E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See sep	arate instructions.	
Your first name	and m	iddle initial	Last na	ame				٠,	Your soc	cial security number	
SURYA P SING				3H					190 97 7391		
	oouse's	s first name and middle initial	Last na					- 1		social security numbe	
MEETA			NIGA	MA					884	63 3533	
	(numbe	er and street). If you have a P.O. box, see					Apt. no.	1		itial Election Campaigr	
19308 CI	RCL	E GATE DRIVE						(Check h	ere if you, or your	
		ice. If you have a foreign address, also co	mplete s	spaces below.	Sta	ate	ZIP code			f filing jointly, want \$3	
GERMANTO	NWO				MI	D	20874		•	this fund. Checking a www.will not change	
Foreign country	name			Foreign province/state/	coun	ty	Foreign postal c			or refund.	
										You Spouse	
Filing Status	, [Single				☐ Head of ho	ousehold (HOF	H)			
Check only	×	Married filing jointly (even if only o	ne had	income)							
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spou	use (C	QSS)		
	lf y	you checked the MFS box, enter the	name	of your spouse. If you	u ch	ecked the HOH	or QSS box,	enter	the chile	d's name if the	
	qu	ıalifying person is a child but not you	ır depei	ndent:							
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward, award, or	navi	ment for prope	rty or services): or (t	a) sell.		
Assets		nange, or otherwise dispose of a dig	,				,	,	,	☐ Yes 🗵 No	
Standard	Som	neone can claim: You as a de	penden	it Your spous	e as	a dependent			<u> </u>		
Deduction		Spouse itemizes on a separate retur		•	alier	1					
Ago/Plindnoor	Vau	More born before January 2, 1	050 [Are blind Sne		w	n hoforo Janua	251 C	1050	☐ Io blind	
		: Were born before January 2, 1	959 [<u> </u>	ouse		n before Janua				
Dependents	•	instructions): irst name Last name		(2) Social security number	/	(3) Relationshi	ip (4) Chieck to			Credit for other dependents	
If more than four		ATVIK SINGH		APPLIED FO	D	Son			-	×	
dependents,		SHVIK SINGH		886-04-597		Son		<u></u>			
see instructions	3	SIIVIK SINGII		000 04 377	0	5011		=			
and check here \square								_		<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instructions) .					1a	109,718.	
	b	Household employee wages not re	•	•					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•	• • • • • • • • • • • • • • • • • • • •					1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441, line 26					1e		
was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8839, line 29					1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form W-2, see	h	Other earned income (see instruct	ions)						1h	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		1i					
	Z	Add lines 1a through 1h							1z	109,718.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest			2b		
if required.	3a	Qualified dividends	3a		b (Ordinary divider	nds		3b		
Standard	4a	IRA distributions	4a			axable amount			4b		
Deduction for—	5a	Pensions and annuities	5a		b T	axable amount	:		5b		
Single or Married filing 6a Social security benefits		· -	6a			axable amount	:	٠ ـ	6b		
separately, c if you elect to use the lump-sum election method, check here (see instructions)						4					
\$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here											
jointly or Qualifying	8	Additional income from Schedule							8	100 715	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-	com	e			9	109,718.	
\$27,700 • Head of	10	Adjustments to income from Sche	-						10	100 ====	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	· ·					11	109,718.	
of fyour checked 12 Standard deduction or itemized deductions (from Schedule A)						27,700.					
any box under Standard	13	Qualified business income deduct			1 895	ю-А			13	27 700	
Deduction, see instructions.	14 15	Add lines 12 and 13				tavable incom			14	27,700.	

Tax and Credits	Form 1040 (2023	3)							Page 2
Transport Tra	Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	3 🗌	10	
18	Credits	17							7
19		18	Add lines 16 and 17						9,403.
20		19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		19	
21		20		-					
22 Subtract line 21 from line 18, if zero or less, enter -0- 22 6,903.		21	·					2	1 2,500.
23		22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	
Payments 25		23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		2	
Payments 25		24	. •			-		2	
a Form(s) W-2	Payments	25							
C Other forms (see instructions) 25c 25d 8 , 271	. ayınıcınıc		Form(s) W-2				25a 8	,271.	
C Other forms (see instructions) 25c 25d 8 , 271		b	Form(s) 1099				25b		
d Add lines 25a through 25c 25d 8 , 271 25d 8 , 271 25d 26a 27d 26a 27d		С	` '				25c		
26 2023 estimated tax payments and amount applied from 2022 return 26 27 28 27 28 28 29 28 29 29 29 29		d	,	•				25	id 8,271.
Earned income credit (EIC)	If you have a	26	· ·					20	
Additional child tax credit from Schedule 8812	qualifying child,						1 1		
30 Reserved for future use 30 31 Amount from Schedule 3, line 15 31 Amount from Schedule 3, line 15 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 275, 28, 29, and 32. These are your total payments 33 8, 271.	attach Sch. EIC.		` ,			_	28		
Amount from Schedule 3, line 15 31 Amount from Schedule 3, line 15 31 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 32 Add lines 27, 28, 29, and 32. These are your total payments 33 8, 271.		29	American opportunity credit	from Form 8863	3, line 8		29		
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32		30	• • • •				30		
Refund 34		31	Amount from Schedule 3, lin	ie 15			31		
Refund 34		32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits	3	2
Refund 34		33						3	8,271.
Sign Here Sign Sign Here Sign Sign Here Sign Sign Sign Sign Here Sign Sign Sign Sign Here Sign Sign Sign Sign Sign Sign Here Sign Sign Sign Sign Sign Sign Sign Sign	Refund	34							1,368.
Direct deposit? See instructions. See instructions of which preparer has any knowledge and information of which pre		35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, che	ck here	. 🗌 35	ia 1,368.
Amount You Owe 36	Direct deposit?	b							
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions. 38 Estimated tax penalty (see instructions) 39 Do you want to allow another person to discuss this return with the IRS? See instructions. Designee's name Designee's name Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation For TWARE ARCHITECT Spouse's signature. If a joint return, both must sign. Phone no. (240)805-4868 Email address SURYA.1006@GMAIL.COM Preparer's name Preparer's name Preparer's signature Preparer's signature Preparer's signature SYMM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	See instructions.	d				9 8 "			
For details on how to pay, go to www.irs.gov/Payments or see instructions		36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36		
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Designee's Phone Personal identification number (PIN) Designee's Phone Personal identification number (PIN) Designee's Phone Personal identification number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Joint return? See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Phone no. (240)805-4868 Email address SURYA.1006@GMAIL.COM Preparer's name Preparer's signature SyM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe				
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions	You Owe		For details on how to pay, g	o to www.irs.go	v/Payments or	see instructions .		3	7
Designee's name Designee's name Phone no. Phone no. Phone no. Personal identification number (PIN)		38	Estimated tax penalty (see in	nstructions) .			38		
Designee's name Designee's name Phone no. Personal identification number (PIN)	Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See		_
Sign Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	Designee	ins	structions					•	
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (240)805-4868 Email address SURYA.1006@GMAIL.COM Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965									on
belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation Software Architect Software	Cian			nat I have examine		accompanying sche		- (/	est of my knowledge and
Your signature Date	_								, ,
Joint return? See instructions. Keep a copy for your records. Phone no. (240)805-4868 Preparer's name Protection PIN, enter it here (see inst.) Protection PIN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (240)805-4868 Email address SURYA.1006@GMAIL.COM Preparer's name Preparer's signature Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM Protection PIN, enter it here (see inst.) Spouse's occupation Identity Protection PIN, enter it here (see inst.) Phone no. (240)805-4868 Email address SURYA.1006@GMAIL.COM Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM Date PTIN Check if: Phone no. (678)965-9522 Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	Here	Yo	ur signature		Date Your occupation			If the IRS	sent you an Identity
See instructions. Keep a copy for your records. Phone no. (240)805-4868 Preparer's name Preparer's signature Preparer's Use Only Prim's address Phone no. (245) ROONEY CT E BRUNSWICK NJ 08816 Possible instructions Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Preparer's name Preparer's signature Date PTIN Check if: Phone no. (678)965-9522 Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965						·			
Keep a copy for your records. Phone no. (240)805-4868									
your records. HOME MAKER (see inst.) Phone no. (240)805-4868 Email address SURYA.1006@GMAIL.COM Paid Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2024 Date PTIN Check if: P02082703 Self-employed Preparer Use Only Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Phone no. (678)965-9522		Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion		
Phone no. (240)805-4868 Email address SURYA.1006@GMAIL.COM Paid Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2024 P02082703 ☐ Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965									
Preparer's name Preparer's signature Date PTIN Check if:		——— Ph	one no. (240)805-486	8	Email address				
Preparer Use Only SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2024 P02082703 Self-employed Prim's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965						DOMIA, 1000		PTIN	Check if:
Preparer Use Only Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965			•			GUPTA TALLAM	1		
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965							1 - 2 / 2 / 2 / 2 / 2 / 2	_	
1040	Use Only				NSWICK N	J 08816			
	Go to www.irs.ac						REV 01/21/24 PRO		

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

Attachment Sequence No. **47**

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Your social security number

		L90-97-	-7391
Par	· · · · · · · · · · · · · · · · · · ·		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	109,718.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	109,718.
4	Number of qualifying children under age 17 with the required social security number 4	1	
5	Multiply line 4 by \$2,000	. 5	2,000.
6	Number of other dependents, including any qualifying children who are not under age		
	17 or who do not have the required social security number	1	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. reside	nt	
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500	. 7	500.
8	Add lines 5 and 7	. 8	2,500.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \(\int \)	. 9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	. 10	0.
11	Multiply line 10 by 5% (0.05)	. 11	0.
12	Is the amount on line 8 more than the amount on line 11?	. 12	2,500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	lit.	
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from Credit Limit Worksheet A	. 13	9,403.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	. 14	2,500.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the additional	al child t	ax credit
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR	through	line 27
	(also complete Schedule 3, line 11) before completing Part II-A.		
or Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/21/24 PRO	Schedule	8812 (Form 1040) 2023

Schedule 8812 (Form 1040) 2023

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
25	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. Subtract line 24 from line 23. If zero or less, enter -0	25	
25 26	Enter the larger of line 20 or line 25	25	
20	Next, enter the smaller of line 25 or line 25	20	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28.	27	
41	This is your additional cliffe tax credit. Effect this amount on pother 1040, 1040-5K, of 1040-1K, line 28.	41	

Form **8889**

Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. 52

Internal Revenue Service Go to www
Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SURYA P SINGH

Department of the Treasury

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 190-97-7391

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	☐ Se	lf-only \square Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	0.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	
12	Subtract line 11 from line 8. If zero or less, enter -0	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
David	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		10.4
Part	a separate Part II for each spouse.		
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	4,213.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	146	
С	Subtract line 14b from line 14a	14b 14c	4,213.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	4,213.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this	13	4,213.
	amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0.
	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 23

Sequence No. 70

Attachment

Taxpayer identification number

SUR	YA P SINGH & MEETA NIGAM	190-97-739	1		
Preparer's name Preparer				ber	
SYAI	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part					
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		the rel		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided to reasonably obtained by you?		Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	TC/ACTC/ODC ule 8812 (Form s, or your own	×		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following.	nust do both of			
	 Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filling status. 	•			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsis answer questions 4a and 4b. If "No," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the questions the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) pt taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing states are contact.	y, a copy of any or prepare Form provided by the atus or to figure			
	the amount(s) of the credit(s)		×		
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	year?	×		
а	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?	a complete and			

orm 88	867 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part	statement to the return?		 Part \	/\ /\
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified	Yes	No
Part			Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and, on the return of the taxpayer identified above if you:	or HO	I filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsing your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed; 	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 880 Document Retention.	37 instru	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applical obtained.	ble worl	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the taxle determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit of the credit o	cayer's int(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?	· .	Yes	No



e-File DECLARATION FOR ELECTRONIC FILING



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

VI		
호	P SINGH	190977391
First Name	MI Last Name	SSN/Taxpayer Identification Number
b o	NIGAM	884633533
Part I Tax Return Information (whole d	MI Spouse's Last Name	SSN/Taxpayer Identification Number
בּיֵל בּיִּל Part I Tax Return Information (whole d	ollars only)	
E CAN COLUMN TIMO I MACION (WINOIC A	onars only,	
1. Amount of overpayment to be applied to 20	124 estimated tax	
2. Amount of overpayment to be refunded to y	/ou	
3. Total amount due (Pay in full by April 15, 2	024. See instructions.)	
Part II Taxpayer Declaration and Signatu	ire Authorization	
that I provided to my Electronic Return Origi agree with the amounts shown on the corres knowledge and belief, my return is true, corr	nator (ERO) or entered on-line and t ponding lines of my 2023 Maryland e ect and complete. I consent that my	ed on my electronic return with the information hat the name(s) and amounts described above lectronic income tax return. To the best of my return, including accompanying schedules and nic Return Originator or by my electronic return
Your PIN: check one box only		
X I authorize GLOBAL TAXES LLC	to enter or q	enerate my PIN $\begin{array}{c ccccccccccccccccccccccccccccccccccc$
ERO firm name as my signature on my tax year 2023 elec		zeros.
	tax year 2023 electronically filed inco	ome tax return. Check this box only if you are d. The ERO must complete Part III below.
Your signature		Date
Spouse's PIN: check one box only		Enter five digits.
X I authorize GLOBAL TAXES LLC	to enter or c	generate my PIN $\frac{3}{3}$ $\frac{3}{5}$ $\frac{5}{3}$ $\frac{3}{5}$ Do not enter all
ERO firm name as my signature on my tax year 2023 elec		zeros.
I will enter my PIN as my signature on my entering your own PIN and your return is	tax year 2022 electronically filed inco filed using the Practitioner PIN method	ome tax return. Check this box only if you are d. The ERO must complete Part III below.
Spouse's signature		Date
P	ractitioner PIN Method Returns O	nly
Doub III Coubification and Authorities	Deposition of DIN Mathed Only	
Part III Certification and Authentication - ERO's EFIN/PIN. Enter your six-digit EFIN fol	•	DIN 2 2 2 4 9 6 0 8 2 7 1 Do not enter
and a service state of your six digit of the following	ioned by your rive digit sell selected i	all zeros.
I certify this numeric entry is my PIN, which is taxpayer(s). I confirm that I am submitting this Maryland MeF Handbook for Authorized e-file P	s return in accordance with the require	ectronically filed income tax return for the ements of the Practitioner PIN method and the
ERO's signature	NOTA	Date 01292024
	DO I	NOT MAIL

MARYLAND FORM 502

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

RESIDENT INCOME TAX RETURN



2023

\$

REQUIRED: Maryland Physical address of taxing area as of December 31, 2023 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26. 1600 MONTGOMERY 4 Digit Political Subdivision Code (See Instruction 6) 19308 CIRCLE GATE 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) GERMANTOWN MD 20874 MONTGOMERY MoNTGOMERY Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)		OR FISCAL YEAR BE	GINNING	2023, I	ENDING					
Current Mailing Address Line 1 (Street No. and Street Name or PO Box) Current Mailing Address Line 2 (Apt No., Sulte No., Floor No.) City or Town City Code + 4 City or Town City or Town City or Town City or Town City Code + 4 City or Town City or Town City Code + 4 City or Town City or Town City Code + 4	Blue or	Your Social Security Nu SURYA Your First Name SINGH Your Last Name MEETA Spouse's First Name NIGAM Spouse's Last Name	mber Spouse's S P MI	Does your name match name on your social secard? If not, to ensure get credit for your pers exemptions, contact SS 1-800-772-1213	curity you onal	Т	M	A		
Current Meiling Address Line 2 (Apt No., Suite No., Floor No.) Foreign Country Name Foreign Province/State/County In State In St	Ā			nd Street Name or PO Box)						
Foreign Country Name Foreign Province/State/County In State Job Part Job Pa						OWN				
REQUIRED: Maryland Physical address of taxing area as of December 31, 2023 or last day of the taxable year for fiscal year (axpayers. See Instruction 6. Part-year residents see Instruction 26. 1600 MONTGOMERY 4 Digit Political Subdivision Code. (See Instruction 6) Maryland Physical Address Line 1 (Sireet No. and Sireet Name) (No PO Box) Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box) FILLING STATUS CHECK ONE BOX ► See Instruction 1 if you are required to file. PART-YEAR RESIDENT See Instruction 26. Dates of Maryland Residence (MM DD YYYY) FROM Dates of Maryland Residence: If you began or ended legal residence in Maryland in 2023 place a P in the box. If you began or ended legal residence in Maryland military income, place an M in the box. Image: Part of the taxable year for fiscal year (axpayers) as one-Maryland military income, place an M in the box. Image: Part of the taxable year for fiscal year (axpayers) as of December 31, 2023 or last day of the taxable year for fiscal year (axpayers) as of December 31, 2023 or last day of the taxable year for fiscal year (axpayers) as of December 31, 2023 or last day of the taxable year for fiscal year (axpayers) as part of December 31, 2023 or last day of the taxable year for fiscal year (axpayers) as part of December 31, 2023 or last day of the taxable year for fiscal year (axpayers) as part of December 31, 2023 or last day of the taxable year for fiscal year (axpayers) as part of December 31, 2023 or last day of the taxable year for fiscal year (axpayers) and year (axpayer		Current Mailing Address -	s Line 2 (Apt No., Suite	e No., Floor No.)	City or Town			State	ZIP Code + 4	
REQUIRED: Maryland Physical address of taxing area as of December 31, 2023 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26. 1600 MONTGOMBRY 4 Digit Political Subdivision Code (See Instruction 6) 19308 CIRCLE GATE 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) GERMANTOWN City TILING 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.) 3. Married filing separately, Spouse SSN Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box) BOX See Instruction 1 if you are required to file. 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. MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.		Foreign Country Name				F	oreign Province/Sta	ate/County		
REQUIRED: Maryland Physical address of taxing area as of December 31, 2023 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26. 1600 MONTGOMBRY 4 Digit Political Subdivision Code (See Instruction 6) 19308 CIRCLE GATE 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) GERMANTOWN City TILING 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.) 3. Married filing separately, Spouse SSN Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box) BOX See Instruction 1 if you are required to file. 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. MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.	oney order to to Form PV.	Foreign Postal Code								
FILING STATUS CHECK ONE BOX	uple. Do not attach check Attach check	taxpayers. See 1600 4 Digit Political Sub 19308 CIRC Maryland Physical A	Instruction 6. Instruction 6. Instruction 6. Instruction Code (See Instruction Code) CLE GATE DRI Address Line 1 (Street	Part-year residents MONTO Struction 6) Maryland VE No. and Street Name) (No	S See Instru GOMERY Political Subdivis	action 26.	uction 6)	L	F	
FILING STATUS CHECK ONE BOX ▶ See Instruction 1 if you are required to file. 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. John Arried filing joint return or spouse had no income Qualifying 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.)	h one		1						Y	-
RESIDENT Other state of residence: See Instruction 26. 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. ▶	\$	FILING STATUS CHECK ONE BOX ► See Instruction 1 if you are	 X Marrie Marrie Head Qualif 	ed filing joint return of ed filing separately, S of household ying surviving spous	ed on another spouse had pouse SSN	er person's d no income income	tax return, use	e Filing S		
26. MILITARY: If you or your spouse has non-Maryland military income, place an M in the box ▶			_		I DD YYYY)	FROM	T(o		
			If you began or MILITARY: If y	ended legal residenc ou or your spouse ha	s non-Mary					

RESIDENT INCOME TAX RETURN



235020113

2023 Page 2

Name SURYA P SINGH & MEETA NIGAM SSN190977391 **EXEMPTIONS** 6400 00 Spouse Enter number checked 2 X See Instruction 10 A. \$ See Instruction 10. Check appropriate box(es). NOTE: If 65 or over 65 or over you are claiming dependents, you 00 must attach the Enter number checked Dependents' Information 6400 Ω C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$ Form 502B to this form to receive the applicable 12800 00 Total Amount D. \$ exemption amount. Check here ▶ If you do not have health care coverage DOB (mm/dd/yyyy) ▶ **MARYLAND HEALTH CARE** Check here ▶ If your spouse does not have health care coverage DOB (mm/dd/vvvv) **COVERAGE** See Instruction 3. 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 Check here low-cost health care coverage. E-mail address 00 109718 1. Adjusted gross income from your federal return..... ▶ 1. INCOME **1a.** Wages, salaries and/or tips. ▶ 1a. 109718 00 See Instruction 11. **1b**. Earned **income**.....▶ 1b. $\Omega\Omega$ **1c.** Capital Gain or (loss) ▶ 1c. 00 1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ▶ 1d. \cap Place a "Y" in this box if the amount of your investment income is more than \$11,000 . .. Tax-exempt interest on state and local obligations (bonds) other than Maryland 00 **ADDITIONS** 00 State retirement pickup. TO MARYLAND 00 4. Lump sum distributions (from worksheet in Instruction 12.) INCOME Ω 5. Other additions (Enter code letter(s) from Instruction 12.) See Instruction 12 00 109718 00 00 8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 00 **SUBTRACTIONS** 00 10a. Pension exclusion from worksheet (13A) Yourself ▶ **FROM** Spouse ▶ **MARYLAND** 00 **10b.** Ranger pension exclusion from worksheet (13E) . . Yourself ▶ Spouse ▶ INCOME 00 11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11 See Instruction 13 00 00 00 **14.** Two-income subtraction from worksheet in Instruction 13 ▶ 14 Ω **15.** Total subtractions (Add lines 8 through 14. See instructions.) ▶ 15. 109718 00 All taxpayers must select one method and check the appropriate box. STANDARD DEDUCTION METHOD (Enter amount on line 17.) DEDUCTION ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.) **METHOD** 00 17a. Total federal itemized deductions (from line 17, federal Schedule A) . ▶ 17a. See Instruction 16 0.0 **17b.** State and local income taxes (See Instruction 14.) ▶ 17b. Subtract line 17b from line 17a and enter amount on line 17. 5150 Deduction amount (Part-year residents see Instruction 26 (I and m).) \cap 104568 Net income (Subtract line 17 from line 16.) . . . 18. 00 12800 19 Exemption amount from Exemptions area (See Instruction 10.).. 19 00 91768 Taxable net income (Subtract line 19 from line 18.) 00

MARYLAND FORM **502**

RESIDENT INCOME TAX RETURN



235020213

2023 Page 3

21. Maryland tax (from Tax Table or Computation Worksheet Schedules or 1) 21 4307 00	Name SURYA P	SIN	GH & MEETA NIGAM SSN 190977391		
TAX COMPUTATION 22. Earned informe gredit (EIC) (See Teatureline 18.) 23. Earned informe gredit (EIC) (See Teatureline 18.) 24. Other income tax credits for Individuals from Part AA, line 14 of form 50/2Ck (Attach Form 50/2Ck) 4. 25. Business tax credits in A, vou must file this form electronically to claim business tax credits on Form 50/2Ck. 26. Total credits (Add lines 22 through 25.) 27. Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27. 28. Local tax (See Instruction 19 for tax rates and worksheet) Multiply line 20 by your local tax rate 0.0320 or use the Local Tax Worksheet in Instruction 19.) 29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 20. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 20. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 20. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 21. Local tax credit from Part BB, line 1 of Form 5002Ck (Attach Form 502Ck). 32. Total credits (Add lines 29 through 31.) 33. Local tax after credit (from Local Earned Income Credit Worksheet in Instruction 19.) 34. Total waryland and local tax (Add lines 27 and 33.) 35. Contribution to Descapeake Bay and Endangered Species Fund 36. Contribution to Maryland and local tax (Add lines 27 and 33.) 37. Contribution to Maryland and local tax (Add lines 27 and 33.) 38. Contribution to Descapeake Bay and Endangered Species Fund 39. Total Maryland and local tax (Add lines 27 and 33.) 30. Total Maryland maryland grade local tax withered (Getter total from your Wey 2nd 1909 forms and alatesh if Mo tax is withered.) 40. Total Maryland maryland grade local tax withered (Getter total from your Wey 2nd 1909 forms and alatesh if Mo tax is withered.) 41. Total payments and credits (Add lines 40 through 43.) 42. Refundable income tax credits from worksheet in Instruction 21.) 43. Refundabl		21.	Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	4307	00
TAX COMPUTATION 22. Earned income credit (EIC) (See Instruction 1s.) 22. 00 Check this box if you are claiming the Maryland Earned Income Credit. Check this box if you are claiming the Maryland Earned Income Credit. Check this box if you are claiming the Maryland Earned Income Credit. Check this box if you are claiming the Maryland Earned Income Credit. Check this box if you are claiming the Maryland Earned Income Credit. Check this box if you are claiming the Maryland Earned Income Credit. Check this box if you are claiming the Maryland Earned Income Credit. Check this box if you are claiming the Maryland Earned Income Credit. Check this box if you are all this provided income Credit Worksheel to Check the Company of the Credit Worksheel to Call the Check the Company of the Check the Company of the Check	MARYLAND	21a	Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR)		00
Check this box if you are Elaiming the Maryland Earned Income Credit. Check this box if you are Calming the Maryland Earned Income Credit. Check this box if you are claiming the Maryland Earned Income Credit. Check this box if you are claiming the Maryland Earned Income Credit. Check this box if you are claiming the Maryland Earned Income Credit. Check this box if you are claiming the Maryland Earned Income Credit. Check this box if you are claiming the Maryland Earned Income Credit. Check this box if you are claiming the Maryland Earned Income Credit. Check this box if you are stated in the Maryland Earned Income Credit. Check this box if you are an analysis or how the Maryland Earned Income Credit. Check this box if you are Earned Income Credit. Check this box if you are an analysis or however withdrawal penalty. Check there are differed to the Credit. Check this box if you are attaching from South Earned Income Under Credit. Check there are differed Earned Income Credit. Computation. 28. Local tax (See Instruction 19 for tax rates and worksheet. 28. Local tax (See Instruction 19 for tax rates and worksheet. 28. Local tax (See Instruction 19 for tax rates and worksheet. 29. Local earned Income recitif. (Trom Local Poverty Level Credit Worksheet in Instruction 19.). 30. 30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.). 30. 31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.). 31. 32. Total credits (Add lines 29 through 31.). 33. Local tax are credits (Subtract line 28 from line 28.) If less than 0, enter 0. 34. Total Maryland and local tax (Add lines 27 and 33.). 35. Contribution to Developmental Disabilities Services and Support Fund. 36. Contribution to Maryland Canner Fund. 37. Local tax (Add lines 20 through 33.). 39. Total Maryland income tax, local Income tax and contributions (Add lines 10 through 33.). 39. Total Maryland income tax, local Income tax and contributions (Add lines 10 through 34.). 40. Total		22.	Earned income credit (EIC) (See Instruction 18.) ≥ 22.		00
Dut do not qualify for the federal Earned Income Credit Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child. 23. Poverty level credit (See Instruction 18.). 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	COMPUTATION		Check this box if you are claiming the Maryland Farned Income Credit		
with a qualifying child. 23. Poverty level credit (See Instruction 18.). ≥ 23. 0.00					
23. Poverty level credit (See Instruction 18.).					
24. Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24. 25. Business tax credits.		23.	. 3 0		00
25. Business tax credits					00
26. Total credits (Add lines 22 through 25.). 26. 4307 00 27. Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27. 4307 00 COMPUTATION 28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 0320. or use the Local Tax Worksheet in Instruction 19. 29. 00 30. Local earned income credit (from Local Earned Income 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. 2937 00 34. Total Maryland and local tax (Add lines 27 and 33.) 34. 7244 00 CONTRIBUTIONS See Instruction 20. 37. Contribution to Chesapeake Bay and Endangered Species Fund. ▶ 35. 00 38. Contribution to Developmental Disabilities Services and Support Fund. ▶ 36. 00 39. Total Maryland and local tax withheld (Enter lotal from your W-2 and 1099 from said attach if MD tax is withheld.) 40. Total Maryland and local tax withheld (Enter lotal from your W-2 and 1099 from said attach if MD tax is withheld.) 41. 2023 estimated tax payments, amount applied from 2022 return, payment made with an extension request, and Form MW506NRS					OCR.
27. Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27. 4307 00			•		
28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate 0, 0320 or use the Local Tax Worksheet in Instruction 19.) . 29 30. Local powerty level credit (from Local Earned Income Credit Worksheet in Instruction 19.) . 30 31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.) . 31 32. Total credits (Add lines 29 through 31.) . 32 2937 33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0			· · · · · · · · · · · · · · · · · · ·	4307	00
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DO NOT MAIL

FORM 502

RESIDENT INCOME TAX RETURN



235020313

2023 Page 4

Name SURYA P SINGH & MEETA NIGAM

SSN 190977391

Name						
DIRECT DEPOSIT OF REFUND (See Instruction 22.) Verify that are requesting direct deposit of your refund, complete the followin						
X 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: ► X Checking Savings 51b	o. Routing Number (9-digits) 052001633					
51c. Account Number ▶ 446048432498						
51d. Name(s) as it appears on the bank account						
▶ 2408054868 Daytime telephone no. Home telephone no.	CODE NUMBERS (3 digits per line)					
Check here ☐ if you authorize your preparer to discuss this retunot to file electronically. Check here ▶ ☐ if you agree to receive Instruction 24.) Under penalties of perjury, I declare that I have examined this ret the best of my knowledge and belief it is true, correct and comple based on all information of which the preparer has any knowledge	e your 1099G Income Tax Refund statement electronically (See urn, including accompanying schedules and statements and to te. If prepared by a person other than taxpayer, the declaration is					
Your signature GLOBAL TAXES LLC Printed name of the Preparer / or Firm's name	Spouse's signature 245 ROONEY CT Street address of preparer or Firm's address					
SYAM PRIYA RAM SAGAR GUPTA TALLAM Signature of preparer other than taxpayer (Required by Law)	E BRUNSWICK NJ 08816 City, State, ZIP Code + 4					
For returns filed without payments, mail your completed return to:	6789659522 Telephone number of preparer P02082703 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.

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:

For returns filed with payments, attach your check or

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

COM/RAD-009

Comptroller of Maryland

110 Carroll Street Annapolis, MD 21411-0001

Revenue Administration Division



Print Using Blue or Black Ink Only

Dependents' Information (Attach to Forms 502, 505 or 515.)

	77391	884633! Spouse's So	533 ocial Security Number				
SING	rst Name	0	P MI	TC		IAIL	
Your La	st Name						
MEET Spouse	A 's First Name		MI				
NIGA	M						
Spouse	's Last Name						
 Ent Tot 	er the total number ch er the total number ch al dependent exemptio	ecked below f ns (Add lines	or dependents 6 1 and 2 and en	55 or over (5) ter the total here	and on line		2
Depe	ndents (If a dependen	t listed below	is age 65 or ov	er, check both 4	4 and 5.)		
▶ 1.	First Name SAATVIK	MI	Last Name SINGH			Check here ▶ if this dependent	
▶ 2.	Social Security Number 985988563	Relationship 3. SON	411	Regular 4. X	65 or over 5.	DOB (MM/DD/YYYY)	
▶ 1.	First Name AASHVIK	MI	Last Name SINGH			Check here if this dependent	
▶ 2.	Social Security Number 886045970	Relationship 3. SON		Regular 4. X	65 or over 5.	does not have health care coverage DOB (MM/DD/YYYY) ▶	
▶ 1.	First Name	MI •	Last Name			Check here ▶ if this dependent	
▶ 2.	Social Security Number	Relationship 3.		Regular 4	65 or over 5	does not have health care coverage DOB (MM/DD/YYYY) ▶	
▶ 1.	First Name	MI -	Last Name			Check here ▶ if this dependent	
▶ 2.	Social Security Number	Relationship 3.		Regular 4	65 or over 5	does not have health care coverage DOB (MM/DD/YYYY) ▶	
▶ 1.	First Name	MI	Last Name			Check here ▶ if this dependent	
▶ 2.	Social Security Number	Relationship 3.		Regular	65 or over 5.	does not have health care coverage DOB (MM/DD/YYYY)	
▶ 1.	First Name Social Security Number	MI Relationship	Last Name	Regular	65 or over	Check here if this dependent does not have health care coverage	
▶ 2.		3.	171	4.	5	DOB (MM/DD/YYYY) ►	