

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

Your first name and middle initial LIKHITHA Last name VUDATHA Your social security number 881 99 0226
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. 1399 CRAMPTON ST Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. BRUNSWICK MD 21716
Foreign country name Foreign province/state/county Foreign postal code Presidential Election Campaign

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

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

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

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

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

Income section table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 79,173. 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 79,173.

Table with rows 2a through 6b. 2a Tax-exempt interest. 2b Taxable interest. 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.

Table with rows 7 through 15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10 -14,793. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 64,380. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 64,380. 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 50,530.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	6,423.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	6,423.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	6,423.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	6,423.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	10,044.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	10,044.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	10,044.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,621.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,621.
Direct deposit? See instructions.	b	Routing number 044000037 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 592371329		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

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

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

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

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (216) 972-1622	Email address LIKHITHA405@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/31/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN				84-3171965

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

LIKHITHA VUDATHA

Your social security number

881-99-0226

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-14,793.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-14,793.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Name(s) shown on return

Your social security number

LIKHITHA VUDATHA

881-99-0226

Part I Income or Loss From Rental Real Estate and Royalties

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

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

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

A FLAT NO: 401, BLOCK-A MADHAVARAM SERENITY SHUBHAM PALACE IN 500035

B
C

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

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 621.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 2,041.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 2,432.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,820.		
15 Supplies	15 2,421.		
16 Taxes	16		
17 Utilities	17 2,956.		
18 Depreciation expense or depletion	18 2,744.		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 15,414.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -14,793.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (14,793.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 621.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d 2,744.		
e Total of all amounts reported on line 20 for all properties	23e 15,414.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (14,793.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26 -14,793.		



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.

LIKHITHA VUDATHA 881990226
First Name MI Last Name SSN/Taxpayer Identification Number
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

DO NOT MAIL

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. 1630 00
3. Total amount due (Pay in full by April 15, 2024. See instructions.) 3. 00

Part II Taxpayer Declaration and Signature Authorization

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

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 9 0 2 2 6 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.

Enter five digits. Do not enter all zeros.

Your signature Date

Spouse's PIN: check one box only

[] I authorize to enter or generate my PIN as my signature on my tax year 2023 electronically filed income tax return.
[] I will enter my PIN as my signature on my tax year 2022 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.

Enter five digits. Do not enter all zeros.

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1

Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2023 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 01312024

DO NOT MAIL



235020013

\$

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

881990226
Your Social Security Number Spouse's Social Security Number

LIKHITHA
Your First Name MI

VUDATHA
Your Last Name

Spouse's First Name MI

Spouse's Last Name

1399 CRAMPTON ST
Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

BRUNSWICK MD 21716
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.

1100 FREDERICK
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)
1399 CRAMPTON ST
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)
BRUNSWICK MD 21716 FREDERICK
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:



235020113

Name LIKHITHA VUDATHA

SSN 881990226

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. \$ 3200 00
B. [] 65 or over [] 65 or over
[] Blind [] Blind Enter number checked [] X \$1,000 B. \$ 00
C. Enter number from line 3 of Dependent Form 502B [] See Instruction 10 C. \$ 00
D. Enter Total Exemptions (Add A, B and C.) [1 Total Amount. D. \$ 3200 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. 64380 00
1a. Wages, salaries and/or tips 1a. 79173 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. F 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. 64380 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. 64380 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. 61830 00
19. Exemption amount from Exemptions area (See Instruction 10.) 19. 3200 00
20. Taxable net income (Subtract line 19 from line 18.) 20. 58630 00



235020213

Name LIKHITHA VUDATHA

SSN 881990226

MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) 21. 2732 00
	21a. Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR) 21a. 00
	22. Earned income credit (EIC) (See Instruction 18.) ▶ 22. 00
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.
	23. Poverty level credit (See Instruction 18.) ▶ 23. 00
	24. Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24. 00
25. Business tax credits. You must file this form electronically to claim business tax credits on Form 500CR.	
26. Total credits (Add lines 22 through 25.) 26. 00	
27. Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27. 2732 00	
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 0296 or use the Local Tax Worksheet 28. 1735 00
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29. 00
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30. 00
	31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.) 31. 00
	32. Total credits (Add lines 29 through 31.) 32. 00
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0. 33. 1735 00
CONTRIBUTIONS See Instruction 20.	34. Total Maryland and local tax (Add lines 27 and 33.) 34. 4467 00
	35. Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35. 00
	36. Contribution to Developmental Disabilities Services and Support Fund ▶ 36. 00
	37. Contribution to Maryland Cancer Fund. ▶ 37. 00
38. Contribution to Fair Campaign Financing Fund ▶ 38. 00	
39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) 39. 4467 00	
REFUND	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) ▶ 40. 6097 00
	41. 2023 estimated tax payments, amount applied from 2022 return, payment made with an extension request, and Form MW506NRS ▶ 41. 00
	42. Refundable earned income credit (from worksheet in Instruction 21) ▶ 42. 00
	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. 00
	44. Total payments and credits (Add lines 40 through 43.) 44. 6097 00
AMOUNT DUE	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) ▶ 45. 1630 00
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46. 00
	47. Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX ▶ 47. 00
48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND ▶ 48. 1630 00	
49. Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, _____ or for late filing _____ or homebuyer withdrawal penalty _____ ▶ 49. 00	
50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. ▶ 50. 00	

DO NOT MAIL



235020313

Name LIKHITHA VUDATHA SSN 881990226

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.

DO NOT MAIL

51a. Type of account: ▶ Checking Savings **51b.** Routing Number (9-digits) ▶ 044000037

51c. Account Number ▶ 592371329

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

▶ 2169721622 _____
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here if you authorize your preparer to discuss this return with us. Check here ▶ if you authorize your paid preparer not to file electronically. Check here ▶ if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature _____ Date _____

GLOBAL TAXES LLC
Printed name of the Preparer / or Firm's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Signature of preparer other than taxpayer (Required by Law)

Spouse's signature _____ Date _____

245 ROONEY CT F
Street address of preparer or Firm's address

E BRUNSWICK NJ 08816
City, State, ZIP Code + 4

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

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 and click on Pay.

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