#### 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.

Submission Identification Number (SID)

Taxpay	er's name	Social security	numbei	r
UDA	Y KUMAR CHAPARALA	729-57-5	5683	
Spouse	's name	Spouse's socia	l securi	ty number
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year you are	auth	orizing.)
Enter	whole dollars only on lines 1 through 5.	<u> </u>		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	104,410.
2	Total tax	[	2	15,234.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[	3	20,132.
4	Amount you want refunded to you	[	4	4,898.
5	Amount you owe		5	

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

Under penalties of periury. 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

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ľ	
				ERO firm name		E	í

7	5	6	8	3	as my
Ent don	er fiv I't er	/e di nter a	gits, all ze	but ros	, ,

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 🕨

#### Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date					 			
Practitioner PIN Method Returns Only—continu	e bel	ow							
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 PIN.	2	2	2	_	6 nter a	 	2	7 1	

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

ERO's signature >			
ERO Must Retain This Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions	- BAA	REV 01/12/24 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not v	rite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ding			, 20	See se	parate	instructions.
Your first name	and mi	iddle initial	Last r	name						Your so	cial sec	urity number
UDAY KUN	1AR		СНА	PARALA	ł					729	57	5683
If joint return, s	pouse's	s first name and middle initial	Last r									security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	Apt. no.	Preside	ntial Ele	ection Campaigr
_1678 CAP								P				ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
CROFTON						MI		211		box bel	ow will	not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your ta		_
		7 <b>.</b> .									∐ Yo	ou Spouse
Filing Status	; 🖄	Single		、			Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only on the second se	he hac	i income)								
one box.	L.	Married filing separately (MFS) you checked the MFS box, enter the	nomo	ofvouro	nouce If you	. obc			ing spouse	. ,	ild'e ne	mo if the
		alifying person is a child but not you									nu s na	
Digital		ny time during 2023, did you: (a) rec										
Assets		hange, or otherwise dispose of a dig		<u> </u>				et)? (Se	ee instructio	ns.)		es 🛛 No
Standard	_	eone can claim: 🗌 You as a de	•		-		a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	bu were a	dual-status	alien	1					
Age/Blindness	s You:	: 🗌 Were born before January 2, 1	959	Are bl	lind <b>Spo</b>	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	<u> </u>	s blind
Dependent	s (see	instructions):		(2) 5	Social security	/	(3) Relationsh	ip (4	) Check the b	ox if qual	ifies for	(see instructions):
If more	<b>(1)</b> F	irst name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents, see instruction:	s ——											
and check	ı —											
here L	4	To be have a set from a for each (a) M( o h			- 1' )					4		117 412
Income	1a b	Total amount from Form(s) W-2, b Household employee wages not re			,					. 1a . 1b		117,413.
Attach Form(s)	c b	Tip income not reported on line 1a	•		. ,					. 10	_	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep								. 10		
W-2G and	e	Taxable dependent care benefits f			, ,					. 16	_	
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1f	-	
lf you did not	g	Wages from Form 8919, line 6 .								. 10		
get a Form W-2, see	h	Other earned income (see instruct								. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			<b>1</b> i					
	z	Add lines 1a through 1h	• •		· · ·					. 1z	:	117,413.
Attach Sch. B	2a	· ·	2a				axable interest			. 2t		
if required.	3a		3a				Ordinary divider			. 3b		
Standard	4a		4a				axable amoun			. 4t		
Deduction for—	5a		5a				axable amoun			. 5b		
<ul> <li>Single or Married filing</li> </ul>	6a	, _	6a				axable amoun	τ	 r	. 6b		
separately, \$13,850	с 7	If you elect to use the lump-sum e						• •	l	╡┝╸		
<ul> <li>Married filing</li> </ul>	7 8	Capital gain or (loss). Attach Scher Additional income from Schedule		•	•			• •	L	7 . 8		-13,003.
jointly or Qualifying	8 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						• •		. <u>8</u> . 9		104,410.
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 30, 60, 7, Adjustments to income from Sche						•••		. 10	-	-01/110.
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								. 11		104,410.
\$20,800	12	Standard deduction or itemized	-							. 12		13,850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct					95-A			. 13		,
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	<u>o or l</u> e	ss, enter	-0 This is y	our l	taxable incom	ie .		. 15	5	90,560.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	8)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	15,234.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	15,234.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	15,234.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	15,234.
Payments	25	Federal income tax withheld							,
	а	Form(s) W-2				<b>25a</b> 20	,132.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	20,132.
If you have a	26	2023 estimated tax payment						26	,
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	,	-				33	20,132.
Refund	34	If line 33 is more than line 24						34	4,898.
neiuna	35a	Amount of line 34 you want	-			, .		35a	4,898.
Direct deposit?	b	Routing number $\begin{vmatrix} 1 \\ 1 \end{vmatrix} \begin{vmatrix} 1 \\ 1 \end{vmatrix}$					Savings		
See instructions.	ď	Account number 4 8 8					ouvingo		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24							
You Owe	51	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38		01	
Third Party		you want to allow another							
Designee							omplete b	elow.	× No
Deelgiice	De	signee's		Phone			onal identifi		
	nar			no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare th							
Here	Dei	ief, they are true, correct, and com	plete. Declaration of	of preparer (otne		ased on all informati			, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity
Joint return?					DATA ENGI	NEEB	(see in		IN, enter it here
See instructions.	Spouse's signature. If a joint return, both mus		ooth must sign.	Date	Spouse's occupation			IRS ser	nt your spouse an
Keep a copy for	op		e an maor olgin	2410			Identi	ty Prote	ection PIN, enter it here
your records.							(see ir	ıst.)	
	Ph	one no. (361) 777-514	3	Email address	UDAY.USA7	GMAIL.COM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/20/2024	P02082	703	Self-employed
Preparer	Fin	m's name GLOBAL TAX	XES LLC				Phone	eno. (	(678)965-9522
Use Only	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	s EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/12/24 PRO			Form <b>1040</b> (2023)

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	Your social security number
UDAY KUMAR CHAPARALA	729-57-5683

Par	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. Atta	ach Schedule E .	5	-13,003.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
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		
I	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			
		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	0- (		
	1040, line 1a or 1d	8s (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t		
	-	8u	-	
u -		ou	-	
z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter		3	
10	1040, 1040-SR, or 1040-NR, line 8		10	-13,003.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-l officials. Attach Form 2106	basis gov	ernment	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		24a			
b	Deductible expenses related to income reported on line 8I from the				
		24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals	-			
		24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
		24e			
f		24f			
g		24g			
ĥ	Attorney fees and court costs for actions involving certain unlawful				
		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.				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 01/12/24 P	RO	Schedule 1	(Form 1040) 202

	CHEDULE E Supplemental Income and Loss OMB No. 1545								o. 1545-0074						
(Form	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									D <b>23</b>					
	rtment of the Treasury nal Revenue Service do to www.irs.gov/ScheduleE for instructions and the latest information.														
( )	ne(s) shown on return Your social security number 729–57–5683														
Part				Fro	m Ren	tal Real E	state an	d Roy	valties				125 5	/ 5005	
- are	Note: If yo	ou ar	e in th	e bus	siness of	renting pers	onal proper	ty, use	Schedule	c. See	instru	ctions. If you	are an indi	vidual, rep	ort farm
	rental inco	ome o	or los	s from	1 Form 48	835 on page	2, line 40.								
	)id you make an "'Yoo " did you														
	"Yes," did you													TE	
1a	Physical addr				. ,				,						
A	KODALI VA	RI	STR	EET	ENIKE	EPADU, V	IJAYAWA	ADA A	NDHRAF	RDES	H IN	521108			
	C   Ib Type of Property 2 For each rental real estate property listed Fair Rental Personal Use OW														
1b	Type of Prope (from list below		2			ntal real est ort the numb					Fa	air Rental Days		nal Use ays	QJV
A	3	~~)				e days. Ch				Α		365		0	
B	5			if yc	ou meet	the require	ments to f	ile as a	a	B		505		0	
				qua	lified joir	nt venture.	See instru	ctions	s	C					
	of Property:	1							1						
1	Single Family R	esid	lence		3 Vaca	tion/Short-	Term Ren	tal	5 Land		7	Self-Rental			
2	Multi-Family Re	side	ence		4 Com	mercial			6 Roya	lties	8	Other (deso	cribe)		
												Proper			
Incom	e:									Α		В			С
3	Rents received	. k						3		6	00.				_
4	Royalties recei							4							
Expen															
5	Advertising .							5							
6	Auto and trave	el (se	e ins	truct	ions)			6							
7	Cleaning and r	main	ntena	nce .				7		1,2	35.				
8	Commissions							8							
9	Insurance							9							
10	Legal and othe	-						10							
11	Management f							11		1,0	10.				
12	Mortgage inter					-	-	12							
13	Other interest							13		0 1	<u> </u>				
14	Repairs							14		2,1					
15								15		2,0	28.				
16 17	Taxes Utilities							16 17		3 0	56.				
18	Depreciation e							18		3,3					
19	Other (list)	•						19			±±•				
20	Total expenses	s. Ad	dd lin	es 5	through	19		20		13,6	03.				
21	Subtract line 2				U U					2070					
	result is a (loss														
	file Form 6198							21	-	<b>-</b> 13,0	03.				
22	Deductible ren	ntal r	real e	state	loss aft	ter limitatio	n, if any,								
	on Form 8582	(see	e inst	ructio	ons) .			22	(	13,00	)3.)	(	)	(	
23a	Total of all amo		-								23a		600.		
b															
С															
d															
e															
24 05									12 002						
25 06														(	13,003.
26	Total rental re here. If Parts I														

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Schedule E (Form 1040) 2023

-13,003.

26

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## **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

20 23 Attachment

OMB No. 1545-0172

Depart Interna	ment of the Treasury I Revenue Service	Go to	Attac www.irs.gov/Form4562	h to your tax for instruction		st information.		Attachment Sequence No. <b>179</b>		
Name(	s) shown on return	Business or activity to which this form relates         Identifying number								
UDA	Y KUMAR CHAPAN									
Par	Part I Election To Expense Certain Property Under Section 179									
			ed property, comple			mplete Part I.				
1						•	1	1,160,000.		
		num amount (see instructions)								
			perty before reduction			ons)	3	2,890,000.		
			ine 3 from line 2. If zer			-	4	, ,		
5	Dollar limitation for	r tax vear. Su	ıbtract line 4 from lir	ne 1. If zero	or less. ente	r -0 If married filing				
	5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions       5									
6	(a) De	escription of prope			iness use only)	(c) Elected cost	-			
7	Listed property. Ent	ter the amount	t from line 29		7					
8	Total elected cost of	of section 179	property. Add amount	ts in column (	(c), lines 6 and	7	8			
9	Tentative deduction	n. Enter the <b>sr</b>	naller of line 5 or line 8	3			9			
10	Carryover of disallo	wed deduction	n from line 13 of your	2022 Form 4	562		10			
11	Business income lim	itation. Enter th	ne smaller of business i	ncome (not le	ss than zero) or	line 5. See instructions	11			
12	Section 179 expense	se deduction.	Add lines 9 and 10, bu	ıt don't enter	more than line	<u>11</u>	12			
13	Carryover of disallo	wed deduction	n to 2024. Add lines 9	and 10, less	line 12 .	13				
Note	: Don't use Part II o	or Part III below	v for listed property. Ir	nstead, use P	Part V.					
Par	Special Dep	preciation Al	lowance and Othe	r Depreciat	t <b>ion (Don't</b> in	clude listed property	. See	instructions.)		
14	Special depreciation	on allowance	for qualified property	/ (other than	listed prope	rty) placed in service				
			ons				14			
15	Property subject to	section 168(f)	(1) election				15			
16	Other depreciation						16			
Part	III MACRS De	preciation (D	<b>Don't</b> include listed	property. Se	e instruction	s.)				
	Section A									
			aced in service in tax y				17			
			-	-	-	one or more general				
	asset accounts, che									
	Section B	1		g 2023 Tax Y	ear Using the	General Depreciation	Syst	tem		
<b>(a)</b> C	classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Conventior	(f) Method	(g) [	Depreciation deduction		
19a	3-year property									
b	5-year property									
С	7-year property									
d	10-year property									
е	15-year property									
	20-year property									
	25-year property			25 yrs.		S/L				
h	Residential rental	01/23	95,000.	27.5 yrs.	MM	S/L		3,311.		
	property			27.5 yrs.	MM	S/L				
i	Nonresidential real			39 yrs.	MM	S/L				
	property				MM	S/L				
	Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System									
20a	Class life					S/L				
b	12-year			12 yrs.		S/L				
c	30-year			30 yrs.	MM	S/L				
	40-year			40 yrs.	MM	S/L				
Part	IV Summary (	See instruction	ons.)							
21	Listed property. En	ter amount fro	m line 28				21			
						(g), and line 21. Enter				
	here and on the app	oropriate lines	of your return. Partne	rships and S	corporations-	-see instructions .	22	3,311.		
23	23 For assets shown above and placed in service during the current year, enter the									

For Paperwork Reduction Act Notice, see separate instructions.

portion of the basis attributable to section 263A costs . \_ . . . . . . . . . . .

23

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Form <b>8582</b>	Passive
Department of the Treasury	Attac
Internal Revenue Service	Go to www.irs.gov/Fo

## **Activity Loss Limitations**

See separate instructions.

ch to Form 1040, 1040-SR, or 1041.

orm8582 for instructions and the latest information.

OMB No. 1545-1008 20 3 Attachment Sequence No. **858** 

Identifying number 729-57-5683

Pa	t 2023 Passive Activity Los Caution: Complete Parts IV a		eting Part I.				
	Il Real Estate Activities With Active F ance for Rental Real Estate Activitie			ive participation, s	ee <b>Special</b>		
1a	Activities with net income (enter the a	amount from Part IN	/, column (a)) .		0.		
b	Activities with net loss (enter the amo			· ·	13,003.)		
С	Prior years' unallowed losses (enter t				)		
d	Combine lines 1a, 1b, and 1c					1d	-13,003.
All Oi	her Passive Activities						
2a	Activities with net income (enter the a	amount from Part V	, column (a)) .	2a			
b	Activities with net loss (enter the amo	ount from Part V, co	olumn (b))	<b>2b</b> (	)		
С	Prior years' unallowed losses (enter t				)		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d and subtra- zero or more, stop here and include prior year unallowed losses entered normally used	this form with you	ur return; all losse Report the losses	es are allowed, inc	luding any	3	-13,003.
	If line 3 is a loss and: • Line 1d is a	loss, go to Part II.			1		·
	• Line 2d is a	loss (and line 1d is	zero or more), ski	ip Part II and go to	line 10.		
	on: If your filing status is married filing	separately and yo	u lived with your	spouse at any tim	e during the	year,	do not complete
	. Instead, go to line 10.						
Par				•			
4	Note: Enter all numbers in Pa	•		tions for an examp	le.	4	12.002
4 5	Enter the <b>smaller</b> of the loss on line Enter \$150,000. If married filing sepa			 <b>  5  </b> 1	 FO 000	4	13,003.
6	Enter modified adjusted gross incom	-			50,000. 17,413.		
U	<b>Note:</b> If line 6 is greater than or equation line 9. Otherwise, go to line 7.				17,413.		
7	Subtract line 6 from line 5			7	32,587.		
8	Multiply line 7 by 50% (0.50). Do not e	enter more than \$25	,000. If married filir			8	16,294.
9	Enter the smaller of line 4 or line 8. I	f line 3 includes any	CRD, see instruc	ctions		9	13,003.
Par	III Total Losses Allowed						· · · · ·
10	Add the income, if any, on lines 1a a	nd 2a and enter the	total			10	0.
44							
11	Total losses allowed from all passi		23. Add lines 9 an	nd 10. See instructi	ons to find		
	out how to report the losses on your	tax return				11	13,003.
Par	out how to report the losses on your	tax return				11	13,003.
	out how to report the losses on your Complete This Part Before	tax return	a, 1b, and 1c. S				13,003. in or loss
	out how to report the losses on your	tax return <b>e Part I, Lines 1</b> Currer (a) Net income (line 1a)	a, 1b, and 1c. S at year (b) Net loss (line 1b)	ee instructions.		rall ga	in or loss (e) Loss
Par	out how to report the losses on your Complete This Part Before	tax return <b>e Part I, Lines 1</b> Currer (a) Net income	a, 1b, and 1c. S at year (b) Net loss	ee instructions. Prior years (c) Unallowed	 Ove	rall ga	in or loss
Par	Out how to report the losses on your           Complete This Part Before           Name of activity	tax return <b>e Part I, Lines 1</b> Currer (a) Net income (line 1a)	a, 1b, and 1c. S at year (b) Net loss (line 1b)	ee instructions. Prior years (c) Unallowed	 Ove	rall ga	in or loss (e) Loss
Par	Out how to report the losses on your           Complete This Part Before           Name of activity	tax return <b>e Part I, Lines 1</b> Currer (a) Net income (line 1a)	a, 1b, and 1c. S at year (b) Net loss (line 1b)	ee instructions. Prior years (c) Unallowed	 Ove	rall ga	in or loss (e) Loss

Total. Enter on Part I, lines 1a, 1b, and 1c

REV 01/12/24 PRO

Form 8582 (2023)

Name(s) shown on return

UDAY KUMAR CHAPARALA

Part		20	103	Dae	sive	Acti
DAI	nυ	MAR	Сп.	APAI	КАЬА	7

	ance for Rental Real Estate Activities in the instructions.)		
b c	Activities with net income (enter the amount from Part IV, column (a)).1a0.Activities with net loss (enter the amount from Part IV, column (b))1b( 13,003.)Prior years' unallowed losses (enter the amount from Part IV, column (c))Combine lines 1a, 1b, and 1c	1d	-13,003.
	her Passive Activities		10,000.
2a b c	Activities with net income (enter the amount from Part V, column (a)).2aActivities with net loss (enter the amount from Part V, column (b))Prior years' unallowed losses (enter the amount from Part V, column (c))	-	
d	Combine lines 2a, 2b, and 2c	2d	
3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-13,003.
	normally used	5	13,003.

13,003. 0. For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2023)									Page <b>2</b>
Part V Complete This Part Be	fore P	art I, Lines 2	a, 2b,	and 2c. S	See instru	ctions.			
	Current year				Prior ye		Overa	all ga	ain or loss
Name of activity	(a	(a) Net income (b (line 2a)		Net loss (c) Unall ne 2b) loss (lin					(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2									
Part VI Use This Part if an Am			art II,	, Line 9. S		ctions.			
Name of activity	ar to	rm or schedule nd line number be reported on se instructions)	(a	) Loss	(b) Ra	atio	<b>(c)</b> Special allowance		<b>(d)</b> Subtract column (c) from column (a).
KODALI VARI STREET		E Ln 22		13,003.	1.0000	0000	13,00	)3.	0.
 Total				13,003.	1.0	0	13,00	)3.	0.
Part VII Allocation of Unallowe			uction	s.		•	20,00		<u> </u>
Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a)	Loss	(	<b>b)</b> Ratio	(c	) Unallowed loss
 Total							1.00		
Part VIII Allowed Losses. See in	nstructi	ions.							
Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a)	Loss	<b>(b)</b> Un	allowed loss	(	<b>c)</b> Allowed loss
Total									

REV 01/12/24 PRO

Form **8582** (2023)

FILING STATUS       1. X       Single (If you can be claimed on another person's tax return, use Filing Status 6.)         CHECK ONE BOX ▶       2. Married filing joint return or spouse had no income         See Instruction 1 if you are       3. Married filing separately, Spouse SSN ▶	FOI		SIDENT INCOME X RETURN		235020013		2 \$
Your Social Security Number       Spoule's Social Security Number       Does your name match the frame or your social security Number         CHAPARAIA       Does your name match the frame or your social security Social Social Security Social	OR FISCAL YEAR B	EGINNING	2023, ENDIN	G			
CHAPARALA Your Lask Name       Does your name mitch the name on your social security Graff This to be name you get credit for your personal 1978 CARLYLE DR         Spoule's List Name       M         1678 CARLYLE DR       Or visit sea.gov.         1678 CARLYLE DR       MD         Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)       CROFTON       MD       21114         Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)       CROFTON       MD       21114         Foreign Country Name       Foreign Province/State/County         Foreign Postal Code       Foreign Province/State/County         REQUIRED: Maryland Physical address of taxing area as of December 31, 2023 or last day of the taxable year for fiscal taxpayers. See Instruction 6. Part-year residents see Instruction 26.         0200       ANNE ARUNDEL       Maryland Political Subdivision (See Instruction 67)         1678 CARLYLE DR       Maryland Street Name (No Po Box)       A         A       Naryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No Po Box)       A         A       State       21114       ANNE ARUNDEL         Cav       State       21114       ANNE ARUNDEL         Cav       State       21114       ANNE ARUNDEL         Care       State       21114       ANNE ARUNDEL         Cav       State	Your Social Security No UDAY KUMAR	imber Spouse's	Social Security Number	Т	MA		
Your Last Name       Does your name match the request you can be ensure you or visit sea.gov.         Spoule's First Name       MI       Does your name each the you can be ensure you can be ensure you or visit sea.gov.         1678 CARLYLE DR       Current Malling Address Line 1 (Street No. and Street Name or PO Box)       A         A       Current Malling Address Line 2 (Apt No., Suite No., Floor No.)       CROFTON       MD       21114         Foreign Country Name       Foreign Province/State/County       Foreign Province/State/County         Foreign Postal Code       ANNE       ANNE ARUNDEL       F         4 Digit Political Subdivision C6 Part-year residents see Instruction 26.       0200       ANNE ARUNDEL       F         4 Digit Political Subdivision C6 Part-year resident see Instruction 26.       0200       F       F         Maryland Physical Address Line 1 (Street No., and Street Name) (No PO Box)       F       A       F         Maryland Physical Address Line 2 (Apt No., Suite No., Yoo No.) (No PO Box)       A       A       F         Strate ZIP Code + 4       Maryland County       F       Sinte       ZIP Code + 4							
Spouse's Last Name       MI       Exemptions, contact SSA at 1 1 - 500/772-1213         Spouse's Last Name       In Figure 2 (Apple 2)       In Figure 2)         Spouse's Last Name       In Figure 2)       In Figure 2)         Current Mailing Address Line 1 (Street No. and Street Name or PO Box)       In CROFTON       MD       21114         Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)       City or Town       State       ZIP Code + 4         Foreign Country Name       Foreign Province/State/County       Foreign Province/State/County         Foreign Postal Code       Anne ARUNDEL       Anne ARUNDEL         A Digle Policical Subdivision Code (See Instruction 6. Part-year residents see Instruction 26.       O200       ANNE ARUNDEL         A Digle Policical Subdivision Code (See Instruction 6)       Maryland Policical Subdivision (See distruction 6)       Anne Aralynad Policical Subdivision (See distruction 6)         A Digle Policical Address Line 2 (Apt No., Suite No., Roor No.) (No PO Box)       A       Anne Aralynad Policical Subdivision (See Giffernet Name) (No PO Box)         A       Maryland Physical Address Line 2 (Apt No., Suite No., Roor No.) (No PO Box)       A       Anne Arund County         FILLING       I. X Single (If you can be claimed on another person's tax return, use Filing Status 6.)       CROFTON         City Care       I. Married filing joint return or spouse had no income       So			name on your social security card? If not, to ensure you				
1678 CARLYLE DR         Current Mailing Address Line 1 (Street No. and Street Name or PO Box)         A		MI	exemptions, contact SSA at 1-800-772-1213				
Current Mailing Address Line 1 (Street No.: and Street Name or PO Box)       MD       21114         Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)       City or Town       State       ZIP Code + 4         Foreign Country Name       Foreign Province/State/County         Foreign Postal Code       Foreign Province/State/County         REQUIRED: Maryland Physical address of taxing area as of December 31, 2023 or last day of the taxable year for fiscal taxpayers. See Instruction 6. Part-year residents see Instruction 26.       0200         4 Dipt Political Subdivision Code (See Instruction 6)       Manyland Political Subdivision (See Instruction 6)       F         Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)       A       F         Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)       A       Maryland County         REQUIRED:       I.       Single (If you can be claimed on another person's tax return, use Filing Status 6.)       CROFTON         City       State       ZIP Code + 4       Maryland County         FILING STATUS       1.       K       Single (If you can be claimed on another person's tax return, use Filing Status 6.)         CHECK ONE BOX ▶       3.       Married filing separately, Spouse SSN ▶							
A       CROFTON       MD       21114         Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)       City or Town       State       ZIP Code + 4         Foreign Country Name       Foreign Province/State/County         Foreign Postal Code       Foreign Province/State/County         REQUIRED: Maryland Physical address of taxing area as of December 31, 2023 or last day of the taxable year for fiscal taxpayers. See Instruction 60.       Poreign Province/State/County         4 Digle Political Subdivision Code (See Instruction 6)       ANNE ARUNDEL       Foreign Province/State/County         4 Digle Political Subdivision Code (See Instruction 6)       Maryland Political Subdivision Code (See Instruction 6)       Foreign Province/State/County         Maryland Physical Address Line 2 (Apt No., Suite No., Ploor No.) (No PO Box)       F       F         CROFTON       MD       21114       ANNE ARUNDEL         Catr       State       ZIP Code + 4       Maryland County         FILING       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 SSN >			and Street Name or DO Rev)				
Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)       City or Town       State       ZIP Code + 4         Foreign Country Name       Foreign Province/State/County         Foreign Postal Code       Foreign Province/State/County         REQUIRED: Maryland Physical address of taxing area as of December 31, 2023 or last day of the taxable year for fiscal taxapyers. See Instruction 6. Part-year residents see Instruction 26.         0200       ANNE ARUNDEL         4 Digt Political Subdivision Code (See Instruction 6)       Maryland Political Subdivision (See Instruction 6)         1678       CARLYLE DR         Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)       F         A       Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)       CROFTON         CROFTON       MD       21114       ANNE ARUNDEL         City       State       ZIP Code + 4       Maryland County         FILING       1.       X       Single (If you can be claimed on another person's tax return, use Filing Status 6.)         CHECK ONE       3.       Married filing separately, Spouse SSN ▶	-	S LINE I (Street NO. )		$\cap \mathbb{F}^{m} \cap \mathbb{N}$	MD	2111/	
Foreign Postal Code         REQUIRED: Maryland Physical address of taxing area as of December 31, 2023 or last day of the taxable year for fiscal taxpayers. See Instruction 6. Part-year residents see Instruction 26.         0200       ANNE ARUNDEL         4 Digit Political Subdivision Code (See Instruction 6)       Maryland Political Subdivision (See Instruction 6)         1678       CARLYLE DR         Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)       F         A       Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)         CROFTON       MD       21114         City       State       ZIP Code + 4         Maryland Physical Address       I.       X         Single (If you can be claimed on another person's tax return, use Filing Status 6.)       CHECK ONE         See Instruction       1.       Married filing separately, Spouse SSN ▶         See Instruction       3.       Married filing separately, Spouse SSN ▶         Geo Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)         PART-YEAR       Dates of Maryland Residence (MM DD YYYY) FROM       TO		s Line 2 (Apt No., Su					
Foreign Postal Code         REQUIRED: Maryland Physical address of taxing area as of December 31, 2023 or last day of the taxable year for fiscal taxpayers. See Instruction 6. Part-year residents see Instruction 26.         0200       ANNE ARUNDEL         4 Digit Political Subdivision Code (See Instruction 6)       Maryland Political Subdivision (See Instruction 6)         1678       CARLYLE DR         Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)       F         A       Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)         CROFTON       MD       21114         CROFTON       MD       21114         CROFTON       MD       21114         Amaryland Physical Address       I.       X         Single (If you can be claimed on another person's tax return, use Filing Status 6.)       Status         STATUS       I.       X       Single (If you can be claimed on another person's tax return, use Filing Status 6.)         CHECK ONE       Box ▶       See Instruction       In Married filing separately, Spouse SSN ▶         See Instruction       I.       Head of household       Image: Part of the second							
REQUIRED: Maryland Physical address of taxing area as of December 31, 2023 or last day of the taxable year for fiscal taxapayers. See Instruction 6. Part-year residents see Instruction 26.         0200       ANNE ARUNDEL         4 bigit Political Subdivision code (See Instruction 6)       Maryland Polysical Address Line 1 (Street No. and Street Name) (No PO Box)         A       Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)       F         CROPTON       MD       21114       ANNE ARUNDEL         City       State       ZIP Code + 4       Maryland County         FILING       1.       X       Single (If you can be claimed on another person's tax return, use Filing Status 6.)         CHECK ONE       2.       Married filing joint return or spouse had no income       3.       Married filing separately, Spouse SSN ▶	Foreign Country Name				Foreign Province/State/Count	Σ <b>γ</b>	
FILING STATUS       1. X Single (If you can be claimed on another person's tax return, use Filing Status 6.)         CHECK ONE BOX ▶       2. Married filing joint return or spouse had no income         See Instruction 1 if you are required to file.       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       Dates of Maryland Residence (MM DD YYYY) FROMTO	4 Digit Political Su 1678 CARL Maryland Physical Maryland Physical 000000000000000000000000000000000000	YLE DR Address Line 1 (Stree	nstruction 6) Maryland Politica at No. and Street Name) (No PO Box	al Subdivision (See In	ONL	F	
FILING       1. X Single (If you can be claimed on another person's tax return, use Filing Status 6.)         CHECK ONE BOX ►       2. Married filing joint return or spouse had no income         See Instruction 1 if you are required to file.       3. Married filing separately, Spouse SSN ►         4. Head of household       5. Qualifying surviving spouse with dependent child         5. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)         PART-YEAR RESIDENT       Dates of Maryland Residence (MM DD YYYY) FROMTO	CROFTON					IDEL	
<b>RESIDENT</b> Other state of residence:	FILING STATUS CHECK ONE BOX ► See Instruction 1 if you are	2.       Marr         3.       Marr         4.       Head         5.       Qual	ied filing joint return or spo ied filing separately, Spous I of household ifying surviving spouse wit	e SSN ►	ne		
26. <b>MILITARY:</b> If you or your spouse has <b>non-Maryland</b> military income, place an <b>M</b> in the box	<b>RESIDENT</b> See Instruction	Dates of Mary Other state of If you began o	vland Residence (MM DD residence: r ended legal residence in N	<b>YYYY) FROM</b> Maryland in 2023	place a <b>P</b> in the box		

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RESIDENT INCOME TAX RETURN



2023 Page 2

Name UDAY KUN	1AR	CHAPARALA ssn 729575683		
<b>EXEMPTIONS</b> See Instruction 10. Check appropriate box(es). <b>NOTE:</b> If you are claiming dependents, you <b>must attach the</b> <b>Dependents'</b>	А. В.	X       Yourself       Spouse       Spouse       See Instruction 10       A. \$         65 or over       65 or over       65 or over       Blind       Blind       Blind       X \$1,000       A. \$	1600	00
Information Form 502B to this	с.	Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$		00
form to receive the applicable exemption amount	D.	Enter Total Exemptions (Add A, B and C.) 1 Total AmountD. \$	1600	00
	С	heck here  If you do not have health care coverage DOB (mm/dd/yyyy)		
MARYLAND HEALTH CARE COVERAGE	с	heck here  If your spouse does not have health care coverage DOB (mm/dd/yyyy)		
See Instruction 3.	С	heck 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 🕨		
INCOME		Adjusted gross income from your federal return	117413	00
See Instruction 11.		Wages, salaries and/or tips.       1a.       117413       00         Earned income       1b.       00		
		Capital Gain or (loss)		
	1d.	Taxable Pensions, IRAs, Annuities ( <b>Attach Form 502R.</b> ) ► 1d. 00		
	1e.	Place a "Y" in this box if the amount of your investment income is more than \$11,000>		
ADDITIONS TO MARYLAND INCOME See Instruction 12.	3. 4. 5.	Lump sum distributions (from worksheet in Instruction 12.) 4.	F	00 00 00 00
		Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)		00
	1	Taxable refunds, credits or offsets of state and local income taxes included in line 1 > 8.		00 00
SUBTRACTIONS	1	Child and dependent care expenses       9.         Pension exclusion from worksheet (13A)       Yourself ►         Spouse ►      ►		00
FROM MARYLAND		. Ranger pension exclusion from worksheet (13E)       . Yourself ►       Spouse ►      ► 10b.		00
INCOME		Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11.		00
See Instruction 13.		Income received during period of nonresidence (See Instruction 26.) ▶ 12.		00
	13.	Subtractions from attached Form 502SU		00
	14.	Two-income subtraction from worksheet in Instruction 13 ▶ 14.		00
	15.	Total subtractions (Add lines 8 through 14. See instructions.)		00
	16.		117413	00
		taxpayers must select one method and check the appropriate box.		
DEDUCTION		X STANDARD DEDUCTION METHOD (Enter amount on line 17.)		
METHOD			00	
See Instruction 16.		<b>17a.</b> Total federal itemized deductions (from line 17, federal Schedule A) . ► 17a.	00	
		<b>17b.</b> State and local income taxes (See Instruction 14.) ▶ 17b		
	17	Subtract line 17b from line 17a and enter amount on line 17.	2550	0.0
	1	Deduction amount (Part-year residents see Instruction 26 (I and m).)▶ 17.	114863	00
		Net income (Subtract line 17 from line 16.)	1600	00
	19.		113263	00
	20.	Taxable net income (Subtract line 19 from line 18.)	110200	00



### RESIDENT INCOME TAX RETURN



235020213

NameUDAY KUM	AR (	CHAPARALA SSN 729575683	
	21.	Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	5361
MARYLAND	21a	. Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR) 21a.	
ГАХ	22.	Earned income credit (EIC) (See Instruction 18.)	
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.	
	23.	Poverty level credit (See Instruction 18.).	
	24.	Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24.	
	25.	Business tax credits You must file this form electronically to claim business tax credits	dits on Form 50
	26.	Total credits (Add lines 22 through 25.)	
	27.	Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27.	5361
OCAL TAX		Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	
		your local tax rate .0 0281 or use the Local Tax Worksheet	3128
	29.	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29.	
		Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.	
		Local tax credit from Part BB, line 1 of Form 502CR ( <b>Attach Form 502CR.</b> )	
		Total credits (Add lines 29 through 31.) 32.	
		Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	21.00
	34.	Total Maryland and local tax (Add lines 27 and 33.)	8489
ONTRIBUTIONS		Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35.	00
		Contribution to Developmental Disabilities Services and Support Fund ▶ 36.	00
ee Instruction 20.		Contribution to Maryland Cancer Fund	00
		Contribution to Fair Campaign Financing Fund	00
	39.	Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.). 39.	8489
	40.	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms	(
		and attach if MD tax is withheld.)	8502
	41.	2023 estimated tax payments, amount applied from 2022 return, payment made	
		with an extension request, and Form MW506NRS + 41.	F
	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.	
	44.	Total payments and credits (Add lines 40 through 43.)	8502
	45.	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.) ▶ 46. —	13
	47.	Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX ► 47.	
REFUND	48.	Amount of overpayment TO BE REFUNDED TO YOU	
		(Subtract line 47 from line 46.) See line 51	13
	49.	Check here if you are attaching Form 502UP. Enter interest charges from line 18,	
		or for late filing or homebuyer withdrawal penalty ► 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 502

RESIDENT INCOME TAX RETURN



**2023** Page 4

	233020313					
NameUDAY KUMAR CHAPARALA SSN 7	29575683					
DIRECT DEPOSIT OF REFUND (See Instruction 22.) Verify that a	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.					
X 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 t	he United States.					
<b>51a.</b> Type of account: ► X Checking Savings <b>51b.</b>	Routing Number (9-digits)  111000025					
<b>51c.</b> Account Number ► 488051569989						
<b>51d.</b> Name(s) as it appears on the bank account						
3617775143						
Daytime telephone no. Home telephone no.	CODE NUMBERS (3 digits per line)					
Check here if you authorize your preparer to discuss this return	n with us. Check here <b>I</b> if you authorize your paid preparer					
not to file electronically. Check here $\blacktriangleright$ if you agree to receive y Instruction 24.)	your 1099G Income Tax Refund statement electronically (See					
Under penalties of perjury, I declare that I have examined this return the best of my knowledge and belief it is true, correct and complete based on all information of which the preparer has any knowledge.						
Your signature  GLOBAL TAXES LLC  Printed name of the Preparer / or Firm's name	Spouse's signature Date 245 ROONEY CT F 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 completed return to:	6789659522Telephone number of preparerPreparer's PTIN (Required by Law)					
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, or go to marylandtaxes.gov and click on Pay.					
For returns filed with payments, attach your check or money order to Form PV. Make your check or money order payable to Comptroller of Maryland. On your check or money order, you must include the Social Security number/Individual Taxpayer Identification Number of the taxpayer if filing individually. If filing jointly, you must include the Social Security number/ ITIN of the primary taxpayer, tax year, and tax type on the check/money order. Failure to include this information will delay the processing of your payment. Do not staple Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to: Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888	TMAIL					

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