## 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

Submission Identification Number (SID)		•
Taxpayer's name	Social securit	y number
DEEPAK KUMAR BAUG	683-14-	-5682
Spouse's name	Spouse's soc	ial security number
CELIA BAUG	987-98-	-0356
Part I Tax Return Information — Tax Year Ending December 31,	2023 (Enter year you a	re authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		<b>1</b> 154,707.
<b>2</b> Total tax		2 18,540.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 34,205.
4 Amount you want refunded to you		<b>4</b> 15,665.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure	you get and keep a copy	y of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amoun return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt for any delay in processing the return or refund, and (c) the date of any refund. If applicable, Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institt payment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Apayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment business days prior to the payment (settlement) date. I also authorize the financial institution taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for the income tax return (origina Electronic Funds Withdrawal Consent.	e provider, transmitter, or electron or reason for rejection of the transmitter authorize the U.S. Treasury aution account indicated in the tafinancial institution to debit the agent to terminate the authorization cancellation requests must be sinvolved in the processing of a related to the payment. I furt	anic return originator (ERO) ansmission, <b>(b)</b> the reason of its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) as received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
	ter or generate my PIN $\frac{4}{2}$	5 6 8 2 as my
signature on the income tax return (original or amended) I am now authorize	Ent dor	er five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or al if you are entering your own PIN and your return is filed using the Practit below.		
Your signature ►	Date ▶	
Spouse's PIN: check one box only		
	ter or generate my PIN 8	0 3 5 6 as my
ERO firm name		0 3 5 6 as my
signature on the income tax return (original or amended) I am now authorize		't enter all zeros
I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN <b>and</b> your return is filed using the Practit below.	mended) I am now authorizir	
Spouse's signature ▶	Date ►	
Practitioner PIN Method Returns Only—c	ontinue below	
Part III Certification and Authentication — Practitioner PIN Method	Only	
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected		6 0 8 2 7 1 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic indicated to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-	n that I am submitting this retu	rn in accordance with the
ERO's signature ▶	Date ►	
ERO Must Retain This Form — See Ir		

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

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

2023

IRS Use Only-Do not write or staple in this space.

For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	See se	eparate instructions.
Your first name	and m	iddle initial	Last na	ame				Your so	ocial security number
DEEPAK I	KUMAI	R	BAUC	3				683	14   5682
-		s first name and middle initial	Last na						s social security number
CELIA			BAUC	3				987	98   0356
	(numbe	er and street). If you have a P.O. box, see					Apt. no.	Preside	ential Election Campaig
13808 TI	RIBU'	TE PKWY						Check	here if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	State		ZIP code		e if filing jointly, want \$3
CLARKSBU	JRG				MD		20871	1 0	o this fund. Checking a low will not change
Foreign country	y name			Foreign province/state/	county		Foreign postal code		x or refund.
									You Spous
Filing Status	s [	Single			☐ Hea	ad of ho	ousehold (HOH)	•	
Check only		Married filing jointly (even if only o	ne had	income)					
one box.		Married filing separately (MFS)			☐ Qua	alifying	surviving spouse	e (QSS)	
	lf y	ou checked the MFS box, enter the	name	of your spouse. If yo	u checked th	ne HOH	or QSS box, en	ter the ch	ild's name if the
	qu	alifying person is a child but not you	ur depei	ndent:					
Digital	Δt ar	ny time during 2023, did you: (a) rec	aiva (as	a reward award or	navment for	nroner	rty or services).	or (b) sell	
Digital Assets		nange, or otherwise dispose of a dig	,				•	. , .	☐ Yes 🗵 No
Standard		neone can claim:  You as a de		_ <u>`</u>			, (	/	
Deduction		Spouse itemizes on a separate retur	•	•					
		·		_					
	-	: Were born before January 2, 1	959 [	Are blind Spe	ouse: U V	as bor	n before January		☐ Is blind
Dependent	•	•		(2) Social security		lationshi	Ψ		lifies for (see instructions)
If more	(1) F	irst name Last name		number	to	you	Child tax	credit	Credit for other dependent
than four									
dependents, see instruction	s						<u> </u>		
and check	, —						<u> </u>		
here L									
Income	1a	Total amount from Form(s) W-2, b	•	•				. 18	-
Attach Form(s)	b	Household employee wages not re	•	` ,				. 1k	
W-2 here. Also	С.	Tip income not reported on line 1a	•	•				. 10	
attach Forms W-2G and	d	Medicaid waiver payments not rep		., .	instructions)			. 10	
1099-R if tax	e	Taxable dependent care benefits		•				. 16	
was withheld.	f	Employer-provided adoption bene		•				. 11	
If you did not get a Form	g	Wages from Form 8919, line 6 .						. 10	_
W-2, see	h :	Other earned income (see instruct	,				· · · · ·	. 11	1 0.
instructions.	<u> </u>	Nontaxable combat pay election (	see inst	ructions)		1i			170,321.
	<u>z</u>	Add lines 1a through 1h		· · · · · i				. 12	
Attach Sch. B if required.	2a	· -	2a 3a	223.	<ul><li>b Taxable i</li><li>b Ordinary</li></ul>			. 2h	000
	<u>3a</u> 4a		4a		<b>b</b> Taxable			. 4t	
Standard	-та 5а		5a		<b>b</b> Taxable a			. 5k	
Deduction for— Single or	6a		6a		<b>b</b> Taxable a			. 6k	
Married filing	C	If you elect to use the lump-sum e		method check here					
separately, \$13,850	7	Capital gain or (loss). Attach Sche		·	•	,			
Married filing	8	Additional income from Schedule			· ·			. 8	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9	
surviving spouse, \$27,700	10	Adjustments to income from Sche		•				. 10	
Head of household,	11	Subtract line 10 from line 9. This is	-					11	
\$20,800	12	Standard deduction or itemized	-					. 12	
If you checked any box under	13	Qualified business income deduct		•	•			. 13	
Standard Deduction,	14							. 14	
see instructions.	15	Subtract line 14 from line 11. If zer			 .our tavable	incom		1/1	

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		. 16	18,540.
Credits	17	Amount from Schedule 2, lir	ne 3				<del>-</del>	. 17	
	18	Add lines 16 and 17						. 18	18,540.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lir	ne 8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				. 22	18,540.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is	your total tax					. 24	18,540.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	34,20	5.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						. 25d	34,205.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return			. 26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credi	ts .	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 33	34,205.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpa</b>	id .	. 34	15,665.
	35a	Amount of line 34 you want			3 is attached, che	ck here	[	35a	15,665.
Direct deposit?	b	Routing number 1 2 1				] Checking [	Savin	gs	
See instructions.	d	Account number 3 2 5	0 2 1 0	4 3 3 6	5   5				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe					
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions			. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions				$\square$ Yes	. Comple	te below.	<b>⋉</b> No
		signee's		Phone no.			ersonal id umber (Pl	entification	
0:	na	der penalties of perjury, I declare t		of my knowledge and					
Sign		lief, they are true, correct, and com							, ,
Here	Υo	ur signature		Date	Your occupation		L	f the IRS se	nt vou an Identity
	10	ar signature		Date	Tour occupation				IN, enter it here
Joint return?	turn?				SOFTWARE 1	ENGINEER	(	see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupat	ion			nt your spouse an
your records.				THOUSE MAKED				dentity Prot see inst.)	ection PIN, enter it here
•		(560)500 004	0	Farall address	HOME MAKE				
-		one no. (562)500-804 eparer's name	Preparer's signat	Email address	DEEPAK305	4@GMAIL.C Date	OM PTIN		Check if:
Paid		·	1 .		CIIDMA MATTAN				Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM	1	KAM SAGAR	GUPIA TALLAM	02/01/202		082703	
Use Only		m's name GLOBAL TA							(678)965-9522
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's							irm's EIN	84-3171965

#### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

Department of the Treasury Inter

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

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. <b>01</b>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	ial security numbe
DEEPAK KUMAR &	CELIA BAUG	683-14	-5682
Part I Addition	onal Income		

ı aı	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
<b>2</b> a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ich Schedule E .	5	-15,837.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	<u>)</u>	
b	Gambling	8b		
C	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	<u>)</u>	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
_	1040, line 1a or 1d	8s (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
_	Tatal atherisa and Add Sana Oa thuasanh Oa	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter	nere and on Form		15 025
	1040, 1040-SR, or 1040-NR, line 8	<u> </u>	10	-15,837.

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	,	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g		24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	·				

#### **SCHEDULE E** (Form 1040)

### **Supplemental Income and Loss**

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

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

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

OMB No. 1545-0074

DEEI	PAK KUMAR & CELIA BAUG						683-1	4-5682		
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			<b>C</b> . See	instru	ctions. If you are	e an ind	ividual, rep	ort farm	
Α	Did you make any payments in 2023 that would require you	payments in 2023 that would require you to file Form(s) 1099? See instructions .								_
В	f "Yes," did you or will you file required Form(s) 1099?							. 🗌 Ye	es 🗌 No	
1a	Physical address of each property (street, city, state, ZII									
Α	IN									Т
В										
С										
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair	rental a	and		Fa	ir Rental Days		nal Use ays	QJV	
Α	personal use days. Check the Q			Α		365		0		
В	if you meet the requirements to find qualified joint venture. See instru			В						
С	quantica joint venture. Occ mone	actionis.		С						
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (describ				
		L				Propertie	s:			_
Incor				Α		В			С	_
3	Rents received	3		7	00.					_
_ 4	Royalties received	4								_
_	nses:	_								
5	Advertising	5								_
6	Auto and travel (see instructions)	6		1 1	20					_
7	Cleaning and maintenance	7		1,4	28.					_
8	Commissions	8								_
9	Insurance	9								_
10	Legal and other professional fees	10		1 0	4.77					_
11	Management fees	11		1,2	47.					_
12	Mortgage interest paid to banks, etc. (see instructions)	12								_
13	Other interest	13		2 4	0.5					_
14	Repairs	14		2,5	85.					_
15 16	Supplies	16		۷,5	34.					_
17	Taxes	17		1 0	79.					_
18	Depreciation expense or depletion	18			66.					_
19	Other (list)	19		۷, ۶	00.					_
20	Total expenses. Add lines 5 through 19	20		16,5	37					_
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		±0,3	<i>J</i> / •					_
21	result is a (loss), see instructions to find out if you must file <b>Form 6198</b>	21		-15,8	37.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22 (		15,83	37.)	(		)(		_)
<b>23</b> a	Total of all amounts reported on line 3 for all rental prope	erties			23a		700.			
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d	2,	966.			
е	Total of all amounts reported on line 20 for all properties				23e	16,	537.			
24	Income. Add positive amounts shown on line 21. Do not	<b>t</b> includ	e any lo	sses			24			
25	Losses. Add royalty losses from line 21 and rental real estat	e losses	s from lin	e 22. E	nter to	tal losses here	25	(	15,837.	)
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this at						26		-15.837	

## Form **4562**

Department of the Treasury Internal Revenue Service **Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

2023 Attachment Sequence No. 179

OMB No. 1545-0172

Name(s) shown on return Business or activity to which this form relates Identifying number DEEPAK KUMAR & CELIA BAUG Sch E Schedule E, Page 1, Copy 1, Property A 683-14-5682 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . . . . . . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . . . . . . . . . . . . . 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . . . . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 . . . . . . . . . . . . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 . . . . . . . . 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 85,122. 2,966. S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 . 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 2,966. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

## e-File DECLARATION FOR ELECTRONIC FILING

231010013

2023

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

-Y-		
E DEEPAK KUMAR	BAUG	683145682
b o	MI Last Name  BAUG	SSN/Taxpayer Identification Number 987980356
Spouse's First Name	MI Spouse's Last Name	SSN/Taxpayer Identification Number
Part I Tax Return Information	(whole dollars only)	
1. Amount of overpayment to be app	lied to 2024 estimated tax	00
2. Amount of overpayment to be refu	unded to you	<b>REFUND</b> 2. 1809 00
3. Total amount due (Pay in full by A	pril 15, 2024. See instructions.)	
Part II Taxpayer Declaration and	d Signature Authorization	
that I provided to my Electronic Ret agree with the amounts shown on the knowledge and belief, my return is t	that I have compared the information contained turn Originator (ERO) or entered on-line and that the corresponding lines of my 2023 Maryland electrue, correct and complete. I consent that my receive Revenue Administration Division by my Electronic	t the name(s) and amounts described above ctronic income tax return. To the best of my cturn, including accompanying schedules and
Your PIN: check one box only		Enter five digits.
X I authorize GLOBAL TAXES I	LLC to enter or gene	erate my PIN 4 5 6 8 2   Enter nive digits. Do not enter all zeros.
	2023 electronically filed income tax return.	20103.
	ure on my tax year 2023 electronically filed income return is filed using the Practitioner PIN method. T	
Your signature		Date
Spouse's PIN: check one box only		
X I authorize GLOBAL TAXES		erate my PIN 8 0 3 5 6 Enter five digits. Do not enter all zeros.
	2023 electronically filed income tax return.	20.001
I will enter my PIN as my signate entering your own PIN <b>and</b> your	ure on my tax year 2022 electronically filed income return is filed using the Practitioner PIN method. T	e tax return. Check this box <b>only</b> if you are The ERO must complete Part III below.
Spouse's signature		Date
	Practitioner PIN Method Returns Only	
Part III Certification and Authors	ication - Practitioner PIN Method Only	
	it EFIN followed by your five-digit self-selected PIN	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	which is my signature for the tax year 2023 electronitting this return in accordance with the requirement ed e-file Providers.	
ERO's signature	DO NO'	Date 02012024

MARYLAND **FORM** 502

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



2023

\$

	OR FISCAL YEAR BE	EGINNING	2023,	ENDING					
or Black Ink Only	683145682 Your Social Security Nu DEEPAK KUMAR Your First Name BAUG Your Last Name CELIA		Does your name matc name on your social s card? If not, to ensure	ecurity	Т	V	1A		
Print Using Blue c	Spouse's First Name BAUG Spouse's Last Name 13808 TRIBUT	MI TE PKWY s Line 1 (Street No. and S	get credit for your per exemptions, contact \$ 1-800-772-1213 or visit ssa.gov.	rsonal SSA at	IIRG		MD	20871	
1	Current Mailing Address	s Line 2 (Apt No., Suite N	o., Floor No.)	City or Town	orco		State	ZIP Code + 4	
nd ATTACH HERE Ioney order to to Form PV.	Foreign Country Name Foreign Postal Code					Foreign Prov	ince/State/County	/	
Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.	REQUIRED: M taxpayers. See 1600 4 Digit Political Sut 13808 TRII Maryland Physical A	aryland Physical ac Instruction 6. Pa odivision Code (See Instru BUTE PKWY Address Line 1 (Street No Address Line 2 (Apt No., S	MONT  iction 6) Maryland  and Street Name) (N	ts see Instru GOMERY d Political Subdivis	ction 26	struction 6)	ast day of the	taxable year	for fiscal year
your h one orm 5	CLARKSBURG	G		MD_ State	20871 ZIP Code		MONTGOMER  Maryland County	Y	
	FILING STATUS CHECK ONE BOX  See Instruction 1 if you are required to file.	<ol> <li>X Married</li> <li>Married</li> <li>Head of</li> <li>Qualifying</li> </ol>	f you can be clair filling joint return filling separately, household ng surviving spouent taxpayer (Enternal fills)	med on another or spouse had Spouse SSN se with depen	er person I no incor  dent child	's tax retui	n, use Filing S		
	PART-YEAR RESIDENT See Instruction 26.	Other state of resi If you began or en MILITARY: If you Enter Military Inc	dence: ded legal residen or your spouse h	ce in Maryland nas <b>non-Mary</b>	d in 2023	place a P	in the box		I

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



**2023** Page 2

Name DEEPAK K	CUMAR & CELIA BAUG SSN 683145682		
EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming	A. X Yourself X Spouse Enter number checked 2 See Instruction 10 A. \$  B. 65 or over 65 or over	3200	00
dependents, you must attach the	Blind ▶ Blind Enter number checked X \$1,000 B. \$		00
Dependents' Information Form 502B to this form to receive	C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C.\$		00
the applicable exemption amount	D. Enter Total Exemptions (Add A, B and C.)	3200	00
MARYLAND HEALTH CARE	Check here ► If you do not have health care coverage DOB (mm/dd/yyyy) ►		
COVERAGE	Check here ► If your spouse does not have health care coverage DOB (mm/dd/yyyy) ►		
See Instruction 3.	Check here I authorize the Comptroller of Maryland to share information from this tax return Maryland Health Connection for the purpose of determining pre-eligibility for no low-cost health care coverage.		
	E-mail address		
	Adjusted gross income from your federal return      1. Adjusted gross income from your federal return	154707	00
INCOME	1a. Wages, salaries and/or tips       ▶ 1a.       170321 00		
See Instruction 11.	<b>1b</b> . Earned <b>income</b>		
	1c. Capital Gain or (loss)		
	1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.)   ▶ 1d.		
	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.		00
ADDITIONS	3. State retirement pickup	<i>y</i>	00
TO MARYLAND INCOME	4. Lump sum distributions (from worksheet in Instruction 12.)		00
See Instruction 12.	5. Other additions (Enter code letter(s) from Instruction 12.)	F	00
oce mon denom 12.	6. Total additions (Add lines 2 through 5. See instructions.)	154505	00
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	154707	00
	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 ▶ 8.		00
SUBTRACTIONS	9. Child and dependent care expenses		00
FROM			00
MARYLAND INCOME			00
See Instruction 13.	<b>11.</b> Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11.		00
oco men denen rei	<ul><li>12. Income received during period of nonresidence (See Instruction 26.) ▶ 12.</li><li>13. Subtractions from attached Form 502SU</li></ul>		00
	<b>14.</b> Two-income subtraction from worksheet in Instruction 13		00
	<b>15.</b> Total subtractions (Add lines 8 through 14. See instructions.)		00
	<b>16.</b> Maryland adjusted gross income (Subtract line 15 from line 7.)	154707	00
	All taxpayers must select one method and check the appropriate box.		
DEDUCTION	X STANDARD DEDUCTION METHOD (Enter amount on line 17.)		
DEDUCTION METHOD	► ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)		
See Instruction 16.	17a. Total federal itemized deductions (from line 17, federal Schedule A) . ▶ 17a.	00	
occ man action 10.	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 (I and m).) ▶ 17.	5150	00
	18. Net income (Subtract line 17 from line 16.)	149557	00
	19. Exemption amount from Exemptions area (See Instruction 10.)	3200	00
	20. Taxable net income (Subtract line 19 from line 18.)	146357	00

#### MARYLAND FORM **502**

## RESIDENT INCOME TAX RETURN



235020213

**2023** Page 3

NameDEEPAK K	CUMA	R & CELIA BAUG SSN 683145682		
	21.	Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	6899	00
MARYLAND	21a	a. Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR) 21a.		00
TAX	22.	Earned income credit (EIC) (See Instruction 18.)		00
COMPUTATION		Check this box if you are claiming the Maryland Earned Income Credit,		
		but do not qualify for the federal Earned Income Credit.		
		Check this box if you are claiming the Maryland Earned Income Credit		
		with a qualifying child.		00
		Poverty level credit (See Instruction 18.)		00
	24.	Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24.		00
	25.	Business tax credits You must file this form electronically to claim business tax cr	edits on Form 500	
	26.	Total credits (Add lines 22 through 25.)		00
	27.	Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27.	6899	00
LOCAL TAX	28.	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	1602	0.0
COMPUTATION		your local tax rate .0 0320 or use the Local Tax Worksheet	4683	00
	29.	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29.		00
	30.	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.		00
	31.	Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)		00
		Total credits (Add lines 29 through 31.)	1.00	
	33.	Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0		00
		Total Maryland and local tax (Add lines 27 and 33.)		00
CONTRIBUTIONS	35.	Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35.	00	
See Instruction 20.		Contribution to Developmental Disabilities Services and Support Fund ▶ 36.	00	
		Contribution to Maryland Cancer Fund	00	
	_	Contribution to Fair Campaign Financing Fund ▶ 38	11582	00
		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	11302	
	40.	and attach if MD tax is withheld.)	13391	
	11	2023 estimated tax payments, amount applied from 2022 return, payment made		•
	7''	with an extension request, and Form MW506NRS	E	
	42	Refundable earned income credit (from worksheet in Instruction 21)		
		Refundable income tax credits from Part CC, line 10 of Form 502CR		•
	10.	(Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) 43.		
	44.	Total payments and credits (Add lines 40 through 43.)	12201	
	+	Balance due (If line 39 is more than line 44, subtract line 44 from line 39.		
		See Instruction 22.)		
	46.	Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)	1000	
	_	Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX		
REFUND		Amount of overpayment TO BE REFUNDED TO YOU		
KLIOND		(Subtract line 47 from line 46.) See line 51	1809	
	49.	Check here if you are attaching Form 502UP. Enter interest charges from line 18,		
		or for late filing or homebuyer withdrawal penalty \brace 49.		
AMOUNT DUE	50.	TOTAL AMOUNT DUE (Add lines 45 and 49.)		
		IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV		

# DO NOT MAIL

## MARYLAND **FORM**

#### RESIDENT INCOME TAX RETURN



2023 Page 4

Name DEEPAK KUMAR & CELIA BAUG

SSN 683145682

Name	
<b>DIRECT DEPOSIT OF REFUND</b> (See Instruction 22.) <b>Verify that</b> are requesting direct deposit of your refund, complete the following	
are requesting direct deposit or your reland, complete the following	g. 10 spirt your birect beposit, use roini soo.
► X Check here if you authorize the State of Maryland to issue	e your refund by direct deposit.
► Check here if this refund will go to an account outside of	the United States.
<b>51a.</b> Type of account: ► X Checking Savings <b>51b</b> .	. Routing Number (9-digits) ► 121000358
<b>51c.</b> Account Number ▶ 325021043365	
<b>51d.</b> Name(s) as it appears on the bank account	
5625008042	
Daytime telephone no. Home telephone no.	CODE NUMBERS (3 digits per line)
Check here if you authorize your preparer to discuss this return	rn with us. Check here ▶ if you authorize your paid preparer
not to file electronically. Check here ▶ if you agree to receive Instruction 24.)	your 1099G Income Tax Refund statement electronically (See
Under penalties of perjury, I declare that I have examined this returned the best of my knowledge and belief it is true, correct and complet based on all information of which the preparer has any knowledge.	te. If prepared by a person other than taxpayer, the declaration is
Your signature Date	Spousé'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
SYAM PRIYA RAM SAGAR GUPTA TALLAM	E BRUNSWICK NJ 08816
Signature of preparer other than taxpayer (Required by Law)	City, State, ZIP Code + 4
For returns filed without payments, mail your	6789659522 ► P02082703
annulated actions to	Telephone number of preparer Preparer's PTIN (Required by Law)

completed return to:

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

For returns filed with payments, attach your check or money order to Form PV. Make your check or money order payable to Comptroller of Maryland. On your check or money order, you must include the Social Security number/Individual Taxpayer Identification Number of the taxpayer if filing individually. If filing jointly, you must include the Social Security number/ ITIN of the primary taxpayer, tax year, and tax type on the check/money order. Failure to include this information will delay the processing of your payment. Do not staple Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:

Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888 To make an online payment, scan the QR code below and follow instructions, or go to marylandtaxes.gov and click on Pay.