



23PTPV013

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

689624468

Your Social Security Number

DO NOT MAIL

184475406

If Joint Return, Spouse's Social Security Number

VENKATA

Your First Name

MI

DACHEPALLI

Your Last name

NAGA DEVI PRIYA

If Joint Return, Spouse's First Name

NEELA

Spouse's Last Name

9515 MARY GENEVA LN

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

F-FILE ONLY

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

OWINGS MILLS

City or Town

MD

State

21117

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.

373 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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Payment Processing
PO Box 8888
Annapolis, MD 21401-8888

DO NOT MAIL



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.

VENKATA DACHEPALLI 689624468
First Name Last Name SSN/Taxpayer Identification Number
NAGA DEVI PRIYA NEELA 184475406
Spouse's First Name 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. 00
2. Amount of overpayment to be refunded to you REFUND 2. 528 00
3. Total amount due (Pay in full by April 15, 2024. See instructions.) 3. 00

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2023 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 2 4 4 6 8 as my signature on my tax year 2023 electronically filed income tax return.

Enter five digits. Do not enter all zeros.

[] I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 7 5 4 0 6 as my signature on my tax year 2022 electronically filed income tax return.

Enter five digits. Do not enter all zeros.

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

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1

Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2023 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 01292024





235020013

\$

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

689624468 184475406
Your Social Security Number Spouse's Social Security Number

VENKATA
Your First Name MI

DACHEPALLI
Your Last Name

NAGA DEVI PRIYA
Spouse's First Name MI

NEELA
Spouse's Last Name

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit ssa.gov.

9515 MARY GENEVA LN
Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

OWINGS MILLS MD 21117
Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

REQUIRED: Maryland Physical address of taxing area as of December 31, 2023 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

0300 BALTIMORE COUNTY
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

9515 MARY GENEVA LN
Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

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

OWINGS MILLS MD 21117 BALTIMORE COUNTY
City State ZIP Code + 4 Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)
- 2. Married filing joint return or spouse had no income
- 3. Married filing separately, Spouse SSN ▶ _____
- 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 VENKATA DACHEPALLI & NAGA DEVI PRIYA NEELA SSN 689624468

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. [X] Yourself [X] Spouse Enter number checked 2 See Instruction 10 A. \$ 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 1 See Instruction 10 C. \$ 00
D. Enter Total Exemptions (Add A, B and C.) 3 Total Amount. D. \$ 0 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. 257986 00
1a. Wages, salaries and/or tips 1a. 260986 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. F 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. 257986 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. 3000 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. 1200 00
15. Total subtractions (Add lines 8 through 14. See instructions.) 15. 4200 00
16. Maryland adjusted gross income (Subtract line 15 from line 7.) 16. 253786 00

DEDUCTION METHOD

See Instruction 16.

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.) 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. 5150 00

18. Net income (Subtract line 17 from line 16.) 18. 248636 00
19. Exemption amount from Exemptions area (See Instruction 10.) 19. 0 00
20. Taxable net income (Subtract line 19 from line 18.) 20. 248636 00



235020213

Name VENKATA DACHEPALI & NAGA DEVI PRIYA NEELA SSN 689624468

Table with columns for tax computation categories (Maryland Tax, Local Tax, Contributions, Refund, Amount Due) and line items (21-50) with corresponding amounts and descriptions.

DO NOT MAIL

FILE ONLY

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235020313

Name VENKATA DACHEPALLI & NAGA DEVI PRIYA NEELA SSN 689624468

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.

DO NOT MAIL

51a. Type of account: ▶ Checking Savings 51b. Routing Number (9-digits) ▶ 083000137

51c. Account Number ▶ 799550533

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

▶ 6094011530 Daytime telephone no. _____ Home telephone no. _____ CODE NUMBERS (3 digits per line)

Check here if you authorize your preparer to discuss this return with us. Check here ▶ if you authorize your paid preparer not to file electronically. Check here ▶ if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature _____ Date _____

GLOBAL TAXES LLC
Printed name of the Preparer / or Firm's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Signature of preparer other than taxpayer (Required by Law)

Spouse's signature _____ Date _____

245 ROONEY CT
Street address of preparer or Firm's address

E BRUNSWICK NJ 08816
City, State, ZIP Code + 4

E-FILE ONLY

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

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

6789659522 Telephone number of preparer ▶ P02082703 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 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

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23502B013

689624468 Your Social Security Number

184475406 Spouse's Social Security Number

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DACHEPALLI Your Last Name

NAGA DEVI PRIYA MI Spouse's First Name

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Summary

- 1. Enter the total number checked below for Regular dependents (4) ... 1
2. Enter the total number checked below for dependents 65 or over (5) ... 2
3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) ... 3

Dependents (If a dependent listed below is age 65 or over, check both 4 and 5.)

Form for dependent 1: YASWANTH NAGA VEN DACHEPALLI, SON, Regular checked, 792014480, 792014480, 792014480, 792014480, 792014480

Form for dependent 2: Blank fields

Form for dependent 3: Blank fields

Form for dependent 4: Blank fields

Form for dependent 5: Blank fields

Form for dependent 6: Blank fields

DO NOT MAIL