

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name FNU HARI PRIYA	Social security number 804-83-9513
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	74,756.
2	Total tax	2	8,711.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	10,792.
4	Amount you want refunded to you	4	2,081.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

3	9	5	1	3
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial FNU Last name HARI PRIYA Your social security number 804 83 9513

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

Home address (number and street). If you have a P.O. box, see instructions. 7619 MAGARITY RD Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. FALLS CHURCH State VA ZIP code 22043 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

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

Filing Status [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

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

Income section table with columns for line numbers (1a-1z) and amounts. Includes rows for Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, and Add lines 1a through 1h.

Table for Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table for Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Attach Sch. B if required.

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

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	8,711.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,711.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,711.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	8,711.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	10,792.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	10,792.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	10,792.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,081.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,081.
	b	Routing number 051000017 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 435045244108		
36	Amount of line 34 you want applied to your 2024 estimated tax	36		

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

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

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

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

Your signature	Date	Your occupation SOFTWARE QUALITY ASSURANC	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (470) 380-3367	Email address HARIPRIYASAGAR1@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 04/16/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN 84-3171965				

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

FNU HARI PRIYA

Your social security number

804-83-9513

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	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. Attach Schedule E		5	-8,351.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	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		
l	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	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL 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 ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-8,351.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government 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			
c	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:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	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 adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	

**SCHEDULE E
(Form 1040)**

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

FNU HARI PRIYA

804-83-9513

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A JAWAHAR MARG MAHIDPUR CITY MADHYA PRADESH IN 456443

B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:	Properties:		
	A	B	C
3 Rents received	3 428 .		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 1,429 .		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 943 .		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 1,852 .		
15 Supplies	15 2,014 .		
16 Taxes	16		
17 Utilities	17 2,541 .		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 8,779 .		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -8,351 .		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (8,351 .)		
23a Total of all amounts reported on line 3 for all rental properties	23a 428 .		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c 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		
e Total of all amounts reported on line 20 for all properties	23e 8,779 .		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (8,351 .)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	26 -8,351 .		



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.

FNU HARI PRIYA 804839513
First Name MI Last Name SSN/Taxpayer Identification Number
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2024 estimated tax 1. 00
2. Amount of overpayment to be refunded to you REFUND 2. 313 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 3 9 5 1 3 as my signature on my tax year 2023 electronically filed income tax return. ERO firm name

Enter five digits. Do not enter all zeros.

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

Your signature Date

Spouse's PIN: check one box only

[] I authorize to enter or generate my PIN as my signature on my tax year 2023 electronically filed income tax return. ERO firm name

Enter five digits. Do not enter all zeros.

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

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 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 04162024

DO NOT MAIL



235050013

OR FISCAL YEAR BEGINNING 2023, ENDING

Print Using Blue or Black Ink Only

804839513 Social Security Number Spouse's Social Security Number

FNU First Name MI

HARI PRIYA Last Name

Spouse's First Name MI

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

Spouse's Last Name

7619 MAGARITY RD Current Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland County

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City, Town or Taxing Area Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

FALLS CHURCH VA 22043 City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

Place your W-2 wage and tax statements and ATTACH HERE with ONE staple. Do not attach check or money order

FILING STATUS See Instruction 1 to determine if you are required to file.

- CHECK ONE BOX 1. [X] Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. [] Married filing joint return or spouse had no income 3. [] Married filing separately, Spouse's SSN 4. [] Head of household 5. [] Qualifying Surviving Spouse with dependent child 6. [] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. VA If PA resident, enter both County and City, Borough or Township Were you a resident of another state for the entire year of 2023? If no, attach explanation. [X] Yes [] No Are you or your spouse a member of the military? [] Yes [X] No If "Yes," was it a [] Resident or a [] Nonresident return? Did you file a Maryland income tax return for 2022? [] Yes [X] No If "Yes," was it a [] Resident or a [] Nonresident return? Dates you resided in Maryland for 2023. If none, enter "NONE": FROM 09012023 TO 12312023 (MMDDYYYY). [] Check here for Maryland taxes withheld in error. (See Instruction 4.)

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 in order to receive the applicable exemption amount.

- A. [X] Yourself [] Spouse Enter number checked 1 See Instruction 10 A. \$ 3200 00 B. [] 65 or over [] 65 or over [] Blind [] Blind Enter number checked [] X \$1,000 B. \$ [] 00 C. Enter number from line 3 of Dependent Form 502B [] See Instruction 10 C. \$ [] 00 D. Enter Total Exemptions (Add A, B and C.) [] Total Amount D. \$ 3200 00



235050113

Name FNU HARI PRIYA SSN 804839513

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 11.)

	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAND INCOME (LOSS)
1. Wages, salaries, tips, etc 1.	83107 00	32461 00	50646 00
2. Taxable interest income 2.	00	00	00
3. Dividend income 3.	00	00	00
4. Taxable refunds, credits or offsets of state and local income taxes 4.	00		00
5. Alimony received 5.	00	00	00
6. Business income or (loss) 6.	00	00	00
7. Capital gain or (loss) 7.	00	00	00
8. Other gains or (losses) (from federal Form 4797) 8.	00	00	00
9. Taxable amount of pensions, IRA distributions, and annuities. 9.	00		00
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.) 10.	-8351 00	0 00	-8351 00
11. Farm income or (loss) 11.	00	00	00
12. Unemployment compensation (insurance) 12.	00		00
13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits 13.	00		00
14. Other income (including lottery or other gambling winnings) 14.	00	00	00
15. Total income (Add lines 1 through 14.) 15.	74756 00	32461 00	42295 00
16. Total adjustments to income from federal return (IRA, alimony, etc.) 16.	00	00	00
17. Adjusted gross income (Subtract line 16 from line 15.) ▶ 17.	74756 00	32461 00	42295 00

ADDITIONS TO INCOME (See Instruction 12.)

18. Non-Maryland loss and adjustments. 18.		8351 00
19. Other (Enter code letter(s) from Instruction 12.) ▶ 19.		00
20. Total additions (Add lines 18 and 19. See instructions.) ▶ 20.		8351 00
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.) 21.		83107 00

SUBTRACTIONS FROM INCOME (See Instruction 13.)

22. Taxable Military Income of Nonresident ▶ 22.		00
23. Other (Enter code letter(s) from Instruction 13.) ▶ 23.		00
24. Total subtractions (Add lines 22 and 23. See instructions.) ▶ 24.		00
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.) 25.		83107 00

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

26. a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.) ▶ <input checked="" type="checkbox"/> 26a.	2550 00
ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) ▶ <input type="checkbox"/>	
b. Total federal itemized deductions (from line 17, federal Schedule A) ▶ 26b.	00
c. State and local income taxes (See Instruction 16.) ▶ 26c.	00
d. Net itemized deductions (Subtract line 26c from line 26b.) 26d.	00
e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 26e. <u>1.000000</u> (from worksheet in Instruction 14.) ▶ 26.	2550 00
27. Net income (Subtract line 26 from line 25.) 27.	80557 00
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 28.	3200 00
29. Enter your AGI factor (from worksheet in Instruction 14) 29.	<u>1.000000</u>
30. Maryland exemption allowance (Multiply line 28 by line 29.) 30.	3200 00
31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR. 31.	77357 00

MARYLAND TAX COMPUTATION – COMPLETE FORM 505NR BEFORE CONTINUING.

32. a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.) 32a.	1403 00
b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.) 32b.	674 00
c. Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR.) 32c.	00
d. Total Maryland tax (Add lines 32a through 32c.) 32d.	2077 00
33. Poverty level credit from worksheet in Instruction 20. ▶ 33.	00



235050213

Name FNU HARI PRIYA SSN 804839513

Table with 3 columns: Line number, Description, Amount. Includes lines 34-53 for tax credits, contributions, and total amount due.

DIRECT DEPOSIT OF REFUND (See Instruction 23.) Verify that all account information is correct and clearly legible.

If you are requesting direct deposit of your refund, complete the following. For Splitting Direct Deposit, use Form 588.

- Check here [X] Check here if you authorize the State of Maryland to issue your refund by direct deposit.
Check here [] Check here if this refund will go to an account outside of the United States.

54a. Type of account: [X] Checking [] Savings 54b. Routing Number (9-digits) 051000017
54c. Account Number 435045244108 54d. Name(s) as it appears on the bank account

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 25). 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 Spouse's signature Date

4703803367 Taxpayer(s) daytime phone number SYAM PRIYA RAM SAGAR GUPTA Signature of Preparer other than taxpayer (Required by Law)

245 ROONEY CT Street address of Preparer/Firm GLOBAL TAXES LLC Printed name of the Preparer/Firm's name

E BRUNSWICK NJ 08816 City, State, ZIP Code + 4 6789659522 Telephone number of Preparer P02082703 Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)



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

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

To make an online payment, scan the QR code below and follow instructions.

For returns filed with payments, attach check or money order to Form PV. Make checks 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 on the check. Failure to include this information will delay the processing of your payment. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:

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



MARYLAND FORM
505NR

NONRESIDENT INCOME TAX CALCULATION
ATTACH TO YOUR TAX RETURN



23505N013

2023

Print Using Blue or Black Ink Only

FNU First Name MI HARI PRIYA Last Name 804839513 Social Security Number
 Spouse's First Name MI Spouse's Last Name Spouse's Social Security Number

**If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form.
 If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.**

PART I – CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) 1. 77357 00
 2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. 2. 3622 00

PART II – CALCULATION OF MARYLAND TAX

3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1). 3. 74756 00
 3a. Earned Income (See instructions.) ▶ 3a. 83107 00
 4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. 4. 83107 00
 5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. 5. 00 00
 6a. Enter your subtractions from line 23 of Form 505 or Form 515 6a. 00 00
 6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.) ▶ 6b. 50646 00
 7. Add lines 5 through 6b. 7. 50646 00
 8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. 8. 32461 00

If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a . . . 8a. 2550 00

9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000. 9. .434226
 10. Deduction amount.
 If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a . . . 10a. 1107 00
 If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b. . . 10b. 00

Form 515 Users, see Instruction 18 in Form 515 Instructions.

11. Net income (Subtract line 10a or 10b from line 8.) 11. 31354 00
 12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. 12. 1390 00
 13. Maryland Taxable Net Income (Subtract line 12 from line 11.) 13. 29964 00
 14. Enter the tax amount from line 2 of this form. 14. 3622 00
 15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. 15. .387347
 16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33). 16. 1403 00
 17. Special nonresident tax. Multiply line 13 of this form by 0.0225. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0. 17. 674 00

FOR FORM 515 FILERS ONLY.

If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.

18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39. If line 13 is 0 or less, enter 0 18. 00



FNU HARI PRIYA
7619 MAGARITY RD
FALLS CHURCH VA 22043

SSN - You HARI 804839513 Vendor ID 1555 XXXXX

SSN - Spouse

Fed Adj Gross Income (FAGI)	1.	74756.	Withholding (VA) - You	19A.	2462.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	74756.	Estimated Payments	20.	
Age Deduction - You	4A.		2022 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	1605.
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	4067.
Total VA Adj Gross Income (VAGI)	9.	74756.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	540.
Standard Deduction	11.	8000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	930.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	8930.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	65826.	Sales and Use Tax	33.	
Amount of Tax	16.	3527.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card	N	
VAGI - Spouse	17A.		Your Refund		540.
Net Amount of Tax	18.	3527.	Bank Routing #	C	051000017
			Bank Account #		435045244108





Filing Status, Age & License Information

Additional Filing Information

Filing Status 1
 Federal Head of Household
 DOB - You 07131991
 VA Driver's License ID - You
 VA Driver's License - Iss. Date - You
 Spouse Name (Filing Status 3 Only)
 DOB - Spouse
 VA Driver's License ID - Spouse
 VA Driver's License - Iss. Date - Spouse

Locality 610
 Uninsured & Authorize DMAS
 Name or Filing Status Change
 Address Change
 VA Return Not Filed Last Year
 Dependent on Another's Return
 Farmer / Fisherman / Merchant Seaman
 Amended
 Reason Code
 Overseas on Due Date
 Federal EIC & Amount
 Deceased Indicator
 Form 760C or 760F
 No Sales & Use Tax Due Indicator X
 Obtain Electronic 1099G
 ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You
 Spouse 65 & Over - Spouse
 Dependents Blind - You
 Total (A) 1 Blind - Spouse
 Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date _____ Phone - You 4703803367
 Signature - Spouse _____ Date _____ Phone - Spouse _____
 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA Date 041624 Phone - Preparer 6789659522

The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P02082703
 GLOBAL TAXES LLC

File by May 1, 2024
 Include Page 1, Page 2 and all supporting 760CG documents.

245 ROONEY CT
 E BRUNSWICK NJ 08816 Page 2 of 2

2023 Schedule INC/CG

804839513

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



FNU

HARI PRIYA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
804839513	W	2462.	472377355	30472377355F001	50647.

Total VA Withholding	SSN	VA Withholding
You	804839513	2462.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

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

2023 Schedule OSC/CG
Enclose other state tax returns when filing



804839513

Credit Computation State 1
If Claiming border state

1. Filing Status - other state's return	1	6. Other State Abbreviation	MD
2. Person Claiming the Credit	1	7. Virginia Income Tax	3527.
3. Qualifying Taxable Income - other state	29964.	8. Income percentage	45.5
4. Virginia Taxable Income	65826.	9. Virginia Ratio of Income Tax	1605.
5. Qualifying Tax Liability - other state	2077.	10. Credit Allowed	1605.

Credit Computation State 2

11. Filing Status - other state's return	16. Other State Abbreviation
12. Person Claiming the Credit	17. Virginia Income Tax
13. Qualifying Taxable Income - other state	18. Income percentage
14. Virginia Taxable Income	19. Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20. Credit Allowed

Credit Computation State 3

21. Filing Status - other state's return	26. Other State Abbreviation	
22. Person Claiming the Credit	27. Virginia Income Tax	
23. Qualifying Taxable Income - other state	28. Income percentage	
24. Virginia Taxable Income	29. Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state	30. Credit Allowed	
	31. Total Credit Claimed	1605.

Enclose other state tax returns when filing your Virginia tax return.

