## 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

Special security number   Shall   S	Submission Identification Number (SID)		•		
Spouse's social security number	Taxpayer's name	Socia	I security nun	nber	
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  2 Total tax  2 13, 320.  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1039  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1039  4 Amount you want refunded to you  5 Amount you want refunded to you  5 Amount you want refunded to you  6 Amount you want refunded to you  7 Amount you want refunded to you  7 Amount you want refunded to you  8 Amount you want refunded to you  8 Amount you want refunded to you  9 Amount you want refunded to you  9 Amount you want refunded to you  1 A Use of the second of s	MANOJ NAGARAJAN	33	8-19-05!	50	
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	Spouse's name	Spou	se's social se	curity number	r
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	Part I Tax Return Information — Tax Year Ending December 31. 2023	(Enter vear	vou are a	uthorizina.	)
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 14, 297. 4 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of perjun; 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 return (original or amended) I am now authorizing, I consent to allow my intermediate service provider, transmitter, or electronic return originator (EPO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or resson for rejection of the missions (b) the resonance of 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 withforwal (circle debt) retry to the financial institution control indicated in the account. This authorization is to remain in full force and effect until i notify the U.S. Treasury and its designated Financial institution to the account. This authorization is to remain in full force and effect until i notify the U.S. Treasury and its designated Financial institutions of the reparation of the effect of payment of my federal taxes oved on this erturn and/or a payment of estimated tax, and the financial institution to the institution to every payment of my federal taxes oved on the return originator and the payment of estimated tax, and the financial institutions intrinsite the using the the entry to the payment of the payment of the payment feet leave the payment of the payment is estimated to the payment of the payment of the payment feet leave the financial institutions involved in the processing of the electronic payment of the payment settlement date. I also authoriz		(	,		,
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 want refunded to you . 4 977.  5 Amount you want refunded to you . 4 977.  5 Amount you want refunded to you . 4 977.  5 Amount you want refunded to you . 4 977.  5 Amount you want refunded to you . 4 977.  6 Amount you want refunded to you . 4 977.  1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  1 Under penalties of perjun; 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 which you want to receive from the IPS (a) an acknowledgement of receipt or reasons for relieve the income tax return (original or amended) I am now authorizing, and to the best of year which the processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury fraincial Agont to the processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agont to the processing of the resonance of any deviation in the processing the return or refund, and (c) the date of any refund. If applicable, I authorize the use to receive on this return and/or a payment of estimated in subtraction is to remain in full force and effect until I notify the U.S. Treasury Financial Agont to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agont to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agont to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agont to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agont to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agont to terminate the authorization to revoke the pr	· · · · · · · · · · · · · · · · · · ·				
Amount you want refunded to you  Amount you  Amount you want refunded to you  Amount you want refunded to you  Amount you  Amoun	<b>1</b> Adjusted gross income		1	95	,735.
Amount you want refunded to you  Amount you were  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjun; 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 whore wide and obelief, it is true, correct, and complete. I turner declare that the amounts for the income tax return (original or amended) I am now authorizing, and to the best of whore wide and obelief, it is rue, correct, and omplete. I further declare that the amounts for the income tax return (original or amended) I am now authorizing, and to the best of the control or amounts from the income tax return (original or amended) I am now authorizing, and to the best of search or received for reach or reach or received or reach or feed to receive for reach or received or reach or feed to receive the reach of the control or received or reach or feed that the amounts in Poly I be reason or regiction 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 supment, I must contact the U.S. Treasury Financial Agent at 1-88-383-483-7 Agyment concellation 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 the control or payment of the processing of the electronic payment or the income tax return (original or amended) I am now authorizing of the electronic payment or the income tax return (original or amended) I am now authorizing.    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				13	,320.
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, 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 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. I applicable, I authorize the U.S. Treasury and its designated Financial apparent of my federal taxes owed on this return and/or a payment of resident tax, and the financial institutions induction 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 at 1-888-4583-4587. 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 prevoke (cancel a payment, I must contact the U.S. Treasury Financial Agent at 1-888-4583-4597. 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 prevoke (cancel a payment, I must contact the U.S. Treasury Financial Agent at 1-888-4584. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also a submit of taxes to receive confidential information necessary to answer inquiries and resolve insured that the payment is further declaration of taxes to receive confidential information member (PIN) belo	3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	14	,297.
Date   Part III	, , , , , , , , , , , , , , , , , , ,				977.
under penalties of perjun; 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 turber declare that the amounts from 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 (FEN) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection, (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 delbid) entry to the financial institution and count indication software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution 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 in the text preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in work of the text preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution involved in the processing of the electronic payment of the processing of the elect	5 Amount you owe	<u> </u>	5		
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, transmission, (b) the reason for return to right 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 debt) entry to the financial institution account indicated in the tax preparation software for payment of the return and/or a payment. I must contact the U.S. Treasury Pinancial Agent at 1-886-836-436.7 Payment in financial institution account indicated in the tax preparation software for authorization is to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent in the financial institution account indicated in the tax preparation software for any payment. I further acknowledge that the payment, I further acknowledge that the present almost the received no later than 2 and taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the present almost the payment of 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**					
Taxpayer's PIN: check one box only	return (original or amended) I am now authorizing. I consent to allow my intermediate service provider to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorizedgent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accepayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellated business days prior to the payment (settlement) date. I also authorize the inancial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or amendation).	transmitter, or n for rejection of ze the U.S. Tree ount indicated institution to de- reminate the a tion requests red in the procest to the paymen	r electronic r of the transm asury and its in the tax pre ebit the entry uthorization. nust be rece ssing of the t. I further a	eturn origina hission, (b) the designated eparation sofor to this according To revoke (eived no late electronic paracknowledge	tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 syment of that the
Tauthorize   GLOBAL TAXES LLC   to enter or generate my PIN   Enter five digits, but don't enter all zeros					
ERO firm name signature on the income tax return (original or amended) I am now authorizing.  □ 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 ▶ 3/6/2024  Spouse's PIN: check one box only □ I authorize ERO firm name signature on the income tax return (original or amended) I am now authorizing. □ 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 ▶  □ 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.  □ Date ▶  □ 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 ▶  □ Don't enter all zeros  □ I will enter my PIN as 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		norata my DII	90	5 5 0	00 mv
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 ▶ 3/6/2024  Spouse's PIN: check one box only	ERO firm name	merate my Fii	Enter fiv	e digits, but ter all zeros	as my
Spouse's PIN: check one box only  I authorize  ER0 firm name signature on the income tax return (original or amended) I am now authorizing.  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  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.  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   ERO Must Retain This Form — See Instructions	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PI below.	N method. Th	ne ERO mu		
I authorize	Your signature ▶ Da	ate ►3/6,	/2024		
I authorize	Sneuros's DINI shook and havenly				
ERO firm name signature on the income tax return (original or amended) I am now authorizing.  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 ▶  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.  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			. 🖂		
signature on the income tax return (original or amended) I am now authorizing.  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  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.  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		enerate my Pii		e digits but	as my
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					
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.  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	if you are entering your own PIN and your return is filed using the Practitioner PI				
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.  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					
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		below			
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	Part III Certification and Authentication — Practitioner PIN Method Only				
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	<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	-			9
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 <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.  ERO's signature ▶ Date ▶  ERO Must Retain This Form — See Instructions		ט	on t enter all	zeros	
ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a	ım submitting t	his return in	accordance	I am now with the
	ERO's signature ▶ Da	ate ▶			

## E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>1040</b>		partment of the Treasury—Internal Revenue Serv. S. Individual Income Tax		, 202	3	OMB No. 1545-	0074	IRS Use Onl	y—Do not v	vrite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, en	ding			, 20	See se	parate	instructions.
Your first name	and m	niddle initial	Last name						Your so	ocial sec	curity number
MANOJ			NAGARA	JAN					338	19	0550
If joint return, s	pouse's	s first name and middle initial	Last name						Spouse	's socia	l security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructions.				А	pt. no.	Preside	ential Ele	ection Campaign
_1401 BL	AIR I	MILL RD					1	522			ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	omplete space	es below.	Sta	ate	ZIP co	ode			jointly, want \$3 nd. Checking a
SILVER S	SPRI	NG			MI	)	209	10			not change
Foreign country	y name		Fore	ign province/state/	count/	ty	Foreig	n postal code	your ta	x or refu	_
	<u> </u>									Yo	ou Spouse
Filing Status	S	Single				☐ Head of ho	ouseho	old (HOH)			
Check only		Married filing jointly (even if only o	ne had inco	ome)				•	(000)		
one box.	L.	■ Married filing separately (MFS)		16		☐ Qualifying				:1-17	:6 +1
		you checked the MFS box, enter the ualifying person is a child but not you			u cne	ecked the HOH	or Q	os box, ent	er the ch	illa's na	me if the
Digital		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig	•				-		. ,	□ <b>Y</b>	es 🗵 No
Assets		neone can claim:  You as a de		Your spous			1) ! (36	e instructio	0115.)		es 🔼 NO
Standard Deduction		Spouse itemizes on a separate retur	•			•					
Age/Rlindnes	 • You	: Were born before January 2, 1	959	Are blind <b>Sp</b>	ouse	. □ Was hor	n hefo	re January	2 1959		s blind
Dependent				(2) Social securit		(3) Relationshi	14		-		(see instructions):
•	•	First name Last name		number	у	to you	P	Child tax of		1	or other dependents
If more than four											
dependents,											
see instruction and check	s										
here											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see in	structions) .					. 1	3	97,536.
Attach Form(s)	b	Household employee wages not re	eported on l	Form(s) W-2 .					. 1k	)	
W-2 here. Also	С	Tip income not reported on line 1a	a (see instru	ctions)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted on Fo	orm(s) W-2 (see	instru	uctions)			. 10	t	
W-2G and 1099-R if tax	е	Taxable dependent care benefits t	from Form 2	2441, line 26					. 16	•	
was withheld.	f	Employer-provided adoption bene	efits from Fo	orm 8839, line 29					. 11	f	
If you did not	g	Wages from Form 8919, line 6 .							. 10	)	
get a Form W-2, see	h	Other earned income (see instruct	ions)				· ·		. 11	1	0.
instructions.	i	Nontaxable combat pay election (s	see instruct	ions)		<u>li</u>					
	Z	Add lines 1a through 1h							. 12	<u> </u>	97,536.
Attach Sch. B	2a	· -	2a			axable interest			. 2t	)	1,187.
if required.	3a_	· ·	3a	5.		Ordinary divider			. 3t		12.
Standard	4a	<del>-</del>	4a			axable amount			. 41	_	
Deduction for—	5a		5a			axable amount			. 5k	_	
Single or Married filing	6a	,	6a			axable amount			. 6k	)	
separately,	_ C	If you elect to use the lump-sum e		•	•	,					2 000
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•		•					-3,000.
jointly or Qualifying	8	Additional income from Schedule	•						. 8	_	05 735
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-					. 9		95,735.
\$27,700 • Head of	10	Adjustments to income from Sche							. 10	_	05 505
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-					. 1	_	95,735.
If you checked	12	Standard deduction or itemized		•	,				. 12	_	13,850.
any box under Standard	13	Qualified business income deduct			1 899	ю-A			. 13		12 050
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer	ro or less e	 nter_O_ This is :		tavahla inaa			. 14		13,850. 81,885.
	10	Oubliact iii 6 14 110111 11116 1 1 . 11 Zel	10 01 1 <del>5</del> 35, 6	cu 11115 IS )	your I	ravanie ilicolli	· .		.   13	, ,	$0\pm 1000$ .

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check if any	y from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	13,320.
Credits	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	r dependent	s from Sched	ule 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 ze	ero or less, e	enter -0				22	13,320.
	23	Other taxes, including self-emplo	yment tax, t	from Schedule	e 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	ղ:						
•	а	Form(s) W-2				<b>25a</b> 1	4,297		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions) .				25c			
	d	Add lines 25a through 25c						25d	14,297.
If you have a	26	2023 estimated tax payments and	d amount ap	oplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from Sch	hedule 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. The				ndable credits		32	
	33	Add lines 25d, 26, and 32. These	are your <b>to</b>	tal payments				33	14,297.
Refund	34	If line 33 is more than line 24, sub						34	977.
	35a	Amount of line 34 you want refur	nded to you	ı. If Form 8888	s is attached, chec	k here	🗆	35a	977.
Direct deposit?	b	Routing number 0 2 1 2				Checking	Savings		
See instructions.	d	Account number 1 8 8 5	7 7 8	7 7 7			_		
	36	Amount of line 34 you want applie	ed to your 2	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This	s is the <b>amo</b>	ount you owe.					
You Owe		For details on how to pay, go to	www.irs.gov	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see instruc	ctions) .			38			
Third Party Designee		you want to allow another perstructions				_	Complete	e below.	X No
Designee		signee's		Phone			sonal ide		<u> </u>
		me		no.			nber (PIN)		
Sign		der penalties of perjury, I declare that I h ief, they are true, correct, and complete.							
Here	Yo	ur signature		Date	Your occupation		lf t	he IRS se	nt you an Identity
		N Month		3/6/2024					IN, enter it here
Joint return?		11.14			DATA ANALY		`	ee inst.)	
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupati	on	Ide		nt your spouse an ection PIN, enter it here
	Ph	one no. (609)591-3800		Email address	MANOJ.NAGARAJA	AN1993@GMAIL.	COM		
D-14	Pre		oarer's signat	ure		Date	PTIN		Check if:
Paid	VENE	VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470						70833	Self-employed
Preparer		m's name GLOBAL TAXES		678)965-9522					
Use Only		m's address 245 ROONEY C'		NSWICK N	J 08816			m's EIN	88-2145487
	<u></u>	40406 1 1 11 11 11 11 11 11			-		<u> </u>		= 1010

#### SCHEDULE D (Form 1040)

#### **Capital Gains and Losses**

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.

OMB No. 1545-0074

2023

Attachment Sequence No. **12** 

Department of the Treasury Internal Revenue Service

Name(s) shown on returnYour social security numberMANOJ NAGARAJAN338-19-0550

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 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. 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 . . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 851.) 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 30.) 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

-30.

15

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -3,697.• 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 • 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? ☐ **Yes.** Go to line 18. 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? ☐ 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

### Form **8949**

#### **Sales and Other Dispositions of Capital Assets**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 12A

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

MANOJ NAGARAJAN

Social security number or taxpayer identification number 338-19-0550

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

<ul><li>(A) Short-term transactions</li><li>(B) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas	•		•	e)
(C) Short-term transactions	not reported	to you on F	orm 1099-B		Г		
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/23	58,775.	60,895.	W	108.	-2,012.
Robinhood Crypto LLC	01/01/23	12/31/23	26,368.	26,540.			-172.
E*TRADE SECURITIES LLC	01/01/23	12/31/23	3,089.	3,448.			-359.
APEX CLEARING	01/01/23	12/31/23	21,764.	22,037.			-273.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	109,996.	112,920.		108.	-2,816.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

# **763**Page 1

# 2023 Virginia Nonresident Income Tax Return Due May 1, 2024



Enclose a comp	lete copy of your feder	ai ta	x return and all	other require	d Virginia e	enciosures	S.						
First Name		МІ	Last Name		Suffix Your Social Security Nu				umber			Check	- 1
MANOJ			NAGARAJAN	[		338-19-0550						☐ decea	ased
Spouse's First Name (Filing	Status 2 Only)	MI	Last Name		Suffix	Spouse's S	Social	Secur	ity Nun	nber		Check decea	
Present Home Address (Nu	mber and Street or Rural R	oute)				Birth Date	0	6	<b>-</b> 2	a -	1 9 9	2	
1401 BLAIR MILI	RD APT 1522				(mm	n-dd-yyyy)		0		<i>9</i>	1 9 3	, 3	
City, Town or Post Office			State	ZIP Code	Spouse's				-	-			
SILVER SPRING			MD	20910	,	n-dd-yyyy)							
State of Residence	Important - is located.	Name	e of Virginia City or	r County in which	principal plac	e of busines	ss, em	oloym	ent, or	incom	ne source	Locality Co	de
MD	FAIRFA	X						X	City (	OR [	County	600	
Check Applicable	Amended Return Reason Cod	е		Name(s) or Shown on 2	Address Di 022 VA Ret	fferent than urn	n		O\	erse/	as on Due	: Date	
Boxes	Dependent on An	othe	r's Return 「	Qualifying F	armer Fish	erman or			EIC C	laime	ed on fede	ral return	
	Bependent on 7th	Otilo	i o rtotairi [	Merchant S		orriari, or			\$			.00	
Filing Status Ente	r Filing Status Code in b	ox b	elow.		Exem	ptions Add	d Sec	tions	'	2. Er	nter the su	ım on Line	12.
1 = Single	e. Federal head of house	hold	?YES □		You	Spouse	e if						
<b>2</b> = Marrie	ed, Filing Joint Return - b			nia income	100	2 or 3	aius L 3	repend	ienis		7	Total Secti	ion 1
	ed, Spouse Has No Inco ed, Filing Separate Retu		rom Any Source	Э	1	+	+		=	1	X \$930	93	0
If Filing Status 3 or 4, en	• .		use's Social Sec	curity Number	You 6	Spouse 65 er or over	5 You Blind		oouse Blind		1	Total Sect	tion 2
box at top of form and er	iter Spouse's Name					++	+ <u> </u>	+	=		X \$800	=	
1 Adjusted Gross In	1 Adjusted Gross Income from federal return - <i>Not federal taxable income</i>								00				
2 Additions from Sc	2 Additions from Schedule 763 ADJ, Line 3.							00					
3 Add Lines 1 and	3 Add Lines 1 and 2							95735	00				
	ee instructions and the A							. You	4	4a			00
	s Age Deduction on Line						Sp	ouse	4	4b			00
5 Social Security Ac	ct and equivalent Tier 1 F	Railro	oad Retirement A	Act benefits rep	orted on yo	ur federal ı	return			5			00
6 State income tax	refund or overpayment o	redit	reported as inc	ome on your fee	deral return					6			00
7 Subtractions from	Schedule 763 ADJ, Line	e 7								7			00
•	, 5, 6, and 7									8			00
	d Gross Income (VAGI)									9		95735	00
	ons from Virginia Schedu									10			00
-	n itemized deductions or									11		8000	+
	nt. Enter the total amoun									12 _		930	00
	Schedule 763 ADJ, Line									13			00
•	, 12 and 13									14		8930	+
-	ncome computed as a re									15 _		86805	1
_	Nonresident Allocation S									16		13.4	<b>%</b>
	7 Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16)						11632	+					
								+					
19a Your Virginia inco	me tax withheld. Enclose	e For	ms W-2, W-2G,	1099, and VK-	1				19	9a		679	00
Va Dent of Taxation F	or Local Use												

2601044 Rev. 02/23

LTD

I	ı	1	l .	I	ı

#### 2023 FORM 763 Page 2

2023	FORM 763 Page 2								
Your N	lame DJ NAGARAJAN		ssn -19-0550						
19b	Spouse's Virginia income tax with			. and VK-1		19b			00
20	2023 Estimated Tax Payments								00
21	2022 overpayment credited to 202								00
22	Extension Payment - submitted us								00
23	Credit for Low-Income Individuals								00
24	Total credits from Schedule OSC.	•							00
25	Credits from Schedule CR, Sectio								00
26	Total payments and credits. Ad							670	+
								679	00
27	If Line 18 is larger than Line 26, e								+
28	If Line 26 is larger than Line 18, e							227	
29	Amount of overpayment on Line 28								00
30	Virginia529 and ABLE Contribution								00
31	Other Voluntary Contributions from		•			31			00
32	Addition to Tax, Penalty, and Inter-See instructions.					32			00
33	Sales and Use Tax is due on Interr	net, mail order, an	d out-of-state purchas	es (Consume	er's Use Tax).	33			00
0.4	See instructions.								+
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.govCheck here if paying by credit or debit card - See instructions								
36	If Line 28 is larger than Line 34, sub	otract Line 34 from	Line 28. This is the ar	mount to be <b>R</b>	EFUNDED TO YOU.	36		227	00
If the I	Direct Deposit section below is not	completed, your	refund will be issued b	y check.					
	T BANK DEPOSIT Your Ban	k Routing Transi	Number	Your Bank A	ccount Number Che	ecking	X S	Savings [	
	stic Accounts Only ernational Deposits 0 2 1	2 0 0	0 2 5	8 8 5	5 7 7 8 7 7	7			
Noni	resident Allocation Percentag	је		_	A - All Sources		B - Virg	inia Sources	3
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					00			00
6.	Capital gain or loss/capital gain dis	tributions		6	-3000	00		0	00
7.	Other gains or losses					00			00
	Taxable pensions, annuities and IR					00		1	
	Rents, royalties, partnerships, esta			_		00			00
	Farm income or loss			<u> </u>		00			00
	Other income.			11		00			00
	Interest on obligations of other stat		700 AD L Line 4	40		00			
1.3	Lumn-sum and accumulation distril		·			00		T	00
	Lump-sum and accumulation distril	butions included	on Sch. 763 ADJ, Line	e 3 13	05725	00		12050	00
14.	TOTAL - Add Lines 1 through 13 ar	butions included nd enter each col	on Sch. 763 ADJ, Line umn total here	e 3 13 14	95735			12850	00
14. 15.	·	butions included nd enter each col - Divide Line 14	on Sch. 763 ADJ, Line umn total here B, by Line 14 A. <i>Comp</i>	e 3 13 14	95735	00		12850	00
14. 15.	TOTAL - Add Lines 1 through 13 ar Nonresident allocation percentage	butions included nd enter each col - Divide Line 14 e.g., 5.4%). Enter	on Sch. 763 ADJ, Line umn total here B, by Line 14 A. <i>Comp</i> on Page 1, Line 16.	e 3 13 14 15	95735 agree to obtain my Form	00	at www.tax	13.4%	6
14. 15.	TOTAL - Add Lines 1 through 13 ar Nonresident allocation percentage percentage to one decimal place (e We) authorize the Dept. of Taxation to Ve), the undersigned, declare under penalty	butions included and enter each col - Divide Line 14 e.g., 5.4%). Enter discuss this return	on Sch. 763 ADJ, Line umn total here B, by Line 14 A. <i>Comp</i> on Page 1, Line 16 n with my (our) preparer	e 3 13 14 15 15 15	agree to obtain my Form ne best of my (our) knowledg	00 00 1099-G	rue, correct, a	13.4%	6
14. 15.	TOTAL - Add Lines 1 through 13 ar Nonresident allocation percentage percentage to one decimal place (6 We) authorize the Dept. of Taxation to	butions included and enter each col - Divide Line 14 e.g., 5.4%). Enter discuss this return	on Sch. 763 ADJ, Line umn total here B, by Line 14 A. <i>Comp</i> on Page 1, Line 16 n with my (our) preparer	2 3 13 14 15 15 15	agree to obtain my Form ne best of my (our) knowledg umber	00 00 1099-G		13.4%	6
14. 15.	TOTAL - Add Lines 1 through 13 ar Nonresident allocation percentage percentage to one decimal place (e We) authorize the Dept. of Taxation to Ve), the undersigned, declare under penalty	butions included and enter each col - Divide Line 14 e.g., 5.4%). Enter discuss this return	on Sch. 763 ADJ, Line umn total here B, by Line 14 A. <i>Comp</i> on Page 1, Line 16 n with my (our) preparer	2 3 13 14 15 15 15	agree to obtain my Form ne best of my (our) knowledg umber 591–3800	00 00 1099-G e, it is a t	rue, correct, a	13.4%	6
14. 15.	TOTAL - Add Lines 1 through 13 ar Nonresident allocation percentage percentage to one decimal place (e. We) authorize the Dept. of Taxation to Ve), the undersigned, declare under penalty ignature	butions included and enter each col - Divide Line 14 e.g., 5.4%). Enter discuss this return	on Sch. 763 ADJ, Line umn total here B, by Line 14 A. <i>Comp</i> on Page 1, Line 16 n with my (our) preparer	e 3 13 14 15 15 I return and to the Your Phone No. (609)	agree to obtain my Form ne best of my (our) knowledg umber 591–3800	1099-G e, it is a t Date	3/6/2024	13.4%	6
14. 15.  I (V Your Si	TOTAL - Add Lines 1 through 13 ar Nonresident allocation percentage percentage to one decimal place (e. We) authorize the Dept. of Taxation to Ve), the undersigned, declare under penalty ignature  D's Signature (If a joint return, both must sign)	butions included and enter each col - Divide Line 14 e.g., 5.4%). Enter discuss this return	on Sch. 763 ADJ, Line umn total here	e 3 13 14 15 15 I return and to the Your Phone No. (609)	agree to obtain my Form ne best of my (our) knowledg umber 591-3800 ne Number	00 00 1099-G e, it is a t Date	3/6/2024 er's PTIN	13.4%	6

#### 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.
Γ					⊣
338190550	W	679.	273050679	30273050679F001	12850.

Total VA Withholding SSN VA Withholding 338190550 679.

Spouse

You

Total # of W-2s,1099s & VK-1s

01

#### **PERSONAL TAX PAYMENT VOUCHER FOR FORM 502/505, ESTIMATED TAX AND EXTENSIONS**



Payment Processing PO Box 8888

Annapolis, MD 21401-8888

Print Using Blue or Black The Only. Use Only	one PV per p	аушені туре	i.
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 N	Name	
1401 BLAIR MILL RD Current Mailing Address - Line 1 (Street No. and Street Name or I	PO Box)		
1522 Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)			
SILVER SPRING City or Town	MD State	<b>20910</b> ZIP Code +4	
PAYMENT TYPE Check ONLY one box (1,2,3, or 4) for type of pay checked, also check box 1a., if first time estimates that is changed.			PAYMENT AMOUNT Amount you are paying by check or money order.
1. X Estimated Payment/Quarterly (502D)	Tax Year:	2024	365 00
1a. First time filer or change in filing sta	tus		Dollars Cents
2. Extension Payment (502E)	Tax Year:		Make your check or money order payable to
3. Payment with resident return (502)	Tax Year:		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
4. Payment with nonresident return (505)	Tax Year:		of your payment. Mail to:

COM/RAD-006

REV 02/23/24 PRO

#### **PERSONAL TAX PAYMENT VOUCHER FOR FORM 502/505, ESTIMATED TAX AND EXTENSIONS**



Payment Processing PO Box 8888

Annapolis, MD 21401-8888

Print Using Blue or Black The Only. Use Only	one PV per p	аушені туре	i.
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 N	Name	
1401 BLAIR MILL RD Current Mailing Address - Line 1 (Street No. and Street Name or I	PO Box)		
1522 Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)			
SILVER SPRING City or Town	MD State	<b>20910</b> ZIP Code +4	
PAYMENT TYPE Check ONLY one box (1,2,3, or 4) for type of pay checked, also check box 1a., if first time estimates that is changed.			PAYMENT AMOUNT Amount you are paying by check or money order.
1. X Estimated Payment/Quarterly (502D)	Tax Year:	2024	365 00
1a. First time filer or change in filing sta	tus		Dollars Cents
2. Extension Payment (502E)	Tax Year:		Make your check or money order payable to
3. Payment with resident return (502)	Tax Year:		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
4. Payment with nonresident return (505)	Tax Year:		of your payment. Mail to:

COM/RAD-006

REV 02/23/24 PRO

#### **PERSONAL TAX PAYMENT VOUCHER FOR FORM 502/505, ESTIMATED TAX AND EXTENSIONS**



Payment Processing PO Box 8888

Annapolis, MD 21401-8888

Print Using Blue or Black The Only. Use Only	one PV per p	аушені туре	i.
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 N	Name	
1401 BLAIR MILL RD Current Mailing Address - Line 1 (Street No. and Street Name or I	PO Box)		
1522 Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)			
SILVER SPRING City or Town	MD State	<b>20910</b> ZIP Code +4	
PAYMENT TYPE Check ONLY one box (1,2,3, or 4) for type of pay checked, also check box 1a., if first time estimates that is changed.			PAYMENT AMOUNT Amount you are paying by check or money order.
1. X Estimated Payment/Quarterly (502D)	Tax Year:	2024	365 00
1a. First time filer or change in filing sta	tus		Dollars Cents
2. Extension Payment (502E)	Tax Year:		Make your check or money order payable to
3. Payment with resident return (502)	Tax Year:		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
4. Payment with nonresident return (505)	Tax Year:		of your payment. Mail to:

COM/RAD-006

REV 02/23/24 PRO

#### **PERSONAL TAX PAYMENT VOUCHER FOR FORM 502/505, ESTIMATED TAX AND EXTENSIONS**



Payment Processing PO Box 8888

Annapolis, MD 21401-8888

Print Using Blue of Black Thk Only. Use Only	one PV per p	аутепт туре	•
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 N	lame	
1401 BLAIR MILL RD Current Mailing Address - Line 1 (Street No. and Street Name or I	PO Box)		
1522 Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)			
SILVER SPRING City or Town	MD State	<b>20910</b> ZIP Code +4	
PAYMENT TYPE Check ONLY one box (1,2,3, or 4) for type of pay checked, also check box 1a., if first time estimates tatus has changed.			PAYMENT AMOUNT Amount you are paying by check or money order.
1. X Estimated Payment/Quarterly (502D)	Tax Year:	2024	
1a. First time filer or change in filing sta	tus		Dollars Cents
2. Extension Payment (502E)	Tax Year:		Make your check or money order payable to
3. Payment with resident return (502)	Tax Year:		<b>Comptroller of Maryland</b> . Include on your check or money order: your social security number or individual taxpayer identification number, tax year, and tax type.
4. Payment with nonresident return (505)	Tax Year:		Failure to include this information will delay the processing of your payment. Mail to:  Comptroller of Maryland





## e-File DECLARATION FOR ELECTRONIC FILING



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.

MANOJ		NAGARAJAN	33819055	0
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 dollar	ars onl	у)		
1. Amount of overpayment to be applied to 2024	estima	ted tax	1	00
2. Amount of overpayment to be refunded to you			REFUND 2.	00
3. Total amount due (Pay in full by April 15, 2024	. See i	nstructions.)	▶3	751 00
Part II Taxpayer Declaration and Signature	Autho	rization		
Under penalties of perjury, I declare that I have of that I provided to my Electronic Return Originate agree with the amounts shown on the correspond knowledge and belief, my return is true, correct statements, be sent to the Maryland Revenue Adrisoftware provider.	or (ERC ding lir and co	D) or entered on-line and that the nes of my 2023 Maryland electro amplete. I consent that my retur	ne name(s) and amount onic income tax return. n, including accompany	s described above To the best of my ing schedules and
Your PIN: check one box only				
X I authorize GLOBAL TAXES LLC		to enter or generat	e my PIN 9 0 5 5 0	Enter five digits.  Do not enter all zeros.
ERO firm name as my signature on my tax year 2023 electroi	nically f			20103.
I will enter my PIN as my signature on my tagentering your own PIN <b>and</b> your return is filed.  Your signature				
Convenie DIN shook one box only				
Spouse's PIN: check one box only  I authorize		to enter or genera	te my DIN	Enter five digits.  Do not enter all
ERO firm name as my signature on my tax year 2023 electron	nically f	3	te my r m	zeros.
I will enter my PIN as my signature on my tax entering your own PIN <b>and</b> your return is filed		· · · · · · · · · · · · · · · · · · ·		
Spouse's signature			Date	
Prac	titione	er PIN Method Returns Only		
		·		
Part III Certification and Authentication - Pro ERO's EFIN/PIN. Enter your six-digit EFIN follow	actitio	ner PIN Method Only	2 2 2 4 9 6 6 1 9	8 9 Do not enter
ERO'S EFIN/PIN. Litter your Six-digit LFIN follow	eu by y	our live-digit self-selected Filv.		all zeros.
I certify this numeric entry is my PIN, which is my taxpayer(s). I confirm that I am submitting this re Maryland MeF Handbook for Authorized e-file Provi	turn in	are for the tax year 2023 electron accordance with the requirements	ically filed income tax re s of the Practitioner PIN	eturn for the method and the
ERO's signature			Date	
-		DO NOT I	MAIL	

#### **RESIDENT INCOME TAX RETURN**



2023

\$

	OR FISCAL YEAR BE	EGINNING	È	2023,	ENDING		-		
	338190550								
	Your Social Security No	umber	Spouse's So	cial Security Number					
<u>&gt;</u>	MANOJ								
< Only	Your First Name		MI						
× Ink	NAGARAJAN								
or Black	Your Last Name			Does your name match name on your social se card? If not, to ensure	curity you				
Blue	Spouse's First Name		MI	get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit ssa.gov.					
Print Using	Spouse's Last Name								
Prin	1401 BLAIR N	MILL R	D						
	Current Mailing Addres	s Line 1 (S	treet No. and	Street Name or PO Box)					
	1522				SILVER	SPRING	MD	20910	
1	Current Mailing Addres	s Line 2 (A	pt No., Suite	No., Floor No.)	City or Town		State	ZIP Code + 4	
E KE	Foreign Country Name					Foreign	Province/State/County		
ATTACH H ley order 1 b Form PV.	Foreign Postal Code								
Place Your W-2 wage and tax statements and ALIACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.	4 Digit Political Sul  1401 BLAT  Maryland Physical  1522	R MILI	RD	o. and Street Name) (No		ision (See Instruction	16)		
w sta 02.	Maryland Physical	Address Lir	ne 2 (Apt No.,	Suite No., Floor No.) (No	PO Box)				
your one m 5	SILVER SP	RING			MD	20910	MONTGOMER	Y	
with For	City	1			State	ZIP Code + 4	Maryland County		
	FILING STATUS	1. X		(If you can be claim			return, use Filing S	Status 6.)	
	CHECK ONE BOX ►	2. Married filing joint return or spouse had no income							
	See Instruction 1 if you are  Married filing separately, Spouse SSN ▶								
	required to file.  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		of Maryla	nd Residence (Mi	M DD YYYY)	FROM	то		
	See Instruction 26.	If you I	oegan or e <b>ARY:</b> If yo	nded legal residenc	as <b>non-Mar</b>	·		in the box	

#### **RESIDENT INCOME TAX RETURN**



**2023** Page 2

See Instruction 10   See Instruction 10   A. \$   3200   00	Name MANOJ NA	AGARAJAN SSN 338190550		
you are claiming dependents, you must attent the Dependent's Porm 502B to this form to receive the applicable exemption amount of the Check here     See Instruction 10	See Instruction 10. Check appropriate		3200	00
push attach the Dependents' Information Form S02B Lithis Information Form Information Formation Forma	you are claiming	B. ▶ 65 or over ▶ 65 or over		
Information Form 502B to this form to receive the applicable exemption amount on the applicable exemption amount of th	must attach the	▶ Blind ▶ Blind Enter number checked X \$1,000		00
Description amount   Description   State   Total Amount   Description   Desc	Form 502B to this form to receive	C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C.\$		00
HARYLAND HEALTH CARE COVERAGE  See Instruction 3.  Lauthorize the Comptrollor 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-mall address ▶  Lauthorize the Comptrollor 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-mall address ▶  Lauthorize the Comptrollor of Maryland to share information from this tax return with Maryland Leath Connection for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.  E-mall address ▶  Lauthorize the Comptrollor of Maryland to share information from this tax return with Maryland to share information from this tax return with Maryland to share information from this tax return with Maryland 15.  Adjusted gross income from your federal return.  1. Adjusted gross income 1. Adjusted gross income from your federal return.  1. Adjusted gross income 15.  2. Tax-seempt interest on state and local obligations (bonds) other than Maryland		D. Enter Total Exemptions (Add A, B and C.) ▶ 1 Total Amount D. \$	3200	00
Check here   If your spouse does not have health care coverage   DOB (mm/dd/yyyy)   Check here   If your spouse does not have health care coverage   Check here   If your spouse does not have health care coverage   Check here   If your spouse of determining pre-eligibility for no-cost or low-cost health care coverage.   Check here   If your spouse of determining pre-eligibility for no-cost or low-cost health care coverage.   If your spouse of determining pre-eligibility for no-cost or low-cost health care coverage.   If your spouse of determining pre-eligibility for no-cost or low-cost health care coverage.   If your spouse of determining pre-eligibility for no-cost or low-cost health care coverage.   If your spouse of determining pre-eligibility for no-cost or low-cost health care coverage.   If your spouse of determining pre-eligibility for no-cost or low-cost or low-cost health care coverage.   If your spouse of determining pre-eligibility for no-cost or low-cost or low-cost health care coverage.   If your spouse of determining pre-eligibility for no-cost or low-cost or low-co		Check here ▶ ☐ If you do not have health care coverage DOB (mm/dd/yyyy) ▶		
Check here		Check here ► If your spouse does not have health care coverage DOB (mm/dd/yyyy) ►		
1. Adjusted gross income from your federal return.	See Instruction 3.	Check here Maryland Health Connection for the purpose of determining pre-eligibility for no-		
1. Adjusted gloss intoline floth your leafant eturn   1. 397536   00		E-mail address		
1a.   Wages, salaries and/or tips.   1a.   97536   0.0		1 Adjusted gross income from your federal return	95735	00
1b. Earned income   1c. Capital Gain or (loss)   1c.   -3000   00	INCOME			
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 4. Lump sum distributions (from worksheet in Instruction 12.) 	See Instruction 11.			
1e. Place a "Y" in this box if the amount of your investment income is more than \$11,000 ▶  2. Tax-exempt interest on state and local obligations (bonds) other than Maryland № 2 000  3. State retirement pickup. № 3. 000  7. MARYLAND INCOME See Instruction 12. 0. Other additions (from worksheet in Instruction 12.) № 4. 000  7. Total additions (Enter code letter(s) from Instruction 12.) № 5. 000  8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 № 8. 000  9. Child and dependent care expenses. № 9. 000  FROM MARYLAND 10b. Ranger pension exclusion from worksheet (13A)		<b>1c.</b> Capital Gain or (loss) ▶ 1c.		
2. Tax-exempt interest on state and local obligations (bonds) other than Maryland		1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ▶ 1d. 00		
ADDITIONS TO MARYLAND INCOME  See Instruction 12.  6. Other additions (Enter code letter(s) from Instruction 12.)		1e. Place a "Y" in this box if the amount of your investment income is more than \$11,000 . ▶		
TO MARYLAND INCOME  See Instruction 12.  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  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  All taxpayers must select one method and check the appropriate box.  X STANDARD DEDUCTION METHOD (Enter amount on line 17.)  17a. Total federal itemized deductions (from line 17, federal Schedule A) ▶ 17a. 00  Subtract line 17b from line 17a and enter amount on line 17.		2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2.		00
Scalar   S	ADDITIONS	3. State retirement pickup		00
See Instruction 12.  5. Other additions (Enter code letter(s) from Instruction 12.)    6. Total additions (Add lines 2 through 5. See instructions.)    7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)    8. Taxable refunds, credits or offsets of state and local income taxes included in line 1    8. Taxable refunds, credits or offsets of state and local income taxes included in line 1    8. Taxable refunds, credits or offsets of state and local income taxes included in line 1    8. Taxable refunds, credits or offsets of state and local income taxes included in line 1    8. Taxable refunds, credits or offsets of state and local income taxes included in line 1    8. Taxable refunds, credits or offsets of state and local income taxes included in line 1    8. Taxable refunds, credits or offsets of state and local income taxes included in line 1    8. Taxable refunds, credits or offsets of state and local income taxes included in line 1    8. Taxable refunds, credits or offsets of state and local income taxes included in line 1    8. Taxable refunds, credits or offsets of state and local income taxes included in line 1    8. Taxable refunds, credits or offsets of state and local income taxes included in line 1    8. Taxable refunds, credits or offsets of state and local income taxes included in line 1    8. Taxable refunds, credits or offsets of state and local income taxes included in line 1    8. Taxable refunds, credits or offsets of state and local income taxes (See Instruction 2.)    9. Debugger    9. Child and dependent care expenses    9. 00  8. Taxable refunds, credits or offsets of state and local income taxes (See Instruction 12.)    9. Debugger    10. Taxable refunds, credits or offsets of state and local income taxes (See Instruction 14.)    10. Taxable scale refunds, credits or offsets of state and local income taxes (See Instruction 14.)    10. Taxable refunds, credits or offsets or		4. Lump sum distributions (from worksheet in Instruction 12.) ▶ 4		00
6. Total additions (Add lines 2 through 5. See instructions.)		5. Other additions (Enter code letter(s) from Instruction 12.) ▶ 5.		00
8. Taxable refunds, credits or offsets of state and local income taxes included in line 1	See instruction 12.	6. Total additions (Add lines 2 through 5. See instructions.)		00
SUBTRACTIONS FROM 10a. Pension exclusion from worksheet (13A)		7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	95735	
FROM MARYLAND INCOME  See Instruction 13.  10a. Pension exclusion from worksheet (13A) Yourself ▶ Spouse ▶ 10a		8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 ▶ 8		
MARYLAND INCOME  10b. Ranger pension exclusion from worksheet (13E) . Yourself ▶ Spouse ▶ 10b.  11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 . ▶ 11.  12. Income received during period of nonresidence (See Instruction 26.) . ▶ 12.  13. Subtractions from attached Form 502SU ▶ 13.  14. Two-income subtraction from worksheet in Instruction 13 ▶ 14.  15. Total subtractions (Add lines 8 through 14. See instructions.) . ▶ 15.  16. Maryland adjusted gross income (Subtract line 15 from line 7.)	SUBTRACTIONS	9. Child and dependent care expenses		
INCOME  11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1				
See Instruction 13.  12. Income received during period of nonresidence (See Instruction 26.)    13. Subtractions from attached Form 502SU    14. Two-income subtraction from worksheet in Instruction 13    15. Total subtractions (Add lines 8 through 14. See instructions.)    16. Maryland adjusted gross income (Subtract line 15 from line 7.)    17. Total subtraction (Subtract line 15 from line 7.)    18. Maryland adjusted gross income (Subtract line 15 from line 7.)    19. Total subtractions (Add lines 8 through 14. See instructions.)    19. Total subtractions (Add lines 8 through 14. See instructions.)    10. Maryland adjusted gross income (Subtract line 15 from line 7.)    10. STANDARD DEDUCTION METHOD (Enter amount on line 17.)    11. Total federal itemized deductions (from line 17a and 17b.)    117a. Total federal itemized deductions (from line 17, federal Schedule A)    117b. State and local income taxes (See Instruction 14.)    117b. State and local income taxes (See Instruction 14.)    117c. Total federal itemized deductions (from line 17.)    117b. State and local income taxes (See Instruction 14.)    117c. Total federal itemized deductions (from line 17.)    117c. Total federal itemized deductio				
13. Subtractions from attached Form 502SU				
14. Two-income subtraction from worksheet in Instruction 13.	See mistraction 13.			
15. Total subtractions (Add lines 8 through 14. See instructions.). ▶ 15.				
16. Maryland adjusted gross income (Subtract line 15 from line 7.)				
All taxpayers must select one method and check the appropriate box.  X 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.)				
DEDUCTION METHOD  See Instruction 16.  X 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) . ▶ 17a00  17b. State and local income taxes (See Instruction 14.) ▶ 17b00  Subtract line 17b from line 17a and enter amount on line 17.				00
METHOD  See Instruction 16.  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.		v		
See Instruction 16.  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.				
17b. State and local income taxes (See Instruction 14.) ▶ 17b 00  Subtract line 17b from line 17a and enter amount on line 17.			00	
Subtract line 17b from line 17a and enter amount on line 17.	See instruction 16.		00	
2550		, , , , , , , , , , , , , , , , , , , ,	_	
			2550	0.0
<b>18.</b> Net income (Subtract line 17 from line 16.)			93185	
19. Exemption amount from Exemptions area (See Instruction 10.)		<u> </u>	3200	
<b>20.</b> Taxable net income (Subtract line 19 from line 18.)		20. Taxable net income (Subtract line 19 from line 18.)	89985	00

#### **RESIDENT INCOME TAX RETURN**



2023 Page 3

	<u>AJAN</u>	Name MANOJ NAG
4221	Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	:
	a. Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR) 21a.	MARYLAND 3
	Earned income credit (EIC) (See Instruction 18.)	AX :
	Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.	OMPUTATION
	Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.	
	Poverty level credit (See Instruction 18.)	
	Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24.	
dits on Form 500	Business tax credits You must file this form electronically to claim business tax cre	
	Total credits (Add lines 22 through 25.)	
4221	Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27.	
	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	
2880	your local tax rate .0 0320 or use the Local Tax Worksheet	OMPUTATION
	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29.	
	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.	
	Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	
	Total credits (Add lines 29 through 31.)	
2000	Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	
7101	Total Maryland and local tax (Add lines 27 and 33.)	
00	Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35.	
00	Contribution to Developmental Disabilities Services and Support Fund ▶ 36.	ONTRIBUTIONS
00	Contribution to Maryland Cancer Fund	
00	Contribution to Fair Campaign Financing Fund ▶ 38	
7101	Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39.	
	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms	
6352	and attach if MD tax is withheld.)▶ 40. —	
	2023 estimated tax payments, amount applied from 2022 return, payment made	4
	with an extension request, and Form MW506NRS ▶ 41. —	
	Refundable earned income credit (from worksheet in Instruction 21) ▶ 42	4
	Refundable income tax credits from Part CC, line 10 of Form 502CR	4
	(Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) 43. —	
6352	Total payments and credits (Add lines 40 through 43.)	4
	Balance due (If line 39 is more than line 44, subtract line 44 from line 39.	4
749	See Instruction 22.)	
	Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)	4
	Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX	4
	Amount of overpayment TO BE REFUNDED TO YOU	EFUND '
	(Subtract line 47 from line 46.) See line 51	
	Check here X if you are attaching Form 502UP. Enter interest charges from line 18,	
2	2 or for late filing or homebuyer withdrawal penalty \ \ \ \ 49	
	TOTAL AMOUNT DUE (Add lines 45 and 49.)	MOUNT DUE
751	IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV ▶ 50.	

#### RESIDENT INCOME TAX RETURN



2023 Page 4

Name MANOJ NAGARAJAN

SSN 338190550

DIRECT DEPOSIT OF REFUND (See Instruare requesting direct deposit of your refund,						
are requesting direct deposit or your rerund,	, complete the follo	owing. To split your birect beposit, use	FUIII 500.			
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) ▶						
<b>51c.</b> Account Number ▶						
51d. Name(s) as it appears on the bank acc	count					
6095913800						
Daytime telephone no. Home teleph	none no.	COD	DE NUMBERS (3 digits per line)			
	if you agree to rec have examined thi ue, correct and cor	ceive your 1099G Income Tax Refund states is return, including accompanying schedules mplete. If prepared by a person other than	s and statements and to			
Your signature	Date	Spouse's signature	Date			
GLOBAL TAXES LLC		245 ROONEY CT				
Printed name of the Preparer / or Firm's name		Street address of preparer or Firm's address				
VENKATA SAI PAVAN KUMAR DUDIPA	ALLI	E BRUNSWICK NJ 08816				
Signature of preparer other than taxpayer (Required by	y Law)	City, State, ZIP Code + 4				
For returns filed without payments, m completed return to:	nail your	6789659522 P024 Telephone number of preparer	70833			

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

**338190550** 

Social Security Number



MANOJ

First Name

# UNDERPAYMENT OF ESTIMATED INCOME TAX BY INDIVIDUALS



23502U013

ATTACH THIS FORM TO FORM 502, 505 or 515.

IMPORTANT: REVIEW THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

MI

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

NAGARAJAN

Last Name

pouse's First Name MI Spouse's Last Name Spouse's Social Security Number									
EXCEPTIONS WHICH AVOID THE UNDERPAY	•								
No interest is due and this form should not									
<b>A.</b> The tax liability on gross income after deduc		oldina is \$500 or less	. or.						
<b>B.</b> You have made four quarterly payments as		•		of last vear's taxes.					
COMPUTATION OF UNDERPAYMENT - LINES									
<b>1.</b> Total Maryland income (from line 16 of Form 502 or line 8 of Form 505NR)									
3. Refundable earned income credit (from line									
4. Refundable income tax credits									
(from line 43 of Form 502 or line 46 of Fo	rm 505)	4.	00						
5. Total tax developed on tax preference item	ns	5.	0 0						
6. Total (Add lines 3, 4 and 5.)			6.	0.0					
7. Balance (Subtract line 6 from line 2.)			<b>7.</b>	7101 00					
8. Multiply line 7 by 90% (.90)			<b>8.</b>	6391 00					
9. a. 2022 tax: Enter line 34 of 2022 Form	502								
or line 37 of 2022 Form 505 (see Instr	ructions)		9a.	6443 00					
<b>b.</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					
,									
	1st Period	2nd Period	3rd Period	4th Period					
DUE DATES OF INSTALLMENTS	April 15, 2023	June 15, 2023	Sept 15, 2023	Jan 15, 2024					
INSTALLMENT PERIODS	Jan 1 to Mar 31	Jan 1 to May 31	Jan 1 to Aug 31	1 Jan 1 to Dec 31					
11. Divide total Maryland income on line 1 into									
earnings per period (See instructions.)11.	23934 00	47868 00	71801	95735 00					
<b>12.</b> Divide earnings per period on line 11 by									
the amount on line 1 to									
determine the percent per period.	05.00	<b>50.00</b>	== 00	100.00					
If less than zero, enter zero12.	25.00	50.00	75.00	100.00					
13. Payments required. Multiply the amount									
on line 10 by the percent on line 12 for	1505 00	0105 00	4500	00					
each period	<u> 1597</u> 00	3195 00	4793	00 6391 00					
14. Estimated tax paid and tax withheld	1500 00	2176 00	4564	00 6350 0					
per period (See instructions.) 14.	1588 00	3176 00	4764	00 6352 00					
15. Underpayment per period (line 13 less	9 00	10 00	0.0	00 39 00					
line 14) If less than zero, enter zero 15.	9 00	19 00	29	00 39 00					
COMPUTATION OF INTEREST				7					
<b>16.</b> Interest factor	0.0150	0.0227	0.0305	0.0249					
Multiply underpayment on line 15 by the	0 00	0 00	1	00 1 00					
factor on line 16 for each period <b>17.</b>	0 00	0 00	1	00 1 00					
<b>18.</b> 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				2 00					
amount in your total payment with return			18.	2 00					

#### **PERSONAL TAX PAYMENT VOUCHER FOR FORM 502/505, ESTIMATED TAX AND EXTENSIONS**



Payment Processing PO Box 8888

Annapolis, MD 21401-8888

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

Time osing blue of bluek link only, ose only	one i v pei p	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	<b>20910</b> ZIP Code +4	
PAYMENT TYPE Check ONLY one box (1,2,3, or 4) for type of parchecked, also check box 1a., if first time estimates tatus has changed.			PAYMENT AMOUNT Amount you are paying by check or money order.
1. Estimated Payment/Quarterly (502D)	Tax Year:		751 00
1a. First time filer or change in filing sta	itus		<b>751 00</b> Dollars Cents
2. Extension Payment (502E)	Tax Year:		Make your check or money order payable to
3. X Payment with resident return (502)	Tax Year:	5053	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
4. Payment with nonresident return (505)	Tax Year:		of your payment. Mail to:  Comptroller of Maryland