	991-97	-9716	5	
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re autl	horizing.)	
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	63 , 2	87.
2	Total tax		2	3,8	29.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	5,2	52.
4	Amount you want refunded to you		4	1,4	23.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	еер а сор	y of yo	our return))
return to send for any Agent payme author payme busine taxes in person Electro	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject of delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the potal identification number (PIN) below is my signature for the income tax return (original or amended) I aronic Funds Withdrawal Consent.	tter, or electro action of the tr S. Treasury a cated in the tr in to debit the the authoriza- lests must be processing of ayment. I furt	onic returnation of the control of t	urn originator sion, (b) the resignated Finaration softwar to this account or revoke (can ed no later the ctronic paymenowledge the	(ERO) eason ancial are for t. This ncel) a han 2 ent of at the
		4	8 7		
×		my PIN └── En	ter five d	ligits, but	s my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am notify you are entering your own PIN and your return is filed using the Practitioner PIN methology.				
Yours	signature ▶ Date ▶				
_					
Spou	se's PIN: check one box only				
×		_			s my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			ligits, but all zeros	
		over oveth oxidi	aa Ch	aali thia hay	براهم
L	I will enter my PIN as my signature on the income tax return (original or amended) I am notify you are entering your own PIN and your return is filed using the Practitioner PIN methology.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 0 er all zer	8 2 7 1 ros	1
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	itting this retu	ırn in ad	ccordance wit	
FR∩'¢	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not v	vrite or staple in	this space.
For the year Ja	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ing	<u>'</u>		, 20	See se	parate instr	uctions.
Your first name	e and m	iddle initial	Last na	me						Your so	ocial security	number
PREETHA	M		MANG	ARAJU	Ī					588	24 87	'23
		s first name and middle initial	Last na								's social secu	
SOUJANY	A		RAVI	CHETT	ינז					991	97 97	'16
		er and street). If you have a P.O. box, see	•					A	pt. no.		ential Election	
1231 TR	AVIS	VIEW CT								Check	here if you, o	or your
		ice. If you have a foreign address, also co	omplete s	paces bel	low.	Sta	ite	ZIP c	ode		if filing jointl	
GAITHER	SBUR	G				MI		208	77		o this fund. C low will not c	•
Foreign countr			F	oreign pr	rovince/state/c	count	ty	Foreig	n postal code		x or refund.	nango
											You	Spouse
Filing Status	s [Single					Head of ho	useh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had i	ncome)					, ,			
one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spouse	(QSS)		
0.10 2071	If ۷	you checked the MFS box, enter the	e name o	of your sp	oouse. If you	ı che			• .		ild's name i	f the
		ialifying person is a child but not you		-	•							
	^+ -		-: (L		/l=\ = = II		
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig	•					•		. ,	Yes	⊠ No
		neone can claim: You as a de					a dependent): (00	o mondo	13.)		
Standard Deduction		Spouse itemizes on a separate retur	•		•		•					
Deduction	<u> Ш</u>	Spouse iternizes on a separate retur	ii or you	werea	uuai-status a	allell	<u> </u>					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Spo	use	: Was born		ore January 2		Is blir	
Dependent	s (see	instructions):		(2) 9	Social security		(3) Relationship	o (4) Check the b		1	
If more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit for other	er dependents
than four]
dependents, see instruction	ıs ——]
and check	- —											
here L												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions)					. 1a	7.	2,518.
Attach Form(s)	b	Household employee wages not re	•		. ,					. 1k)	
W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	struction	s)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep		•	,	nstru	ıctions)			. 10	t t	
1099-R if tax	е	Taxable dependent care benefits f		-						. 16	•	
was withheld.	f	Employer-provided adoption bene	efits from	n Form 8	839, line 29					. 11	f	
If you did not get a Form	g	Wages from Form 8919, line 6.								. 10	3	
W-2, see	h	Other earned income (see instruct	,							. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>li</u>					0 510
	<u>z</u>	Add lines 1a through 1h	: ; ·		· · ; ·					. 12		2,518.
Attach Sch. B if required.	2a	· –	2a				axable interest			. 2t		28.
ii requirea.	<u>3a</u> _		3a				Ordinary dividen					
Standard	4a	-	4a				axable amount					
Deduction for—	5a		5a				axable amount					
 Single or Married filing 	6a	,	6a				axable amount			. 6t)	
separately,	C	If you elect to use the lump-sum e			`	`	,		L	╣ [=		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•					L	 		0.050
jointly or Qualifying	8	Additional income from Schedule								. 8		9,259.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		3,287.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		2 00=
household, \$20,800	11	Subtract line 10 from line 9. This is	-							. 11		3,287.
 If you checked 	12	Standard deduction or itemized		•		,				. 12		7,700.
any box under Standard	13	Qualified business income deduct				899	15-A			. 13		7 700
Deduction, see instructions.	14	Add lines 12 and 13								. 14		7,700.
	7 7 5	SUDTRACT LING 1/1 from ling 11 It 70	TO OF LOCK	CONTOR	II INC IC W	CALLE 1	ravania inaam/	-		1 46		~ ~×/

Form 1040 (202)	3)						_		Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	3,829.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	3,829.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3,829.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	3,829.
Payments	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 5	5,252.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	5,252.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	022 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	5,252.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	. This is the amour	nt you overpaid		34	1,423.
	35a	Amount of line 34 you want			3 is attached, chec	ck here	🗆	35a	1,423.
Direct deposit?	b	Routing number 0 1 1				Checking	Savings		
See instructions.	d	Account number 3 8 8	0 0 3 9	4 0 7	6 6				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	-		38		01	
Third Party Designee	Do	you want to allow another	person to disc	cuss this retu		See	omplete	below.	⊠ No
Doolgiloo	De	signee's		Phone			onal ident		
	na	me		no.		num	ber (PIN)		
Sign Here		der penalties of perjury, I declare the lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
								tection P e inst.)	IN, enter it here
Joint return? See instructions.		avec's signature. If a joint values to	a a tha way ya ta a i a w	Data	SOFTWARE I				
Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation HOME MAKER			Ider	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)	
	Ph	one no. (978) 483-984	 6	Email address	M.PREETHAM		DM MC		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/26/2024	P0208	2703	Self-employed
Preparer		Firm's name GLOBAL TAXES LLC							(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965
<u> </u>		10106 1 1 11 11							- 1040

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01				
Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social							
PREETHAM MANGA	RAJU & SOUJANYA RAVICHETTU	588-24	-8723				
Part I Addition	onal Income						

Par	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. Att	ach S	Schedule E .	5	-9,259.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a	()	
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	()	
е	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			
ı	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	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE 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 nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
_	T. I. II. II. II. II. II. II. II. II. II	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	r here	and on Form		0.050
	1040, 1040-SR, or 1040-NR, line 8			10	-9,259.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis 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			
С	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:			
а	Jury duty pay (see instructions)	ła		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	łb		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	ld		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24	lg		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	łh		
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			
j	Housing deduction from Form 2555	4j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	łk		
Z	Other adjustments. List type and amount:			
0 -			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E	nter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u> </u>	26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041,

Attachment

Department of the Treasury Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number PREETHAM MANGARAJU & SOUJANYA RAVICHETTU 588-24-8723 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. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) 8-3/1 J.PCOLONY ROAD NO-3 PATANCHERU TELANGANA IN 502319 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 624. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 2,002. 7 Cleaning and maintenance . . . 7 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 1,712. 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 14 2,656. Repairs 15 Supplies 15 1,634. 16 16 Taxes 17 Utilities 17 1,879. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 9,883. 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 -9,259. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 9,259.) 624. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 9,883. Total of all amounts reported on line 20 for all properties 23e 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 9,259. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and 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 .

-9,259.

23101001

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

ж ГО		
Ĕ PREETHAM	MANGARAJU	588248723
호 First Name	MI Last Name	SSN/Taxpayer Identification Number
5 9 SOUJANYA	RAVICHETTU	991979716
SOUJANYA Spouse's First Name Part I Tax Return Information (who	MI Spouse's Last Name	SSN/Taxpayer Identification Number
୍ଦ୍ର ଥି Part I Tax Return Information (who	ele dollars only)	
i.E.		
1. Amount of overpayment to be applied t	to 2024 estimated tax	
2. Amount of overpayment to be refunded	i to you	, REFUND 2. 232 00
3. Total amount due (Pay in full by April 1	.5, 2024. See instructions.)	▶3 00
Part II Taxpayer Declaration and Sig	nature Authorization	
that I provided to my Electronic Return (agree with the amounts shown on the co knowledge and belief, my return is true,	I have compared the information contained on Originator (ERO) or entered on-line and that to presponding lines of my 2023 Maryland electrocorrect and complete. I consent that my returnue Administration Division by my Electronic R	he name(s) and amounts described above onic income tax return. To the best of my rn, including accompanying schedules and
Your PIN: check one box only		
X I authorize GLOBAL TAXES LLC	to enter or genera	ate my PIN $4 8 7 2 3$ $\stackrel{\frown}{\leq}$ Enter five digits.
ERO firm	name electronically filed income tax return.	zeros.
I will enter my PIN as my signature or	n my tax year 2023 electronically filed income to n is filed using the Practitioner PIN method. The	
Your signature		Date
		Date
Spouse's PIN: check one box only		Enter five digits.
X I authorize GLOBAL TAXES LLC ERO firm	name to enter or general	ate my PIN 7 9 7 1 6 Do not enter all zeros.
as my signature on my tax year 2023	electronically filed income tax return.	
I will enter my PIN as my signature or entering your own PIN and your retur	n my tax year 2022 electronically filed income to n is filed using the Practitioner PIN method. The	ax return. Check this box only if you are e ERO must complete Part III below.
Spouse's signature		Date
	Practitioner PIN Method Returns Only	
Part III Contification and Authoritical	on Dynatitional DIN Mathed Only	
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit EFI		2 2 2 4 9 6 0 8 2 7 1 Do not enter all zeros.
	th is my signature for the tax year 2023 electron g this return in accordance with the requirement file Providers.	
ERO's signature	DO NOT	Date 01262024

MARYLAND FORM **505**

NONRESIDENT INCOME TAX RETURN



2023

	OR FISCAL YEAR BEGINNING 2023, ENDING						
Black Ink Only	588248723 991979716						
R In	Social Security Number Spouse's Social Security Number						
or Bla	PREETHAM	MAIL					
Blue	First Name MI						
ing B							
Print Using	MANGARAJU Last Name						
Pri							
	SOUJANYA						
+		ne name on your social security card? If not, to ensure you get exemptions, contact SSA at 1-800-772-1213 or visit ssa.gov.					
	RAVICHETTU						
HERE	Spouse's Last Name						
ACH HE							
d ATTA	5 Current Mailing Address Line 1 (Street No. and Street Name or PO Box)	Maryland County					
and							
ments		City Town or Taying Area					
Place your W-2 wage and tax statements and ATTACH HERE with ONE stanle. Do not attach check or money order	Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)	City, Town or Taxing Area Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See					
tax s	GAITHERSBURG MD 20877	Instruction 6.)					
and ta	City or Town	_					
-2 wage							
V-2 v	Foreign Country Name	eign Province/State/County					
our W							
ace yo		F F					
Ē	Foreign Postal Code						
	FILING STATUS See Instruction 1 to determine if you are required to file. Single (If you can be claimed on another person's tax 4. H	ead of household					
T	CHECK - return use Filing Status 6.)	ualifying Surviving Spouse with dependent child					
	▶ <u></u>	ependent taxpayer (Enter 0 in Exemption Box (A) - ee Instruction 8.)					
	3. Married filing separately, Spouse's SSN	ee mstruction o.y					
	RESIDENCE INFORMATION See Instruction 9. Enter 2-letter state code for your state of legal residence. ► NJ						
	If PA resident, enter both County and City, Borough or Township						
	Were you a resident of another state for the entire year of 2023? If no, attach explanat						
	Are you or your spouse a member of the military? Did you file a Maryland income tax return for 2022? Yes X No If "Yes," wa	Yes X No					
	Did you file a Maryland income tax return for 2022? Yes X No If "Yes," we Dates you resided in Maryland for 2023. If none, enter "NONE": FROM None	as it a Resident or a Nonresident return? TO None (MMDDYYYY).					
	Check here for Maryland taxes withheld in error. (See Instruction 4.)						
	EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claim	ing dependents, you must attach the Dependents'					
	Information Form 502B to this form in order to receive the applicable exemption amou	6400					
	A.▶ X Yourself ▶ X Spouse Enter number checked 2 See Instr	uction 10 A. \$00					
	B. ▶ 65 or over ▶ 65 or over						
	Blind Blind Enter number checked X \$1,000	00 B.\$					
	C. Enter number from line 3 of Dependent Form 502B	uction 10 C. \$					
	D. Enter Total Exemptions (Add A, B and C.)	0					

MARYLAND FORM **505**

NONRESIDENT INCOME TAX RETURN



2023 Page 2

PREETHAM MANGARAJU & SOUJANYA RAVICHETTU SSN 588248723 Name

NCOME AND ADJUSTMENTS INFORMATION See Instruction 11.)	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAI INCOME (LOSS)
1. Wages, salaries, tips, etc	72518 00	12586 00	59932
2. Taxable interest income	20 00	0 00	
3. Dividend income		00	
4. Taxable refunds, credits or offsets of state and			
local income taxes			
5. Alimony received		00	
6. Business income or (loss)	0.0	0.0	
7. Capital gain or (loss)	0.0	0.0	
8. Other gains or (losses) (from federal Form 4797)8	· -	0.0	
9. Taxable amount of pensions, IRA distributions,	·		
and annuities	. 00		
0. Rents, royalties, partnerships, estates, trusts, etc.			
(Circle appropriate item.) 10	-9259 00	0 00	-9259
1. Farm income or (loss)		0.0	
2. Unemployment compensation (insurance)			
3. Taxable amount of Social Security and			
Tier 1 Railroad Retirement benefits	. 00		
4. Other income (including lottery or other gambling			
winnings)	. 00	00	
5. Total income (Add lines 1 through 14.) 	(2207 00	12586 00	50701
6. Total adjustments to income from federal return			
(IRA, alimony, etc.)	00	00	
7. Adjusted gross income (Subtract line 16 from line 15.) ▶ 17	62207 00	12586 00	50701
DDITIONS TO INCOME (See Instruction 12.)			
8. Non-Maryland loss and adjustments			9259
9. Other (Enter code letter(s) from Instruction 12.)			/
0. Total additions (Add lines 18 and 19. See instructions.)			F 9259
1. Total federal adjusted gross income and Maryland additions	(Add lines 17 (Column 1) and	20.)	72546
UBTRACTIONS FROM INCOME (See Instruction 13.)			
2. Taxable Military Income of Nonresident		▶ 22	
3. Other (Enter code letter(s) from Instruction 13.)	. -		
4. Total subtractions (Add lines 22 and 23. See instructions.).		▶ 24	·
5. Maryland adjusted gross income before subtraction of non-M	aryland income. (Subtract line	e 24 from line 21.) 25	72546
EDUCTION METHOD See Instruction 15. (All taxpayers mu	st select one method and ch	eck the appropriate box.)	
6. a. STANDARD DEDUCTION METHOD (Enter amount on lin	e 26a.) 🗼 🔀 26a.	5150 00	
ITEMIZED DEDUCTION METHOD (Complete lines 26b, o	c and d.)		
b. Total federal itemized deductions (from line 17, federal Sc	hedule A) ▶ 26b.	00	
c. State and local income taxes (See Instruction 16.)	▶ 26c.	00	
d. Net itemized deductions (Subtract line 26c from line 26b.)			
e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 2	6e. $1,00000$ (from works	sheet in Instruction 14)> 26	5150
7. Net income (Subtract line 26 from line 25.)			67396
8. Total exemption amount (from EXEMPTIONS area, page 1) S	See Instruction 10		6400
9. Enter your AGI factor (from worksheet in Instruction 14)			<u> 1.000000</u>
0. Maryland exemption allowance (Multiply line 28 by line 29.)			6400
1. Taxable net income (Subtract line 30 from line 27.) Figure to	ax on Form 505NR		60996
IARYLAND TAX COMPUTATION - COMPLETE FORM 505NR	BEFORE CONTINUING.		
			100
2. a. Maryland tax from line 16 of Form 505NR (Attach Form	505NR.)		
 a. Maryland tax from line 16 of Form 505NR (Attach Form b. Special nonresident tax from line 17 of Form 505NR (Attach 	505NR.)		
b. Special nonresident tax from line 17 of Form 505NR (Attac. Recaptured credit from Part DD, line 1 of Form 502CR. (505NR.)	32b	239
b. Special nonresident tax from line 17 of Form 505NR (Atta	505NR.)	32b	239

MARYLAND FORM **505**

NONRESIDENT INCOME TAX RETURN



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Name PREETHAM MANGARAJU & SOUJANYA RAVICHETTU SSN 588248723			
34. Other income tax credits for individuals from Part AA, line 14 of For			0.0
35. Business tax credits You must file	this form electronically to claim business tax	credits on Form 5	00CR
36. Total credits (Add lines 33 through 35.)			0.0
37. Maryland tax after credits (Subtract line 36 from line 32d.) If less t	han 0, enter 0	735	0.0
38. Contribution to Chesapeake Bay and Endangered Species Fund (See	e Instruction 21.) ▶ 38.	00	
39. Contribution to Developmental Disabilities Services and Support Fun	nd (See Instruction 21.) .▶ 39.	00	
40. Contribution to Maryland Cancer Fund (See Instruction 21.)	▶ 40	_ 00	
41. Contribution to Fair Campaign Financing Fund (See Instruction 21.)		_ 00	
42. Total Maryland income tax and contributions (Add lines 37 thro		735	00
43. Total Maryland tax withheld (Enter total from your W-2 and 1099		0.65	
44. 2023 estimated tax payments, amount applied from 2022 return, p			•—
Form MW506NRS	•		
45. Nonresident tax paid by pass-through entities (Attach Maryland S			
46. Refundable income tax credits from Part CC, line 10 of Form 502CR			. —
47. Total payments and credits (Add lines 43 through 46.)	•		•—
48. Balance due (If line 42 is more than line 47, subtract line 47 from l			• —
49. Overpayment (If line 42 is less than line 47, subtract line 42 from I		000	• —
50. Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED T	· · · · · · · · · · · · · · · · · · ·	-	•
51. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line		000	•—
52. Interest charges from Form 502UP or for late filing .	•		•
	(See Instruction 25.) Total . > 52.	-	• —
Check here if you are attaching Form 502UP. 53. TOTAL AMOUNT DUE (Add line 48 and line 52.) IF \$1 OR MORE,	DAY IN CITE WITH THIS DETUDN		
Include Form PV			
Include Form PV			•
	ated States. 4b. Routing Number (9-digits) ○ 01140	F 00495	
54c. Account Number ► 388003940766 5 4	4d. Name(s) as it appears on the bar	ık account	
Check here if you authorize your preparer to discuss this return with			
electronically. Check here ▶ if you agree to receive your 1099G Incom	ne Tax Refund statement electronically (See Instruction	n 25). Under penalties	of
The day that The constraint this contract that the constraint the	and a distance of abote or contract of the blood of a contract of	- d d la -1! - 6 !s ! - s	_
perjury, I declare that I have examined this return, including accompanying s	scriedules and statements and to the best of my knowle	eage and belief it is tru	e,
correct and complete. If prepared by a person other than taxpayer, the decla	ration is based on all information of which the prepared	r has any knowledge.	
Your signature Date	Spouse's signature	Date	
► 9784839846 Taxpayer(s) daytime phone number	SYAM PRIYA RAM SAGAR GUPTA T Signature of Preparer other than taxpayer (Required		
245 ROONEY CT	GLOBAL TAXES LLC		
Street address of Preparer/Firm	Printed name of the Preparer/Firm's name		
E BRUNSWICK NJ 08816 City, State, ZIP Code + 4	Telephone number of Preparer Prepa	082703 rer's PTIN (Required by	
	CODE	NUMBERS (3 digits per l	me i

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 NOT MAIL

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. On your check or money order, you must include the social security number/Individual Taxpayer Identification Number of the taxpayer if filing individually, if filing jointly, you must include the social security number/ITIN of the primary taxpayer on the check. Failure to include this information will delay the processing of your payment. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:

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

E-FILE ONLY

DO NOT MAIL

1273 00

496 00

239 00



NONRESIDENT INCOME TAX CALCULATION

ATTACH TO YOUR TAX RETURN



23505N013

Only PREETHAM MANGARAJU 588248723 First Name Social Security Number or Black Last Name 991979716 RAVICHETTU SOUJANYA Spouse's First Name Spouse's Last Name Spouse's Social Security Number If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form. If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions. PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS 60996 00 2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. 2. 2845 00 PART II - CALCULATION OF MARYLAND TAX 3. Enter your federal adjusted gross income from Form 505 63287 00 72518 00 3a. Earned Income (See instructions.)...... ▶ 3a. _____ 4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. 4. 72546 00 0.0 6a. Enter your subtractions from line 23 of Form 505 or Form 515 6a. _ 6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.)..... ▶ 6b. _ 59960 00 12586 00 If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a . .8a. 9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and 198872 line 3 is 0 or less, the factor is 1.000000....... 10. Deduction amount. If you are using the standard deduction, multiply the standard 686 00 deduction on line 8a by line 9 of this form and enter on line 10a . . 10a. If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b...10b. Form 515 Users, see Instruction 18 in Form 515 Instructions.

If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.

18.	Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county	
	(or Baltimore City) where you are employed. Enter this amount on Form 515, line 39.	
	If line 13 is 0 or less, enter 0	00

12. Exemption amount. Multiply the total exemption amount on Form 505, line 28

15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1.

16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a

17. Special nonresident tax. Multiply line 13 of this form by 0.0225. Enter this amount