



23PTPV013

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

858647046

Your Social Security Number

If Joint Return, Spouse's Social Security Number

ABILASH REDDY

Your First Name

MI

SALLARAM

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

7088 DUCKETTS LN

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

203

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

ELKRIDGE

City or Town

MD

State

21075

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.

542 00

Dollars

Cents

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

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

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



23PTPV013

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

858647046

Your Social Security Number

If Joint Return, Spouse's Social Security Number

ABILASH REDDY

Your First Name

MI

SALLARAM

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

7088 DUCKETTS LN

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

203

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

ELKRIDGE

City or Town

MD

State

21075

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.

542 00

Dollars

Cents

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

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

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



23PTPV013

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

858647046

Your Social Security Number

If Joint Return, Spouse's Social Security Number

ABILASH REDDY

Your First Name

MI

SALLARAM

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

7088 DUCKETTS LN

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

203

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

ELKRIDGE

City or Town

MD

State

21075

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.

542 00

Dollars

Cents

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

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

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



23PTPV013

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

858647046

Your Social Security Number

If Joint Return, Spouse's Social Security Number

ABILASH REDDY

Your First Name

MI

SALLARAM

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

7088 DUCKETTS LN

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

203

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

ELKRIDGE

City or Town

MD

State

21075

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.

542 00

Dollars

Cents

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

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

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



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.

ABILASH REDDY SALLARAM 858647046
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.
2. Amount of overpayment to be refunded to you REFUND 2.
3. Total amount due (Pay in full by April 15, 2024. See instructions.) 3. 1720

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 4 7 0 4 6 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

[ ] I authorize to enter or generate my PIN 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.

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 02182024

DO NOT MAIL



235020013

\$

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2023, ENDING \_\_\_\_\_

858647046

Your Social Security Number \_\_\_\_\_ Spouse's Social Security Number \_\_\_\_\_

ABILASH REDDY

Your First Name \_\_\_\_\_ MI \_\_\_\_\_

SALLARAM

Your Last Name \_\_\_\_\_

Spouse's First Name \_\_\_\_\_ MI \_\_\_\_\_

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](http://ssa.gov).

7088 DUCKETTS LN

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

203

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

ELKRIDGE

City or Town

MD

State

21075

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.

1400

4 Digit Political Subdivision Code (See Instruction 6)

HOWARD

Maryland Political Subdivision (See Instruction 6)

7088 DUCKETTS LN

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

203

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

ELKRIDGE

City

MD

State

21075

ZIP Code + 4

HOWARD

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 07012023 TO 12312023

Other state of residence: NJ

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: \_\_\_\_\_

P

Print Using Blue or Black Ink Only  
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.



235020113

Name ABILASH REDDY SALLARAM

SSN 858647046

**EXEMPTIONS**

See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you **must attach the Dependents' Information Form 502B** to this form to receive the applicable exemption amount.

A.  Yourself  Spouse . . . . . Enter number checked  See Instruction 10 **A. \$** 800 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. \$** 800 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.** 125742 00

1a. Wages, salaries and/or tips . . . . . **1a.** 118764 00

1b. Earned income . . . . . **1b.** \_\_\_\_\_ 00

1c. Capital Gain or (loss) . . . . . **1c.** \_\_\_\_\_ 00

1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) **1d.** 6978 00

1e. Place a "Y" in this box if the amount of your investment income is more than \$11,000 . . .

**ADDITIONS TO MARYLAND INCOME**

See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland . . . . . **2.** \_\_\_\_\_ 00

3. State retirement pickup. . . . . **3.** \_\_\_\_\_ 00

4. Lump sum distributions (from worksheet in Instruction 12.) . . . . . **4.** \_\_\_\_\_ 00

5. Other additions (Enter code letter(s) from Instruction 12.)  . . . . . **5.** \_\_\_\_\_ 00

6. Total additions (Add lines 2 through 5. See instructions.) . . . . . **6.** \_\_\_\_\_ 00

7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) . . . . . **7.** 125742 00

**SUBTRACTIONS FROM MARYLAND INCOME**

See Instruction 13.

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 . . . . . **8.** \_\_\_\_\_ 00

9. Child and dependent care expenses . . . . . **9.** \_\_\_\_\_ 00

10a. Pension exclusion from worksheet (13A) . . . . . Yourself  Spouse  . . . . . **10a.** \_\_\_\_\_ 00

10b. Ranger pension exclusion from worksheet (13E) . . . . . Yourself  Spouse  . . . . . **10b.** \_\_\_\_\_ 00

11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 . . . . . **11.** \_\_\_\_\_ 00

12. Income received during period of nonresidence (See Instruction 26.) . . . . . **12.** 67305 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.** 67305 00

16. Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . . **16.** 58437 00

**DEDUCTION METHOD**

See Instruction 16.

**All taxpayers must select one method and check the appropriate box.**

**STANDARD DEDUCTION METHOD** (Enter amount on line 17.)

**ITEMIZED DEDUCTION METHOD** (Complete lines 17a and 17b.)

17a. Total federal itemized deductions (from line 17, federal Schedule A) . . . . . **17a.** \_\_\_\_\_ 00

17b. State and local income taxes (See Instruction 14.) . . . . . **17b.** \_\_\_\_\_ 00

Subtract line 17b from line 17a and enter amount on line 17.

17. Deduction amount (Part-year residents see Instruction 26 (l and m).) . . . . . **17.** 1185 00

18. Net income (Subtract line 17 from line 16.) . . . . . **18.** 57252 00

19. Exemption amount from Exemptions area (See Instruction 10.) . . . . . **19.** 372 00

20. Taxable net income (Subtract line 19 from line 18.) . . . . . **20.** 56880 00



235020213

Name ABILASH REDDY SALLARAM SSN 858647046

<b>MARYLAND TAX COMPUTATION</b>	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) . . . . .	21.	2649	00
	21a. Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR) . . . . .	21a.		00
	22. Earned income credit (EIC) (See Instruction 18.) . . . . .	▶ 22.		00
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.			
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.			
	23. Poverty level credit (See Instruction 18.) . . . . .	▶ 23.		00
	24. Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24. . . . .	24.		00
	25. Business tax credits. . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>			
26. Total credits (Add lines 22 through 25.) . . . . .	26.		00	
27. Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27. . . . .		2649	00	
<b>LOCAL TAX COMPUTATION</b>	28. Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0320</b> or use the Local Tax Worksheet . . . . .	28.	1820	00
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . .	29.		00
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . .	30.		00
	31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.) . . . . .	31.		00
	32. Total credits (Add lines 29 through 31.) . . . . .	32.		00
	33. <b>Local tax</b> after credits (Subtract line 32 from line 28.) If less than 0, enter 0. . . . .	33.	1820	00
34. Total Maryland and local tax (Add lines 27 and 33.) . . . . .	34.	4469	00	
<b>CONTRIBUTIONS</b> See Instruction 20.	35. Contribution to Chesapeake Bay and Endangered Species Fund . . . . .	▶ 35.		00
	36. Contribution to Developmental Disabilities Services and Support Fund . . . . .	▶ 36.		00
	37. Contribution to Maryland Cancer Fund. . . . .	▶ 37.		00
	38. Contribution to Fair Campaign Financing Fund . . . . .	▶ 38.		00
39. <b>Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . . . . .	39.	4469	00	
	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) . . . . .	▶ 40.	2749	
	41. 2023 estimated tax payments, amount applied from 2022 return, payment made with an extension request, and <b>Form MW506NRS</b> . . . . .	▶ 41.		
	42. Refundable earned income credit (from worksheet in Instruction 21) . . . . .	▶ 42.		
	43. Refundable income tax credits from Part CC, line 10 of Form 502CR (Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) 43. . . . .	43.		
	44. Total payments and credits (Add lines 40 through 43.) . . . . .	44.	2749	
	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . .	▶ 45.	1720	
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . .	▶ 46.		
<b>REFUND</b>	47. <b>Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX</b> . . . . .	▶ 47.		
	48. Amount of overpayment <b>TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . . <b>REFUND</b>	▶ 48.		
<b>AMOUNT DUE</b>	49. Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, _____ or for late filing _____ or homebuyer withdrawal penalty _____	▶ 49.		
	50. <b>TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.</b> . . . . .	▶ 50.	1720	





235020313

Name ABILASH REDDY SALLARAM SSN 858647046

**DIRECT DEPOSIT OF REFUND** (See Instruction 22.) **Verify that all account information is correct and clearly legible.** If you are requesting direct deposit of your refund, complete the following. **To split your Direct Deposit**, use Form 588.

▶  Check here if you authorize the State of Maryland to issue your refund by direct deposit.

▶  Check here if this refund will go to an account outside of the United States.

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

51c. Account Number ▶ \_\_\_\_\_

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

▶ 6177845445 \_\_\_\_\_ ▶ \_\_\_\_\_  
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

6789659522 ▶ P02082703  
Telephone number of preparer Preparer's PTIN (Required by Law)

**To make an online payment, scan the QR code below and follow instructions, or go to [marylandtaxes.gov](http://marylandtaxes.gov) and click on Pay.**

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

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

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

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



23PTPV013

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

858647046

Your Social Security Number

If Joint Return, Spouse's Social Security Number

ABILASH REDDY

Your First Name

MI

SALLARAM

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

7088 DUCKETTS LN

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

203

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

ELKRIDGE

City or Town

MD

State

21075

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:

1a.  First time filer or change in filing status

2.  Extension Payment (502E) Tax Year:

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

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

**PAYMENT AMOUNT**

Amount you are paying by check or money order.

1720 00

Dollars

Cents

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

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

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



23502R013

The Maryland General Assembly enacted House Bill 1148 in the 2016 Session requiring the collection of information detailing the amount of retirement income reported by an individual and/or their spouse by source.

Part 1

ABILASH REDDY SALLARAM 858647046
Your First Name MI Your Last Name Your Social Security Number
Spouse's First Name MI Spouse's Last Name Spouse's Social Security Number

Part 2

Your Age 29 Spouse's Age

Part 3

Are you or your spouse totally and permanently disabled? (Check if Yes): [ ] You [ ] Spouse

Part 4 Retirement and Pension Benefits: Determine your source of retirement income and input the required information in the appropriate areas below.

Table with 3 columns: Source description, You, Spouse. Rows 1-8 detailing retirement income sources and totals.

Part 5

Table with 3 columns: You, Spouse. Rows 9-10 detailing Social Security and military retirement.

Part 6 If you claimed a Pension Exclusion on line 10a of Maryland Form 502, complete Part 6 using information from Worksheet 13A of the Maryland Resident Income Tax Return Instructions.

Table with 3 columns: You, Spouse. Row 11 detailing Pension Exclusion.

Part 7 If you claimed the Retired Forest/Park/Wildlife Ranger (from line 10b on Form 502), complete Part 7 using information from Worksheet 13E of the Maryland Resident Income Tax Return Instructions.

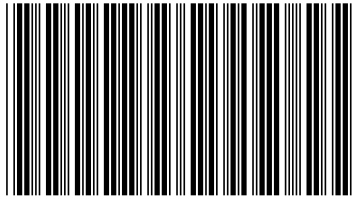
Table with 3 columns: You, Spouse. Row 12 detailing Retired Forest/Park/Wildlife Ranger pension exclusion.

2023 NJ-1040  
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040  
2023  
Page 1



040MP01230

Your Social Security Number (required)  
858647046

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)  
SALLARAM ABILASH REDDY

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50)  
1010

Home Address (Number and Street, including apartment number)  
7088 DUCKETTS LN APT 203

City, Town, Post Office  
ELKRIDGE

State ZIP Code  
MD 21075

Driver's License Number (Voluntary) (See instructions)

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

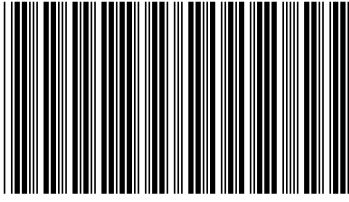
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes	No

**Direct Deposit Information**

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2. Account type (C for checking, S for savings)	dd2.	C	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4. Routing number	dd4.		011500010
dd5. Account number	dd5.		394007206911





Name(s) as shown on Form NJ-1040  
**SALLARAM ABILASH REDDY**

Your Social Security Number  
**858647046**

**1555**

Part-year residents, provide months/days you were a New Jersey resident during 2023:  
From: **010123** To: **063023**

Fiscal year filers only:  
Enter month of your year end **2 0 2 4**

**Filing Status**  
Fill in only one.

- 1.  Single
- 2.  Married/CU Couple, filing joint return
- 3.  Married/CU Partner, filing separate return
- 4.  Head of Household Enter spouse's/CU partner's SSN
- 5.  Qualifying Widow(er)/Surviving CU Partner  
Indicate the year of your spouse's/CU partner's death:      2021      2022

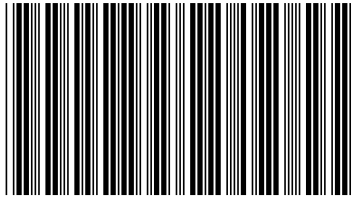
**Exemptions**

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	<u>1</u>	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1958 or earlier)	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
9. Veteran	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$6,000 =	_____
10. Qualified Dependent Children	<input type="checkbox"/>					x \$1,500 =	_____
11. Other Dependents	<input type="checkbox"/>					x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)	<input type="checkbox"/>					x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	<u>1000</u> .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____			
b.	_____			
c.	_____			
d.	_____			



040MP03230

Name(s) as shown on Form NJ-1040  
**SALLARAM ABILASH REDDY**

Your Social Security Number  
**858647046**

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	62274	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.	.
17. Dividends	17.	.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	.	.
20a. Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	.	.
20b. Excludable pension, annuity, and IRA distributions/withdrawals	20b.	6978	.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.	.
24. Net gambling winnings (See instructions)	24.	.	.
25. Alimony and separate maintenance payments received	25.	.	.
26. Other (Enclose documents) (See instructions)	26.	.	.
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	62274	.
28a. Pension/Retirement Exclusion (See instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	.	.
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	.	.
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	62274	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	500	.
31. Medical Expenses (See Worksheet F and instructions)	31.	.	.
32. Alimony and separate maintenance payments (See instructions)	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37a. NJBEST Deduction	37a.	.	.
37b. NJCLASS Deduction	37b.	.	.
37c. NJ Higher Ed. Tuition Deduction	37c.	.	.
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	500	.
39. Taxable Income (Subtract line 38 from line 29)	39.	61774	.
40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	.	.
40b. Indicate your residency status during 2023 (fill in only one)			
	Homeowner	Tenant	Both
41. Property Tax Deduction (From Worksheet H) (See instructions)	41.	.	.
42. New Jersey Taxable Income (Subtract line 41 from line 39)	42.	61774	.
43. Tax on amount on line 42 (Tax Table page 52)	43.	1921	.
44. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	.	.
Enter Code			
45. Balance of Tax (Subtract line 44 from line 43)	45.	1921	.
46. Sheltered Workshop Tax Credit	46.	.	.
47. Gold Star Family Counseling Credit (See instructions)	47.	.	.
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	.	.
49. Total Credits (Add lines 46 through 48)	49.	.	.
50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	1921	.
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0	.
52. Interest on Underpayment of Estimated Tax	52.	.	.
Fill in if Form NJ-2210 is enclosed			
53a. Fill in if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form) (See instructions)	53a.	.	.



Name(s) as shown on Form NJ-1040  
**SALLARAM ABILASH REDDY**

Your Social Security Number  
**858647046**

**1555**

53b. If you indicated at line 53a that someone in your tax household does not have health insurance, fill in to allow Get Covered New Jersey to assist with obtaining coverage (See instructions)	53b.	
53c. Shared Responsibility Payment (See instructions) <b>REQUIRED</b> Enclose Schedule NJ-HCC and fill in	53c.	0 .
54. Total Tax Due (Add lines 50 through 53c)	54.	1921 .
55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year residents, see instructions)	55.	2616 .
56. Property Tax Credit (See instructions page 24)	56.	. .
57. New Jersey Estimated Tax Payments/Credit from 2022 tax return	57.	. .
58. New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit	58.	. .
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	. .
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	0 .
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	. .
62. Wounded Warrior Caregivers Credit (See instructions)	62.	. .
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	. .
64. Child and Dependent Care Credit (See instructions) Fill in if you are a CU couple claiming the Child and Dependent Care Credit	64.	. .
65. New Jersey Child Tax Credit (See instructions) Number of dependents age 5 or younger on 12/31/2023	65.	. .
66. Total Withholdings, Credits, and Payments (Add lines 55 through 65)	66.	2616 .
67. If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 70 through 77.	67.	. .
68. If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment	68.	695 .
69. Amount from line 68 you want to credit to your 2024 tax	69.	. .
70. Contribution to N.J. Endangered Wildlife Fund	70.	. .
71. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	71.	. .
72. Contribution to N.J. Vietnam Veterans' Memorial Fund	72.	. .
73. Contribution to N.J. Breast Cancer Research Fund	73.	. .
74. Contribution to U.S.S. New Jersey Educational Museum Fund	74.	. .
75. Other Designated Contribution (See instructions) <span style="float:right">Enter Code</span>	75.	. .
76. Other Designated Contribution (See instructions) <span style="float:right">Enter Code</span>	76.	. .
77. Other Designated Contribution (See instructions) <span style="float:right">Enter Code</span>	77.	. .
78. Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)	78.	. .
79. Balance due (If line 67 is more than zero, add line 67 and line 78)	79.	. .
80. Refund amount (If line 68 is more than zero, subtract line 78 from line 68)	80.	695 .

Under penalties of perjury, I declare that I have examined this Income Tax 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 the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

**SYAM PRIYA RAM SAGAR GUPTA TALLAM** **P02082703**

\_\_\_\_\_  
Paid Preparer's Signature Federal Identification Number

**GLOBAL TAXES LLC** **84-3171965**

**Tax Due Address**

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:

State of New Jersey  
Division of Taxation  
Revenue Processing Center - Payments  
PO Box 111  
Trenton, NJ 08645-0111

Include Social Security number and make check or money order payable to:  
State of New Jersey - TGI

You can also make a payment on our website:  
[nj.gov/taxation](http://nj.gov/taxation)

**Refund or No Tax Due Address**

Use the labels provided with the envelope and mail to:  
New Jersey Division of Taxation  
Revenue Processing Center - Refunds  
PO Box 555  
Trenton, NJ 08647-0555

Name(s) as shown on Form NJ-1040 SALLARAM ABILASH REDDY	Social Security Number 858-64-7046
--	---------------------------------------

**Schedule NJ-BUS-1**  
(Form NJ-1040)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2023**

**Part I Net Profits From Business** List the net profit (loss) from business(es). See Instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)		4.

**Part II Distributive Share of Partnership Income** List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040.)		5.	

**Part III Net Pro Rata Share of S Corporation Income** List the pro rata share of income (usable loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040.)		5.	

**Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights** List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.  
Type of Property:  
1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	VIJAYAPURI COLONY	858647046	1	-6,755.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)		4.	-6,755.

Keep a copy of this schedule for your records



**Schedule NJ-BUS-2**  
(Form NJ-1040)

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2023**

Part I Income (Loss)		Column A			Column B		
		Reportable Regular Business Income			Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.	1b.	0.		
2.	Distributive Share of Partnership Income	2a.	0.	2b.	0.		
3.	Net Pro Rata Share of S Corporation Income	3a.	0.	3b.	0.		
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.	4b.	-6,755.		
5.	Loss Carryforward From Tax Year 2022			5b.	( 16,181.	)	
6.	Totals	6a.	0.	6b.	-22,936.		
<b>Part II Adjustment Calculation</b>							
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.				
9.	Business Increment (Subtract line 8 from line 7)	9.	0.				
10.	Adjustment Percentage	10.	0.50				
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.				
<b>Part III Loss Carryforward to Tax Year 2024</b>							
12.	Loss Carryforward to Tax Year 2024	12.		(	22,936.	)	

**Instructions**

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2023 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

# REQUIRED

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040 SALLARAM ABILASH REDDY	Social Security Number 858-64-7046
--	---------------------------------------

## Schedule NJ-HCC

## Health Care Coverage

## 2023

If your income on line 29 is at or below the filing threshold (see instructions), do not complete this schedule.

### Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2023? (See instructions for line 53c, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53c, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

If you or any member of your tax household does not **currently** have minimum essential health coverage, also complete the NJ-EZ Enroll form. (See instructions for lines 53a and 53b, NJ-1040.)

### Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53c, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

**Statement for Wages, Salaries, and Tips**  
**NJ-1040 or NJ-1040NR, line 15**

**2023**

Name SALLARAM ABILASH REDDY	Social Security No. 858-64-7046
--------------------------------	------------------------------------

	Income from all sources	Income attributed to New Jersey (part-year resident or non- resident only)
<b>Not applicable if a part-year nonresident with NJ source income.</b>		
<b>1</b> Wages, from Form W-2 . . . . .	120,711.	62,274.
<b>Deductions from wages:</b> Complete the following if included on line 1 above and meet all requirements (see help)		
<b>a</b> Meals and lodging . . . . .		
<b>b</b> Employee business expenses . . . . .		
<b>c</b> Moving expenses . . . . .		
<b>d</b> Compensation for injuries or sickness . . . . .		
<b>e</b> Total deductions from wages . . . . .		
<b>f</b> Taxable wages . . . . .	120,711.	62,274.
<b>2</b> Miscellaneous income, Form 8919 . . . . .		
<b>3</b> Excess employee business expense reimbursement . . . . .		
<b>4</b> Taxable tips, from Form 4137, plus non-cash tips . . . . .		
<b>5</b> Excess moving expense reimbursement . . . . .		
<b>6</b> Wages earned as a household employee (if less than \$2,000 and without a Form W-2) . . . . .		
<b>7</b> Wages from a foreign source . . . . .		
<b>8</b> Ordinary income from ESPP stock sale and incentive stock options . . . . .		
<b>9</b> Military spouses residency relief act (see New Jersey instructions) . .		
<b>10</b> Other: _____ _____ _____ _____ _____		
<b>11</b> <b>Total wages, salaries, tips, etc</b> . . . . . Enter on line 15 of NJ-1040 or NJ-1040NR	120,711.	62,274.