

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 MANOJ NAGARAJAN	Social security number 338-19-0550
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2023 (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	95,735.
2 Total tax	2	13,320.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	14,297.
4 Amount you want refunded to you	4	977.
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

9	0	5	5	0
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
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.
ERO firm name
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	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial MANOJ Last name NAGARAJAN Your social security number 338 19 0550

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 1401 BLAIR MILL RD 1522 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code SILVER SPRING MD 20910 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS) 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:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, 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, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes rows for dependents.

Income section table with columns for line numbers (1a-1i, 1z) and amounts. Includes 1a Total amount from Form(s) W-2, box 1 (97,536), 1h Other earned income (0), 1z Add lines 1a through 1h (97,536).

Table for tax deductions and adjustments. Includes 2a Tax-exempt interest (5), 2b Taxable interest (1,187), 3a Qualified dividends (12), 3b Ordinary dividends (12), 7 Capital gain or (loss) (-3,000), 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8 (95,735), 11 Subtract line 10 from line 9 (95,735), 12 Standard deduction or itemized deductions (13,850), 14 Add lines 12 and 13 (13,850), 15 Subtract line 14 from line 11 (81,885).

Attach Sch. B if required.

Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	13,320.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	13,320.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	13,320.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	13,320.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	14,297.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	14,297.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	14,297.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	977.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	977.
	b	Routing number 021200025 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 1885778777		
36	Amount of line 34 you want applied to your 2024 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation DATA ANALYST	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (609) 591-3800	Email address MANOJ.NAGARAJANI993@GMAIL.COM		

Paid Preparer Use Only

Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI	Date	PTIN P02470833	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 88-2145487

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

Attachment
Sequence No. **12**

Name(s) shown on return

MANOJ NAGARAJAN

Your social security number

338-19-0550

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	109,996.	112,920.	108.	-2,816.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 (851.)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -3,667.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (30.)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 -30.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-3,697.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

2023 Virginia Nonresident Income Tax Return

Due May 1, 2024



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

First Name MANOJ	MI	Last Name NAGARAJAN	Suffix	Your Social Security Number 338-19-0550	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only)	MI	Last Name	Suffix	Spouse's Social Security Number	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route) 1401 BLAIR MILL RD APT 1522				Your Birth Date (mm-dd-yyyy) 06 - 29 - 1993	Spouse's Birth Date (mm-dd-yyyy) - -
City, Town or Post Office SILVER SPRING		State MD	ZIP Code 20910		
State of Residence MD	Important - Name of Virginia City or County in which principal place of business, employment, or income source is located. FAIRFAX				Locality Code 600
				<input checked="" type="checkbox"/> City OR <input type="checkbox"/> County	

Check Applicable Boxes	<input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/>	<input type="checkbox"/> Name(s) or Address Different than Shown on 2022 VA Return	<input type="checkbox"/> Overseas on Due Date
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman	EIC Claimed on federal return \$ _____ .00

Filing Status Enter Filing Status Code in box below.

- 1** {
- 1 = Single. Federal head of household? YES
 - 2 = Married, Filing Joint Return - both must have Virginia income
 - 3 = Married, Spouse Has No Income From Any Source
 - 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name _____

Exemptions Add Sections 1 and 2. Enter the sum on Line 12.

You	Spouse if Filing Status 2 or 3	Dependents	Total Section 1	
1	<input type="checkbox"/>	<input type="checkbox"/>	= 1	X \$930 = 930
You 65 or over	Spouse 65 or over	You Blind	Spouse Blind	Total Section 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	= <input type="checkbox"/> X \$800 = <input type="checkbox"/>

1	Adjusted Gross Income from federal return - <i>Not federal taxable income</i>	1	95735	00
2	Additions from Schedule 763 ADJ, Line 3.	2		00
3	Add Lines 1 and 2.	3	95735	00
4	Age Deduction (See instructions and the Age Deduction Worksheet) You Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b.	4a		00
		4b		00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return.	5		00
6	State income tax refund or overpayment credit reported as income on your federal return.	6		00
7	Subtractions from Schedule 763 ADJ, Line 7.	7		00
8	Add Lines 4a, 4b, 5, 6, and 7.	8		00
9	Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3.	9	95735	00
10	Itemized Deductions from Virginia Schedule A, if applicable. See instructions.	10		00
11	If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions.	11	8000	00
12	Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above.	12	930	00
13	Deductions from Schedule 763 ADJ, Line 9.	13		00
14	Add Lines 10, 11, 12 and 13.	14	8930	00
15	Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.	15	86805	00
16	Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only)	16	13.4	%
17	Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).	17	11632	00
18	Income Tax from Tax Table or Tax Rate Schedule.....	18	452	00
19a	Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.....	19a	679	00



Your Name MANOJ NAGARAJAN	Your SSN 338-19-0550
-------------------------------------	--------------------------------

19b	Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.	19b		00
20	2023 Estimated Tax Payments.	20		00
21	2022 overpayment credited to 2023 estimated tax.	21		00
22	Extension Payment - submitted using Form 760IP.	22		00
23	Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.	23		00
24	Total credits from Schedule OSC.	24		00
25	Credits from Schedule CR, Section 5, Line 1A.	25		00
26	Total payments and credits. Add Lines 19a through 25.	26	679	00
27	If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE .	27		00
28	If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT .	28	227	00
29	Amount of overpayment on Line 28 to be CREDITED TO 2024 ESTIMATED INCOME TAX.	29		00
30	Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6.	30		00
31	Other Voluntary Contributions from Schedule VAC, Section II, Line 14.	31		00
32	Addition to Tax, Penalty, and Interest from enclosed Schedule 763 ADJ, Line 21. See instructions. Enclose 760C or 760F and check here.	32		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.	33		00
34	Add Lines 29 through 33.	34		00
35	If you owe tax on Line 27, add Lines 27 and 34 - OR - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. AMOUNT YOU OWE . Enclose payment or pay at www.tax.virginia.gov . Check here if paying by credit or debit card - See instructions.	35		00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO YOU .	36	227	00

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

DIRECT BANK DEPOSIT	Your Bank Routing Transit Number	Your Bank Account Number	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
Domestic Accounts Only No International Deposits	0 2 1 2 0 0 0 2 5	1 8 8 5 7 7 8 7 7 7		

Nonresident Allocation Percentage

		A - All Sources		B - Virginia Sources	
1. Wages, salaries, tips, etc.	1	97536	00	12850	00
2. Interest income	2	1187	00	0	00
3. Dividends	3	12	00	0	00
4. Alimony received	4		00		00
5. Business income or loss	5		00		00
6. Capital gain or loss/capital gain distributions	6	-3000	00	0	00
7. Other gains or losses	7		00		00
8. Taxable pensions, annuities and IRA distributions	8		00		
9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.	9		00		00
10. Farm income or loss	10		00		00
11. Other income	11		00		00
12. Interest on obligations of other states from Schedule 763 ADJ, Line 1.	12		00		
13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3.	13		00		00
14. TOTAL - Add Lines 1 through 13 and enter each column total here.	14	95735	00	12850	00
15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. Compute percentage to one decimal place (e.g., 5.4%). Enter on Page 1, Line 16.	15			13.4%	

I (We) authorize the Dept. 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 provided by 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 (609) 591-3800	Date	
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Preparer's PTIN P02470833	Vendor Code 1555
Preparer's Name VENKATA SAI PAVAN KUMAR DUDIPALLI	Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC	Preparer's Phone Number (678) 965-9522	Filing Election Code ID Theft PIN

2023 Schedule INC/CG

338190550

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



MANOJ

NAGARAJAN

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
338190550	W	679.	273050679	30273050679F001	12850.

Total VA Withholding	SSN	VA Withholding
You	338190550	679.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

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



23PTPV013

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

338190550

Your Social Security Number

If Joint Return, Spouse's Social Security Number

MANOJ

Your First Name

MI

NAGARAJAN

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

1401 BLAIR MILL RD

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

1522

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

SILVER SPRING

City or Town

MD

State

20910

ZIP Code +4

PAYMENT TYPE

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

- 1. Estimated Payment/Quarterly (502D) Tax Year: 2024
- 1a. First time filer or change in filing status
- 2. Extension Payment (502E) Tax Year:
- 3. Payment with resident return (502) Tax Year:
- 4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

Amount you are paying by check or money order.

365 00
Dollars Cents

Make your check or money order payable to **Comptroller of Maryland**. Include on your check or money order: your social security number or individual taxpayer identification number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:

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

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



23PTPV013

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

338190550

Your Social Security Number

If Joint Return, Spouse's Social Security Number

MANOJ

Your First Name

MI

NAGARAJAN

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

1401 BLAIR MILL RD

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

1522

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

SILVER SPRING

City or Town

MD

State

20910

ZIP Code +4

PAYMENT TYPE

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

- 1. Estimated Payment/Quarterly (502D) Tax Year: 2024
- 1a. First time filer or change in filing status
- 2. Extension Payment (502E) Tax Year:
- 3. Payment with resident return (502) Tax Year:
- 4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

Amount you are paying by check or money order.

365 00
Dollars Cents

Make your check or money order payable to **Comptroller of Maryland**. Include on your check or money order: your social security number or individual taxpayer identification number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:

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

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



23PTPV013

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

338190550

Your Social Security Number

If Joint Return, Spouse's Social Security Number

MANOJ

Your First Name

MI

NAGARAJAN

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

1401 BLAIR MILL RD

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

1522

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

SILVER SPRING

City or Town

MD

State

20910

ZIP Code +4

PAYMENT TYPE

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

- 1. Estimated Payment/Quarterly (502D) Tax Year: 2024
- 1a. First time filer or change in filing status
- 2. Extension Payment (502E) Tax Year:
- 3. Payment with resident return (502) Tax Year:
- 4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

Amount you are paying by check or money order.

365 00
Dollars Cents

Make your check or money order payable to **Comptroller of Maryland**. Include on your check or money order: your social security number or individual taxpayer identification number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:

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

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- 1. Estimated Payment/Quarterly (502D) Tax Year: 2024
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Dollars Cents

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Payment Processing
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Annapolis, MD 21401-8888

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



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.

MANOJ First Name MI NAGARAJAN Last Name 338190550 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.
3. Total amount due (Pay in full by April 15, 2024. See instructions.) 3. 751 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 2023 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 9 0 5 5 0 as my signature on my tax year 2023 electronically filed income tax return. ERO firm name

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. 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 as my signature on my tax year 2023 electronically filed income tax return. ERO firm name

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. The ERO must complete Part III below.

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9

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

DO NOT MAIL



235020013

\$

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

338190550

Your Social Security Number Spouse's Social Security Number

MANOJ

Your First Name MI

NAGARAJAN

Your Last Name MI

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

1401 BLAIR MILL RD

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

1522

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

SILVER SPRING

City or Town

MD

State

20910

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.

1600

4 Digit Political Subdivision Code (See Instruction 6)

MONTGOMERY

Maryland Political Subdivision (See Instruction 6)

1401 BLAIR MILL RD

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

1522

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

SILVER SPRING

City

MD

State

20910

ZIP Code + 4

MONTGOMERY

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 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:



235020113

Name MANOJ NAGARAJAN

SSN 338190550

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.** 95735 00

1a. Wages, salaries and/or tips **1a.** 97536 00

1b. Earned income **1b.** _____ 00

1c. Capital Gain or (loss) **1c.** -3000 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.** 95735 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.** 95735 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.** 93185 00

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

20. Taxable net income (Subtract line 19 from line 18.) **20.** 89985 00



235020213

Name MANOJ NAGARAJAN

SSN 338190550

MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	21.	4221	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.		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.		4221	00	
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0320 or use the Local Tax Worksheet	28.	2880	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.	2880	00
34. Total Maryland and local tax (Add lines 27 and 33.)	34.	7101	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.	7101	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.	6352	
	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.		
	44. Total payments and credits (Add lines 40 through 43.)	44.	6352	
	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.)	▶ 45.	749	
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)	▶ 46.		
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.		
AMOUNT DUE	49. Check here <input checked="" type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, <u>2</u> or for late filing _____ or homebuyer withdrawal penalty _____	▶ 49.		2
	50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.	▶ 50.	751	



235020313

Name MANOJ NAGARAJAN SSN 338190550

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) ▶ _____

51c. Account Number ▶ _____

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

▶ 6095913800 _____ ▶ _____
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

VENKATA SAI PAVAN KUMAR DUDIPALLI
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 ▶ P02470833
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



23502U013

ATTACH THIS FORM TO FORM 502, 505 or 515.

IMPORTANT: REVIEW THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SEE SPECIAL INSTRUCTIONS FOR FARMERS AND FISHERMEN OR IF YOUR INCOME IS TAXABLE BY ANOTHER STATE.

MANOJ First Name MI NAGARAJAN Last Name 338190550 Social Security Number

Spouse's First Name MI Spouse's Last Name Spouse's Social Security Number

EXCEPTIONS WHICH AVOID THE UNDERPAYMENT INTEREST

No interest is due and this form should not be filed if:

- A. The tax liability on gross income after deducting Maryland withholding is \$500 or less, or,
- B. You have made four quarterly payments as required, each equal to or more than one-fourth of 110% of last year's taxes.

COMPUTATION OF UNDERPAYMENT – LINES 1 THROUGH 15

1. Total Maryland income (from line 16 of Form 502 or line 8 of Form 505NR)	1.	95735	00
2. 2023 Maryland and local tax (from line 34 of Form 502 or line 37 of Form 505)	2.	7101	00
3. Refundable earned income credit (from line 42 of Form 502)	3.		00
4. Refundable income tax credits (from line 43 of Form 502 or line 46 of Form 505)	4.		00
5. Total tax developed on tax preference items	5.		00
6. Total (Add lines 3, 4 and 5.)	6.		00
7. Balance (Subtract line 6 from line 2.)	7.	7101	00
8. Multiply line 7 by 90% (.90)	8.	6391	00
9. a. 2022 tax: Enter line 34 of 2022 Form 502 or line 37 of 2022 Form 505 (see Instructions)	9a.	6443	00
b. Multiply line 9a by 110% (1.10)	9b.	7087	00
10. Minimum withholding and/or estimated tax required (Enter the lesser of line 8 or 9b. If first-time filer, enter line 8.)	10.	6391	00

DUE DATES OF INSTALLMENTS INSTALLMENT PERIODS	1st Period	2nd Period	3rd Period	4th Period
	April 15, 2023 Jan 1 to Mar 31	June 15, 2023 Jan 1 to May 31	Sept 15, 2023 Jan 1 to Aug 31	Jan 15, 2024 Jan 1 to Dec 31
11. Divide total Maryland income on line 1 into earnings per period (See instructions.)	23934 00	47868 00	71801 00	95735 00
12. Divide earnings per period on line 11 by the amount on line 1 to determine the percent per period. If less than zero, enter zero.	25.00	50.00	75.00	100.00
13. Payments required. Multiply the amount on line 10 by the percent on line 12 for each period.	1597 00	3195 00	4793 00	6391 00
14. Estimated tax paid and tax withheld per period (See instructions.)	1588 00	3176 00	4764 00	6352 00
15. Underpayment per period (line 13 less line 14) If less than zero, enter zero	9 00	19 00	29 00	39 00
COMPUTATION OF INTEREST				
16. Interest factor	0.0150	0.0227	0.0305	0.0249
Multiply underpayment on line 15 by the factor on line 16 for each period	0 00	0 00	1 00	1 00
18. Interest. Add amounts on line 17. Place total in appropriate box on line 49 of Form 502 or line 52 of Form 505 and include amount in your total payment with return				2 00



23PTPV013

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338190550

Your Social Security Number

If Joint Return, Spouse's Social Security Number

MANOJ

Your First Name

MI

NAGARAJAN

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

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1a. First time filer or change in filing status

2. Extension Payment (502E) Tax Year:

3. Payment with resident return (502) Tax Year: 2023

4. Payment with nonresident return (505) Tax Year:

PAYMENT AMOUNT

Amount you are paying by check or money order.

751 00

Dollars

Cents

Make your check or money order payable to **Comptroller of Maryland**. Include on your check or money order: your social security number or individual taxpayer identification number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:

Comptroller of Maryland
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