



231010013

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.

JEEVITHA MALATHI KOTESWARARAO 845664045
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 2024 estimated tax 1.
2. Amount of overpayment to be refunded to you REFUND 2. 619
3. Total amount due (Pay in full by April 15, 2024. See instructions.) 3.

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 2023 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 6 4 0 4 5 as my signature on my tax year 2023 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 2023 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 2023 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 2023 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. 2 2 2 4 9 6 0 8 2 7 1

Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2023 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 03112024

DO NOT MAIL



235020013

\$

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

845664045

Your Social Security Number Spouse's Social Security Number

JEEVITHA

Your First Name MI

MALATHI KOTESWARARAO

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 ssa.gov.

Spouse's First Name MI

Spouse's Last Name

2252 DENALI DR

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

FREDERICK

MD 21702

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, 2023 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

1100

FREDERICK

4 Digit Political Subdivision Code (See Instruction 6)

Maryland Political Subdivision (See Instruction 6)

2252 DENALI 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)

FREDERICK

MD

21702

FREDERICK

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 ► 424872643
- 4. Head of household
- 5. Qualifying surviving spouse 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 2023 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: _____

Print Using Blue or Black Ink Only
Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.



235020113

Name JEEVITHA MALATHI KOTESWARARAO SSN 845664045

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 Maryland Health Connection 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.** 85011 00

1a. Wages, salaries and/or tips **1a.** 85011 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 \$11,000 . . .

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.** 85011 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. Ranger 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.** _____ 00

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

16. Maryland adjusted gross income (Subtract line 15 from line 7.) **16.** 85011 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.** 2550 00

18. Net income (Subtract line 17 from line 16.) **18.** 82461 00

19. Exemption amount from Exemptions area (See Instruction 10.) **19.** 3200 00

20. Taxable net income (Subtract line 19 from line 18.) **20.** 79261 00



235020213

Name JEEVITHA MALATHI KOTESWARARAO SSN 845664045

MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	21.	3713	00
	21a. Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR)	21a.		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 (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27.		3713	00	
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 0296 or use the Local Tax Worksheet	28.	2346	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.	2346	00
34. Total Maryland and local tax (Add lines 27 and 33.)	34.	6059	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.	6059	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.	6678	
	41. 2023 estimated tax payments, amount applied from 2022 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.	6678	
	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.	619		
REFUND	47. Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX	▶ 47.		
	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND	▶ 48.	619	
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.		



235020313

Name JEEVITHA MALATHI KOTESWARARAO SSN 845664045

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. **To split your 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) ▶ 031176110

51c. Account Number ▶ 36239750793

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

▶ _____ 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)

To make an online payment, scan the QR code below and follow instructions, or go to marylandtaxes.gov and click on Pay.

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

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

For returns filed with payments, attach your check or money order to Form PV. Make your check or money order 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, tax year, and tax type on the check/money order. Failure to include this information will delay the processing of your payment. Do not staple 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

Maryland Information Worksheet

2023

Keep for your records

Part I - Personal Information

Taxpayer:

First Name JEEVITHA
Middle Initial Suffix
Last Name MALATHI KOTESWARARAO
Social Security No. 845-66-4045

65/Over . . [] Blind . . [] Disabled . . []

Daytime Phone * []
Home Phone (845) 750-9236 * []

* Check these boxes to print daytime and/or home phone numbers on the government forms.

Spouse:

First Name KANNA BHARGAV
Middle Initial Suffix
Last Name CHEVVA
Social Security No. 424-87-2643

65/Over . . [] Blind . . [] Disabled . . []

Daytime Phone * []

Street Address 2252 DENALI DR Apt Number
City or Town FREDERICK
State MD ZIP Code 21702
Foreign Code Foreign Country . Foreign Zip Code .

Locality Information:

Maryland county (Baltimore City residents leave blank.) FREDERICK
City, town or taxing area (If not listed, leave blank.)
Local tax rate 0.0296

If taxpayer and spouse taxing areas are different, check the '2 tax areas' box and enter the Maryland county for taxpayer and spouse. Enter BCITY if taxing area is Baltimore City.

[] 2 tax areas
Taxpayer
Spouse

Maryland physical address on December 31, 2023 (or last day of Maryland residency)

4 Digit Political Subdivision Code
1100
Physical Street Address Line 1 (Street No. and Name) (No PO Box)
2252 DENALI DR
Physical Street Address Line 2 (Apt. No., Ste No., etc.) (No PO Box)
City or Town FREDERICK State MD ZIP Code 21702

Check to confirm address information is correct [X]

Part II - Main Form

[X] Form 502: Resident Tax Return (Long form)
[] Form 505: Nonresident Tax Return

1 a State of legal residence

Yes No

b [] [] Were you a resident of that state the entire year of 2023?

c [] [] Did you file a Maryland income tax return for 2022?

Resident Nonresident

d If Yes, was it [] []

e Dates of Maryland residence in 2023:
from to Check if 'none' . . []

Yes No

f [] [] Are you or your spouse a member of the military?

g If Pennsylvania resident, enter Pennsylvania city

h If Pennsylvania resident, enter Pennsylvania county

[] Form 502: Part-Year Resident Tax Return

2 a Other state of residence
b Dates of Maryland residence from to
c Number of months in residence Taxpayer. Spouse Average

d If you received pension income, number of months . . . Taxpayer. ____ Spouse . ____

Part III – Filing Status

- 1 Single (if you can be claimed on another person's return, use filing status 6)
- 2 Married filing joint return or spouse had no income
- 3 Married filing separately. Spouse's social security number . . . 424-87-2643
- 4 Head of household
- 5 Qualifying surviving spouse with dependent child
- 6 Dependent taxpayer

Part IV – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing
- 2 You want the Maryland Revenue Administration Division to figure the underpayment penalty Form 502UP (see Tax Help for more information)
- Yes No**
- 3 Do you want to itemize even if itemized deductions are less than the standard deduction? *
- 4 Do you want to take the standard deduction even if less than itemized deductions? *
- * Answer "Yes" to only one of questions 3 and 4 above, not both. (See Tax Help for more information.)
- 5 Enter tax liability from 2022 Form 502, line 34,
or Form 505, line 37. (Enter '0' if no tax was owed) _____
- 6 Enter PTE tax paid from 2022 Form 502CR, Part CC, line 9 and,
nonresident tax paid by pass-through entities from 2022 Form 505, line 45 _____
- 8 You agree to receive your statement of refund (Form 1099-G) electronically (see Tax Help)

Part V – Decedent Information

Taxpayer date of death _____

Spouse date of death _____

Taxpayer Spouse

If the taxpayer or spouse is deceased, you are acting as a 'personal representative' for the deceased

Name/title of taxpayer's personal representative . . . _____

Name/title of spouse's personal representative . . . _____

Part VI – Military Information – Form 502

Taxpayer:

- Yes No**
- 1 a Active duty military?
- b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:
- 1 Amount of military pay attributable to service outside the United States included in federal gross income _____
- 2 Total military pay received during the tax year _____
- Yes No**
- c In combat zone?
- d Killed in action?

Spouse:

- Yes No**
- 2 a Active duty military?
- b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:
- 1 Amount of military pay attributable to service outside the United States included in federal gross income _____
- 2 Total military pay received during the tax year _____
- Yes No**
- c In combat zone?
- d Killed in action?

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

*By using a computer system and software to prepare and file my client's return(s), I consent to the transmission of my client's return(s) and to the disclosure of all information about my use of the system and software to the **Comptroller of Maryland**.*

1 The state return will be filed electronically

Electronic Filing of Amended Return:

The amended return will be filed electronically

Date amended return was EFiled _____ Form 502X ▶ _____
Date amended return was accepted by the state. _____ Form 505X ▶ _____

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

1 Date return was E-Filed _____

Yes No

2 Does taxpayer authorize paid preparer not to file Maryland return electronically?

3 Date return was accepted by the state. . . _____

4 Date Form IND PV was given to client. . . _____

QuickZoom to the Maryland *e-file* Authentication Statement. ▶ _____

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal

Yes No

Do you want and authorize Direct Deposit of state tax refund?

Do you want Electronic Funds Withdrawal of state tax payment (EF Only)?

Bank Information:

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

3 Name of Financial Institution (optional) CAPITAL ONE

4 Checking account

5 Savings account

6 Routing number 031176110

7 Account number 36239750793

First Name Last Name

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

8 Payment date to withdraw from the account above . . . _____

9 Balance due from return _____

10 Amount to withdraw from the account above _____

11 If partial payment is made, remaining balance due . . . _____

International ACH Transactions:

Yes No

Will funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part IX – Maryland Contributions

- 1 Contribution to Chesapeake Bay and Endangered Species Fund _____
- 2 Contribution to Developmental Disabilities Services and Support Fund _____
- 3 Contribution to Maryland Cancer Fund _____
- 4 Contribution to Fair Campaign Financing Fund _____

Part X – Paid Preparer Information

Enter the preparer's assigned code from preparer's information menu. 01

Yes No

Is your preparer authorized to discuss this return with us?

Part XI – Extension Status

Yes No

- Has the tax return due date been extended by filing IRS Form 4868?
- Federal Form 4868 "Out of the Country" checkbox checked?
- Has the tax return due date been extended by filing a MD extension using Form 502E?
Extended due date _____

Filing and acceptance information (Electronic Filing Only)

- File extension electronically?
- Extension accepted?
Extension filing date _____
Extension acceptance date _____

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

Yes No

- Use electronic funds withdrawal of extension tax payment?
Enter settlement date to withdraw the extension amount from the account above _____
Balance-due amount paid with this extension _____

QuickZoom to Form 502E: Automatic Extension Payment for Personal Income Tax ► _____

QuickZoom to Form 502	▶
QuickZoom to Form 505	▶

Local Tax Worksheet

2023

▶ Keep for your records

Name as Shown on Return <u>JEEVITHA MALATHI KOTESWARARAO</u>	Social Security Number <u>845-66-4045</u>
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Taxpayer County FREDERICK
Enter Taxpayer County on Maryland Information Worksheet

1 Enter the Maryland taxable net income from line 20	1	<u>79,261.</u>
2 Enter Maryland adjusted gross income (Form 502, line 16)	2	<u>85,011.</u>
3 Enter taxpayer portion (or total if tax areas are the same) of line 2	3	<u>85,011.</u>
4 Percentage of taxpayer income (or 100% if tax areas are the same) to total income (line 3 divided by line 2).	4	<u>100.00 %</u>
5 Maryland taxable net income attributed to taxpayer, or to both if tax areas are the same (line 1 times line 4).	5	<u>79,261.</u>
6 Local income tax rate	6	<u>0.0296</u>
7 Local income tax (multiply line 5 by line 6). Enter this amount on line 28 of Form 502	7	<u>2,346.</u>

Spouse County _____
Enter Spouse County on Maryland Information Worksheet

8 Enter the Maryland taxable net income from line 20 of Form 502	8	_____
9 Enter Maryland adjusted gross income (Form 502, line 16)	9	_____
10 Enter spouse portion of line 9.	10	_____
11 Percentage of spouse income to total income (line 10 divided by line 9)	11	_____ %
12 Maryland taxable net income attributed to spouse (line 8 times line 11)	12	_____
13 Local income tax rate	13	_____
14 Local income tax (multiply line 12 by line 13). Add the amount on line 7 to this amount and enter on line 28 of Form 502	14	_____

Tax Payments Worksheet

2023

▶ Keep for your records

Name JEEVITHA MALATHI KOTESWARARAO	Social Security Number 845-66-4045
---------------------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	6,678.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-NEC	b	
c	State withholding on Forms 1099-G	c	
d	State withholding on Forms 1099-K	d	
e	State withholding on Forms 1099-INT, 1099-DIV and 1099-OID	e	
13	Other state tax withholding	13	
14	Total income tax withheld	14	6,678.
15	Date return will be filed and balance paid	15	

Activity Worksheet

2023

Name as Shown on Return <u>JEEVITHA MALATHI KOTESWARARAO</u>	Social Security Number <u>845-66-4045</u>
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Activity Description ABAN ESSENCE APARTMENT, VGP
 Form or Worksheet Type. . . Sch E Copy number. . . 1

- A** If this activity was operated by spouse, check this box
- B** If this activity was operated jointly by taxpayer and spouse, check this box
- C** Check this box if you completely disposed of the property in the current year
- D** Check this box if all investment is at risk (Not for K-1 Estates and Trusts)
- E** Check this box if some of the investment is **not** at risk (Not for K-1 Estates and Trusts)
- F** Did you materially participate in this activity? (Not for K-1's) Yes No
- G** Check this box if you actively participate in the operation of this activity (Not for Schedule C or Schedule F)
- H** Check this box if rental property is subject to recharacterization rules (Sch E/Sch K-1 Ptrshp)
- I** Check if rental real estate (or other rental) activity is a trade or business (Not for Schedule C or Schedule F)

If this is a Schedule E, check the appropriate boxes:

- J** Rental property. **L** Commercial property
- K** Royalty property **M** Other passive exceptions

If this is a K-1, check the appropriate boxes:

- N** This is a K-1 with ordinary income with material participation
- O** This is a K-1 with rental real estate with material participation
- P** This is a publicly traded partnership
- Q** If this is a K-1 Estates and Trusts, check the box if this is a final K-1
- R** Check if "working interest" in oil or gas well (Schedule K-1 Partnership)

- S** At-risk status All
- T** Passive status Passive

Part I - Section 179 Adjustments

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation	(F) State Section 179 Allowed	(G) State Section 179 Carryover To Next Year

Part II - Regular Income/Loss

	Income/Loss
1 Federal income/loss	-13,619.
2 Adjustments:	
a Special Depreciation Allowance (Bonus Depreciation)	
b Other depreciation adjustment(s)	
c Section 179 adjustment	
d Other adjustments	
3 Total	-13,619.
4 At-Risk adjustment. a Adjust amount . . . b	
5 Total	-13,619.
6 Passive carryover loss	
7 Passive disallowed loss (carryover to next year)	-13,619.
8 Net profit or (loss) allowed	0.
9 Net federal profit or (loss) allowed	0.
10 Federal/State adjustment	0.

Activity Description ABAN ESSENCE APARTMENT, VGP

Part III - Schedule K-1 Partnership and S Corporations	Section 179 Expense	Misc Income	Commercial Revitalization
1 Federal income/loss			
2 Adjustments			
3 Total			
4 a At-Risk adjustment amount			
b At-Risk adjustment			
5 Total			
6 Passive carryover loss			
7 Passive disallowed loss (carryover to next year)			
8 Net profit or (loss) allowed			
9 Net federal profit or (loss) allowed			
10 Federal/State adjustment			

Part IV - Dispositions	Schedule D Short-Term	Schedule D Long-Term	Form 4797 Short-Term	Form 4797 Long-Term
1 Federal income/loss				
2 Adjustments:				
a Adjustments transferred from the federal return				
b Other adjustments				
c Total adjustments				
3 Total				
4 a At-Risk adjustment amount				
b At-Risk adjustment				
5 Total				
6 Passive carryover loss				
7 Passive disallowed loss				
8 Net profit or (loss) allowed				
9 Net federal profit or (loss) allowed				
10 Federal/State adjustment				

Maryland e-file Authentication Statement

2023

► Keep for your records

Name(s) Shown on Return JEEVITHA MALATHI KOTESWARARAO	Social Security Number 845-66-4045
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Practitioner PIN Authorization

By checking this box you are electing to file Form EL101 for this return (Practitioner PIN)

Choose one:

- Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN
- Taxpayer(s) entered own PIN(s)
- Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer Declaration and Tax Return Signature

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

I consent to allow my Intermediate Service Provider, Transmitter, or Electronic Return Originator (ERO) to send my return to the State of Maryland and to receive the following information from the State of Maryland: (1) acknowledgment of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Maryland of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

I am signing my Maryland Tax Return by entering the same five-digit Self-Select PIN that I used for my federal return filing.

Taxpayer's PIN (5 numbers) 64045
 Spouse's PIN (5 numbers) _____
 Date 03/06/2024

Smart Worksheets From 2023 Maryland Tax Return

Form 502: Resident / Part Year Resident Return -- Smart Worksheet

Prior Year Railroad Retirement Adjustment Smart Worksheet	
A Prior year disaster retirement distribution taxed in current year (included in FAGI)	0.
B Railroad retirement income included on line A above	0.

Form 502: Resident / Part Year Resident Return -- Smart Worksheet

Itemized Deduction Smart Worksheet	
State And Local Income Taxes Worksheet	
a State and local income taxes on federal Sch A, Line 5a (not sales tax)	6678
b State and local real estate taxes on federal Sch A, Line 5b	_____
c State and local personal property taxes on federal Sch A, Line 5c	_____
d Add lines a through c	6678
e Enter the smaller of line d or \$10,000 (\$5,000 if MFS)	5000
f State and local taxes to be subtracted (if line d is greater than line e, then enter line e less lines b and c, not less than 0, otherwise enter line a)	5000
A State and local income taxes from Worksheet above	5000
B Amount deducted as contributions of Preservation and Conservation Easements for which a credit is claimed on Form 502CR, Part F	0
C Difference between federal itemized deductions calculated with and without regard to the provisions of the Job Creation and Worker Assistance Act, the Jobs and Growth Tax Relief Reconciliation Act, the American Jobs Creation Act, the Tax Increase Prevention and Reconciliation Act, the Small Business and Work Opportunity Tax Act, and the American Recovery and Reinvestment Act (to Form 500DM, line 5a)	_____