

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

| | |
|--|--|
| Taxpayer's name JAGADEESH MALATHI KOTESWARARAO | Social security number 654-93-6114 |
| 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.

| | | |
|--|----------|----------------|
| 1 Adjusted gross income | 1 | 95,261. |
| 2 Total tax | 2 | 5,721. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 18,671. |
| 4 Amount you want refunded to you | 4 | 12,950. |
| 5 Amount you owe | 5 | |

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

| | | | | |
|---|---|---|---|---|
| 3 | 6 | 1 | 1 | 4 |
|---|---|---|---|---|

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

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

Your signature ▶  Date ▶ 02-18-2024

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—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 | 0 | 8 | 2 | 7 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

 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 , 20 See separate instructions.

Your first name and middle initial JAGADEESH Last name MALATHI KOTESWARARAO Your social security number 654 93 6114

If joint return, spouse's first name and middle initial Last name Spouse's social security number 114 78 9327

Home address (number and street). If you have a P.O. box, see instructions. 2252 DENALI DRIVE Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. FREDERICK MD ZIP code 21702 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.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status 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: SHONICQUE J MC CLOUD

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 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.

Income table with columns 1a-1z and 1a-1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 108,600. 1h Other earned income (see instructions) 0. 1z Add lines 1a through 1h 108,600.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-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 columns 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -13,339. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 95,261. 11 Subtract line 10 from line 9. This is your adjusted gross income 95,261. 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 81,411.

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), descriptions (Tax and Credits), and amounts. Total tax is 5,721.

Table for Payments (lines 25-33). Includes federal income tax withheld (18,671) and total payments (18,671).

Table for Refund (lines 34-36). Shows overpaid amount (12,950) and amount applied to 2024 tax (36).

Table for Amount You Owe (lines 37-38). Shows amount owed (37) and estimated tax penalty (38).

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration and signature lines for taxpayer and spouse, including occupation (UBER TECHNOLOGIES).

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

**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
JAGADEESH MALATHI KOTESWARARAO

Your social security number
654-93-6114

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 | -13,339. |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | |
| 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 | -13,339. |

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 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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. **03**

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

Your social security number
654-93-6114

Part I Nonrefundable Credits

| | | | |
|-----------|---|-----------|--------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 5a | Residential clean energy credit from Form 5695, line 15 | 5a | |
| b | Energy efficient home improvement credit from Form 5695, line 32 | 5b | |
| 6 | Other nonrefundable credits: | | |
| a | General business credit. Attach Form 3800 | 6a | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | |
| c | Adoption credit. Attach Form 8839 | 6c | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | |
| e | Reserved for future use | 6e | |
| f | Clean vehicle credit. Attach Form 8936 | 6f | 7,500. |
| g | Mortgage interest credit. Attach Form 8396 | 6g | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | |
| l | Amount on Form 8978, line 14. See instructions | 6l | |
| m | Credit for previously owned clean vehicles. Attach Form 8936 | 6m | |
| z | Other nonrefundable credits. List type and amount: _____ _____ | 6z | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | 7 | 7,500. |
| 8 | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 8 | 7,500. |

(continued on page 2)

Part II Other Payments and Refundable Credits

| | | | | |
|-----------|--|------------|-----------|--|
| 9 | Net premium tax credit. Attach Form 8962 | | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) | | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | | 11 | |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | | 12 | |
| 13 | Other payments or refundable credits: | | | |
| a | Form 2439 | 13a | | |
| b | Credit for repayment of amounts included in income from earlier years | 13b | | |
| c | Elective payment election amount from Form 3800, Part III, line 6, column (i) | 13c | | |
| d | Deferred amount of net 965 tax liability (see instructions) | 13d | | |
| z | Other payments or refundable credits. List type and amount: _____ | 13z | | |
| 14 | Total other payments or refundable credits. Add lines 13a through 13z | | 14 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | | 15 | |

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **09**

| | | |
|--|---|--|
| Name of proprietor JAGADEESH MALATHI KOTESWARARAO | | Social security number (SSN) 654-93-6114 |
| A Principal business or profession, including product or service (see instructions) SOFTWARE SERVICES | B Enter code from instructions 5 1 9 2 0 0 | |
| C Business name. If no separate business name, leave blank. TARGET FOCUS TECH SOLUTIONS LLC | D Employer ID number (EIN) (see instr.) | |
| E Business address (including suite or room no.) 2252 DENALI DRIVE City, town or post office, state, and ZIP code FREDERICK, MD 21702 | | |
| F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____ | | |
| G 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 | | |
| H If you started or acquired this business during 2023, check here <input type="checkbox"/> | | |
| I 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 | | |
| J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part I Income

| | | |
|---|----------|----------------|
| 1 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"/> | 1 | 33,657. |
| 2 Returns and allowances | 2 | |
| 3 Subtract line 2 from line 1 | 3 | 33,657. |
| 4 Cost of goods sold (from line 42) | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | 5 | 33,657. |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 Gross income. Add lines 5 and 6 | 7 | 33,657. |

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

| | | | | | |
|---|------------|-----------------|---|------------|-----------------|
| 8 Advertising | 8 | | 18 Office expense (see instructions) | 18 | |
| 9 Car and truck expenses (see instructions) | 9 | 6,467. | 19 Pension and profit-sharing plans | 19 | |
| 10 Commissions and fees | 10 | | 20 Rent or lease (see instructions): | | |
| 11 Contract labor (see instructions) | 11 | 16,684. | a Vehicles, machinery, and equipment | 20a | |
| 12 Depletion | 12 | | b Other business property | 20b | 12,200. |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | 21 Repairs and maintenance | 21 | |
| 14 Employee benefit programs (other than on line 19) | 14 | | 22 Supplies (not included in Part III) | 22 | |
| 15 Insurance (other than health) | 15 | | 23 Taxes and licenses | 23 | |
| 16 Interest (see instructions): | | | 24 Travel and meals: | | |
| a Mortgage (paid to banks, etc.) | 16a | | a Travel | 24a | |
| b Other | 16b | | b Deductible meals (see instructions) | 24b | |
| 17 Legal and professional services | 17 | | 25 Utilities | 25 | 1,564. |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27b | 28 | | 26 Wages (less employment credits) | 26 | |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | -13,339. | 27a Other expenses (from line 48) | 27a | 10,081. |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: 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 | 30 | | b Energy efficient commercial bldgs deduction (attach Form 7205) | 27b | |
| 31 Net profit or (loss). Subtract line 30 from line 29. | | | | | |
| <ul style="list-style-type: none"> • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. | | | | | -13,339. |
| 32 If you have a loss, check the box that describes your investment in this activity. See instructions. | | | | | |
| <ul style="list-style-type: none"> • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. | | | | | |
| | | | 32a <input checked="" type="checkbox"/> All investment is at risk. | | |
| | | | 32b <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? If "Yes," attach explanation **Yes** **No**

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

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) 05/16/2023

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 9,874 **b** Commuting (see instructions) 1,021 **c** Other 1,556

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.

| | | |
|---|-----------|----------------|
| INSURANCE | | 650. |
| TARGET FOCUS TECH SOLUTIONS | | 9,431. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 48 Total other expenses. Enter here and on line 27a | 48 | 10,081. |

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form8936 for instructions and the latest information.

2023
Attachment
Sequence No. **69**

Name(s) shown on return

JAGADEESH MALATHI KOTESWARARAO

Identifying number

654-93-6114

Notes: • Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during the tax year.
• Individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below.

Part I Modified Adjusted Gross Income Amount

| | | | | |
|-----------|---|-----------|---------|--|
| 1a | Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR | 1a | 95,261. | |
| b | Enter any income from Puerto Rico you excluded | 1b | | |
| c | Enter any amount from Form 2555, line 45 | 1c | | |
| d | Enter any amount from Form 2555, line 50 | 1d | | |
| e | Enter any amount from Form 4563, line 15 | 1e | | |
| 2 | Add lines 1a through 1e | 2 | 95,261. | |
| 3a | Enter the amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR | 3a | | |
| b | Enter any income from Puerto Rico you excluded | 3b | | |
| c | Enter any amount from Form 2555, line 45 | 3c | | |
| d | Enter any amount from Form 2555, line 50 | 3d | | |
| e | Enter any amount from Form 4563, line 15 | 3e | | |
| 4 | Add lines 3a through 3e | 4 | | |
| 5 | Enter the smaller of line 2 or line 4 | 5 | 95,261. | |

Part II Credit for Business/Investment Use Part of New Clean Vehicles

Note: Individuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household).

| | | | |
|----------|---|----------|----|
| 6 | Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936) | 6 | 0. |
| 7 | New clean vehicle credit from partnerships and S corporations (see instructions) | 7 | |
| 8 | Business/investment use part of credit. Add lines 6 and 7. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y | 8 | 0. |

Part III Credit for Personal Use Part of New Clean Vehicles

Note: You can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household).

| | | | |
|-----------|--|-----------|---------|
| 9 | Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936) | 9 | 7,500. |
| 10 | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 | 10 | 13,221. |
| 11 | Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) | 11 | |
| 12 | Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't claim the personal use part of the credit | 12 | 13,221. |
| 13 | Personal use part of credit. Enter the smaller of line 9 or line 12 here and on Schedule 3 (Form 1040), line 6f. If line 12 is smaller than line 9, see instructions | 13 | 7,500. |

Part IV Credit for Previously Owned Clean Vehicles

Note: You can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,000 if married filing jointly or a qualifying surviving spouse; \$112,500 if head of household).

| | | | |
|-----------|--|-----------|--|
| 14 | Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936) | 14 | |
| 15 | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 | 15 | |
| 16 | Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) | 16 | |
| 17 | Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV credit | 17 | |
| 18 | Enter the smaller of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line 17 is smaller than line 14, see instructions | 18 | |

Part V Credit for Qualified Commercial Clean Vehicles

| | | | |
|-----------|---|-----------|--|
| 19 | Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936) | 19 | |
| 20 | Qualified commercial clean vehicle credit from partnerships and S corporations (see instructions) | 20 | |
| 21 | Add lines 19 and 20. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1aa | 21 | |

**SCHEDULE A
(Form 8936)**

Clean Vehicle Credit Amount

OMB No. 1545-2137

2023

Department of the Treasury
Internal Revenue Service

**Attach to your tax return.
Go to www.irs.gov/Form8936 for instructions and the latest information.**

Attachment
Sequence No. **69A**

Name(s) shown on return

JAGADEESH MALATHI KOTESWARARAO

Identifying number

654-93-6114

Part I Vehicle Details

- 1a** Year 2023
- b** Make TESLA
- c** Model MODEL Y
- 2** Vehicle identification number (VIN) (see instructions) 7 S A Y G D E E 8 P F 7 5 4 6 9 2
- 3** Enter date vehicle was placed in service (MM/DD/YYYY) 05/03/2023
- 4** Was the vehicle used primarily outside the United States? Answer "No" if it was but an exception applies. See instructions.
 Yes. Stop here. You can't claim a credit amount for a vehicle used primarily outside the United States.
 No.
- 5** Does the VIN entered on line 2 belong to a **new clean vehicle** placed in service during the tax year? See instructions for definitions.
 Yes. Go to Part II.
 No. Go to line 6.
- 6** Does the VIN entered on line 2 belong to a **previously owned clean vehicle** acquired after 2022 and placed in service during the tax year? See instructions for definitions.
 Yes. Go to Part IV.
 No. Go to line 7.
- 7** Does the VIN entered on line 2 belong to a **qualified commercial clean vehicle** acquired after 2022 and placed in service during the tax year? See instructions for definitions.
 Yes. Go to Part V.
 No. Stop here. You can't use this schedule to figure a credit amount for a vehicle not described on line 5, 6, or 7.

Part II Credit Amount for Business/Investment Use Part of New Clean Vehicle

- 8** Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from another person.
 Yes.
 No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to lease to others, or acquired for resale.
- | | | |
|--|-----------|--------|
| 9 Tentative credit amount (see instructions) | 9 | 7,500. |
| 10 Business/investment use percentage (see instructions) | 10 | % |
| 11 Multiply line 9 by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you entered 100% on line 10, stop here. Otherwise, go to Part III below | 11 | 0. |

Part III Credit Amount for Personal Use Part of New Clean Vehicle

- | | | |
|--|-----------|--------|
| 12 Subtract line 11 from line 9 in Part II. Stop here and include this credit amount on line 9 in Part III of Form 8936 | 12 | 7,500. |
|--|-----------|--------|

Part IV Credit Amount for Previously Owned Clean Vehicle

- 13a** Is the sales price of the vehicle more than \$25,000?
 - Yes. Stop here.** The vehicle doesn't qualify for the Part IV credit.
 - No.**

- b** Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle from another person.
 - Yes.**
 - No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or acquired for resale.

- c** Can you be claimed as a dependent on another person's tax return, such as your parent's return?
 - Yes. Stop here.** You can't claim a credit amount if you can be claimed as a dependent.
 - No.**

- d** Is the vehicle a qualified fuel cell motor vehicle? See instructions.
 - Yes.**
 - No.**

| | | |
|--|-----------|--------|
| 14 Enter the sales price of the vehicle | 14 | |
| 15 Multiply line 14 by 30% (0.30) | 15 | |
| 16 Maximum vehicle credit amount | 16 | 4,000. |
| 17 Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line 14 in Part IV of Form 8936 | 17 | |

Part V Credit Amount for Qualified Commercial Clean Vehicle

- 18a** Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exception for certain tax-exempt entities discussed in the instructions applies.
 - Yes.**
 - No. Stop here.** The vehicle is not a qualified commercial clean vehicle unless the exception applies.

- b** Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from another person.
 - Yes.**
 - No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or to lease to others, or acquired for resale.

- c** Is the vehicle also powered by gas or diesel? See instructions.
 - Yes.**
 - No.**

| | | |
|--|-----------|--|
| 19 Enter the cost or other basis of the vehicle. See instructions | 19 | |
| 20 Section 179 expense deduction (see instructions) | 20 | |
| 21 Subtract line 20 from line 19 | 21 | |
| 22 Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"] | 22 | |
| 23 Enter the incremental cost of the vehicle. See instructions | 23 | |
| 24 Enter the smaller of line 22 or line 23 | 24 | |
| 25 Maximum credit. Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is 14,000 pounds or more) | 25 | |
| 26 Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V of Form 8936 | 26 | |

Additional Information From 2023 Federal Tax Return

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

Ln 1a: Other receipts

Itemization Statement

| Description | Amount |
|-----------------------------|----------------|
| TARGET FOCUS TECH SOLUTIONS | 33,657. |
| Total | 33,657. |

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

Line 11

Itemization Statement

| Description | Amount |
|--------------|----------------|
| LABOUR | 16,684. |
| Total | 16,684. |

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

Line 20b

Itemization Statement

| Description | Amount |
|-----------------|----------------|
| RENTAL EXPENSES | 12,200. |
| Total | 12,200. |

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

Line 25

Itemization Statement

| Description | Amount |
|------------------|---------------|
| TELEPHONE BILL | 587. |
| ELECTRICITY BILL | 456. |
| PHONE BILL | 521. |
| Total | 1,564. |



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.

JAGADEESH MALATHI KOTESWARARAO 654936114
First Name MI Last Name SSN/Taxpayer Identification Number
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2024 estimated tax 1.
2. Amount of overpayment to be refunded to you REFUND 2. 1563
3. Total amount due (Pay in full by April 15, 2024. See instructions.) 3.

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 3 6 1 1 4 as my signature on my tax year 2023 electronically filed income tax return.

Enter five digits. Do not enter all zeros.

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

Your signature Date

Spouse's PIN: check one box only

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

Enter five digits. Do not enter all zeros.

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

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

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

Do not enter all zeros.

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

ERO's signature Date 02162024

DO NOT MAIL



235020013

\$

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

654936114

Your Social Security Number Spouse's Social Security Number

JAGADEESH

Your First Name MI

MALATHI KOTESWARARAO

Your Last Name

Spouse's First Name MI

Spouse's Last Name

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit ssa.gov.

2252 DENALI DRIVE

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

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) FREDERICK MD 21702 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)

2252 DENALI DRIVE 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)

FREDERICK MD 21702 FREDERICK City State ZIP Code + 4 Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. Married filing joint return or spouse had no income
3. Married filing separately, Spouse SSN 114789327
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 **JAGADEESH MALATHI KOTESWARARAO** SSN **654936114**

EXEMPTIONS

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

A. **Yourself** **Spouse** Enter number checked See Instruction 10 **A. \$** 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.) **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.** 95261 00

1a. Wages, salaries and/or tips **1a.** 108600 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.** 95261 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.** 95261 00

DEDUCTION METHOD

See Instruction 16.

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

STANDARD DEDUCTION METHOD (Enter amount on line 17.)

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

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

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

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

17. Deduction amount (Part-year residents see Instruction 26 (l and m).) **17.** 2550 00

18. Net income (Subtract line 17 from line 16.) **18.** 92711 00

19. Exemption amount from Exemptions area (See Instruction 10.) **19.** 3200 00

20. Taxable net income (Subtract line 19 from line 18.) **20.** 89511 00



235020213

Name JAGADEESH MALATHI KOTESWARARAO SSN 654936114

| | |
|---|---|
| MARYLAND TAX COMPUTATION | 21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) 21. <u>4200</u> 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. <u>4200</u> 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. <u>2650</u> 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. <u>2650</u> 00 |
| 34. Total Maryland and local tax (Add lines 27 and 33.) 34. <u>6850</u> 00 | |
| CONTRIBUTIONS See Instruction 20. | 35. Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35. _____ 00 |
| | 36. Contribution to Developmental Disabilities Services and Support Fund ▶ 36. _____ 00 |
| | 37. Contribution to Maryland Cancer Fund. ▶ 37. _____ 00 |
| | 38. Contribution to Fair Campaign Financing Fund ▶ 38. _____ 00 |
| 39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39. <u>6850</u> 00 | |
| | 40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) ▶ 40. <u>8413</u> . |
| | 41. 2023 estimated tax payments, amount applied from 2022 return, payment made with an extension request, and Form MW506NRS ▶ 41. _____ . |
| | 42. Refundable earned income credit (from worksheet in Instruction 21) ▶ 42. _____ . |
| | 43. Refundable income tax credits from Part CC, line 10 of Form 502CR (Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) 43. _____ . |
| | 44. Total payments and credits (Add lines 40 through 43.) 44. <u>8413</u> . |
| | 45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) ▶ 45. _____ . |
| | 46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46. <u>1563</u> . |
| REFUND | 47. Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX ▶ 47. _____ . |
| | 48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND ▶ 48. <u>1563</u> . |
| AMOUNT DUE | 49. Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, _____ or for late filing _____ or homebuyer withdrawal penalty _____ ▶ 49. _____ . |
| | 50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. ▶ 50. _____ . |



235020313

Name JAGADEESH MALATHI KOTESWARARAO SSN 654936114

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) ▶ 072000805

51c. Account Number ▶ 375021395568

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

▶ 2487226754 _____
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

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

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

Your signature Date

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

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

Spouse's signature Date

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

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

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

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

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

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

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

To make an online payment, scan the QR code below and follow instructions, or go to marylandtaxes.gov and click on Pay.