

### IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <u>APARNA HANUMANTU</u>	Social security number <u>368-87-0918</u>
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	149,651.
<b>2</b> Total tax . . . . .	<b>2</b>	25,992.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	35,795.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	9,803.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

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

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

**Taxpayer's PIN: check one box only**

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

7	0	9	1	8
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name  
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication — Practitioner PIN Method Only**

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

2	2	2	4	9	6	6	1	9	8	9
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Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 2020 See separate instructions.

Your first name and middle initial APARNA Last name HANUMANTU Your social security number 368 87 0918

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

Home address (number and street). If you have a P.O. box, see instructions. 1808 OLNEY RD Apt. no. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse

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

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Income table with 15 rows (1a-1z) and 2 columns (1a, 1b). 1a: Total amount from Form(s) W-2, box 1 (see instructions) 179,951. 1b: Household employee wages not reported on Form(s) W-2. 1c: Tip income not reported on line 1a (see instructions). 1d: Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e: Taxable dependent care benefits from Form 2441, line 26. 1f: Employer-provided adoption benefits from Form 8839, line 29. 1g: Wages from Form 8919, line 6. 1h: Other earned income (see instructions) 0. 1i: Nontaxable combat pay election (see instructions). 1z: Add lines 1a through 1h 179,951.

Table with 15 rows (2a-15) and 2 columns (2a, 2b). 2a: Tax-exempt interest. 2b: Taxable interest 305. 3a: Qualified dividends. 3b: Ordinary dividends. 4a: IRA distributions. 4b: Taxable amount. 5a: Pensions and annuities. 5b: Taxable amount. 6a: Social security benefits. 6b: Taxable amount. 7: Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8: Additional income from Schedule 1, line 10 -30,605. 9: Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 149,651. 10: Adjustments to income from Schedule 1, line 26. 11: Subtract line 10 from line 9. This is your adjusted gross income 149,651. 12: Standard deduction or itemized deductions (from Schedule A) 13,850. 13: Qualified business income deduction from Form 8995 or Form 8995-A. 14: Add lines 12 and 13 13,850. 15: Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 135,801.

Attach Sch. B if required.

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

Table with columns for line numbers (16-24) and amounts. Includes sections for Tax and Credits, with sub-rows for various tax items and their totals.

Table with columns for line numbers (25-33) and amounts. Includes sections for Payments, with sub-rows for federal income tax withheld, EIC, and other payments.

Table with columns for line numbers (34-36) and amounts. Includes sections for Refund, with sub-rows for overpaid amount, routing number, and applied tax.

Table with columns for line numbers (37-38) and amounts. Includes sections for Amount You Owe, with sub-rows for amount owed and estimated tax penalty.

Third Party Designee section with fields for name, phone number, and personal identification number (PIN).

Sign Here section with signature lines for taxpayer and spouse, including date and occupation fields.

Paid Preparer Use Only section with fields for preparer's name, signature, date, PTIN, firm's name, address, and phone number.

**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](http://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

APARNA HANUMANTU

Your social security number

368-87-0918

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0.
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	-30,605.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</b>	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 . . . . .	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>	
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-30,605.

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .		<b>20</b>
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>
<b>22</b>	Reserved for future use . . . . .		<b>22</b>
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	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 . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .		<b>26</b>

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

Attachment  
Sequence No. **09**

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

Name of proprietor <b>APARNA HANUMANTU</b>		Social security number (SSN) <b>368-87-0918</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>SOFTWARE</b>	<b>B Enter code from instructions</b> <b>5 1 9 2 0 0</b>	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D Employer ID number (EIN)</b> (see instr.)	
<b>E</b> Business address (including suite or room no.) <b>1808 OLNEY RD</b> City, town or post office, state, and ZIP code <b>FALLS CHURCH, VA 22043</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
<b>G</b> Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2023, check here . . . . . <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . <input type="checkbox"/>	<b>1</b>	
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .	<b>7</b>	

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising . . . . .	<b>8</b>		<b>18</b> Office expense (see instructions) . . . . .	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions) . . . . .	<b>9</b>	1,679.	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions) . . . . .	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	24,216.
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>		<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	650.
<b>b</b> Other . . . . .	<b>16b</b>		<b>b</b> Deductible meals (see instructions)	<b>24b</b>	1,780.
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities . . . . .	<b>25</b>	1,980.
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27b . . . . .	<b>28</b>		<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>		<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	300.
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>		<b>b</b> Energy efficient commercial bldgs deduction (attach Form 7205) . . . . .	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>				-30,605.
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.					
			<b>32a</b> <input checked="" type="checkbox"/> All investment is at risk.		
			<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?     Yes     No  
 If "Yes," attach explanation . . . . .

<b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>	
<b>36</b> Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	
<b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	
<b>38</b> Materials and supplies . . . . .	<b>38</b>	
<b>39</b> Other costs . . . . .	<b>39</b>	
<b>40</b> Add lines 35 through 39 . . . . .	<b>40</b>	
<b>41</b> Inventory at end of year . . . . .	<b>41</b>	
<b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>	

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month/day/year) 08/16/2023

**44** Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:  
**a** Business 2,563    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other 1,619

**45** Was your vehicle available for personal use during off-duty hours?     Yes     No

**46** Do you (or your spouse) have another vehicle available for personal use?     Yes     No

**47a** Do you have evidence to support your deduction?     Yes     No

**b** If "Yes," is the evidence written?     Yes     No

**Part V Other Expenses.** List below business expenses not included on lines 8–26, line 27b, or line 30.

TRASH EXPENSES		300.
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b>	300.

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2023**  
Attachment  
Sequence No. **52**

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

APARNA HANUMANTU

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
368-87-0918

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions . . . . .	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3 3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs . . . . .	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5 3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . . . .	6 3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions . . . . .	7 0.
8	Add lines 6 and 7 . . . . .	8 3,850.
9	Employer contributions made to your HSAs for 2023 . . . . .	9 3,831.
10	Qualified HSA funding distributions . . . . .	10
11	Add lines 9 and 10 . . . . .	11 3,831.
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12 19.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions) . . . . .	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b
c	Subtract line 14b from line 14a . . . . .	14c
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	16
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	17b

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule . . . . .	18
19	Qualified HSA funding distribution . . . . .	19
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	20
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21



## Additional Information From 2023 Federal Tax Return

### Schedule C (SOFTWARE): Profit or Loss from Business

Ln 24b: 50% limit

#### Itemization Statement

Description	Amount
MEALS	3,561.
<b>Total</b>	<b>3,561.</b>

### Schedule C (SOFTWARE): Profit or Loss from Business

Line 20b

#### Itemization Statement

Description	Amount
RENT(12M*\$2018PM)	24,216.
<b>Total</b>	<b>24,216.</b>

### Schedule C (SOFTWARE): Profit or Loss from Business

Line 24a

#### Itemization Statement

Description	Amount
TRAVEL	650.
<b>Total</b>	<b>650.</b>

### Schedule C (SOFTWARE): Profit or Loss from Business

Line 25

#### Itemization Statement

Description	Amount
MOBILE BILL(12M*\$140PM)	1,680.
WATER	300.
<b>Total</b>	<b>1,980.</b>

**DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

<b>First Name &amp; Middle Initial (if joint or combined return, enter both)</b>	<b>Last Name</b>	<b>B Your Social Security Number</b>
A PARNA	HANUMANTU	368-87-0918
<b>Present Home Address</b>		<b>A Spouse's Social Security Number</b>
1808 OLNEY RD		
<b>City, State and Zip Code</b>		<b>Online Filed Return</b> <input type="checkbox"/>
FALLS CHURCH VA 22043		

<b>Part I Tax Return Information</b>	<b>A Spouse</b>	<b>B Yourself</b>
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		180,256.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		180,256.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		20,730.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		934.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		1,146.
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		212.

**Part II Declaration of Taxpayer**

8a.  I consent that my refund be directly deposited as designated on my 2023 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

8b.  I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c.  I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2023 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2023 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

_____	_____	_____	_____
Your Signature	Date	Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	Date

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

<b>ERO's Signature</b>	<b>Date</b>	<b>SSN/PTIN</b>
GLOBAL TAXES LLC		
<b>Firm's name (or yours if self-employed)</b>		<b>Paid Preparer?</b> <input type="checkbox"/> Y <input type="checkbox"/> N   <b>Self-employed?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
245 ROONEY CT E BRUNSWICK NJ 08816		882145487
<b>Address, City, State and Zip</b>		<b>EIN</b>
		P02470833
<b>Paid Preparer's Signature</b>	<b>Date</b>	<b>SSN/PTIN</b>
VENKATA SAI PAVAN KUMAR DUDIPALLI		
<b>Firm's name (or yours if self-employed)</b>		<b>Self-employed?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
245 ROONEY CT E BRUNSWICK NJ 08816		882145487
<b>Address, City, State and Zip</b>		<b>EIN</b>

2023 Virginia Nonresident Income Tax Return  
Due May 1, 2024



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

First Name APARNA	MI	Last Name HANUMANTU	Suffix	Your Social Security Number 368-87-0918	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only)	MI	Last Name	Suffix	Spouse's Social Security Number	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route) 1808 OLNEY RD				Your Birth Date (mm-dd-yyyy) 06 - 20 - 1991	
City, Town or Post Office FALLS CHURCH		State VA	ZIP Code 22043	Spouse's Birth Date (mm-dd-yyyy) - -	
State of Residence MD	Important - Name of Virginia City or County in which principal place of business, employment, or income source is located. FAIRFAX COUNTY				Locality Code 059
<input type="checkbox"/> City <b>OR</b> <input checked="" type="checkbox"/> County					

<b>Check Applicable Boxes</b>	<input type="checkbox"/> Amended Return Reason Code	<input type="checkbox"/> Name(s) or Address Different than Shown on 2022 VA Return	<input type="checkbox"/> Overseas on Due Date
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman	EIC Claimed on federal return \$ _____ .00

**Filing Status** Enter Filing Status Code in box below.

- 1 {
- 1 = Single. Federal head of household? YES
  - 2 = Married, Filing Joint Return - both must have Virginia income
  - 3 = Married, Spouse Has No Income From Any Source
  - 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name \_\_\_\_\_

**Exemptions** Add Sections 1 and 2. Enter the sum on Line 12.

You	Spouse if Filing Status 2 or 3	Dependents	<b>Total Section 1</b>	
1			X \$930 =	930
You 65 or over	Spouse 65 or over	You Blind	Spouse Blind	<b>Total Section 2</b>
			X \$800 =	

1	Adjusted Gross Income from federal return - <i>Not federal taxable income</i> .....	1	180256	00
2	Additions from Schedule 763 ADJ, Line 3.....	2		00
3	<b>Add Lines 1 and 2</b> .....	3	180256	00
4	Age Deduction (See instructions and the Age Deduction Worksheet) ..... You	4a		00
	Enter Birth Dates above. Enter Your Age Deduction on Line 4a	4b		00
	and Your Spouse's Age Deduction on Line 4b. .... Spouse			
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. ....	5		00
6	State income tax refund or overpayment credit reported as income on your federal return. ....	6		00
7	Subtractions from Schedule 763 ADJ, Line 7.....	7		00
8	<b>Add Lines 4a, 4b, 5, 6, and 7</b> .....	8		00
9	<b>Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3</b> .....	9	180256	00
10	Itemized Deductions from Virginia Schedule A, if applicable. See instructions. ....	10		00
11	If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. ....	11	8000	00
12	Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. ....	12	930	00
13	Deductions from Schedule 763 ADJ, Line 9.....	13		00
14	<b>Add Lines 10, 11, 12 and 13</b> .....	14	8930	00
15	Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.....	15	171326	00
16	Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only) .....	16	12.1	%
17	Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).....	17	20730	00
18	Income Tax from Tax Table or Tax Rate Schedule.....	18	934	00
19a	Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.....	19a	1146	00



Your Name APARNA HANUMANTU	Your SSN 368-87-0918
-------------------------------	-------------------------

19b	Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.	19b		00
20	2023 Estimated Tax Payments.	20		00
21	2022 overpayment credited to 2023 estimated tax.	21		00
22	Extension Payment - submitted using Form 760IP.	22		00
23	Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.	23		00
24	Total credits from Schedule OSC.	24		00
25	Credits from Schedule CR, Section 5, Line 1A.	25		00
26	<b>Total payments and credits. Add Lines 19a through 25.</b>	26	1146	00
27	If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TAX YOU OWE.</b>	27		00
28	If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT AMOUNT.</b>	28	212	00
29	Amount of overpayment on Line 28 to be CREDITED TO 2024 ESTIMATED INCOME TAX.	29		00
30	Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6.	30		00
31	Other Voluntary Contributions from Schedule VAC, Section II, Line 14.	31		00
32	Addition to Tax, Penalty, and Interest from <b>enclosed</b> Schedule 763 ADJ, Line 21. See instructions. Enclose 760C or 760F and check here. <input type="checkbox"/>	32		00
33	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. Check here if no sales and use tax is due. <input checked="" type="checkbox"/>	33		00
34	<b>Add Lines 29 through 33.</b>	34		00
35	If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. <b>AMOUNT YOU OWE.</b> Enclose payment or pay at <a href="http://www.tax.virginia.gov">www.tax.virginia.gov</a> . Check here if paying by credit or debit card - See instructions. <input type="checkbox"/>	35		00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be <b>REFUNDED TO YOU.</b>	36	212	00

If the Direct Deposit section below is not completed, your refund will be issued by check.

<b>DIRECT BANK DEPOSIT</b> Domestic Accounts Only No International Deposits	<b>Your Bank Routing Transit Number</b> 3 2 2 2 7 1 6 2 7	<b>Your Bank Account Number</b> 2 9 3 0 8 1 0 5 2	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
---	--	--	--	----------------------------------

**Nonresident Allocation Percentage**

		A - All Sources		B - Virginia Sources	
1. Wages, salaries, tips, etc.	1	179951	00	21857	00
2. Interest income	2	305	00	0	00
3. Dividends	3		00		00
4. Alimony received	4		00		00
5. Business income or loss	5	0	00	0	00
6. Capital gain or loss/capital gain distributions	6		00		00
7. Other gains or losses	7		00		00
8. Taxable pensions, annuities and IRA distributions	8		00		
9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.	9		00		00
10. Farm income or loss	10		00		00
11. Other income	11		00		00
12. Interest on obligations of other states from Schedule 763 ADJ, Line 1	12		00		
13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3	13		00		00
14. TOTAL - Add Lines 1 through 13 and enter each column total here	14	180256	00	21857	00
15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16.	15			12.1%	

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

Your Signature		Your Phone Number (240) 302-5539		Date	
Spouse's Signature (If a joint return, both must sign)		Spouse's Phone Number		Preparer's PTIN P02470833	Vendor Code 1555
Preparer's Name VENKATA SAI PAVAN KUMAR DUDIPALLI	Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC	Preparer's Phone Number (678) 965-9522		Filing Election Code 7	ID Theft PIN

**2023 Schedule INC/CG**

368870918

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



APARNA

HANUMANTU

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
368870918	W	1146.	541780389	30541780389F001	21857.

Total VA Withholding	SSN	VA Withholding
You	368870918	1146.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

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

# 2023 Schedule FED/CG

APARNA

HANUMANTU



1808 OLNEY RD

368870918

FALLS CHURCH

VA 22043

059

## SCHEDULE C and/or SCHEDULE F INFORMATION

1. Schedule Name	First Schedule Info.	C	Second Schedule Info.
2. Gross Receipts or Sales			
3. Depreciation/Expense Deduction			
4. Business Activity Code	519200		
5. Business Locality Code	161		
6. Car & truck expenses	1679.		
7. Inventory at end of year			
8. # of miles you used your vehicle for: <b>Business</b>	2563		
9. # of miles you used your vehicle for: <b>Commuting</b>			
10. # of miles you used your vehicle for: <b>Other</b>	1619		

## SCHEDULE 2106 INFORMATION

- 11. # of miles you used your vehicle for: **Business**
- 12. # of miles you used your vehicle for: **Commuting**
- 13. # of miles you used your vehicle for: **Other**
- 14. % of business use of vehicle: **Vehicle 1**
- 15. % of business use of vehicle: **Vehicle 2**

## SCHEDULE 4562 INFORMATION

- 16. Property Used more than 50% in qualified business  
Type of Property
- 17. Date placed in service
- 18. Business/Investment Use %
- 19. Cost or other basis
- 20. Depreciation Deduction
- 21. Elected Section 179 Cost
- 22. Business Locality Code



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.

APARNA First Name MI HANUMANTU Last Name 368870918 SSN/Taxpayer Identification Number

Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2024 estimated tax 1. 00
2. Amount of overpayment to be refunded to you REFUND 2. 00
3. Total amount due (Pay in full by April 15, 2024. See instructions.) 3. 1822 00

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2023 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN 7 0 9 1 8 Enter five digits. Do not enter all zeros. as my signature on my tax year 2023 electronically filed income tax return.

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

Your signature Date

Spouse's PIN: check one box only

[ ] I authorize ERO firm name to enter or generate my PIN Enter five digits. Do not enter all zeros. as my signature on my tax year 2023 electronically filed income tax return.

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

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9 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

DO NOT MAIL



235020013

\$

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

368870918
Your Social Security Number Spouse's Social Security Number

APARNA
Your First Name MI

HANUMANTU
Your Last Name

Spouse's First Name MI

Spouse's Last Name

1808 OLNEY RD
Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

FALLS CHURCH VA 22043
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

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.

1600 MONTGOMERY
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

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

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

MD MD 20852 MONTGOMERY
City State ZIP Code + 4 Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 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
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 TO

Other state of residence:

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:

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 APARNA HANUMANTU

SSN 368870918

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. [X] Yourself [ ] Spouse . . . . . Enter number checked [1] See Instruction 10 A. \$ 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.) . . . . . [1] Total Amount . . . D. \$ 0 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. 180256 00
1a. Wages, salaries and/or tips . . . . . 1a. 179951 00
1b. Earned income . . . . . 1b. 00
1c. Capital Gain or (loss) . . . . . 1c. 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 . [ ]

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. 180256 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. 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. 00
16. Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . . 16. 180256 00

DEDUCTION METHOD

See Instruction 16.

All taxpayers must select one method and check the appropriate box.
[X] 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. 2550 00

18. Net income (Subtract line 17 from line 16.) . . . . . 18. 177706 00
19. Exemption amount from Exemptions area (See Instruction 10.) . . . . . 19. 0 00
20. Taxable net income (Subtract line 19 from line 18.) . . . . . 20. 177706 00



235020213

Name APARNA HANUMANTU

SSN 368870918

Table with columns for tax computation categories (Maryland Tax, Local Tax, Contributions, Refund) and line numbers (21-50). Includes amounts for Maryland tax (8784), local tax (5687), total income tax (14471), and total amount due (1822).



235020313

Name APARNA HANUMANTU SSN 368870918

**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 \_\_\_\_\_

▶ 2403025539 \_\_\_\_\_ CODE NUMBERS (3 digits per line)  
Daytime telephone no. Home telephone no.

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

VENKATA SAI PAVAN KUMAR DUDIPALLI  
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 ▶ P02470833  
Telephone number of preparer Preparer's PTIN (Required by Law)

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

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

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



23PTPV013

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

368870918

Your Social Security Number

If Joint Return, Spouse's Social Security Number

APARNA

Your First Name

MI

HANUMANTU

Your Last name

If Joint Return, Spouse's First Name

MI

Spouse's Last Name

1808 OLNEY RD

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

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

FALLS CHURCH

City or Town

VA

State

22043

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.

1822 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