

**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)

First Name & Middle Initial (if joint or combined return, enter both)	Last Name	B Your Social Security Number	
RANGA NITIN & SNEHA	VANGALA & CHILAKAMARRI	682-90-1166	
Present Home Address		A Spouse's Social Security Number	
7132 MCHENRY MEWS		091-35-9107	
City, State and Zip Code		Online Filed Return	
FREDERICK MD 21703		<input type="checkbox"/>	
<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)			242,465.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)			242,255.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)			107,147.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)			5,903.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)			6,220.
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)			317.
<b>Part II Declaration of Taxpayer</b>			
8a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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
<b>Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer</b>			
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.			
ERO's Signature	Date	SSN/PTIN	
GLOBAL TAXES LLC	02-24-24		
Firm's name (or yours if self-employed)	Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N		Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N
245 ROONEY CT E BRUNSWICK NJ 08816	843171965		
Address, City, State and Zip		EIN	
		P02082703	
Paid Preparer's Signature	Date	SSN/PTIN	
SYAM PRIYA RAM SAGAR GUPTA TALLAM	02-24-24		
Firm's name (or yours if self-employed)	Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N		
245 ROONEY CT E BRUNSWICK NJ 08816	843171965		
Address, City, State and Zip		EIN	

# 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 <b>RANGA NITIN</b>	MI	Last Name <b>VANGALA</b>	Suffix	Your Social Security Number <b>682-90-1166</b>	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only) <b>SNEHA</b>	MI	Last Name <b>CHILAKAMARRI</b>	Suffix	Spouse's Social Security Number <b>091-35-9107</b>	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route) <b>7132 MCHENRY MEWS</b>				Your Birth Date (mm-dd-yyyy) <b>04 - 30 - 1990</b>	
City, Town or Post Office <b>FREDERICK</b>		State <b>MD</b>	ZIP Code <b>21703</b>	Spouse's Birth Date (mm-dd-yyyy) <b>03 - 10 - 1993</b>	
State of Residence <b>MD</b>	<b>Important</b> - Name of Virginia City or County in which principal place of business, employment, or income source is located. <b>VIRGINIA BEACH</b>				Locality Code <b>810</b>
				<input checked="" type="checkbox"/> City <b>OR</b> <input type="checkbox"/> County	

<b>Check Applicable Boxes</b>	<input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/>	<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 = 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>	
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	= <input type="text" value="3"/>	<b>X \$930 = <input type="text" value="2790"/></b>
You 65 or over	Spouse 65 or over	You Blind	Spouse Blind	<b>Total Section 2</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>X \$800 = <input type="text"/></b>

1	Adjusted Gross Income from federal return - <i>Not federal taxable income</i> .....	1	242465	00
2	Additions from Schedule 763 ADJ, Line 3. ....	2		00
3	<b>Add Lines 1 and 2.</b> .....	3	242465	00
4	Age Deduction (See instructions and the Age Deduction Worksheet) ..... You Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b. ....	4a		00
		4b		00
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	210	00
8	<b>Add Lines 4a, 4b, 5, 6, and 7.</b> .....	8	210	00
9	<b>Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3.</b> .....	9	242255	00
10	Itemized Deductions from Virginia Schedule A, if applicable. See instructions. ....	10	24311	00
11	If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. ....	11		00
12	Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. ....	12	2790	00
13	Deductions from Schedule 763 ADJ, Line 9. ....	13		00
14	<b>Add Lines 10, 11, 12 and 13.</b> .....	14	27101	00
15	Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9. ....	15	215154	00
16	Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only) .....	16	49.8	%
17	Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16). ....	17	107147	00
18	Income Tax from Tax Table or Tax Rate Schedule.....	18	5903	00
19a	Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.....	19a	0	00



Your Name R VANGALA & S CHILAKAMARRI	Your SSN 682-90-1166
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19b	Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.....	19b	6220	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	6220	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	317	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 <b>www.tax.virginia.gov</b> ..... 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	317	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	Your Bank Routing Transit Number 0 3 1 0 0 0 5 0 3	Your Bank Account Number 6 9 4 2 7 5 8 3 7 3	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
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**Nonresident Allocation Percentage**

		A - All Sources		B - Virginia Sources	
1. Wages, salaries, tips, etc.....	1	241838	00	120651	00
2. Interest income.....	2	21	00	0	00
3. Dividends.....	3	369	00	0	00
4. Alimony received.....	4		00		00
5. Business income or loss.....	5		00		00
6. Capital gain or loss/capital gain distributions.....	6	27	00	0	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	0	00	0	00
10. Farm income or loss.....	10		00		00
11. Other income.....	11	210	00	0	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	242465	00	120651	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			49.8%	

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 (269) 277-9998	Date	
Spouse's Signature (If a joint return, <b>both</b> must sign)	Spouse's Phone Number	Preparer's PTIN P02082703	Vendor Code 1555
Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM	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



Your Name R VANGALA & S CHILAKAMARRI	Your SSN 682-90-1166
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**Additions to Adjusted Gross Income**

1. Interest on obligations of other states, exempt from federal income tax, but not from state tax.	1		00
2. Other additions to adjusted gross income.			
2a. Conformity addition - See instructions.....	2a		00
2b - 2c. Refer to the Form 763 instructions for Other Addition Codes.			
		Code	
	2b	<input type="text"/>	00
	2c	<input type="text"/>	00
3. Total Additions. Add Lines 1, 2a - 2c. Enter here and on Form 763, Line 2. ....	3		00

**Subtractions from Adjusted Gross Income**

4. Income (interest, dividends or gains) from obligations or securities of the U.S. exempt from state income tax, but not from federal tax .....	4		00
5. Disability income reported as wages (or payments in lieu of wages) on your federal return. If claiming this subtraction <b>you cannot also claim Age Deduction. Claim the one that benefits you most.</b>			
5a. Enter <b>YOUR</b> disability subtraction on 5a. ....	5a		00
5b. Enter <b>SPOUSE's</b> disability subtraction on 5b, if claiming Filing status 2 .....	5b		00
6. Other Subtractions as provided in instructions			
6a. Conformity subtraction. See instructions .....	6a		00
6b - 6d. Refer to the Form 763 instructions for Other Subtraction Codes.			
		Certification Number	Code
6b		<input type="text"/>	<input type="text"/>
6c		<input type="text"/>	<input type="text"/>
6d		<input type="text"/>	<input type="text"/>
7. Total Subtractions. Add Lines 4, 5a, 5b, and 6a - 6d. Enter here and on Form 763, Line 7. ....	7		210 00

**Deductions from Virginia Adjusted Gross Income**

8. Refer to the Form 763 instructions for Deduction Codes.			
		Code	
8a		<input type="text"/>	00
8b		<input type="text"/>	00
8c		<input type="text"/>	00
9. Total Deductions. Add Lines 8a - 8c. Enter here and on Form 763, Line 13 .....	9		00

Use Schedule ADJS if you are claiming more additions, subtractions or deductions than the Schedule 763 ADJ allows. Refer to the instructions for Other Codes.

Check this box



Your Name R VANGALA & S CHILAKAMARRI	Your SSN 682-90-1166
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**Tax Credit for Low-Income Individuals or Virginia Earned Income Credit - SEE INSTRUCTIONS**

Family VAGI	Name	Social Security Number (SSN)	Guideline Income
Yourself		- -	00
Spouse		- -	00
Dependent		- -	00
Dependent		- -	00
10.	If more than 4 exemptions, enclose schedule listing the name, SSN & VAGI. Enter total Family Guideline Income here.	10	00
11.	Enter the total number of exemptions reported in the table above. Next, go to the Poverty Guidelines Table shown in the Form 763 instruction book for this Line to see if you qualify for this credit .....	11	
12.	If you qualify, enter the number of personal and dependent exemptions reported on your Form 763 (see instructions).	12	
13.	Multiply Line 12 by \$300. Enter the result on Line 13 and proceed to Line 14. If you do not qualify for the Tax Credit for Low-Income Individuals, but claimed an Earned Income Credit on your federal return, enter \$0 and proceed to Line 14 .....	13	00
14.	Enter the amount of Earned Income Credit claimed on your federal return. If you did not claim an Earned Income Credit on your federal return, enter \$0 .....	14	00
15.	Multiply Line 14 by 20% (.20) .....	15	00
16.	Enter the greater of Line 13 or Line 15 .....	16	00
17.	Compare the amount on Line 16 above to the amount of tax on Form 763, Line 18. Enter the lesser of the two amounts here and on Form 763, Line 23. This is your credit amount .....	17	00

**Addition to Tax, Penalty and Interest**

18.	Addition to tax .....	18	00
19.	Penalty..... <input type="checkbox"/> Late Filing Penalty <input type="checkbox"/> Extension Penalty	19	00
20.	Interest (accrued on the tax you owe) .....	20	00
21.	Total Addition to Tax, Penalty and Interest (add Lines 18 - 20). Enter here and on Form 763, Line 32 .....	21	00

**2023 Schedule INC/CG**

682901166

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



RANGA NITIN      VANGALA

SNEHA              CHILAKAMARRI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
091359107	W	6220.	371503446	30371503446F001	120651.

Total VA Withholding	SSN	VA Withholding
You		
Spouse	091359107	6220.
Total # of W-2s, 1099s & VK-1s	01	

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



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.

RANGA NITIN VANGALA 682901166
First Name MI Last Name SSN/Taxpayer Identification Number
SNEHA CHILAKAMARRI 091359107
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.
3. Total amount due (Pay in full by April 15, 2024. See instructions.) 3. 1847

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 0 1 1 6 6 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

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 5 9 1 0 7 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 02242024

DO NOT MAIL



235020013

\$

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

682901166      091359107  
Your Social Security Number      Spouse's Social Security Number

RANGA NITIN  
Your First Name      MI

VANGALA  
Your Last Name

SNEHA  
Spouse's First Name      MI

CHILAKAMARRI  
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](http://ssa.gov).

7132 MCHENRY MEWS  
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      21703  
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)

7132 MCHENRY MEWS  
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      21703      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 ▶ \_\_\_\_\_
- 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 RANGA NITIN VANGALA & SNEHA CHILAKAMARRI SSN 682901166

**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. \$** \_\_\_\_\_ **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. \$** \_\_\_\_\_ **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.** 242465 **00**

1a. Wages, salaries and/or tips . . . . . **1a.** 241838 **00**

1b. Earned income . . . . . **1b.** \_\_\_\_\_ **00**

1c. Capital Gain or (loss) . . . . . **1c.** 27 **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.** 242465 **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.** 1200 **00**

15. Total subtractions (Add lines 8 through 14. See instructions.) . . . . . **15.** 1200 **00**

16. Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . . **16.** 241265 **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.** 29703 **00**

17b. State and local income taxes (See Instruction 14.) . . . . . **17b.** 5390 **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.** 24313 **00**

18. Net income (Subtract line 17 from line 16.) . . . . . **18.** 216952 **00**

19. Exemption amount from Exemptions area (See Instruction 10.) . . . . . **19.** 0 **00**

20. Taxable net income (Subtract line 19 from line 18.) . . . . . **20.** 216952 **00**



235020213

Name RANGA NITIN VANGALA & SNEHA CHILAKAMARRI SSN 682901166

<b>MARYLAND TAX COMPUTATION</b>	21. <b>Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II) . . . . .	21.	10525	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 ( <b>Attach Form 502CR.</b> ) 24. . . . .	24.	5362	00
25. Business tax credits. . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>				
26. Total credits (Add lines 22 through 25.) . . . . .	26.	5362	00	
27. Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27. . . . .	27.	5163	00	
<b>LOCAL TAX COMPUTATION</b>	28. Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0 0296</b> or use the Local Tax Worksheet . . . . .	28.	6422	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 ( <b>Attach Form 502CR.</b> ) . . . . .	31.	541	00
	32. Total credits (Add lines 29 through 31.) . . . . .	32.	541	00
	33. <b>Local tax</b> after credits (Subtract line 32 from line 28.) If less than 0, enter 0. . . . .	33.	5881	00
34. Total Maryland and local tax (Add lines 27 and 33.) . . . . .	34.	11044	00	
<b>CONTRIBUTIONS</b> 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. <b>Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . . . . .	39.	11044	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.	9197	
	41. 2023 estimated tax payments, amount applied from 2022 return, payment made with an extension request, and <b>Form MW506NRS</b> . . . . .	▶ 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. . . . .	43.		
	44. Total payments and credits (Add lines 40 through 43.) . . . . .	44.	9197	
	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . .	▶ 45.	1847	
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . .	▶ 46.		
<b>REFUND</b>	47. <b>Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX</b> . . . . .	▶ 47.		
	48. Amount of overpayment <b>TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . . <b>REFUND</b> ▶ 48.	▶ 48.		
<b>AMOUNT DUE</b>	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.	▶ 49.		
	50. <b>TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.</b> . . . . . ▶ 50.	▶ 50.	1847	



235020313

Name RANGA NITIN VANGALA & SNEHA CHILAKAMARRI SSN 682901166

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

▶ 2692779998      \_\_\_\_\_      \_\_\_\_\_  
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

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](http://marylandtaxes.gov) and click on Pay.**

**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



23502B013

682901166  
Your Social Security Number

091359107  
Spouse's Social Security Number

RANGA NITIN  
Your First Name MI

VANGALA  
Your Last Name

SNEHA  
Spouse's First Name MI

CHILAKAMARRI  
Spouse's Last Name

Print Using Blue or Black Ink Only

**Summary**

- 1. Enter the total number checked below for Regular dependents (4) . . . . . 1
- 2. Enter the total number checked below for dependents 65 or over (5) . . . . . 2
- 3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) . . . . . 3

**Dependents** (If a dependent listed below is age 65 or over, check both 4 and 5.)

1.	ISHIKA		VANGALA						Check here <input type="checkbox"/> if this dependent does not have health care coverage
2.	746661711	3.	DAUGHTER	4.	X	5.			DOB (MM/DD/YYYY) ▶

1.									Check here <input type="checkbox"/> if this dependent does not have health care coverage
2.		3.		4.		5.			DOB (MM/DD/YYYY) ▶

1.									Check here <input type="checkbox"/> if this dependent does not have health care coverage
2.		3.		4.		5.			DOB (MM/DD/YYYY) ▶

1.									Check here <input type="checkbox"/> if this dependent does not have health care coverage
2.		3.		4.		5.			DOB (MM/DD/YYYY) ▶

1.									Check here <input type="checkbox"/> if this dependent does not have health care coverage
2.		3.		4.		5.			DOB (MM/DD/YYYY) ▶

1.									Check here <input type="checkbox"/> if this dependent does not have health care coverage
2.		3.		4.		5.			DOB (MM/DD/YYYY) ▶



23502C013

682901166  
Your Social Security Number

091359107  
Spouse's Social Security Number

RANGA NITIN  
Your First Name MI

VANGALA  
Your Last Name

SNEHA  
Spouse's First Name MI

CHILAKAMARRI  
Spouse's Last Name

**Read Instructions for Form 502CR. Note: You must complete and submit pages 1 through 4 of this form to receive credit for the items listed.**

**PART A - TAX CREDITS FOR INCOME TAXES PAID TO OTHER STATES AND LOCALITIES**

**If you were a part-year resident, do not claim a credit for tax paid on nonresident income you included on line 12 of the Form 502.**

**If you are claiming a credit for taxes paid to multiple states and/or localities, see instructions.**

1.	Enter your taxable net income from line 20, Form 502 (or line 10, Form 504).	1.	216952	00
2.	Taxable net income in other state. Write on this line only the net income which is taxable in both the other state and Maryland. If you are taxed in the other state on income which is not taxable in Maryland, do not include that amount here. <b>NOTE:</b> When the tax in the other state is a percentage of a tax based on your total income regardless of source, you must apply the same percentage to your taxable income in the other state to determine the income taxable in both states.	2.	107147	00
3.	Revised taxable net income (Subtract line 2 from line 1.) If less than zero, enter zero.	3.	109805	00
4.	Enter the Maryland tax (sum of lines 21 and 21a, Form 502; or line 11, Form 504). This is the Maryland tax based on your total income for the year.	4.	10525	00
5.	Tax on amount on line 3. Compute the Maryland tax that would be due on the revised taxable net income by using the Maryland Tax Table or Computation Worksheet contained in the instructions for Forms 502 or 504.	5.	5163	00
	<b>Do not include the local income tax</b>			
6.	Tentative <b>State</b> tax credit (Subtract line 5 from line 4.) If less than zero, enter zero.	6.	5362	00
7.	Enter the Local tax from line 28, Form 502 (or line 18, Form 504). This is the Local tax based on your total income for the year.	7.	6422	00
8.	Local tax on amount on line 3. Compute the Local tax that would be due on the revised taxable net income by multiplying line 3 by your Local tax rate .0296	8.	3250	00
9.	Tentative <b>Local</b> tax credit (Subtract line 8 from line 7.) If less than zero, enter zero.	9.	3172	00
10.	Tentative <b>Total</b> tax credit (Add line 6 and line 9.)	10.	8534	00
11.	Total state and local tax shown on tax return(s) filed with the state of (Enter 2-letter state code, code must be entered for credit to be allowed) <b>VA</b> Enter the amount of your 2023 income tax liability (after deducting any credits for personal exemptions) to the other state and locality in the other state (where applicable). Do not enter state or locality tax withheld from your W-2 forms. <b>It is important that a copy of the tax return that was filed with the other state and/or locality be attached to your Maryland return.</b>	11.	5903	00
12.	Credit for income tax paid to other state and/or locality. Your credit for taxes paid to another state and/or locality is the smaller of the tax actually paid (line 11) or the reduction in Maryland tax resulting from the exclusion of income in the other state and/or locality (line 10). Write the lesser of line 11 or line 10.	12.	5903	00

**State and Local Credits Allowed**

13.	<b>State Credit</b> for Income Tax Paid to other state (Lesser of line 6 or line 12). Enter on line 1, Part AA.	13.	5362	00
14.	<b>Local Credit</b> for Income Tax Paid to other state (Subtract line 13 from line 12.) Enter on line 1, Part BB.	14.	541	00

Print Using Blue or Black Ink Only



23502C113

NAME RANGA NITIN VANGALA & SNEHA CHILAKAMARRI SSN 682901166

PART B - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

- 1. Enter your federal adjusted gross income from line 1 of Form 502.
2. Enter your federal Child and Dependent Care Credit from federal Form 2441
3. Enter the decimal amount from the chart in the instructions that applies to the amount on line 1
4. Multiply line 2 by line 3. Enter here and on Part AA, line 2

PART C - QUALITY TEACHER INCENTIVE CREDIT

Table with 7 rows and 3 columns: Description, Taxpayer A, Taxpayer B. Includes 'Enter the Name of Qualified Employer' header.

PART D - CREDIT FOR AQUACULTURE OYSTER FLOATS

- 1. Enter the amount paid to purchase an aquaculture oyster float(s) Enter here and on Part AA, line 4. This credit is limited. See Instructions.

PART E - LONG-TERM CARE INSURANCE CREDIT: (THIS IS A ONE-TIME CREDIT.)

Answer the questions and see instructions below before completing Columns A through E for each person for whom you paid long-term care insurance premiums.

- Question 1 - Did the insured individual have long-term care insurance prior to July 1, 2000?
Question 2 - Is the credit being claimed for the insured individual in this year by any other taxpayer?
Question 3 - Has credit been claimed by anyone for the insured individual in any other tax year?
Question 4 - Is the insured individual for whom the credit is being claimed a nonresident of Maryland?

If you answered YES to any of the above questions, that insured person does NOT qualify for the credit.

Complete Columns A through D only for insured individuals who qualify for credit. Enter in Column E the lesser of the amount of premium paid for each insured person or:
• \$480 for those insured who are 40 or less, as of 12/31/23
• \$500 for those insured who are over age 40, as of 12/31/23

Add the amounts in Column E and enter the total on line 5 (total) and on Part AA, line 5.

Table with 5 columns: Column A (Name of Qualifying Insured Individual), Column B (Age), Column C (Social Security No. of Insured), Column D (Relationship to Taxpayer), Column E (Amount of Premium Paid), and Column F (Credit Amount).

PART F - CREDIT FOR PRESERVATION AND CONSERVATION EASEMENTS

PTE members may not use the Form 502CR to claim this credit.

Table with 7 rows and 3 columns: Description, Taxpayer A, Taxpayer B.



NAME RANGA NITIN VANGALA & SNEHA CHILAKAMARRI SSN 682901166

PART G - RESERVED XXXXXXXXXXXXX

PART H - COMMUNITY INVESTMENT TAX CREDIT \*\* must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR. If you have an Excess Carryover on Form 500CR attributable to any credit other than the Community Investment Tax Credit (CITC), you are not eligible to claim the CITC on Form 502CR. You must use Form 500CR. Also, PTE members may not elect to use Form 502CR to claim the CITC.

- 1. Enter the amount of Excess CITC Carryover from 2022. 1. 00
2. Amount of approved contributions. 2. 00
3. Enter 50% of line 2. 3. 00
4. Enter the amount from line 3 or \$250,000, whichever is less. 4. 00
5. Add line 1 and line 4. Enter the result here and on Part AA, line 8. 5. 00

PART I - ENDOW MARYLAND TAX CREDIT \*\*must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR.

- 1. Enter the amount of Excess Endow Maryland Tax Credit Carryover from 2022 1. 00
2. Amount of approved donation to a qualified permanent endowment fund 2. 00
3. Enter 25% of line 2. 3. 00
4. Enter the amount from line 3 or \$50,000, whichever is less 4. 00
5. Add line 1 and line 4. Enter the result here and on Part AA, line 9. 5. 00

Note: Line 2 of Part I requires an addition to income. See Instruction 12.

PART J - PRECEPTORS IN AREAS WITH HEALTH CARE WORKFORCE SHORTAGES TAX CREDIT \*\* must attach required certification

- 1. Physician Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health (See Instructions for specific requirements.) 1. 00
2. Nurse Practitioner Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health (See Instructions for specific requirements.) 2. 00
3. Physician Assistant Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health (See Instructions for specific requirements) 3. 00
4. Add line 1, 2, and 3. Enter the result here and on Part AA, line 10 4. 00

PART K - INDEPENDENT LIVING TAX CREDIT \*\* must attach required certification

- 1. Credit (Certified by the Maryland Department of Housing and Community Development) Enter here and on Part AA, line 11. 1. 00

PART L - ENDOWMENTS OF MARYLAND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES TAX CREDIT \*\* must attach required certification

- 1. Credit (Certified by the Office of The Comptroller). Enter here and on Part AA line 12. 1. 00

PART M - SENIOR TAX CREDIT

- 1. Enter the credit claimed here and on Part AA, line 13 (See Instructions) 1. 00

PART AA - INCOME TAX CREDIT SUMMARY

- 1. Enter the amount from Part A, line 13 (If more than one state, see Instructions.) 1. 5362 00
2. Enter the amount from Part B, line 4 2. 00
3. Enter the amount from Part C, line 7 3. 00
4. Enter the amount from Part D, line 1 4. 00
5. Enter the amount from Part E, line 5. 5. 00
6. Enter the amount from Part F, line 6. 6. 00
7. Reserved 7. XXXXXXXXXXXX 00
8. Enter the amount from Part H, line 5 8. 00
9. Enter the amount from Part I, line 5. 9. 00
10. Enter the amount from Part J, line 4. 10. 00
11. Enter the amount from Part K, line 1 11. 00
12. Enter the amount from Part L, line 1 12. 00
13. Enter the amount from Part M, line 1 13. 00
14. Total (Add lines 1 through 13.) Enter this amount on line 24 of Form 502; line 14 of Form 504; line 34 of Form 505 or line 35 of Form 515 14. 5362 00



NAME RANGA NITIN VANGALA & SNEHA CHILAKAMARRI SSN 682901166

**PART BB – LOCAL INCOME TAX CREDIT SUMMARY**

1. Enter the amount from Part A, line 14 (If more than one state, see Instructions.) . . . . . 1. 541 00  
Enter this amount on line 31 of Form 502; line 19 of Form 504.

**PART CC- REFUNDABLE INCOME TAX CREDITS**

1. Student Loan Debt Relief Tax Credit (See Instructions.). Enter the amount and attach certification. . . . . ▶ 1. \_\_\_\_\_ 00  
2. Heritage Structure Rehabilitation Tax Credit (See Instructions for Form 502S). Attach certification(s). . . . . ▶ 2. \_\_\_\_\_ 00  
3. Refundable Business Income Tax Credit (See Instructions for Form 500CR.) **You must file your return electronically to claim a business income tax credit.**  
4. IRC Section 1341 Repayment Credit. (See Instructions and Administrative Release 40.) Attach documentation ▶ 4. \_\_\_\_\_ 00  
5. Catalytic Revitalization Projects and Historic Revitalization Tax Credit  
(See Instructions for required attachments) . . . . . ▶ 5. \_\_\_\_\_ 00  
6. Flow-through Nonresident PTE tax (See Instructions for required attachments.) . . . . . ▶ 6. \_\_\_\_\_ 00  
7. Refundable credit for Child and Dependent Care Expenses. (See Instructions.) . . . . . ▶ 7. \_\_\_\_\_ 00  
8. Refundable Maryland Child Tax Credit (See worksheet 21C Instructions) . . . . . ▶ 8. \_\_\_\_\_ 00  
9. PTE Tax paid on members' distributive or pro rata shares of income . . . . . ▶ 9. \_\_\_\_\_ 00  
10. Total. (Add lines 1 through 9.) Enter this amount on line 43 of Form 502, line 46 of Form 505  
or line 51 of Form 515. . . . . ▶ 10. \_\_\_\_\_ 00

**Part DD- Recapture of Previously Claimed Credit**

1. Recapture of Student Loan Debt Relief Tax Credit for 2020 (See Instructions). Enter this amount on line 21a of  
Form 502, line 32d of Form 505, or line 33a of Form 515 . . . . . ▶ 1. \_\_\_\_\_ 00





23PTPV013

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

682901166

Your Social Security Number

091359107

If Joint Return, Spouse's Social Security Number

RANGA NITIN

Your First Name

MI

VANGALA

Your Last name

SNEHA

If Joint Return, Spouse's First Name

CHILAKAMARRI

Spouse's Last Name

7132 MCHENRY MEWS

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

City or Town

MD

State

21703

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.

1847 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

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.