

e-File DECLARATION FOR ELECTRONIC FILING



2023

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

5 Š JAYALAKSHMI		JAMISETTI	21279313	7
First Name	MI	Last Name		dentification Number
11 Lo				
Spouse's First Name	MI	Spouse's Last Name	SSN/Taxpayer I	dentification Number
Part I Tax Return Information (whole de	ollars on	ly)		
1. Amount of overpayment to be applied to 20	24 estima	ted tax	1	00
2. Amount of overpayment to be refunded to y	ou			00
3. Total amount due (Pay in full by April 15, 20)24. See i	nstructions.)	▶3	327 00
Part II Taxpayer Declaration and Signatu	re Autho	rization		
Under penalties of perjury, I declare that I have that I provided to my Electronic Return Origin agree with the amounts shown on the corresponding and belief, my return is true, corresponding to the Maryland Revenue of software provider.	nator (ERC conding li ect and co	O) or entered on-line and that the nes of my 2023 Maryland electron omplete. I consent that my return	name(s) and amounts ic income tax return. Including accompanyi	described above to the best of my ng schedules and
Your PIN: check one box only				
X I authorize GLOBAL TAXES LLC		to enter or generate	my PIN 9 3 1 3 7	Enter five digits. Do not enter all
ERO firm name as my signature on my tax year 2023 elect	tronically		,	zeros.
I will enter my PIN as my signature on my entering your own PIN and your return is to Your signature				
Spouse's PIN: check one box only				
I authorize		to enter or generate	n my DTN	Enter five digits. Do not enter all
ERO firm name as my signature on my tax year 2023 elect			FIN FIN	zeros.
			watuum Chaak this hay	enly if you are
I will enter my PIN as my signature on my entering your own PIN and your return is t				
Spouse's signature			Date	
	ractition	er PIN Method Returns Only		
	actition	er FIN Method Returns Only		
Part III Certification and Authentication -			224960827	1 Do not enter
ERO's EFIN/PIN. Enter your six-digit EFIN follows	owed by y	your five-digit self-selected PIN. 2	224900027	all zeros.
I certify this numeric entry is my PIN, which is a taxpayer(s). I confirm that I am submitting this Maryland MeF Handbook for Authorized e-file Pr	return in			
ERO's signature			Date 0406202	4
LIVO 3 SIGNALANCE		DO NOT M		

MARYLAND FORM 502

Place your W-2 wage and tax statements and ATTACH HERE

RESIDENT INCOME TAX RETURN



2023

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taxpayers. See Instr 1700 4 Digit Political Subdivision 9236 STREAM VI Maryland Physical Address LAUREL City FILING STATUS CHECK ONE BOX See Instruction I if you are 1700 1 Instruction 1 I	MI DING DR (Street No. and Street N	No., Floor No.) address of taxing a Part-year residen PRII	security re you And the security City or Town area as of Decents see Instru NCE GEORGE	Foreign cember 31, 2023 uction 26.	TX State	75065 ZIP Code + 4
TOUR Social Security Number JAYALAKSHMI Your First Name JAMISETTI Your Last Name Spouse's First Name Spouse's First Name Spouse's Last Name 4008 KYLE'S LAND Current Mailing Address Line 1 Current Mailing Address Line 2 Foreign Country Name Foreign Postal Code REQUIRED: Marylan taxpayers. See Instr 1700 4 Digit Political Subdivision 9236 STREAM VI Maryland Physical Address Maryland Physical Address LAUREL City FILING STATUS CHECK ONE BOX See Instruction I if you are required to file. 4.	MI DING DR (Street No. and Street N	Does your name mat name on your social card? If not, to ensur get credit for your pe exemptions, contact 1-800-772-1213 or visit ssa.gov. If Street Name or PO Bo No., Floor No.) Address of taxing a part-year residen PRII	security re you And the security City or Town area as of Decents see Instru NCE GEORGE	Foreign cember 31, 2023 uction 26.	State	ZIP Code + 4
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Spouse's Last Name 4008 KYLE'S LAND Current Mailing Address Line 1 Current Mailing Address Line 2 Goreign Country Name Goreign Postal Code REQUIRED: Marylant taxpayers. See Instruction 1 if you are equired to file. REQUIRED: Maryland Physical Address 1700 4 Digit Political Subdivision 9236 STREAM VIMaryland Physical Address LAUREL City 1. STATUS See Instruction 1 if you are equired to file. 4.	OING DR (Street No. and Street No., Suite No	exemptions, contact 1-800-772-1213 or visit ssa.gov. d Street Name or PO Bo No., Floor No.) address of taxing a Part-year resider PRII	HICKORY City or Town area as of Decrets see Instru	Foreign cember 31, 2023 uction 26.	State	ZIP Code + 4
A008 KYLE'S LAND Current Mailing Address Line 1 Current Mailing Address Line 2 Foreign Country Name Foreign Postal Code REQUIRED: Marylant taxpayers. See Instruction A Digit Political Subdivision 9236 STREAM VI Maryland Physical Address LAUREL City FILING STATUS CHECK ONE BOX See Instruction I if you are required to file. 4.	(Street No. and Street No., Suite	No., Floor No.) address of taxing a Part-year residen PRII	HICKORY City or Town area as of Dec ots see Instru	Foreign cember 31, 2023 uction 26.	State	ZIP Code + 4
Current Mailing Address Line 1 Current Mailing Address Line 2 Coreign Country Name Coreign Postal Code REQUIRED: Marylan taxpayers. See Instruction 1 A Digit Political Subdivision 9236 STREAM VI Maryland Physical Address LAUREL City FILING STATUS CHECK ONE BOX See Instruction 1 if you are required to file. 2. 4.	(Street No. and Street No., Suite	No., Floor No.) address of taxing a Part-year residen PRII	HICKORY City or Town area as of Dec ots see Instru	Foreign cember 31, 2023 uction 26.	State	ZIP Code + 4
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REQUIRED: Marylan taxpayers. See Instruction and tayland Physical Address Maryland Physical Address LAUREL City FILING STATUS CHECK ONE BOX > See Instruction if you are equired to file. Goreign Country Name Maryland Physical Subdivision 1. 2. 3. 4.	nd Physical acruction 6. Pa	nddress of taxing a P art-year reside r PRII	city or Town area as of Dec nts see Instru NCE GEORGE	Foreign cember 31, 2023 uction 26.	State	ZIP Code + 4
REQUIRED: Marylan taxpayers. See Instruction and tayland Physical Address Maryland Physical Address LAUREL City FILING STATUS CHECK ONE BOX > See Instruction if you are equired to file. Goreign Country Name Maryland Physical Subdivision 1. 2. 3. 4.	nd Physical acruction 6. Pa	nddress of taxing a P art-year reside r PRII	area as of Dec nts see Instru NCE GEORGE	cember 31, 2023 uction 26.	n Province/State/County	,
REQUIRED: Marylan taxpayers. See Instruction 1700 4 Digit Political Subdivision 9236 STREAM VIMaryland Physical Address Maryland Physical Address LAUREL City FILING 1. CHECK ONE 30X > 2. See Instruction if you are equired to file. 4.	Code (See Instru	Part-year resider PRII	nts see Instru NCE GEORGE	cember 31, 2023 uction 26.		
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REQUIRED: Marylan taxpayers. See Instruction 1700 4 Digit Political Subdivision 9236 STREAM VI Maryland Physical Address Maryland Physical Address LAUREL City SILING STATUS CHECK ONE BOX SCHECK ONE GENERAL STATUS	Code (See Instru	Part-year resider PRII	nts see Instru NCE GEORGE	uction 26.	or last day of the	taxable year for fiscal year
REQUIRED: Marylan taxpayers. See Instruction 1700 4 Digit Political Subdivision 9236 STREAM VI Maryland Physical Address Maryland Physical Address LAUREL City STATUS CHECK ONE BOX SEE Instruction if you are equired to file.	Code (See Instru	Part-year resider PRII	nts see Instru NCE GEORGE	uction 26.	or last day of the	taxable year for fiscal year
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taxpayers. See Instr 1700 4 Digit Political Subdivision 9236 STREAM VI Maryland Physical Address Maryland Physical Address LAUREL City ILING STATUS CHECK ONE BOOX Gee Instruction if you are equired to file. 4.	Code (See Instru	Part-year resider PRII	nts see Instru NCE GEORGE	uction 26.	or last day of the	taxable year for fiscal year
LAUREL City SILING STATUS CHECK ONE GOOX Good Instruction if you are equired to file. 4.		No. and Street Name) (N	No PO Box)			
LAUREL City FILING STATUS CHECK ONE BOX See Instruction I if you are equired to file. 4.	Line 2 (Ant No. 9	Suite No. Floor No.) (N	No PO Boy)			
CITY CILING STATUS CHECK ONE BOX See Instruction if you are equired to file. 4.	Line 2 (Apt No., s	, Suite No., 11001 No.) (1		20722	DDINGE GE	OD GELG
TILING STATUS CHECK ONE BOX ► See Instruction I if you are required to file. 1. 2. 3. 4.			MD	20723	PRINCE GE	ORGE'S
STATUS CHECK ONE BOX See Instruction if you are equired to file. 4.			State	ZIP Code + 4	Maryland County	
BOX ► See Instruction if you are equired to file. 4.	Single ((If you can be clai	imed on anoth	ner person's tax i	return, use Filing S	Status 6.)
l if you are equired to file.	Married	rried filing joint return or spouse had no income				
4.	See Instruction 1 if you are required to file. X Married filing separately, Spouse SSN ▶ 634700517					
5.						
	Qualifyir	ring surviving spou	use with deper	ndent child		
6.	Depende	dent taxpayer (En	ter 0 in Exemp	ption Box (A) - S	See Instruction 7.))
				N EDOM 0101		1.000
See Instruction If you MILI	es of Marylar r state of resi	and Residence (N	MM DD YYYY)) FROM OTOT	2023 то 073	12023

RESIDENT INCOME TAX RETURN



2023 Page 2

Name JAYALAKS	SHMI JAMISETTI SSN212793137						
EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming	A. ▶ X Yourself ▶ Spouse Enter number checked 1 See Instruction 10 A. \$ B. ▶ 65 or over ▶ 65 or over	00					
dependents, you must attach the Dependents'	▶ Blind ▶ Blind Enter number checked X \$1,000	00					
Information Form 502B to this form to receive	C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C.\$	00					
the applicable exemption amount	D. Enter Total Exemptions (Add A, B and C.)	0 00					
MARYLAND HEALTH CARE	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) ►						
COVERAGE See Instruction 3.	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						
LNICOME	1. Adjusted gross income from your federal return	6 00					
INCOME See Instruction 11.	1a. Wages, salaries and/or tips						
See man denom 11.	1b. Earned income						
	1c. Capital Gain or (loss) ▶ 1c. 164 00 1d. Tayable Pensions, IRAs, Appuities (Attach Form 503R) ▶ 1d. 00						
	1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ► 1d. 00						
	1e. Place a "Y" in this box if the amount of your investment income is more than \$11,000 . ▶	0.0					
ADDITIONS	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland	$\begin{array}{cc} & 00 \\ 00 \end{array}$					
ADDITIONS TO MARYLAND	3. State retirement pickup						
INCOME	 4. Lump sum distributions (from worksheet in Instruction 12.) 5. Other additions (Enter code letter(s) from Instruction 12.) A B A B B B B C D D	_ 00 4 00					
See Instruction 12.		_					
	The standard of the standard o						
	 7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	00					
		_ 00					
SUBTRACTIONS	9. Child and dependent care expenses	_ ::					
FROM MARYLAND	10b. Ranger pension exclusion from worksheet (13E) Yourself ► Spouse ► ► 10b.	_					
INCOME	11 Taxable Social Security and RR benefits (Tier I. II and supplemental) included in line 1 ▶ 11	0.0					
See Instruction 13.	12. Income received during period of nonresidence (See Instruction 26.) ▶ 12. 16413	0 00					
	13. Subtractions from attached Form 502SU ▶	0.0					
	14. Two-income subtraction from worksheet in Instruction 13▶ 14.	00					
	15. Total subtractions (Add lines 8 through 14. See instructions.) ▶ 15. 16413	0 0 0					
	16. Maryland adjusted gross income (Subtract line 15 from line 7.)	0 0 0					
	All taxpayers must select one method and check the appropriate box.						
DEDUCTION	X STANDARD DEDUCTION METHOD (Enter amount on line 17.)						
METHOD	► ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)						
See Instruction 16.	17a. Total federal itemized deductions (from line 17, federal Schedule A) . ▶ 17a00						
	17b. State and local income taxes (See Instruction 14.) ▶ 17b						
	Subtract line 17b from line 17a and enter amount on line 17.	4					
	17. Deduction amount (Part-year residents see Instruction 26 (I and m).) ▶ 17.	0.0					
	18. Net income (Subtract line 17 from line 16.)	00					
	19. Exemption amount from Exemptions area (See Instruction 10.)	0 00					
	20. Taxable net income (Subtract line 19 from line 18.)	6 00					

MARYLAND **FORM**

RESIDENT INCOME TAX RETURN



2023 Page 3

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

MARYLAND **FORM** 502

RESIDENT INCOME TAX RETURN



2023 Page 4

NameJAYALAKSHMI JAMISETTI

SSN 212793137

DIRECT DEPOSIT OF REFUND (See Instruct are requesting direct deposit of your refund, c			2 2
Check here if you authorize the State			i.
Check here if this refund will go to ar	n account outsi	de 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 according	unt		
2404755047			
Daytime telephone no. Home telephone no.			CODE NUMBERS (3 digits per line)
Check here if you authorize your prepare not to file electronically. Check here ▶ if Instruction 24.) Under penalties of perjury, I declare that I have the best of my knowledge and belief it is true, based on all information of which the preparer	you agree to re ve examined th , correct and co	eceive your 1099G Income Tax Refunnis return, including accompanying scomplete. If prepared by a person other	hedules and statements and to
Your signature	Date	Spouse's signature	Date
GLOBAL TAXES LLC		245 ROONEY CT	
Printed name of the Preparer / or Firm's name		Street address of preparer or Firm's	address
SYAM PRIYA RAM SAGAR GUPTA		E BRUNSWICK NJ 0881	.6
Signature of preparer other than taxpayer (Required by La	aw)	City, State, ZIP Code + 4	
For returns filed without payments, mai completed return to:	il your	6789659522 Telephone number of preparer	P02082703 Preparer's PTIN (Required by Law)

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

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

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

MARYLAND **FORM** PV

PERSONAL TAX PAYMENT VOUCHER FOR FORM 502/505, ESTIMATED TAX AND EXTENSIONS



Comptroller of Maryland Payment Processing PO Box 8888

Annapolis, MD 21401-8888

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

212793137 Your Social Security Number			
If Joint Return, Spouse's Social Security Number			
JAYALAKSHMI Your First Name MI			
JAMISETTI Your Last name			
If Joint Return, Spouse's First Name MI	Spouse's Last	Name	
4008 KYLE'S LANDING DR. Current Mailing Address - Line 1 (Street No. and Street Name or	PO Box)		
Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)			
HICKORY CREEK City or Town	T X State	75065 ZIP Code +4	
PAYMENT TYPE Check ONLY one box (1,2,3, or 4) for type of parchecked, also check box 1a., if first time estimates status has changed.			PAYMENT AMOUNT Amount you are paying by check or money order.
1. Estimated Payment/Quarterly (502D)	Tax Year:		777 00
1a. First time filer or change in filing sta	itus		327 00 Dollars Cents
2. Extension Payment (502E)	Tax Year:		Make your check or money order payable to
3. X Payment with resident return (502)	Tax Year:	5053	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
4. Payment with nonresident return (505)	Tax Year:		of your payment. Mail to:

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.